Oxford University Hospitals NHS
NHS Foundation Trust

Community Outreach Team

Newborn Intensive Care Unit, John Radcliffe Hospital, Oxford
Special Care Baby Unit, Horton General Hospital, Banbury

Nasogastric tube feeding at home

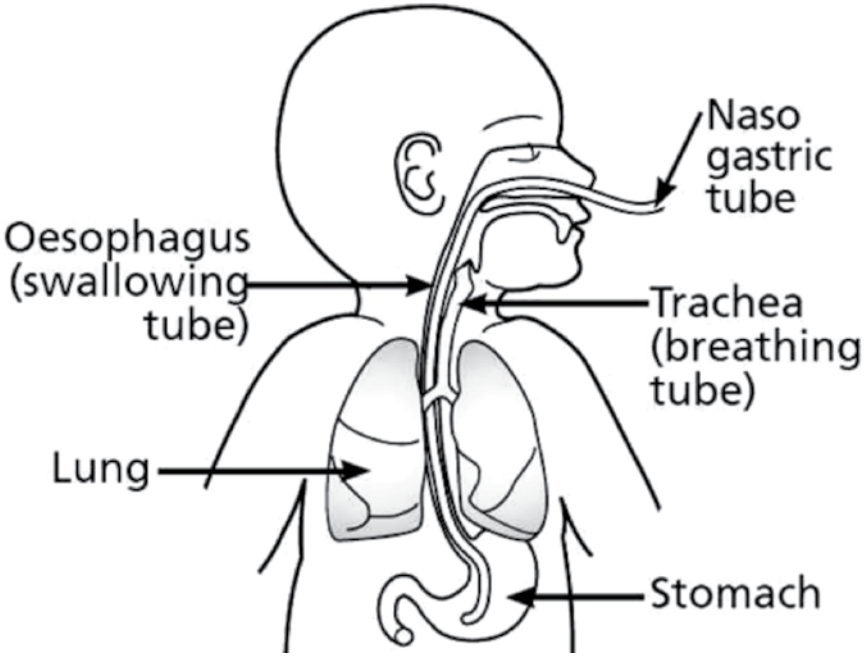
Information for parents and carers

What is nasogastric tube (NG) feeding?

Some babies are unable to suck all their feeds or to take in enough milk for them to grow adequately. This might be for a number of reasons. They may:

- have been born too early for the sucking reflex to be fully developed
- be unable to take their required feed volume by breast or bottle as they tire easily
- have a medical reason which makes feeding more difficult.

In these situations milk can be given via a small tube which passes through the baby's nose, down the back of the throat, down the oesophagus (swallowing tube) and directly into the baby's stomach. It is taped to the side of the face near to their nose.



Nasogastric tubes

A nasogastric tube is a thin, soft plastic tube. It is disposable and needs changing normally once a week. When a new tube is passed (put in) the other nostril is used to give the previously used nostril a rest.

Skin care

Most babies benefit from using a protective tape underneath the NG tube, which protects their skin from the sticky tapes.

It is advisable to replace any tape if it looks dirty or it is peeling off.

When the tape has been removed, cleanse baby's face and dry thoroughly.

General hygiene points

Always wash your hands before giving a feed, medicines or preparing feeds. After each feed, wash reusable syringes thoroughly in hot soapy water, rinse and sterilise.

What are the risks of having an NG tube?

There is a very small risk of the NG tube going down the wrong way and into the lungs instead of the stomach. Should this happen, milk could accidentally go into the baby's lungs instead of the stomach, where it would cause breathing difficulties. The tube could also move if it is accidentally pulled or if the baby vomits, retches or coughs excessively.

For these reasons it is essential to check the position of the tube **after it is passed and <u>always</u> before the tube is used to give a feed or medicine.**

Testing the position of the tube

Gather all the equipment you will need first:

- 10ml oral syringes
- pH paper and colour chart
- milk at correct temperature.

Then:

- Check whether the tube looks as if it may have moved – is it the usual length, is the marker at your baby's nose in the same place, is the tape secure?
- Attach a 10ml syringe to the tube. Pull back gently on the plunger until a small amount of fluid (aspirate) appears in the syringe. Note whether it looks like milk.
- Squirt the aspirate on to the pH paper and check for a colour change – it should be between pH 1 and pH 5.5.

If all of the above checks are confirmed, it is now safe to give the feed.

What to do if you do not obtain any aspirate

- Wait 5 minutes and try again.
- Try changing your baby's position – lie them on their side or tummy.
- Try gently pushing 1ml of air down the tube with a syringe. This will encourage the tube to move away from the lining of the stomach. Gently aspirate again.
- Offer a sucking feed and then aspirate the tube.

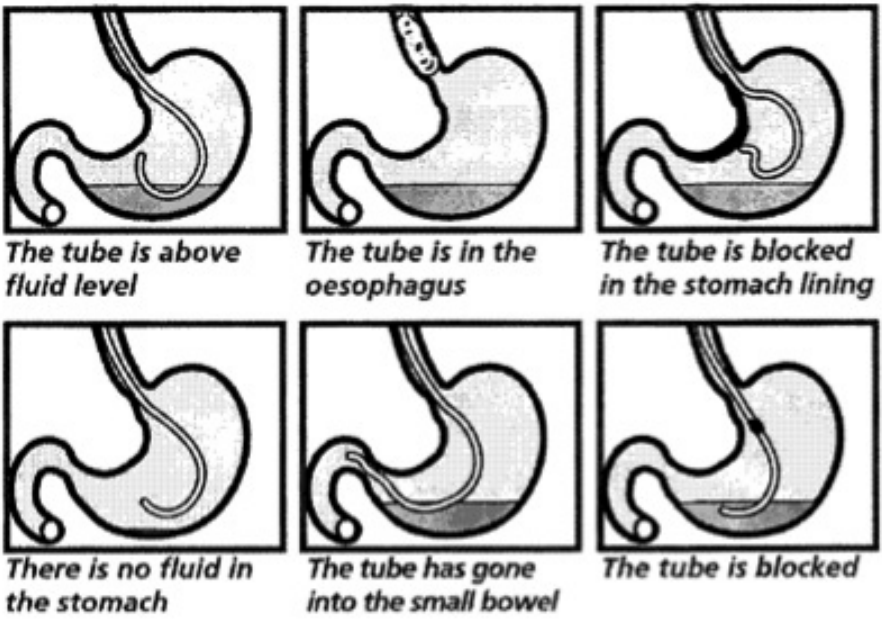
If you still cannot get any aspirate or the pH level is still greater than 5.5 then ring either:

The Neonatal Outreach Team: 01865 220 409
(8.00am to 5.00pm)

Oxford Intensive Care Unit: 01865 223 203
(5.00pm to 8.00am)

Banbury Special Care Unit: 01295 229 471
(24 hours)

Why you may not be able to get any aspirate



Giving a feed

- Wash your hands and warm the feed as necessary. Your baby should be either lying flat on their back or positioned with their head above the level of their stomach.
- **Always** check the tube position before giving a feed.
- Connect the feeding syringe (without the plunger) to the tube and pour the feed into the syringe.
- Put the syringe plunger into the top of the syringe to start the feed.
- Push gently with the syringe plunger to start the feed and then remove it and let the feed run in by gravity. If the feed is running too quickly or too slowly alter the height of the

syringe – lower it to slow the feed down or raise it to speed the feed up. With some medications, the milk may be thicker so you can draw the milk up into the syringe and SLOWLY push the feed in.

- The feed should take approximately 15-20 minutes – similar to a breast or bottle feed.
- Watch your baby during the feed in case they try to pull the tube out.
- If your baby vomits stop feeding. Make sure that they are laying on their side and that the milk can drain out of their mouth. Give them a few minutes to settle and then turn them onto their back and resume the feed. Sometimes, if a baby has a large vomit, the tube can come out of their mouth. This is nothing to worry about – remove the tube gently from their nose and give them a cuddle.

How to avoid accidental removal of the tube

If the tube is lifting, add extra tape if needed.

Make sure there is no gap between the tape and your baby's nose, as they may get their finger caught under the tube and pull it out.

Cover your baby's hands with mittens, socks or babygrows with the sleeves turned over, to help prevent them from accidentally pulling on the tube.

When would my baby be considered for home tube feeding?

- you have completed a teaching package for tube feeding and are feeling confident
- your baby, if born early, is now more than 33 weeks gestational age
- your baby is medically well
- your baby's weight is stable
- they can maintain their temperature in a cot
- they are feeding at least 3 hourly
- they can complete 2 sucking feeds with good coordination in 24 hours
- you live in Oxfordshire.

Community support at home

To help you to become familiar with your baby's care, you will have the opportunity to stay in the Homeward Bound rooms before going home. A feeding plan will be discussed with you before discharge and clear guidelines for feeding will be agreed for you to follow at home. You will also be given some feeding charts to complete at home for the community team to review when they visit.

Once at home your baby will begin to increase the amount they are taking by breast/bottle and decrease the amount given via the tube. Careful monitoring of feeding and your baby's weight gain will be made and changes to plans discussed with you. Your baby will set the pace!

The outreach team will visit, usually twice a week whilst your baby has the NG tube in place. Once the tube is out, they will continue to visit until your baby is feeding well, gaining weight and you are feeling confident caring for your baby.

Your Health Visitor and GP will be informed of your baby's discharge so it is important that you register your baby with your surgery well before discharge. You will have a summary of your baby's stay on the Newborn Care Unit when they are discharged.

Your baby may also have follow up appointments which will be sent out to you at home.

Feeding

In the first few weeks you may find your baby's feeding pattern is irregular. Some babies may demand more frequent feeds than they had while in the hospital. If you think your baby is feeding too much or too little, discuss it with one of the community team.

You can be sure your baby is getting enough milk if they have plenty of wet nappies, are growing and are alert and awake for some of the time.

Tips on how to assess your baby's feeding

Baby may need gently waking for feeds with a nappy change, or simply lifting and cuddling to remind them it is time to feed.

Feeding cues from your baby may include:

- "I'm thinking about it" – stirring at feed time.
- "Hey, is anyone watching?" – small movements of hand to mouth and rooting is typical for premature babies.
- "I'm really hungry now" – crying is the last cue baby shows and uses up energy.

When breastfeeding think about:

- They may take a few 'goes' to latch on well. Patience and practice! It should be comfortable for Mum.
- Do they visibly relax and suck rhythmically? This is a good sign baby is well attached.
- How long are these sucking bursts? Does the pattern change? The bursts will get longer with practice and maturity.
- Can you hear/see baby swallowing?
- Can you see milk around baby's mouth at the end of the feed?

When bottle feeding think about:

- When baby slows down or stops sucking consider
    - is baby finished? Or do they just need a pause?
    - they may need to bring up wind to 'make room' for more
    - a nappy change may help to wake mid-feed.

You will soon get to know and feel more confident about how your baby likes to be fed.

Contact details

Neonatal Outreach Team: 01865 220 409
(Monday to Friday, 8.00am to 5.00pm)
(24 hour answerphone)

Outside of these hours or if urgent advice is required:

Intensive Care Unit, Oxford: 01865 223 203
(Monday to Friday, 5.00pm to 8.00am)

Special Care Unit, Banbury: 01295 229 471
(24 hours)

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**

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