



Oxford University Hospitals
NHS Foundation Trust

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 (called 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 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 or 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.

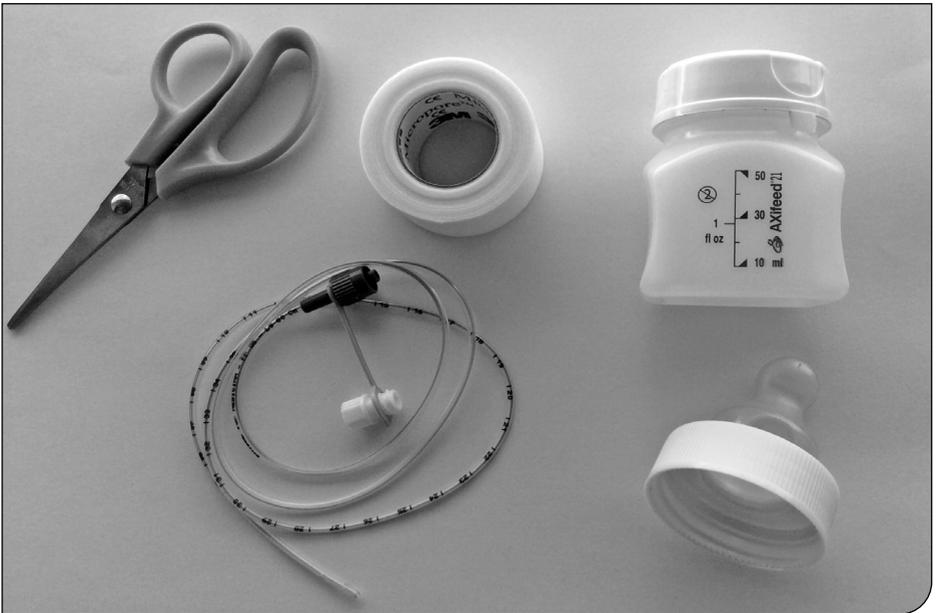
There are several benefits that have been seen and recorded of finger-feeding over bottle-feeding if you are intending to breastfeed:

- 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. These are 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 they are breastfeeding.
- It encourages your baby to co-ordinate their tongue movements and associate this with the reward of 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 how to clean the equipment with your midwife.

How to finger-feed your baby

Finger-feeding is just like using a straw! You will be using a tube called a nasogastric tube (also called a NG tube) that is taped to your finger. You will let your baby suck from one end of the NG tube 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 stopper of the NG tube, but leave the larger round end in place.
- Post the larger round end through the hole you have made in the teat and into the milk.
- With the pad side of your finger facing upwards, place the other end of the NG tube level with the tip of your biggest finger.
- Secure the tube to your finger using the soft tape. Place the soft tape a few centimetres away from your finger-tip so that it is not near your baby's mouth.
- 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 with the pad side of your finger facing upwards.
- Allow your baby to suck your finger and the milk will gradually be pulled up the tube.

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 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 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: www.nhs.uk/conditions/pregnancy-and-baby

(Click on 'Your newborn'.)

Oxfordshire Breastfeeding Support (OBS)

Provides support and information for breastfeeding women.

Website: www.oxbreastfeedingsupport.org

From Bump to Breastfeeding

Online films featuring members of the public, to give you advice and support with breastfeeding.

Website: 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.

Website: www.laleche.org.uk

Infant Feeding Team

Telephone: **01865 572 950**

Email: infantfeeding.team@ouh.nhs.uk

Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

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