Tube Feeding Your Baby at Home







Aim of the Leaflet:

This leaflet is aimed at parents and carers of babies who have the opportunity to take their baby home with a nasogastric tube in place whilst establishing oral feeds with the support of the outreach neonatal nurse.

Why your baby needs to be nasogastric tube fed?

Nasogastric or NG feeding is a way to feed a baby who is unable to take their full feeds by mouth. The time that this is required will vary from baby to baby but it will facilitate establishing a normal feeding pattern over time. There are many reasons a baby may need help with their feeding shortly after birth, for example prematurity, as a baby born before term may not have the energy to take their full feeds or may need some time to learn how to feed.

Benefits of nasogastric tube feeding

When babies are able they can still feed either by breast or bottle. However if they become tired and are unable to take their full amount of feed they can be given the rest down the NG tube (top ups). If your baby is premature they can take a little longer to complete a feed. NG top ups, at this stage, can give your baby the energy they need while learning to breastfeed effectively. If you are breastfeeding your baby, a bottle given at this stage instead of an NG feed may affect establishment of full breast feeding.

This is due to the fact that bottle feeding uses a different technique for sucking.

Whilst your baby is unable to feed completely by breast or bottle, you may think that feeding is a job for the nurses. On the neonatal unit we like to encourage parents to be as involved as much as possible in the care of their babies. That is why we offer to teach parents to give tube feeds if they would like to learn. When your baby no longer needs to stay in hospital and is able to take a proportion of their feed orally, they may be able to be discharged home from hospital with the support of the Outreach Neonatal Nurse.

We will visit you at home to help with any feeding problems, support you and regularly weigh your baby until your baby no longer needs their NG tube. No baby will be discharged home with an NG tube in place if you do not wish this, or are not happy to give an NG tube feed to your baby yourselves.

We will begin to teach you how to give tube feeds when your baby is stable, so that you can be as involved as much as possible in your baby's care. We will explain what to do step by step and let you practice along the way.

Neonatal staff are always happy to teach all parents who would like to learn how to feed their baby using an NG tube. However no one will be made to feed their baby if they don't feel happy to do so. Staff support will always be available.

The risks of nasogastric feeding

A member of staff will pass the nasogastric tube ensuring that the end of the tube is in their stomach. Prior to every feed, the tube must be checked to make sure it hasn't moved, for example if a baby is sick or pulls the tube out a little way, the tube can move out of the stomach and into the mouth, throat or even pass down into the lungs.

Giving a feed down a tube which is in the wrong place could be very dangerous to your baby and cause them to choke. Provided testing of the nasogastric tube position is carried out carefully prior to using the tube, NG feeding is a very safe way to feed your baby.

At first this may sound a little frightening but like anything else when you have learned more about it you will find it easier than you thought. You will be able to practice tube feeding whilst being supervised by the nurse looking after your baby as often as you feel is necessary until you are confident to be left to do the tube feed yourself.

Prior to going home with your baby with an NG tube in place there will be learning goals to be achieved, you will be able to demonstrate the process of checking the tube position, how to feed by NG tube, the complications to be aware of and you will be given Baby Basic Life Support Training.

Replacing the NG Tube

NG tube replacement can be performed by parents at home if parents would like to do this. Again Neonatal staff are happy to teach parents if this is appropriate. However no one will be made to insert the tube if they don't feel happy to do so. Staff support will always be available. If parents are not happy replacing the tube, and this is often the case particularly when first taking baby home, the Outreach Nurse will arrange to visit you at home to replace the tube when necessary.

Who can tube feed/ replace the tube?

It is usually parents and carers who are taught to tube feed and replace the tube however occasionally this may change if other health concerns requiring long term tube feeding are identified.

Conclusion

If you have any further questions or concerns please do not hesitate to speak to the staff caring for your baby or your outreach nurse.





(Hosted by Cambridge University Hospitals)







Central Newborn & Trent Perinatal Networks