Integrated Family Delivered Neonatal Care

Expert in your baby's care

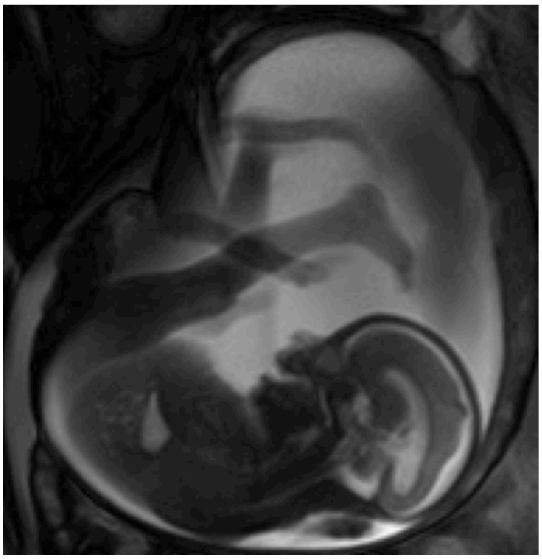
Chapter 14: The journey to suck feeding

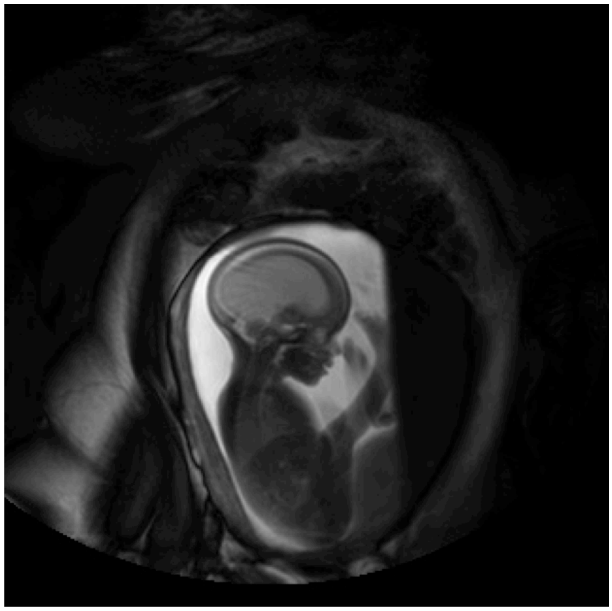
Parent educational material for app

Imperial Neonatal Service, Imperial College Healthcare NHS Trust

1.0 The journey to suck feeding

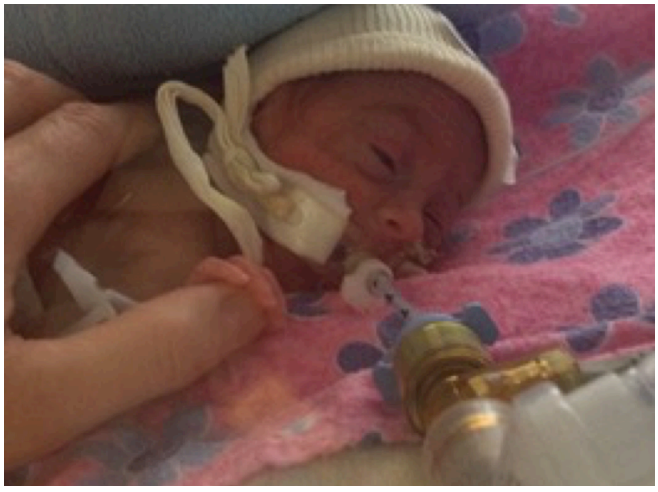
Feeding skills develop over the 40 weeks of a full term pregnancy. Healthy term babies are born with rooting, sucking and swallowing reflexes and are able to breathe on their own and coordinate all these skills to feed effectively after birth.
The environment of the womb supports this development – the mother and baby are together, the baby is in a flexed posture, practising swallowing amniotic fluid and sucking on their fingers.

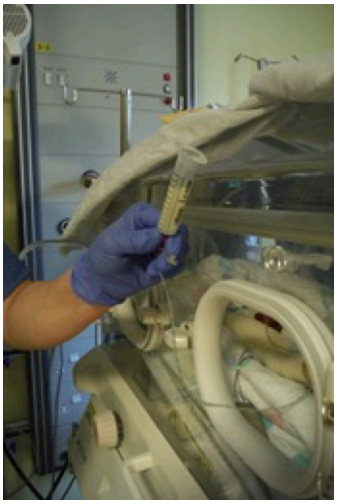




Cine MRI of babies during pregnancy at 21 weeks' and 27 weeks' gestation
https://youtu.be/z0akKFmHjFg

Being born prematurely can present barriers to normal feeding development. The environment can get in the way of opportunities for rooting, sucking, swallowing, being flexed and having positive touch.
Interventions and unpleasant touch around their mouth and face can be unlike what they would have experienced in your tummy and may affecting the development of their feeding reflexes and sensitivity. It is therefore important to think about how we support babies in the neonatal unit until they are ready to suck feed.





From the moment your Baby is born, their journey to suck feeding begins. Initially they are likely to be fed via intravenous drip or through a tube into their tummy. We will give them your milk as soon as you start to express it. We can give small amounts of your early milk, called colostrum, into their mouth and feed it through the tube into their tummy. We will encourage you to spend as much time as possible with your Baby giving skin-to-skin cuddles as it is good for so many reasons. It's important for them to be held while having their tube feeds and it gives you an opportunity to get to know your Baby and watch their cues to tell you when they are ready to feed. Your Baby can enjoy the taste and smell of your milk if you use it for their mouth care.

Before they are able to coordinate sucking and swallowing with breathing, we would recommend they are able to practice sucking on a dummy during tube feeds; we call this non-nutritive sucking.

As they start to show us the skills for feeding, we will support you to know how to position and attach them at the breast, how to look for signs that they are getting milk and work out how much tube feed to give them and help with any specific challenges they may have. If they are bottle feeding we will make sure they are supported with positioning, have a teat flow rate they can manage and support strategies to help them feed effectively and safely.

Before you go home we will make sure you are confident to feed your Baby in the way you have chosen.

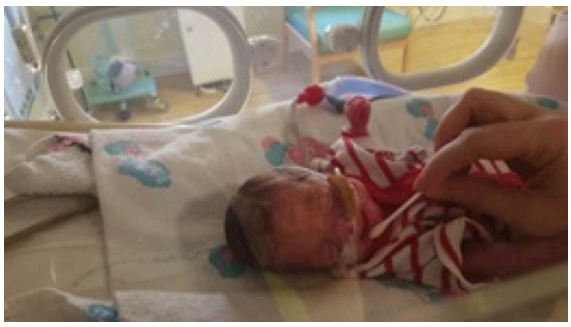
Aims for this chapter

We want you as a parent to know and achieve:

- an understanding of how a baby develops suck feeding skills
- what supportive practices and interventions can help set up good feeding skills for the future
- how to read your Baby's feeding cues
- how to position and attach your Baby at the breast
- how to work out how your Baby is feeding and wean them off tube feeding
- how to support your bottle fed baby to take their feed comfortably and effectively
- feeling prepared to take your Baby home feeding well
- an understanding of responsive feeding.

1.1 Giving colostrum and using milk for mouth care

- Colostrum is similar to amniotic fluid. Where possible it should be given to your Baby as their first feed and in the order that you express it.
- Colostrum is the ideal first food for all babies but it is crucial for the preterm baby whose gut is immature and underdeveloped. The introduction of colostrum will help the gut to grow and mature and help to protect it from infection and inflammation. Colostrum will also switch on digestive hormones in babies born very early.
- The small drops of colostrum that you collect by syringe can be given directly into your Baby's mouth by syringe, even if your baby is sick and ventilated. Given straight into your Baby's mouth, colostrum will coat the mouth and food pipe and encourage the growth of 'good' bacteria. Even the smallest amount of your colostrum can be diluted with water and given to your baby.



- Colostrum and breast milk can be used for mouth cares to help clean and moisten your Baby's mouth. Dip a cotton bud in the milk and gently wipe on their lips and mouth.
- These early positive experiences using your milk may help with a sense of familiarity for your Baby, where they can smell your scent just as they did when they were still in your tummy. This may also help with future feeding experiences and support moving on to breastfeeding.
- You will be supported by nursing or midwifery staff to express colostrum as soon as possible after your Baby is born.

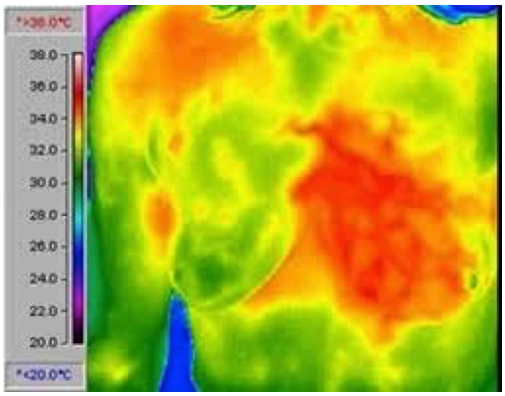
1.2 Skin-to-skin holding

As soon as your Baby is stable enough, they should be able to enjoy unlimited skin-to-skin cuddles with you and your family. In the early days it may be most helpful if this is prioritised for Mums, as holding your Baby skin-to-skin helps stimulate the hormones of milk production and therefore will help you initiate and later maintain your milk supply. Skin to skin cuddles are important for Dad's too and hopefully you can all have time for cuddles. You can read more about skin-to-skin holding in Chapter 12.

http://sw5.bestbeginnings.org.uk/
Best Beginnings: Small Wonders film 5 – Holding your baby – a nice film to watch of other families getting used to holding their babies

Skin-to-skin has numerous benefits for you and your baby:

- It provides tailor-made protection for your Baby. When your Baby comes into contact with your skin it activates the entero-mammary pathway. This pathway enables a mother to produce antibodies to germs in their shared environment. These antibodies then appear as quickly as an hour later in your breast milk, giving your Baby a tailor-made vaccination against germs you have both been exposed to – amazing!
- It gives your Baby time to be near the breast and experience the smell of you and your breast milk.
- Skin-to-skin holding with you during tube feeds may help your Baby build an association between being near the breast and having milk in their tummy and can support the transition to suck feeding.
- Skin-to-skin supports you and your Baby to get to know each other and creates a loving and close attachment.
- Skin-to-skin helps you watch your Baby and get to know their cues for when they are comfortable, if they are hungry or tired etc. It is the beginning of you getting to know what your Baby is trying to say and what they want or need.



- Skin-to-skin helps to regulate your Baby's temperature due to the heat produced from the lactating breasts (36 degrees centigrade) and your body's amazing ability to adjust its temperature in response to your Baby's body temperature.
- Frequent skin-to-skin contact can improve your Baby's weight gain.
- We tend to prioritise skin-to-skin with mums initially as it helps with milk production, but there are also benefits for dads and babies having skin-to-skin cuddles too. It gives them a chance to get to know their baby and start to build their relationship with them.

  Skin-to-skin holding should be routine practice due to its numerous benefits. However, it may not be suitable for some very small or unstable babies. You can discuss with your nurse how your Baby is doing and when to have your first cuddle.

  http://www.unicef.org.uk/BabyFriendly/Resources/AudioVideo/Meeting-baby-for-the-first-time/ This video is quite term baby orientated but is really nice to watch!

1.3 Non-nutritive sucking

In your tummy, your baby of just nine weeks' gestation will bring their developing hands to their face and with increasing age can be seen sucking on their hands and fingers to soothe themselves. This non-nutritive sucking (NNS) develops in rhythm, strength and length of sucking bursts with age.

NNS can be practised by either sucking on a finger, dummy or a recently expressed breast. NNS has a number of benefits for preterm babies, some feeding related and others that support their medical care and response to their environment.

- By helping to form a seal at the lips, it can maximise the delivery of nasal continuous positive airway pressure (CPAP) and reduce the need for a chin strap.
- Being positioned so they can get their hands to their face helps them to suck on their fingers; the same method of self-soothing that they would have had to support them in the womb.
- Providing a dummy dipped in breast milk or sucrose can help give extra support during painful procedures. You can hold your Baby skin-to-skin or let them suck at a recently expressed breast for comfort during certain procedures.

- It gives the opportunity to practise sucking without having to coordinate it with swallowing and breathing before they are mature enough to do this.

The coordination of sucking, swallowing and breathing is a skill mastered from around 32 weeks of gestational age. Before this time, your Baby may struggle with coordination and not be able to take milk from the breast effectively. When still too immature for suck feeding, the opportunity to suck non-nutritively particularly during nasogastric tube feeds is helpful to build an association between sucking and the sensation of milk filling the stomach. It also provides pleasant oral stimulation and encourages the swallowing of saliva to aid digestion.

As your Baby shows readiness to suck feed, the use of the dummy will reduce as your Baby will be put to the breast rather than being settled with a dummy. In this way you can continue to start breastfeeding without the dummy interfering

We have special small dummies for babies or who have tiny mouths due to their small size at birth and have larger dummies for when they get a bit bigger.

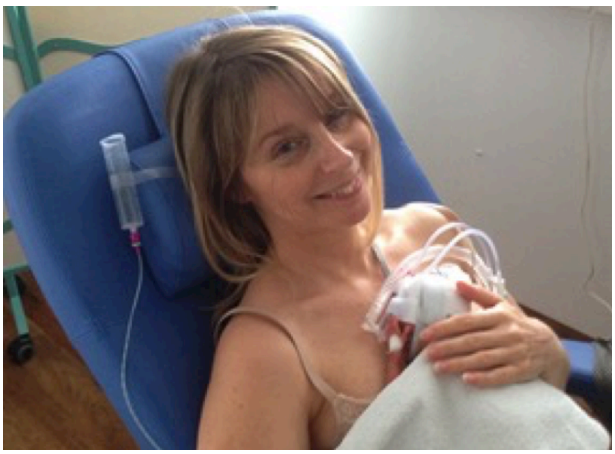
1.4 Supportive tube feeding

Tube feeding is a necessary part of your Baby's care until they are able to coordinate sucking with swallowing and breathing to safely and effectively take milk from the breast or a bottle.

It is important to provide your tube-fed baby with experiences and support to enable them to progress on to suck feeding easily.

The following strategies are helpful when tube feeding your Baby:

- If your Baby is awake at a tube feed time, they can be offered a dummy to suck. This is good for a number of reasons: it helps them swallow saliva that helps with digestion; it helps muscle movement through the throat down to the stomach and helps move milk through the tummy and gut. It also helps builds a connection for your Baby between sucking and milk filling their tummy.
- Dipping the dummy in milk can give your Baby the taste and smell of milk as they are being tube fed.
- If they are awake and stable at feed times they should ideally be picked up for a tube feed. You can hold your Baby skin-to-skin upright between your breasts during the tube feed – being



upright helps the tummy to empty and may help them tolerate their feeds better. They also get to smell, feel and be near the breast during a tube feed. Dads can do the same although there is not the same connection made with breastfeeding.

- Or you can hold your Baby in elevated side lying during the tube feed, give them their dummy to suck and quietly talk to them during their feed. Feeding is part of early communication and it is important your Baby is not left alone and awake in their cot when they are having a tube feed when possible.
- When watching your Baby during a tube feed they may show signs of being uncomfortable or full if the milk is going too fast. You can lower the syringe to slow the rate of milk flow and help them be more comfortable when feeding.

1.5 Feeding readiness cues

A baby born preterm may not yet be able to coordinate sucking, swallowing and breathing. They will usually start suck feeding at around 32 to 36 weeks of gestational age. Earlier than this they may not stop sucking to breathe and can therefore desaturate and/or have apnoea or bradycardia with feeds.
Weight and gestational age are not good indicators of a baby's readiness to feed. You need to watch for the signs that they are ready to try.

Feeding readiness cues are often seen:

- before a tube feed is due, when your Baby is more hungry
- when you are holding your Baby skin-to-skin
- when carrying out mouth cares
- during a tube feed.

Feeding readiness cues include:

- waking
- fidgeting
- head turning
- rooting
- making sucking movements
- opening their mouth
- sticking their tongue out
- looking at the breast
- bringing their hands to their mouth.

Crying is a late indicator of hunger – by this stage they have used up their energy with crying and may not be able to feed for as long or as well.

Encouraging feeding readiness:

When you start to see feeding readiness cues, we can think together about how care giving practices, feeding routines, your Baby's wake sleep patterns and feeding opportunities may encourage more feeding practice.

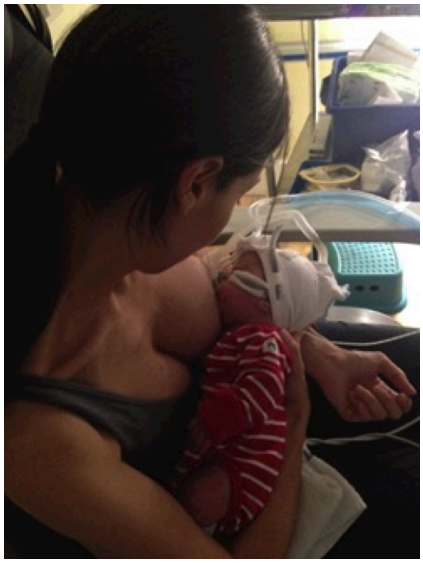
- Moving from two to three hourly feeds can help stretch the time between feeds and encourage more feeding cues.
- Discuss with the multidisciplinary team the possibility of dropping the total volume of milk they are getting if they are growing well.
- Moving the tube from orogastric (OGT) to nasogastric (NGT) can encourage tongue movements and better attachment to the breast or a teat.
- If your Baby is not yet able to tolerate the change to NGT, you can fix the oral tube to one side of your Baby's mouth rather than right down the middle of their tongue, so they can move their tongue more easily.
- Being aware of your Baby's wake sleep patterns can help you to know when your Baby is at their most awake to try feeding and help to plan your day. We have a 'wake sleep chart' you can use if this would be helpful.
- Discuss what would be helpful to support you to spend more time doing skin-to-skin and feeding so you can maximise their opportunities for early feeding.
- Learn to recognise feeding readiness cues and position your Baby at the breast when you see them.
- Don't introduce bottles until breastfeeding is established; continue with supportive tube feeding and non-nutritive sucking. Bottle feeding is a different technique of sucking and swallowing and tends to maintain a focus on the volume of milk being taken rather than a focus on the skills your Baby is learning.
- If you want your Baby to be able to take a bottle later, we can support you with this at an appropriate time in their learning.

1.6 Positioning and attachment

The key principles of positioning and attachment are:

- ✓ Head and body in a straight line
- ✓ Baby facing breast
- ✓ Nose to nipple
- ✓ Able to tilt head back
- ✓ Held close

Preterm babies need support to have their head and neck in a neutral position. Too far forward may block their airway and make breathing more difficult, resulting in desaturation and bradycardia.

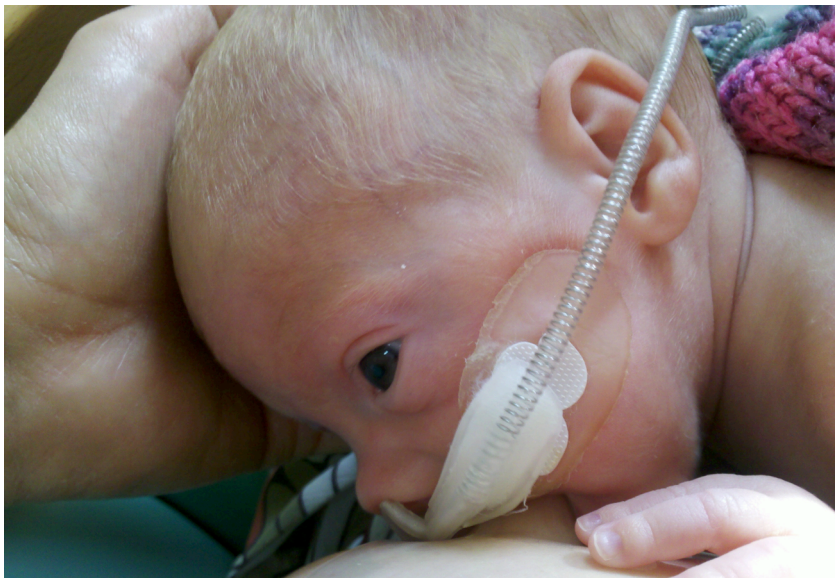


Both the 'rugby hold' and 'cross cradle hold' are feeding positions that help to support the head and mean you can see your Baby's face and watch them during feeds.
Attaching to the breast can be challenging for preterm babies.

Strategies to aid attachment include:

- expressing a bit to soften your breast before a feed
- stimulating the nipple to elongate it
- breast shaping with your hand
- expressing milk onto the nipple

Making sure they have a wide, open mouth when they come towards the breast
It is important that it is not causing you pain when your Baby is attached as this could indicate damage is being done to your nipples.
We will give you help to position and attach your Baby. Remember every mother and baby is different and it can take a while to feel absolutely comfortable and confident.

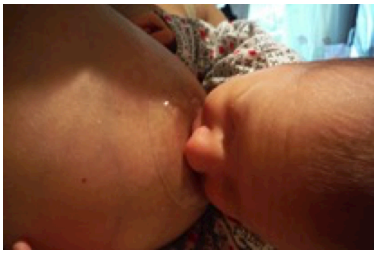


Use of a nipple shield

If your Baby struggles with attachment, slips off the nipple, is unable to stay attached and if other support strategies have not helped, a nipple shield may be considered.

A preterm baby may find it harder to attach due to weaker sucking pressures. Nipple shields can increase sucking pressures and help with attachment.

Some preterm babies seem to need more stimulation in their mouth to help them attach at the breast and a nipple shield may help with this.
In the case of the small baby, your nipple may be relatively large compared to their mouth and a shield may help with attachment until they grow bigger.



The use of nipple shields should only be tried if you have had advice and support for attachment.
It is still important to encourage a wide, open mouth for attachment rather than slide the nipple into their mouth
When using a nipple shield you should continue to express after a feed as there may be less breast stimulation that may reduce your milk supply.
A nipple shield is just a short-term tool to use until you and your baby are comfortable and confident with attachment. We will support you with a plan of weaning them off the shield.

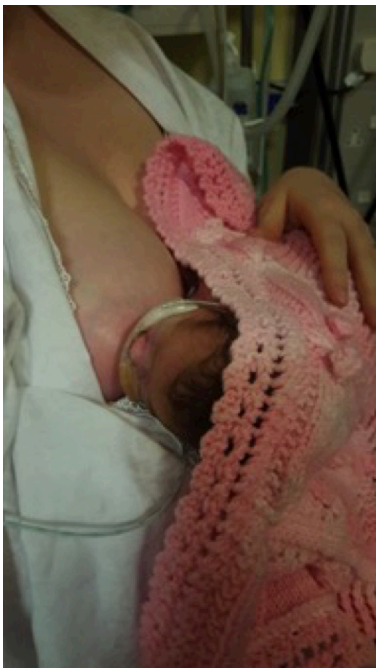
Poor coordination of swallowing and breathing during breastfeeding:

If you have well-established lactation and a powerful milk ejection reflex (MER), the fast rate of milk flow may cause coordination problems if your Baby still has immature suck, swallow and breathe coordination. This may cause desaturation or pulling away from the nipple. The following strategies can be helpful:

- expressing some milk before starting breastfeeding to reduce the rate of flow
- being aware of the sensation in your breast prior to MER so you can take your Baby off the breast before MER occurs
- observing your Baby for cues of poor coordination (e.g. eye widening or blinking, gulping, head bobbing) and taking them off the breast so they can catch their breath
- to take your Baby off the breast it is important to carefully break the suction by slipping a finger into the corner of their mouth rather than just pulling them off as this can cause trauma to your nipple.

1.7 Early breastfeeding

Transitioning from tube to breastfeeding is a milestone which most preterm infants will master before leaving the neonatal unit. It is a skill which relies on your Baby being stable and alert for feeding. Babies develop the ability to coordinate sucking and swallowing with breathing as they move through this process.



Watch for your Baby's readiness cues. When they are stable enough they can have opportunities to be positioned at the breast during skin-to-skin contact. Babies have been observed rooting and latching on from as early as 28 weeks gestational age and demonstrating sucking with swallowing from 30 weeks. Practice and progression of feeding should be led by your baby.

The first time you try breastfeeding is a significant milestone for you and your Baby and it is important to make sure that this is a rewarding and positive experience. The environment and timing of this is vital. Make sure you are comfortable and have the privacy you would like – we have screens if this makes you feel more comfortable.

Factors for the baby such as considering the lighting and sounds in the nursery can help support your Baby to be in the best state for feeding without distractions.

Time and patience is needed in these early days and success is likely to be different from feed to feed and day to day. Expecting this type of progress will help you to adapt and respond to the variability you will experience during the transition process. Don't be disheartened if you have a bad day! Babies master feeding at different paces and it is hard to predict at this stage exactly how long it will take. Try and be patient and expect some ups and downs.

A baby who needs a top up after a breastfeed should be NGT fed rather than offered milk by bottle. It is important not to give bottles to your Baby while they are establishing breastfeeding, as this can undermine the confidence and skills you are developing in breastfeeding at a time when things can already feel quite uncertain. In addition, if your Baby is often fed by a bottle you will have less regular breast stimulation which may reduce your lactation. Bottle feeding after a breastfeeding attempt causes feeds to take a long time and your Baby may get tired and then be too tired to wake for the next feed.

You can record your Baby's feeding progress using this App's diary function

1.8 Signs of effective feeding and milk transfer

When a baby first attaches to the breast they take shallow, fast sucks to help stimulate the milk to flow. They may keep up this rapid pattern of sucking initially as the milk flows quickly, followed by slower, larger, more rhythmic sucks as the milk flow slows and the milk becomes richer in fat.

It is hard to know exactly how much milk your Baby is getting at the breast, but here are some signs that your baby is getting milk:

- they are awake and alert before a feed
- they have a wide, open mouth and are well attached
- Chin indenting the breast
- More areola (dark skin around the nipple) above the top lip than below the bottom lip
- Rapid sucks at first turning into deep, slow, rhythmic sucks – the kind that make their ears move
- you can see milk at the corners of their mouth
- you may hear your Baby swallowing
- you can feel your milk let down – it can feel like pins and needles in your breasts, your breasts feel softer and lighter or you see milk leak from the other breast (don't worry if you can't feel your MER, not all women do)
- Your breasts feel lighter or emptier after a feed
- oxytocin released during MER or let down can make you feel relaxed, sleepy and content
- in the early days after delivery you may feel abdominal cramps and have some blood flow as the hormones released during breastfeeding make the uterus contract.
- your Baby comes off sleepy, content and satisfied, your nipple is long and soft and wet with milk.
- Feeding isn't painful
- Your baby pees and poos regularly (wet 5-6 x, dirty 2x in 24hrs)
- Your baby is gaining weight satisfactorily

Effective attachment means baby gets milk when sucking; prevents sore nipples, engorgement, blocked ducts and mastitis. During this time it's important to express to maintain a good amount of milk

1. 9 Tube top ups

Moving from a volume- and time-focused feeding schedule to an uncertain and variable pattern can be a challenge. The **Breastfeeding Assessment Score** for determining tube top ups can be used alongside information on your milk supply, your Baby's attachment and signs of effective milk transfer to help decide about how much to reduce NGT top ups.

Imperial College Healthcare NHS Trust|

Breastfeeding Assessment Score for determining tube top ups

To be determined in conjunction with the assessment of maternal lactation/supply, attachment and the signs of effective milk transfer

Score	Definition	Action
A	Offered the breast, not interested sleepy	Full top up*
B	Some interest in feeding (licking/ mouth opening/ head turning however does not attach	Full top up*
C	Attaches onto the breast, however comes on and off or falls asleep	Full top up*
D	Attaches, however only for a short burst of sucking, uncoordinated with breathing and swallowing and/or has frequent long pauses.	Half top up* if mother is available for another breastfeed. The baby may wake earlier
E	Attaches well, long slow rhythmical sucking and swallowing—short feed less than 10 min	Half top up* **Do Not** top up if mother is available for next feed
F	Latches well, long slow rhythmical sucking and swallowing – long feed more than 10 min	No top up

* If a tube top up required it is preferable to continue to allow the baby to nuzzle and be skin to skin at the breast during the tube feed

Try and think about how feeds have been over 12 to 24 hours rather than after each individual feed. Reducing NGT top ups should be supported by shared observations of breastfeeding by you and your Baby's nurse. A slower weight gain as tube feeds reduce and breastfeeding increases is to be expected, however we will monitor to ensure that your Baby grows sufficiently. Try not to be concerned with your Baby's weight gain during this period, rather focus on responding to your Baby's cues to be breastfed and enjoying feeding your baby. Becoming less dependent on weight gain as the only measure of feeding success is an important next step for you. At this stage your Baby will be weighed weekly.

Aspirating the stomach shows that the feeding tube is in the right place and there is some milk in the stomach but does not show how much milk your Baby has taken from the breast, so this is not a good measure of feeding success.

It is possible to take your baby home tube feeding to establish this final part of the journey to suck feeding at home with the support of the outreach nursing team. Your baby needs to be medically stable, off monitoring and maintaining their temperature. The option of home tube feeding will be discussed with you and the team.

1.10 Responsive feeding

Babies feed on their individual patterns of hunger and readiness cues instead of by the clock. A modified demand feeding schedule is helpful at this time. This means that a baby is fed when they wake and shows feeding readiness but are woken if they have had more than four hours between feeds. This allows for "cluster feeding" when a baby feeds little and often, or longer gaps as the baby demands and may encourage them to wake more and feel hungry.

Gradually you and your Baby will find your own pattern of feeding:

Avoid four-hourly feeds – your Baby would only have six feeds in 24 hours which is not frequent enough for a small newborn.

Feed from one breast at each feed to make sure you get to the fat-rich milk as the breast gets emptier which will make them more satisfied. If the baby wakes up and wishes to cluster feed, put them back to the same breast.

The end of a feed is signalled when your baby releases or slips off the breast or when they come off satisfied as the breast is gently lifted.

It is common for your Baby's growth to slow down a little while establishing responsive feeding as they work to find their own pattern of suck feeding with you. We will help you monitor this.

At this point in the feeding journey we would want to discourage the use of dummies that may cover up cues that your Baby wants to feed.

Avoid the use of a bottle at this stage, as it's a different sucking technique and can undermine confidence in breastfeeding by maintaining a focus on the volume of milk rather than feeding experience.

Breastfeeding is more than purely providing nutrition. Responsive breastfeeding is also an important means of providing comfort and supporting early communication. You may want to feed your Baby if they are upset and want a cuddle, if you need a break together or you just

want to enjoy spending some time close together. It is not possible to overfeed or spoil a breastfed baby in this way; it is another part of developing your relationship together.

http://www.unicef.org.uk/BabyFriendly/Resources/AudioVideo/Breastfeeding-and-relationships-in-the-early-days/ this video is aimed at term babies but it is nice to use to consider your breastfeeding journey when at home and when responsive feeding.

The well but sleepy baby:

- To encourage your Baby to be more awake at feed times, we can look at reducing their total feed volume depending on growth.
- Timing or adapting their cares with feeds may help them have more energy for feeding. Simple activities like having a bath can leave them feeling quite tired out for feeding.
- Consider the environment – how they respond to light and noise and how well they are sleeping. There may be adjustments we can make that will leave them with more energy and reserve for feeding.
- Cluster feeding may be supportive. Having several feeds in a short period of time may be easier than long tiring feeds.
- Tickling the palms of hands and feet, changing their nappy or taking off some of their clothes or blankets may help rouse your Baby for a feed.
- Keeping track of your Baby's wake sleep patterns can help you know when they are most awake and available for feeding – ask your nurse for a copy of the wake sleep chart that can be helpful to fill in and start to see patterns of their behaviours.
- Some babies just need a little more time and patience until they get the hang of feeding!

1.11 Supportive bottle feeding

When your Baby is waking and wants to suck feed, but you can't be there and it is not possible to pacify them in another way, then a bottle feed may be needed, particularly if they no longer have a NGT. This should be discussed and agreed in advance with you as a family.

In other circumstances you may have chosen to bottle feed your Baby.

Babies should be fed responsively according to their readiness cues and feeding ability. A fixed schedule of set feeding times and volumes and/or alternating feed method between bottle and NGT may not get the best feeding outcome.

Coordination of sucking, swallowing and breathing is harder with bottle feeding as there is a free flow of milk, so the baby may need supportive strategies to help them.

Your bottle-fed Baby may not want to finish all the milk you offer them. Read their cues and feed them responsively.

Elevated side lying

- This supportive feeding position copies more closely the natural breastfeeding position of lying supported on one side.
- It supports the coordination of swallowing and breathing by allowing milk to gather in the cheek before swallowing, instead of rushing straight to the back of the mouth. This can reduce desaturation and they can dribble milk out if they can't manage to swallow it.
- It may support breathing for feeding.
- There is no one way of doing side lying; you could cross your legs or have your feet up on a foot stool and have your Baby on your lap or legs. It is important that you can see your Baby's face, make eye contact and read their cues.


Pacing

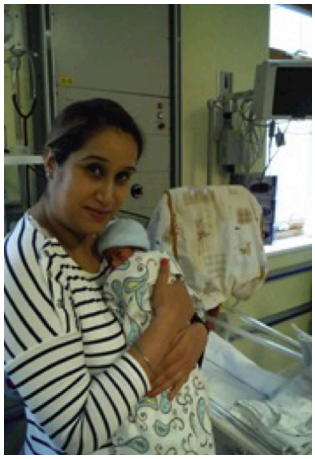
- If your Baby does not stop sucking to pause and breathe, tilt the teat or take it out of their mouth to stop the milk flow. Having a shorter sucking burst pattern allows them to stop and recover their breathing in the pauses. If they carry on sucking without breathing they may desaturate or have a bradycardia, or get tired before they get to the end of the feed.
- Each baby is different and may need pacing after a different number of sucks. Watch your Baby and adjust the frequency of pacing to suit them.
- Your Baby may need more pacing at the beginning of a feed when they are hungry and eager to suck. Once they have had some milk, they may then find their own rhythm and not need pacing so much.

Slow flow teats

- Slowing the rate of flow of the teat may help support your Baby if they have immature coordination, as the milk does not flow so fast.
- We use slow flow teats as standard on the neonatal units.
- When introducing the teat to your Baby's mouth, put the teat near the corner of their mouth and drip some milk on their lips to encourage them to root and open their mouth and lower their tongue to take the teat rather than pushing it in.

- Before your Baby is going home you will need to bring in the teat and bottle they will use at home so they can get used to them before they go.
- There is not sufficient evidence to specifically advise on a particular make or brand of teat and bottle for use at home. It is up to you to choose.

2.0 Feeding and going home



Your Baby will be ready to go home once they can maintain their temperature and are putting on weight. We can support you if you feel confident to take your baby home with a NGT to establish feeding with support at home. Otherwise, your baby will need to have fed without NGT support for 48 hours.

The average gestational age at discharge from the neonatal unit is 35 to 36 weeks, so for many preterm babies they are still maturing and learning their feeding skills.

It is important that you have the support and information you need before you leave the unit and you have the appropriate ongoing community support identified for you.

Best Beginnings: Small Wonders film 7 – Feeding Independently – a nice film taking you through the steps of supporting your Baby to feed. http://sw7.bestbeginnings.org.uk/

The following frequently asked questions may be helpful in thinking about getting ready to go home.

How often should my baby feed?

It is normal for young babies to feed 8-12 times in 24 hours – we recommend you feed your baby whenever they wake and indicate they want to – and aim for a minimum of 8 feeds in 24 hours. Some babies going home before their due date are still immature and can be sleepy. If you notice this you will need to wake your baby to make sure they feed this often.

Although your baby may have been fed on a more fixed 3 hourly pattern on the unit, if you follow their lead and feed without time restrictions whenever they show signs they want to you may find they feed more or less frequently.

- Some may choose to "cluster" feed e.g every hour for 2-6 hours then sleep for longer periods.
- Some may breastfeed every 2-3 hours day and night.
- Some babies feed more often and for longer at night.

Gradually together, you and your baby will get into your own pattern and routine of breastfeeding. If your baby tends to "cluster" feed, keep putting them back on the same breast until it feels empty. Switching frequently between both breasts can mean they don't get to the hind milk, filling up with fore milk may leave them unsettled after a feed. If you fully empty one breast and the other breast feels very full you can express some milk to make you more comfortable.

What's does responsive feeding mean?

As well as feeding your baby when they seem hungry you can put your baby to the breast at other times too; when your breasts feel full, when your baby needs comforting or if you and your baby just want some time to rest and relax. Remember you cannot over feed your breastfed baby and breastfeeding is about more than just nutrition it's about closeness and comfort too.

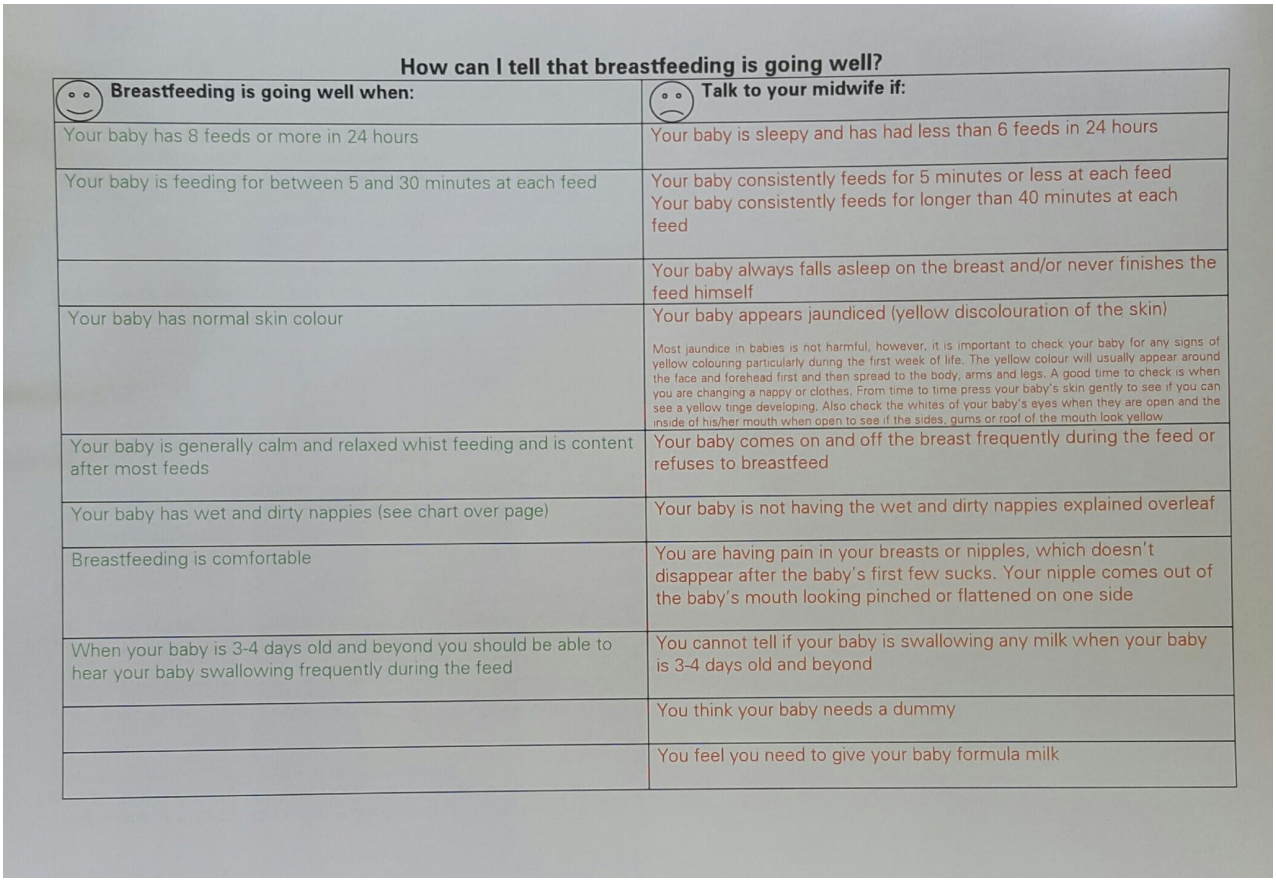
How do I know my baby is feeding well?

The length of baby's feeds can be very variable. Some will feed longer and some are satisfied with only one breast. Signs that your baby is getting milk at the breast are; good positioning and attachment, lips wide spread around the breast and slow rhythmic bursts of sucking. You may hear gentle swallows or see milk collect and then disappear at the corner of your baby's mouth. You may feel it as your milk flows from your breast. These signs along with weekly weighing show that your baby is growing and getting enough milk

You will know when your baby has finished feeding as they come off the breast full, satisfied and content and often then fall to sleep.

A few different things can help you feeling confident your baby is getting enough milk. As well as considering how often and for how long they feed and how well they are attached, how often they have wet and dirty nappies is helpful. 5-6 wet nappies and around 2 bowel

movements each day is typical, although some will poo more and some less often. If they are comfortable and feeding well, and the stools are a normal colour, soft and easy to pass there is no problem with less regular bowel movements.



How can I tell that breastfeeding is going well?

Breastfeeding is going well when:	Talk to your midwife if:
Your baby has 8 feeds or more in 24 hours	Your baby is sleepy and has had less than 6 feeds in 24 hours
Your baby is feeding for between 5 and 30 minutes at each feed	Your baby consistently feeds for 5 minutes or less at each feed Your baby consistently feeds for longer than 40 minutes at each feed
	Your baby always falls asleep on the breast and/or never finishes the feed himself
Your baby has normal skin colour	Your baby appears jaundiced (yellow discolouration of the skin) Most jaundice in babies is not harmful, however, it is important to check your baby for any signs of yellow colouring particularly during the first week of life. The yellow colour will usually appear around the face and forehead first and then spread to the body, arms and legs. A good time to check is when you are changing a nappy or clothes. From time to time press your baby's skin gently to see if you can see a yellow tinge developing. Also check the whites of your baby's eyes when they are open and the inside of his/her mouth when open to see if the sides, gums or roof of the mouth look yellow
Your baby is generally calm and relaxed whist feeding and is content after most feeds	Your baby comes on and off the breast frequently during the feed or refuses to breastfeed
Your baby has wet and dirty nappies (see chart over page)	Your baby is not having the wet and dirty nappies explained overleaf
Breastfeeding is comfortable	You are having pain in your breasts or nipples, which doesn't disappear after the baby's first few sucks. Your nipple comes out of the baby's mouth looking pinched or flattened on one side
When your baby is 3-4 days old and beyond you should be able to hear your baby swallowing frequently during the feed	You cannot tell if your baby is swallowing any milk when your baby is 3-4 days old and beyond
	You think your baby needs a dummy
	You feel you need to give your baby formula milk

Do I need to keep on expressing?

Your baby may still not fully empty your breasts during one feed as they are still maturing and gaining the necessary strength of sucking. It is important to continue expressing your milk until your baby's due date to maintain a good supply of breast milk for their future needs. You may not express at absolutely every feed but may choose to do this a few times a day it's up to you.

Expressing can be useful relief if your breasts feel very full and are becoming uncomfortable.

Knowing how to express and increase your milk supply helps if and when you need to. If you feel your milk volumes are reducing and you want to increase your supply, think back to what was helpful when you were on the unit; expressing more frequently, expressing at night, double pumping, breast massage, skin to skin contact with your baby, Domperidone – all these things may help you increase your supply again. Your local breastfeeding group will be able to support you more with this

Shall I keep using the nipple shield?

If you are using a nipple shield to help your baby attach to the breast it is worth trying to attach your baby without the shield every so often or see if you can slip it off mid feed, it may be that your baby has got the hang of feeding and no longer needs the shield.

Where can I get support for breastfeeding when I get home?

If you are worried that breastfeeding is not going quite right for you there is lots of support in community. Your health visitor, community clinic, GP, health centre should be able to give you details of local breastfeeding support groups.

The Association of Breastfeeding Mothers Breastfeeding helpline: **0300 330 5453**. Takes calls between **9.30 am – 10.30 pm,** calls are answered by a trained Breastfeeding Counsellor.

If you need future information about feeding and nutrition for your baby don't believe everything you read in adverts! Remember they are trying to sell you something and may not always be based on good scientific facts. For truly independent advice we recommend www.firststepsnutrition.org

Giving breast milk fortifier (BMF)

Your baby may need to continue to have BMF once their NGT has been removed. This can be achieved in a variety of ways that best support the way you have chosen to feed your Baby.

BMF should be made and then given as a concentrate as detailed in Chapter 11.

If you are breastfeeding, you can give the small volume of concentrate in 3ml of milk by syringe gently into the corner of your Baby's mouth as you would a medication, or you could give the concentrated BMF by bottle or in a teat.

It's up to you whereabouts in the feed you choose to give it, but it's probably best given at the beginning of the feed when your Baby is alert and more able to manage. It can be a bit of tricky skill for you both to master initially and if given too quickly may make your Baby cough and splutter. You should then breastfeed your Baby as you normally would. The BMF will then be diluted in your Baby's tummy.

If you choose to give it by teat without a bottle, you can syringe the concentrate straight into the teat whilst it is in your Baby's mouth. Your Baby should be able to manage to remove the concentrate from the teat if he is awake and alert. You should then breastfeed your Baby.

If you have made the choice to express and bottle feed your Baby, you should add the concentrated BMF to a minimum of 25ml of your freshly expressed breast milk and feed to your Baby as soon as possible to avoid storage of fortified milk.

Concentrated BMF should not be stored in the fridge. If you don't use it just throw it away.

Key messages and reflection:

After this chapter you should be able to:

- understand how feeding develops
- support your Baby to suck and feed effectively
- feed responsively to your Baby's cues
- understand how feeding forms part of the relationship you are building with your Baby.

Further learning in this topic

If you wish to know more:

- ask our neonatal team at any time
- ask for one-to-one support from one of our Integrated Family Delivered Care Project nurses
- use this app or your Parent Binder to record notes and questions
- attend small group teaching in topic making milk for your baby/breastfeeding"
- watch Small Wonders DVD (Film 7: Feeding Independently).

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