# Oral Feedings: Information for Parents

You will learn a lot about feeding your baby. You play an important part in your baby’s feedings.

Your baby is getting your breast milk, donor milk, or special formula through a tube that goes into the mouth or nose and ends in his or her stomach. A pacifier may be dipped into milk and given to your baby during feeding times. A pacifier dipped into milk makes your baby happy during the tube feeding. Sucking on a pacifier gives your baby practice for either the bottle or your breast. Never force the pacifier into your baby’s mouth.

Feeding should always be a happy time for you and your baby. If your baby is not ready to suck from a bottle or your breast, there are other things your baby can do. Your baby can rest his or her mouth at your breast if you want to breastfeed. Your baby can rest his or her body skin to skin with mom or dad during the tube feeding.

Your baby has to learn how to coordinate sucking, swallowing, and breathing when eating. Your baby may not begin to learn how to do this until they are close to 34 weeks gestation. The nurses and feeding therapists in the neonatal intensive care unit (NICU) will work with you to teach you how to feed your baby safely. You will also learn about feeding readiness. If your baby is stable, you and the nurse will decide if your baby is awake and moving around enough to eat from a bottle or breast. Both parents and caregivers should be comfortable with bottle feeding. Mothers should be comfortable with breastfeeding. Your baby should gain weight every day and finish the full feeding by bottle or breastfeeding. Once they can do these things, they can go home.

If your baby has problems during breastfeeding, the nurse will call a special nurse who may be able to help. If your baby has problems bottle feeding, the nurse will call the feeding specialist. If problems are found, the NICU team will work together to help your baby eat better. A video of your baby while swallowing may be made to see if the mouth or throat is not working right. The video also will show if food is going into the baby’s lungs (also called

*aspiration*). The fluid may just be going up and down the baby’s throat (also called *reflux*). During the video, milk may be thickened like a milkshake. The best thickness will show no reflux or aspiration on the video. Your baby’s provider may decide to let your baby rest and go back to tube feedings until your baby is a little older. He or she may decide that a thickened feeding will help keep your baby safe. If your baby needs thickened feedings, as they grow and get a little older the video will be done again.



Once oral feedings are started, it will be very important you to visit as much as possible. As parents, you will be the ones feeding your baby once you go home. If you plan to have other caregivers help you at home, they need to come to the NICU with you to learn how to feed your baby. Once you are home, contact your baby’s provider for any feeding issues your baby might have. Things like not eating well for more than two feedings in a row, spitting up more than usual, not waking up for a feeding, or not breathing during a feeding need to be shared with your baby’s provider as soon as possible.