

Nasogastric tube feeding

Parent information

What is “tube feeding”?

Tube feeding is a way to feed your baby with milk (breast milk, pasteurised donor human milk or formula) while they learn how to feed from the breast or bottle or while they recover from illness. The tube is measured to make sure it is the correct length for your baby and is then inserted into the nose and passed down the food pipe (or oesophagus) and into the stomach. The tube is then taped to your baby's face to make sure it stays in the right place. The milk is then given to the baby via the tube.

Premature and unwell babies often need to be fed using a “feeding tube”. You may hear other names for the tube feeding including naso-gastric feeding, NG feeding, nasogastric tube feeding, or NGT feeding. The tube is commonly called a “NG tube”. They all mean the same thing.

Why does my baby still need to have some feeds via the tube?

- All babies, whether they are born early or at their due date, need to be able to “suck, swallow and breathe” properly to be able to effectively feed from the breast or from a bottle.
- Some babies start to show interest in doing this from about 34 weeks gestation. Babies that have been unwell, may need to recover before they are strong enough to manage to “suck, swallow and breathe”.
- It is important that we support your baby's growth while they are learning to feed by giving some or all feeds via the feeding tube. Learning how to suck from the breast or bottle is a gradual process that can take anywhere from a few days (for a term baby) to a few weeks (for a pre-term baby).
- As your baby slowly increases the number of breast or bottle feeds, they have each day, we can decrease the number of tube feeds. For example – your baby may start with one to two breast or bottle feeds per day and have six tube feeds. After a few days, your baby might have three to four breast or bottle feeds per day and four tube feeds until eventually, your baby is having all breast or bottle feeds.
- Weighing your baby regularly is one way we can check that your baby is getting enough nutrition from breast or bottle feeding and no longer needs the support of the tube feed.

Trouble shooting

Vomiting / Gagging

Vomiting is common in babies up until 12 months of age. If your baby normally “spills” and vomits and you are not worried, then continue feeding as you normally would. If your baby has a large vomit or new vomiting, you should look closely at where the tube is taped at your baby's nose to make sure it is in the correct position. Sometimes, the tapes can get wet and not stick as well which allows the tube to move. Checking the position of the tube is very important. If it is not where it should be, very gently advance the tube until it measures at the correct place. The correct measurement will be written on your baby's observation sheet.

Blocked tube

If the milk isn't running into the tube, try putting the syringe plunger in the syringe to see if the milk starts to move again. If it doesn't move, the tube may be blocked and the safest thing to do is to take it out and replace it. If this happens, then follow the parent plan for naso-gastric tube replacement.

Dislodged tube

If the tube comes out, it is important that you call the nursery to talk to them about your options. Depending on the time of day or night and the number of breast or bottle feeds your baby is having, you may be able to leave it out until

the NeoHOME nurse comes to visit you. If your baby is still having mostly tube feeds and it is more than a few hours before your nurse is scheduled to visit, then you may have to come into the hospital to have it replaced. Refer to your “parent plan” for assistance.

Wet and sloppy tapes

If you feel confident to manage the tapes, use the pre-cut tape in your equipment box, to tape over the old tapes and let your nurse know at your next visit and they can re-do them for you.

Step by Step Guide for giving a nasogastric feed

Wash hands

Gather Equipment

- 20 or 30ml Purple Syringe
- 5 ml Purple Syringe
- pH Testing strip
- Bottle
- Milk – Expressed Breast Milk (EBM) or formula

Prepare and check the milk

- Check how much milk your baby is having for feeds. Remember, the amount changes every time your baby puts on weight. Your nurse will tell you what the new volume will be.
- Draw up the milk using the purple syringe and put the milk into the clean bottle.
- Fill a plastic cup or container with hot water and place the bottle (with the lid on) in the water to warm. Do this in the kitchen and away from your baby. After a few minutes, remove the bottle and swirl the contents.
- Alternatively, you can take the milk out of the fridge one hour before the feed is due and allow it to warm to room temperature. The milk should NOT be hot. Do not use the microwave to warm the milk.

Check the tube:

- Check the numbers on the tube close to baby’s nose to make sure the NG tube has not moved.
- Attach the 5 ml syringe to the NG tube and gently pull to obtain fluid from the stomach. You will need 0.5 to 1 ml only.
- Drop the milk onto the testing strip and compare the colours. A pH of 5.0 or less is needed to confirm the NG tube is in the stomach.
- If you are unable to obtain any fluid from the stomach, roll your baby to the side and back on their back and try again.

Start the feed

- Remove the plunger from the large syringe and attach the empty syringe to the NG tube.
- Fill the syringe with the warmed milk and allow the milk to “run into” the stomach by holding the syringe just above your baby’s head. If you hold the syringe too high, it will run in too fast and may make your baby vomit / gag.
- When all the milk has run out of the syringe and into the NG tube, you can lift the syringe up higher until the milk is no longer seen in the tube.
- Remove the syringe from the NG Tube and ensure the NGT cap is screwed on.
- Wash the syringe and bottle using warm soapy water and allow to dry.
- Wash your hands