Oral Feedings

Assessment of oral feeding readiness traditionally begins once a baby nears 34 weeks gestation, although in some instances this assessment may begin sooner. Babies whose mothers plan to breastfeed may already be nuzzling at the breast; others who aren't being breastfed are receiving oral stimulation with a pacifier. Both of these methods are used during gavage feedings.

Oral stimulation and nonnutritive sucking promote feeding success and develop positive feeding experiences. Oral stimulation is best achieved when the infant accepts the pacifier, rather than inserting the pacifier into the mouth when the mouth is closed and the infant is not rooting. Oral care for infants who are not eating by mouth (NPO) or are intubated should be provided gently by letting the infant allow entrance when his or her mouth is open. When cleaning the lips, the use of the mother's pumped breast milk or donor milk with a 2-in. x 2-in. gauze pad or swab stick may be preferred over commercial saline wipes, which may be taste aversive to the infant.

As the baby begins weaning off of intravenous fluids and feedings are being initiated, this is a good time to start discussing oral feeding and feeding readiness with parents. Some hospital institutions have developed parent education about infant-driven feeding or cue-based feeding protocols; other institutions rely on feeding orders for volume and how many times per shift a baby may take a bottle or breastfeed. Whatever the case may be at your institution, early discussions of oral feeding with parents facilitates improved comfort levels once oral feedings begin.

Feeding assessment, which includes hunger cues and physiologic stability, consists of factors that indicate whether a baby is ready to feed. Observing for desaturations and stress cues such as hiccoughs, bradycardia, or fingers splayed before, during, and after oral feeding are important assessment criteria. These stress cues determine the start of a feed, the need for pacing during a feed, and the end of a feed. Remember not to push an infant to suck and swallow if they fall asleep during a feed. This is usually a sign that they are finished, even if they have not completed the volume. Parents should be instructed in how to identify physiologic signs and be involved as much as possible. Medical staff should encourage consistent parent participation.

The assessment skills that you have learned regarding feeding readiness and stress cues will help you determine the significance of feeding difficulties, should they arise. Infants who have been hospitalized long term or have chronic lung disease, those born with cleft lip and palate, and those who remained NPO for long periods of time due to gastroschisis or other gastrointestinal complications are considered to be at risk for feeding difficulties. When identifying potential problems, lactation, speech and language therapy, and occupational therapy referrals should be made as a proactive approach to ensure babies continue to safely advance with oral feedings. Identifying feeding problems and initiating safe interventions early will allow the baby to continue to progress, having fewer opportunities for oral aversion and less chance of a physiologic setback.

Bibliography

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Oral Feedings: Information for Parents

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

Tube feeding is when 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 your baby grows and gets a little older the video will be done again.

Courtesy of Amy Gates, Hand to Hold.

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.