

Feeding your baby on the Neonatal Unit

This leaflet explains how you can support your baby to progress from feeding by naso-gastric tube (NGT) to breast or bottle feeds. If you have any questions or concerns, please speak to a nurse or doctor supporting you to care for your baby.

Follow your baby's lead

For babies that have been born early or sick, the ability to feed by breast or bottle can take time to develop. This depends on their individual development, and not their gestational age. Each feed may be different from the last. By offering them time and support at the breast or bottle they will get better, one feed at a time.

Try to stay patient and focus on your goals for feeding. It is not important how long they feed for, or how much they take. It is the time you spend together, building the skills you both need that is so valuable. This experience helps develop the close, loving relationship between you and your baby.

Recognising and responding to cues

Your baby communicates with you through their movements and actions. These signs, or cues, help you to know when they are ready to try feeding and when they need to rest.

If your baby does any of the following, it is a good time to hold them skin to skin, bring them to the breast, or offer a finger or dummy for them to suck on.

- Opening and closing their eyes.
- Awake and active.
- Licking and rooting at the breast or sucking on a finger or dummy. Rooting is a reflex that happens when a baby's cheek or lip is touched, they will turn their face to lick or suck at the breast or teat.

If your baby does any of these, they might need to continue resting. You can cuddle them, have skin-to-skin time, or settle them back in their bed.

- Does not root, lick or suck.
- Looks sleepy.
- Rolls their eyes.
- Yawns, opens but doesn't close their mouth

Continue to watch for when they are next awake or it is time for a feed.

The nurse supporting you and your baby will help you to recognise these signs. You can also use the image on the next page to help with this.

Term

Baby feeding cues (signs)

Early cues

"I'm hungry"



Stirring



Mouth opening



Turning head
Seeking/rooting

Mid cues

"I'm really hungry"



Stretching



Increasing
physical movement



Hand to mouth

Late cues

"Calm me, then feed me"



Crying



Agitated body
movements



Colour turning red

Time to calm crying baby

- Cuddling
- Talking
- Skin-to-skin on chest
- Stroking



For more information refer to the Queensland Health booklet *Child Health Information: Your guide to the first twelve months*
Visit the Queensland Health breastfeeding website: <http://www.health.qld.gov.au/breastfeeding/>

Signs that your baby is ready to try oral feeds

It is important to think about how well your baby is and what treatment they are having. If your baby is still needing the help of a ventilator for their breathing, or they are not tolerating their milk, be patient. Take a look below at the section 'What you can do' for more information.

Signs that your baby is not yet ready to feed by mouth:

- they are not settled or not stable when being moved
- feeding reflexes like rooting and sucking are not developed and they are not showing these signs
- they are on a ventilator to help them breathe

Keep watching, you will get to know your baby by spending time close to them.

Signs that your baby is getting close to start feeding by mouth:

- they are more stable when being moved
- they can suck on a dummy, finger or orogastric tube
- they open their mouth, suck on their hands, root and are waking when it is time to feed
- they might still need some help with their breathing

Your baby is getting closer. They will get tired quickly and will need help. It is a good time to bring your baby to the breast when they show feeding signs. They might try to attach at the breast or they may just lick. If bottle feeding, start slowly and help them by using a side lying position, a slow teat, and try not to tip the bottle high. You can also help by giving them breaks. If your baby shows signs that they need to rest, or have had enough, give them a break or stop feeding by mouth.

Signs that your baby is ready to feed by mouth:

- they are waking before feeds
- they are rooting and showing feeding signs
- they are alert and attentive at feed times

Your baby's feeding might not be the same every time. Let them lead the feeding and remember that each time they try feeding they are building their ability, and you are building your confidence.

Start with 'modified responsive feeding'. This means you have to gently wake them if they sleep longer than 3 hours. We use an assessment to decide if they need to have a top up by the NGT after they feed by mouth. When they are feeding better, getting more milk and waking up before feeding times, they can move to 'responsive feeding'. This means feeding your baby when they show signs, making sure they feed at least 8 times in 24 hours, and are having enough wet and dirty nappies for their age.

Wet nappies (minimum)

Days 1 and 2 = 1 to 2 in 24 hours

Days 3 and 4 = 3 to 4 or more in 24 hours, heavier

Days 5 and 6 = 5 or more in 24 hours, heavy

Day 7 onwards = 6 or more heavy, wet nappies in 24 hours

Dirty nappies

Days 1 and 2 = 1 or more in 24 hours, meconium

Days 3 and 4 = 2 (preferred more) in 24 hours, changing poo (from brown/green to yellowish)

Day 5 to between 4 to 6 weeks = at least 2 in 24 hours, yellowish and soft.

Babies who have been born early or sick might have different patterns as they are often not being fed or are only having small amounts of milk. If you want to know more, please ask us for more information.

What you can do

Try to be with your baby at feeding times. The more you watch your baby when they feed, the better you will get to know them, and the easier it will be to know their signs.

Practice skin-to-skin as much as possible. This will allow your baby to smell your breast milk and it stimulates their sucking and feeding signs.

Put your baby close to your breast. If your baby is showing feeding signs, bring them close to the nipple, express a few drops of milk with your hand and let them lick and practice sucking. You can do this even if it is not feeding time.

If you are not planning to breastfeed you can still give them sucking practice. Make sure you wash your hands, or if using a dummy, that it is sterilised. Put a drop of milk onto your little finger or the dummy and gently put over your baby's lips. Wait for them to lick the milk and open their mouth, then gently put in the tip of your finger or the dummy. Let your baby suck and allow your finger or dummy into their mouth, and let them control the sucking. Add a few more milk drops if they are enjoying it.

Watch for signs that your baby has had enough or needs to rest. These signs might include:

- a drop in their oxygen levels (desaturating)
- arching their back or pushing away from the breast/bottle
- spreading their fingers
- falling asleep or closing their eyes
- hiccups or sneezes
- dribbling
- stop sucking

If you see any of these signs, stop feeding, try winding them and talk to the nurse about finishing their feed using the NGT. You can then have skin-to-skin, a cuddle or put them back into bed. You will know what is right for you and your baby.

Next steps

If you have any questions or you are worried about your baby's feeding, speak to the nurse supporting you. If needed they can ask one of infant feeding specialist nurses to come and talk to you. Alternatively they might suggest asking a speech and language therapist (SLT) to come and see your baby. If this is needed you will be given more information.

More information

UNICEF UK, for more about breastfeeding **web:**

https://www.unicef.org.uk/babyfriendly/wpcontent/uploads/sites/2/2015/08/neonatal_leaflet_online.pdf

First steps nutrition trust, for more about bottle feeding,

web: <https://www.firststepsnutrition.org/parents-carers>

Bliss, for more about feeding and caring for your baby on the neonatal unit,

web: <https://www.bliss.org.uk/>

Contact us

If you have any questions or concerns about feeding your baby, please speak to the team caring for your baby, **tel:** 020 7188 4045,

For more information on conditions, procedures, treatments and services offered at our hospitals, please visit **web:** www.evelinalondon.nhs.uk/leaflets

Evelina London Medicines Helpline

If you have any questions or concerns about your child's medicines, please speak to the staff caring for them or contact our helpline, **tel:** 020 7188 3003, Monday to Friday, 10am to 5pm, **email:** letstalkmedicines@gstt.nhs.uk

Your comments and concerns

For advice, support or to raise a concern, contact our Patient Advice and Liaison Service (PALS), **tel:** 020 7188 8801, **email:** pals@gstt.nhs.uk. To make a complaint, contact the complaints department, **tel:** 020 7188 3514, **email:** complaints2@gstt.nhs.uk

Language and accessible support services

If you need an interpreter or information about your care in a different language or format, please get in touch, **tel:** 020 7188 8815, **email:** languagesupport@gstt.nhs.uk

NHS 111

This service offers medical help and advice from fully trained advisers supported by experienced nurses and paramedics. Available over the phone 24 hours a day, **tel:** 111, **web:** www.111.nhs.uk

NHS website

This website gives information and guidance on all aspects of health and healthcare, to help you take control of your health and wellbeing, **web:** www.nhs.uk



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