Oxford University Hospitals
NHS Foundation Trust

Nasogastric tube feeding at home

Information for parents and carers

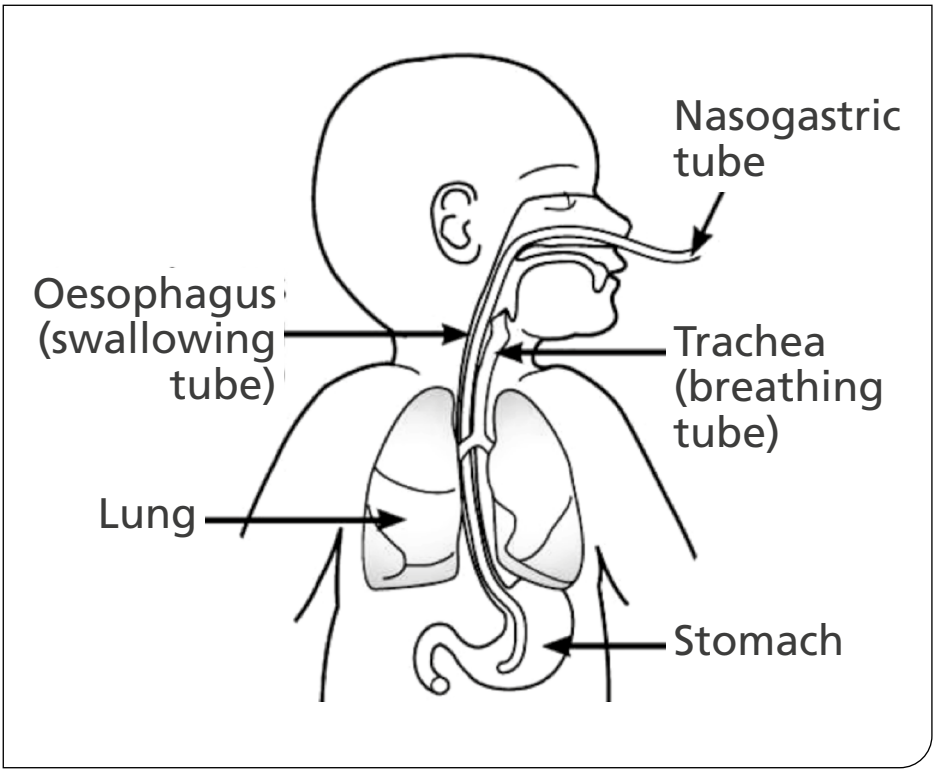
Oxford Neonatal Unit

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



What is a nasogastric tube?

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

Nasogastric tubes are held in place with Hypafix (a type of sticky tape). This can be gently removed using Appeel (a sticky substance remover) or by using water.

Replace any tape if it looks dirty or is peeling off.

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

General hygiene points

Always wash your hands before preparing a feed, giving a feed, or giving medicines. 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 always 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.

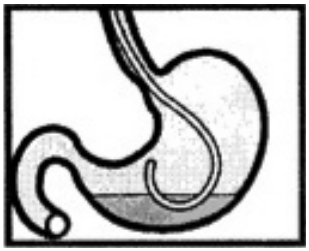
If all of the above checks are confirmed, it is safe to give the feed.

What to do if you do not obtain any aspirate

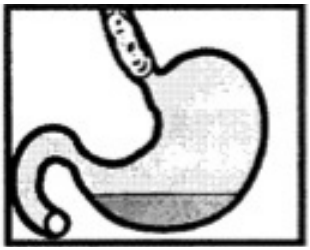
- Wait 5 minutes and try again.
- Try changing your baby's position – lie them on their side or tummy.
- Try gently pushing 1ml of air down the tube with a syringe. This will encourage the tube to move away from the lining of the stomach. Gently aspirate again.
- Offer a sucking feed and then aspirate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

If you still cannot get any aspirate, or the pH level is still greater than 5.5, telephone the **Neonatal Discharge and Outreach Team or your allocated Outreach Team Nurse**. Contact details are at the end of the leaflet.

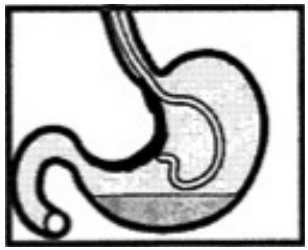
Why you may not be able to get any aspirate



The tube is above fluid level.

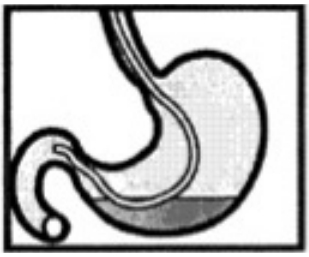


The tube is in the oesophagus.



The tube is blocked in the stomach lining.

There is no fluid in the stomach.



The tube has gone into the small bowel.

The tube is blocked.

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.
- Push gently with the syringe plunger to start the feed, 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.
- Some medications may make the milk thicker, so you can draw the milk up into the syringe and SLOWLY push the feed in.
- The feed should take approximately 15 to 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 they are laying on their side and 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. Call the Discharge and Outreach Team to let them know this has happened (see page 11 for contact details).

How to avoid accidental removal of the tube

If the tube is lifting from your baby's face you can add extra tape.

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 built-in mitts, to help prevent them accidentally pulling on the tube.

When would my baby be considered for home tube feeding?

- ☐ you live in Oxfordshire
- ☐ you have completed the tube feeding competencies 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 every 3 hours
- ☐ they can complete 2 half volume, good coordinated sucking feeds in 12 hours for two consecutive days.

Preparing to go home

Before you leave hospital with your baby, you will need to make sure you have:

- ☐ received your home tube feeding pack, which will be explained to you
- ☐ the feeding plan (which will be discussed with you) and clear, agreed guidelines for feeding at home
- ☐ registered your baby with your local GP
- ☐ a sufficient supply of milk and any medications, if required
- ☐ completed your resuscitation training
- ☐ been offered the opportunity to 'room in' with your baby, to build up confidence with tube feeding.

When your baby is ready to be discharged from hospital, you will receive a summary of your baby's stay on the Neonatal Unit. Your GP and Health Visitor will be also be sent a copy.

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

Community support at home

A nurse from the neonatal discharge and outreach team service (DOTS) will visit, once a week, whilst your baby has the NG tube in place.

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!

When the tube is removed, the Neonatal Outreach Team Nurse will continue to visit until your baby is feeding well, gaining weight and you are feeling confident caring for your baby.

Feeding

In the first few weeks you may find your baby's feeding pattern is irregular. Some babies 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 nurses in the Neonatal Discharge and Outreach 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 by 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 a typical sign.
- "I'm really hungry now" – crying is the last cue baby shows and uses up energy.

When breastfeeding:

- Your baby may take a few 'goes' to latch on well. It's all about patience and practice; your baby is learning too! It should be comfortable for Mum.
- Does baby visibly relax and suck rhythmically? This is a good sign they are 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:

- If baby slows down or stops sucking consider:
  - are they finished or do they just need a pause?
  - do they 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.

How to contact us

Neonatal Discharge and Outreach Team Service (DOTS)

Telephone: **01865 220 409**
(8.00am to 5.00pm, Monday to Saturday – excluding Bank holidays)

24 hour answerphone available. We will aim to call you back the same day.

Alternatively, please call your **allocated Outreach Team Nurse** on their mobile. You will be given their number when you leave hospital.

Outside of these hours, or if urgent advice is required, please call the:

Neonatal Unit

Telephone: **01865 223 203**

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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