A guide to finger-feeding
Information for parents and carers
Why might I want to finger-feed my baby?

You may want to think about finger-feeding if your baby is not attaching to your breast for feeds (latching-on). This can be a common challenge for both mother and baby in the early days but, with the right support, you will both be breastfeeding soon.

During the time that your baby is not attaching to your breast it is important to make sure they receive your expressed breastmilk. In the very early days this can be given using an oral syringe, as the first milk (called colostrum) is thick and sticky. However, as your milk supply increases it becomes thinner/more liquid, and it becomes unsafe to feed your baby in this way as there is a greater risk of choking.

Some babies can find it difficult to attach to the breast if they are fed with artificial teats/bottles or given dummies while they are learning to breastfeed. This can be because of two things:

• They get a faster and more continuous milk flow from the bottle.

• They have to use a different mouth, jaw and tongue action with a dummy/artificial teat compared to suckling at the breast.

Finger-feeding is a short-term solution to bridge the gap while your baby learns to attach to your breast, meaning you can choose not to introduce an artificial teat and bottle.

There are several benefits that have been seen and recorded of finger-feeding over bottle-feeding if you are intending to breastfeed:

• Finger-feeding attempts to mimic the experience of breastfeeding more closely than feeding with a bottle.

• Your baby has to suck for a few seconds before they receive the milk, just like breastfeeding.
• Your baby must keep their tongue forward over their bottom gum, have a wide mouth (this is why using your largest finger is best) and have their jaw forward – all things they need to do when breastfeeding.

• It allows your baby to control the flow of milk and means that your baby has to actively feed rather than just swallow – just as if breastfeeding.

• It encourages your baby to co-ordinate their tongue movements and associate this with reward (milk).

What will I need?

• nasogastric tube (NG tube) size 5F
• soft tape
• scissors
• teat
• bottle
• your expressed breastmilk, donor breastmilk (or artificial milk if neither of these are available).

If you are being discharged home whilst still finger-feeding, you will need to discuss with your midwife how to clean the equipment.
How to finger-feed your baby

Finger-feeding is essentially a glorified straw! You will be using a tube called a nasogastric tube (NG tube) taped to your finger and will let your baby suck from it while the other end is in the milk.

**Instructions:**
- Wash your hands and make sure your nails are not too long.
- Cut a larger hole in the top of the teat, using scissors. Then attach the teat to the bottle of milk.
- Cut off the flap/stopper (shown as white in the picture) of the NG tube, but leave the black end in place.
- Post the black end through the hole you have made in the teat and into the milk.
- Place the other end of the NG tube so that it is level with the tip of your biggest finger (pad-side facing upwards).
- Secure the tube to your finger using the soft tape; stick this a few centimetres away from your finger-tip.
- Cuddle your baby close and gently encourage them to root and open their mouth. This can be done by stroking their cheek or top lip.
- Once your baby opens their mouth, gently insert your finger (pad-side facing upwards).
- Allow your baby to suck your finger and the milk will gradually be pulled up the tube (like a straw).

The tube is not likely to become blocked. If your baby gags, just move your finger back so that it is not so far into their mouth.

After you leave hospital, if you need any help with finger-feeding, breastfeeding or have any other questions, please speak to your community midwife and/or the Infant Feeding Team.

If you are discharged home finger-feeding, a follow-up will also be arranged for you to see how you are getting on with breastfeeding.
Useful resources:

**Baby Café**
Offering free drop-in support with breastfeeding.
Website: www.thebabycafe.org

**Baby Friendly Initiative**
A joint WHO and UNICEF project about infant feeding and responsive parenting.
Website: www.unicef.org.uk/babyfriendly

**NHS Choices: Breastfeeding: positioning and attachment**
This webpage offers information on the benefits of breastfeeding and gives breastfeeding advice and support.
Website: http://www.nhs.uk/conditions/pregnancy-and-baby/ (click on ‘Your newborn’ and then ‘Positioning and attachment’)

**The Breastfeeding Network (BfN)**
Provides support and information for breastfeeding women and those involved in their care.
Website: www.breastfeedingnetwork.org.uk
Tel: 0300 100 0210 (BfN Supporterline)
Tel: 0300 100 0212 (National Breastfeeding Helpline)

**From Bump to Breastfeeding**
Online films featuring members of the public, to give you advice and support with breastfeeding.
Website: http://www.bestbeginnings.org.uk/watch-fbtb
Bumps to Breastfeeding also produce ‘Small Wonders’ which is especially about small or premature babies.

This can be watched online.  
Website: www.bestbeginnings.org.uk/watch-small-wonders-online

**La Leche League GB**

Provides free mother-to-mother support and is a good source of breastfeeding information, whatever stage you are at.

Tel: 0845 120 2918  
Website: www.laleche.org.uk

**Infant Feeding Team**

Tel: 01865 572 950 (Oxford)  
Tel: 01295 229 693 (Horton)  
Email: infantfeeding.team@ouh.nhs.uk
If you have a specific requirement, need an interpreter, a document in Easy Read, another language, large print, Braille or audio version, please call 01865 221 473 or email PALSJR@ouh.nhs.uk