

Tube Feeding Your Baby

‘Why and how’ of tube feeding your baby.



① For more information, please contact:

York Special Care Baby Unit

Telephone: 01904 726005

Congratulations on the birth of your Baby

As you become more involved in caring for your baby in hospital, you will be encouraged to participate in nasogastric tube feeding (NG feeding). We hope the information in this booklet about NG tube feeding is useful and reassuring.



Name of parent / carer:

.....

Name of parent / carer:

.....

Date booklet given:

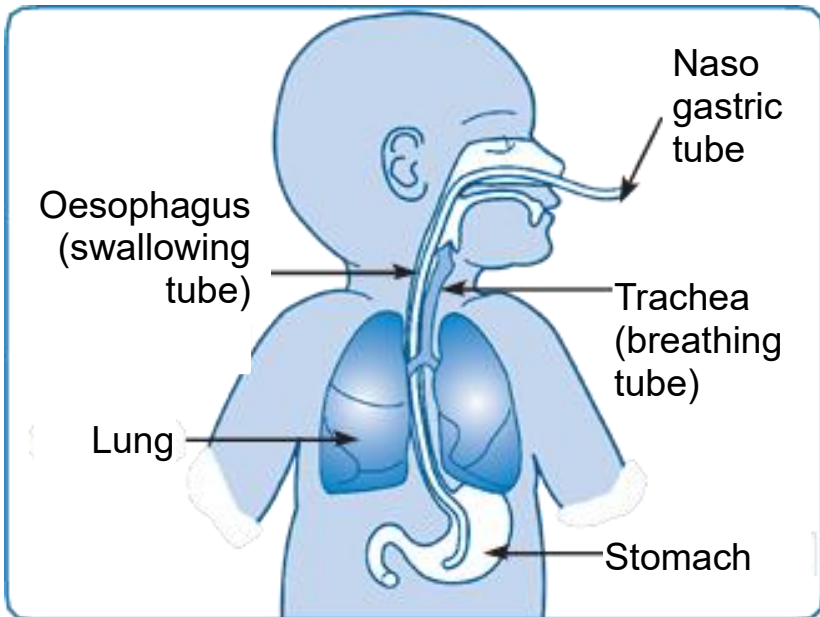
* This page **must** always be completed

What is nasogastric tube feeding?

It is usual for babies born prematurely, or who have been very sick, to be unable to take all their milk from either the breast or bottle. These babies are given milk via a **nasogastric tube** (NG tube). This is a small tube that passes through the nose and down into the stomach (as shown in the picture below).

Feeding in this way will help your baby receive enough nutrition to grow and develop. The feed is allowed to drip slowly down the tube by gravity into the stomach. Even when your baby starts to take milk from the breast or bottle, they may tire easily and therefore require tube feeding for part of their feed.

The NG tube is inserted up the nose, and down the back of the throat and into the stomach.



What are the risks of NG feeding?

There is a very small risk of the NG tube going down the wrong way and into the lungs when the tube is inserted. The tube may move out of the stomach if it is pulled accidentally, or if the baby vomits or coughs excessively.

Therefore, it is always important to check the position of your baby's NG tube prior to giving anything via the feeding tube, or after a coughing fit, or vomiting episode. You must always ensure that the feed is going directly to your baby's stomach.

These risks may make you very anxious. Please feel free to discuss any worries or concerns that you have with the nurse caring for you and your baby. You will be supported to learn how to do this.

The staff in the Special Care baby Unit want to promote parents/carers as partners in care of their babies. Our aim is to teach you to feed your baby using an NG tube if this is something you would like to do.

We will work with you until we are sure you have learned the techniques correctly. Don't worry if it takes you a long time to be confident when tube feeding your baby. It is important that you are sure you know what you are doing and happy to continue.

Remember there is always a nurse to ask if you are unsure about anything.

How to start NG tube feeding

You can start the process by testing the position of your baby's NG tube whilst they are in hospital. The nurses will show you how to and explain the procedure below. Your baby will be on small bolus feeds initially. A bolus feed is a small amount of milk given over a short period of time.

It is vital that you always test that the NG tube is in the stomach prior to feeding your baby.

The **SAME** four checks that must be carried out prior to feeding, your nurse will go through these with you:

Secure: Make sure the tape on the baby's face is intact and holding the tube firmly in position

Aspirate: Withdraw 1-2mls of stomach contents; this should be acidic with a pH between 2 and 5.5

Mouth: Look in the baby's mouth to ensure the tube is not coiled within it

External: Measure the external length of the tube to ensure that there has been no displacement

Testing the NG tube before feeding

Wash your hands before this procedure.

To begin with gather all the necessary equipment that is required:

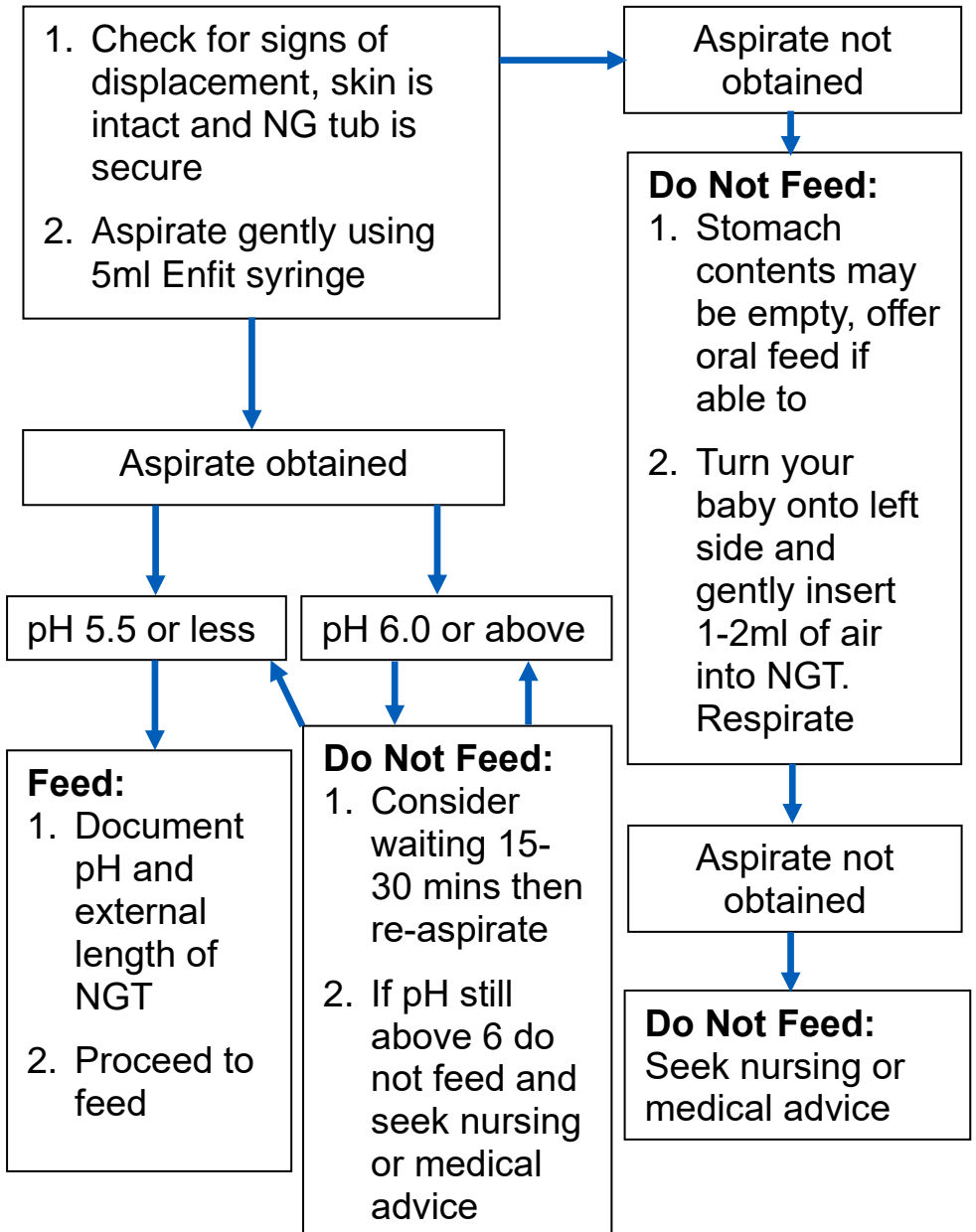
- Enfit syringe: 5ml to aspirate
- Enfit syringe: 10ml or 20ml
- pH indicator strips with colour chart (this is the strip that tests the acidity of the stomach contents)
- Measured amount of correct feed



Directions for testing the tube

1. Gather all equipment and milk required. Wash your hands before and after this procedure. Careful handling of feeds and equipment will reduce the spread of bacteria.
2. Check for tube displacement by measuring the external length of the NG tube; the correct length of the tube will be recorded in your baby's notes. If the external length is different to what has been previously recorded, inform a member of staff. Remember the length of the tube will change as your baby grows.
3. Check the skin is intact where the NG tube is secured and that the tape is holding the tube firmly in place. Finally check there is no tube coiled up in the back of your baby's mouth.
4. Remove the cap from the end of the nasogastric tube and check if it is clean. If it is coated with milk, then clean it with an alcohol wipe.
5. Attach the 5ml Enfit syringe and gently pull back (aspirate) a small amount of fluid. Place on a pH indicator strip.
6. The strip should change colour and show a pH of 5.5 or below (a pH of 7 is neutral and the strength of the acid increases as the number moves towards 1). Consult the decision tree to determine whether it is safe to feed.

Neonatal parents/carers nasogastric feeding decision tree



Giving the feed

1. Make sure you have your baby's milk.
2. Ensure milk is at room temperature.
3. Check the amount that is to be given as it will change regularly as your baby grows.
4. Remove the plunger from the syringe and attach the empty syringe to the hub of the NG tube.
5. Pour the amount of milk your baby needs from the bottle into the syringe. Place the plunger gently back into the syringe to start the feed. Then remove it and let the feed go down on its own by gravity.
6. A bolus feed should take approximately 20 minutes to complete.

Observe your baby throughout the feed. If your baby becomes pale or dusky, then stop the flow of milk immediately by lowering the syringe and pinching the NG tube. Seek help from the staff. If your baby starts to choke or vomit stop the feed, pour the milk from the syringe back into the bottle and ask for advice.

Baby name or Sticker	
Skill	Demo /talk
Hand Hygiene	
Preparation of equipment	
Check NG tube for displacement <ul style="list-style-type: none"> • Tape secure • External measurement • Coiling 	
pH testing	
Safety issues when using tube	
Giving bolus feed	
Skin care of site	
Problem solving	

Parent/carer name and date

Practices initial and date					Final competency nurse to sign	Parent/carer to sign when confident

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What's the next stage?

Gain your confidence tube feeding your baby and get the staff to sign your teaching plan off as soon as you feel ready.

Home NG tube feeding

Occasionally babies are slow to take all their feeds orally and they will need supplementary tube feeds for a while.

Because this is a normal occurrence, you may be asked if you feel confident to carry on NG tube feeding at home with the support from the Neonatal Outreach team.

Please discuss this option with staff. They will give you the criteria your baby needs to meet before they can be considered for discharge home with a NG tube in place.

With thanks to Leeds Teaching Hospitals NHS Trust and Harrogate and District NHS Foundation Trust for permission to use their text and artwork for this leaflet.

Tell us what you think of this leaflet

We hope that you found this leaflet helpful. If you would like to tell us what you think, please contact:

Ward Manager, SCBU, York Hospital, Wigginton Road, York, YO31 8HE or telephone 01904 726005.

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PALS can be contacted on 01904 726262, or email yhs-tr.patientexperienceteam@nhs.net

An answer phone is available out of hours.

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