

## Information for Parents

# Tube feeding your baby on the Neonatal Unit

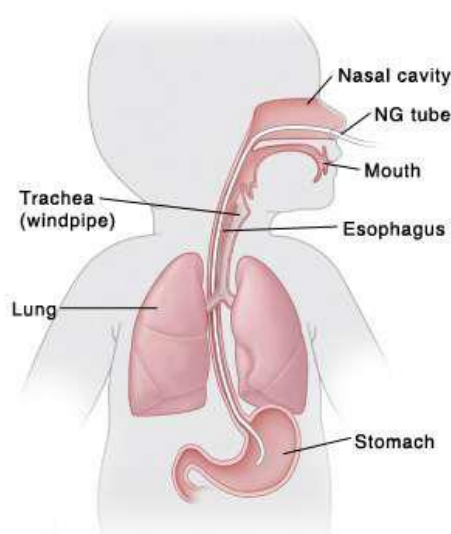
Baby's name: \_\_\_\_\_

Parent name: \_\_\_\_\_

Date information sheet given: \_\_\_\_\_

### What is Naso/orogastric tube feeding on NICU?

It is usual for babies who have been 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) or Orogastric Tube (OG tube) - this is a small tube that passes through the nose down into the stomach.



Feeding in this way will help your baby receive enough nutrition to grow and develop.

As you are involved in caring for your baby, you will be encouraged to participate in tube feeding in the hospital and you will be taught how to do this by the nursing staff. It is very important that you learn to do this in the correct way and complete all the training regarding safety issues.

Do not worry how long it takes you to gain your confidence when tube feeding your baby, it is better that you feel happy and confident in what you are doing.

**Remember – speak to a nurse if you are unsure about anything.**

## Hand washing

Always wash your hands thoroughly before handling feeds and feeding equipment. Use warm running water and liquid soap, rinse and thoroughly dry.

It is important that you always test that the tube is in the stomach prior to feeding your baby. If the tube is not correctly positioned, fluid could go into your baby's lungs.

## How to start tube feeding

Equipment required:

- Oral syringe to aspirate:           2ml for a baby weighing less than 1000g.  
  5ml for a baby weighing more than 1000g.
- Oral syringe for giving feed (**\*Note: An extension set will be required for babies on Optiflow/Cpap/Bipap/Abdominal/Respiratory surgery**).
- pH paper with colour chart (this is the paper that tests the acidity of the stomach contents).

## Step by step guide

1. Wash your hands before and after tube feeding.
2. Check that the tube position has not changed, look for the following:
  - The amount of visible tube – is it the same length as before?
  - Any loose tape?
  - Any kinking of the tube at the back of the mouth?

**If you have any concerns please speak to the nursing staff.**

3. Remove the cap from the tube and attach a purple syringe.
4. Pull back slowly (aspirate) some of the contents of the tube and put this on the pH paper, the paper should change colour and should show a **pH of 5.5** or below. The colour change/pH is caused by the acidity of the stomach contents.

### **Do not feed your baby if:**

The reading is pH6 or above.

You are unable to obtain any fluid.

If this happens, inform your nurse so that they can check the position of the tube.

**It is important to hold the feed and observe your baby. If you need to stop the feed, lower the syringe or kink the tube and call your nurse for help.**

## **Problem Solving**

When you cannot get any aspirate back from your baby's tube:

- If the pH paper does not change, this does not necessarily mean that the tube is not in the right place. It could be that your baby's stomach is empty or the tube is resting up against the stomach wall.
- If no aspirate is obtained, try turning your baby on their left hand side and drawing back the fluid, then test again.

**Inform your nurse - they can help check the position of the tube.**

## **References**

National Patient Safety Agency (2005) *Information for parents and carers of babies with nasogastric feeding tubes under the care of neonatal units*. NPSA.

NU001 *Administering Nasal or Orogastric Feeds on the Newborn Intensive Care Unit*. Saint Mary's Hospital (2015).

Sticker/Baby's Name ID



Manchester University  
NHS Foundation Trust

Parent copy

## Competency for NGT/OGT testing and feeding

Action	Discussed/ Demonstration	Parent 1 <i>Initial and date</i>	Parent 2 <i>Initial and date</i>	Final Competency (Nurse signature)	Parent/Carer to sign when confident
Handwashing - 7 steps					
Preparation of equipment - Clean surface - Purple syringes - Warming milk					
Check tube position - Tape secure - Measurement - Coiling?					
Ph testing - Reason for testing - Colour change - Ph 5.5 or below - On reflux meds?					
Giving gravity feeds - Reason - Appropriate level - Present during					
Care of nostril and cheek - Use of duoderm - Application and removal					
Non nutritive sucking					

**Note: An extension set will be required for babies on Optiflow/Cpap/Bipap/Abdominal/Respiratory surgery**

Sticker/Baby's Name ID



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