VIRTUAL CHILDREN'S HOSPITAL FOR LEARNING PEDIATRIC NURSING

Module 2

Theory material 3:

Feeding

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Contents

- Readiness for breastfeeding
- Giving breastmilk via feeding tube

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Readiness for Breastfeeding

Infant Breastfeeding Assessment Tool (IBFAT)

Reprinted from: Matthews, M.K. (1988). Developing an instrument to assess infant breastfeeding behaviour in the early neonatal period. *Midwifery*, *4*(4), 154-165, with permission of Elsevier.

Infant Breastfeeding Assessment Tool (IBFAT)

Check the score which best describes the baby's feeding behaviours at this feed.

	3	2	1	0
In order to get baby to feed:	Placed the baby on the breast as no effort was needed.	Used mild stimulation such as unbundling, patting or burping.	Unbundled baby, sat baby back and forward, rubbed baby's body or limbs vigorously at beginning and during feeding.	Could not be aroused.
Rooting	Rooted effectively at once.	Needed coaxing, prompting or encouragement.	Rooted poorly even with coaxing.	Did not root.
How long from placing baby on breast to latch & suck?	0 – 3 minutes.	3 – 10 minutes.	Over 10 minutes.	Did not feed.
Sucking pattern	Sucked well throughout on one or both breasts.	Sucked on & off but needed encouragement.	Sucked poorly, weak sucking; sucking efforts for short periods.	Did not suck.

MOTHER'S EVALUATION

How do you feel about the way the baby fed at this feeding?

3 – Very pleased 2 – Pleased 1 – Fairly pleased 0 – Not pleased

IBFAT assigns a score, 0,1,2, or 3 to five factors. Scores range from 0 to 12.
The mother's evaluation score is not calculated in the IBFAT score.

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Readiness for Breastfeeding

Breastfeeding assessment tool: Neonatal (UNICEF)

How you and your nurse/midwife can recognise that your baby is feeding well								*please see reverse of form for guidance on top-ups post-breastfeed
What to look for/ask about	✓	✓	✓	✓	✓	✓	✓	**Wet nappies:** Day 1-2 = 1-2 or more in 24 hours Day 3-4 = 3-4 or more in 24 hours, heavier Day 6 plus = 6 or more in 24 hours, heavy
Your baby: Is not interested, when offered breast, sleepy **(*A)**								
Is showing feeding cues but not attaching **(*B)**								
Attaches at the breast but quickly falls asleep **(*C)**								
Attaches for short bursts with long pauses **(*D)**								
Attaches well with long rhythmical sucking and swallowing for a short feed (requiring stimulation) **(*E)**								**Stools/dirty nappies:** Day 1-2 = 1 or more in 24 hours, meconium Day 3-4 = 2 (preferably more) in 24 hours changing stools By day 10-14 babies should pass frequent soft, runny stools everyday; 2 dirty nappies in 24 hours being the minimum you would expect. Exclusively breastfed babies should not have a day when they do not pass stool within the first 4-6 weeks. If they do then a full breastfeed should be observed to check for effective feeding. However, it is recognised that very preterm babies who transition to breastfeeding later may have developed their individual stooling pattern before beginning to breastfeed, and therefore this may be used as a guide to what is normal for each baby.
Attaches well for a sustained period with long rhythmical sucking and swallowing **(*F)**								
Normal skin colour and tone								
Gaining weight appropriately								
Your baby's nappies: At least 5-6 heavy, wet nappies in 24 hours								
At least 2 dirty nappies in 24hrs, at least £2 coin size, yellow and runny								
								Feed frequency: Babies who are born preterm/sick may not be able to feed responsively in the way a term baby does. It is important that they have 8-10 feeds in 24 hours and they may need to be wakened if they don't show feeding cues after 3 hours. During this time it is important that you protect your milk supply by continuing to express. Being responsive to your baby's need to breastfeed for food, drink, comfort and security will ensure you have a good milk supply and a secure, happy baby.
Your breasts: Breasts and nipples are comfortable								
Nipples are the same shape at the end of the feed as at the start								
Referred for additional breastfeeding support								
Date								
Midwife/nurse initials								
Midwife/nurse: If any responses not ticked: watch a full breastfeed, develop a care plan including revisiting positioning and attachment and/or refer for additional support. Consider specialist support if needed.								

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Readiness for Breastfeeding

Breastfeeding assessment tool: Neonatal (UNICEF) (continued)

Score	Definition	Action
A	Offered the breast, not showing feeding cues, sleepy	Full top up
B	Some interest in feeding (licking and mouth opening/head turning) but does not attach	Full top up
C	Attaches onto the breast but comes on and off or falls asleep	Full top up
D	Attaches only for a short burst of sucking, uncoordinated with breathing and swallowing and/or frequent long pauses	Half top up if the mother is available for next feed. The baby may wake early
E	Attaches well, long, slow, rhythmical sucking and swallowing – sustained for a short time with breasts not softened throughout	Half top up if mother is not available for next feed. If mother is available for next feed do not top up, and assess effectiveness of next feed.
F	Attaches well, long, slow, rhythmical sucking and swallowing – sustained for a longer time with breasts feeling soft following feed	No top up

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Readiness for Breastfeeding

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- ✓Nipples:
  - ✓ should be the same shape at the end of the feed as the start
  - ✓ consider using nipple shields or breast shell if you have flat or inverted nipples
  - ✓ avoid using any rough cloth or brush over the nipples or alcohol, petroleum jelly, tincture of benzoin etc. as they can cause irritation or sores
- ✓Breasts and nipples should be comfortable during breastfeeding

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Giving Breastmilk via Feeding Tube

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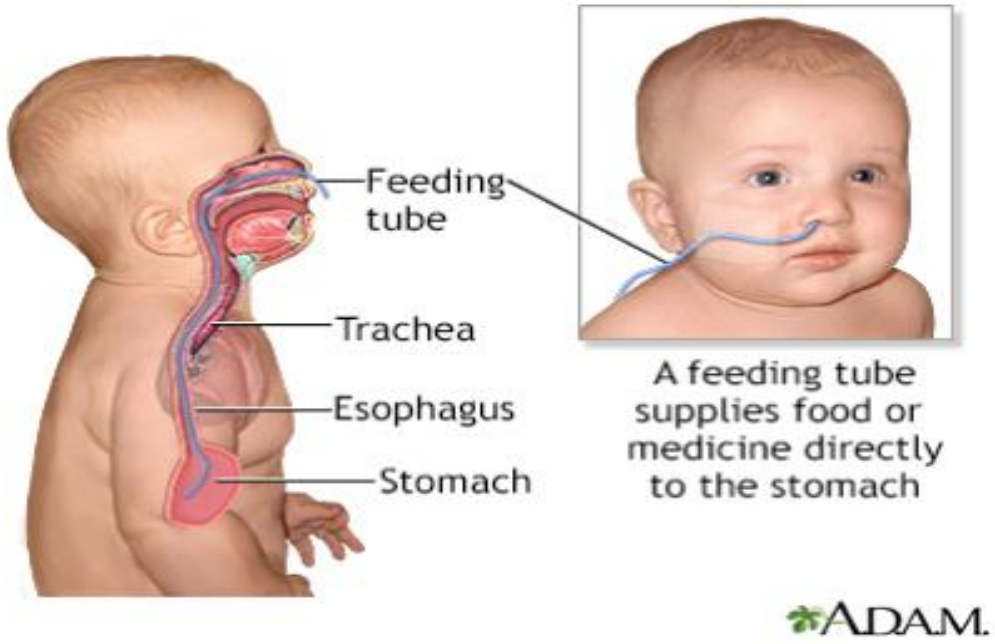
- A feeding tube can be placed **through the nose** (nasogastric) **or mouth** (orogastric) into the stomach to provide feeding and/or medicines until the baby is able to take food completely by mouth
- Premature neonates may have **difficulties in sucking or swallowing** well to bottle or breastfeed. The feeding tube will help them in the transition to breastfeeding or bottle.



A feeding tube is a small, soft, plastic tube placed through the nose or mouth into the stomach. A feeding tube is used to provide food and medicine into the stomach until a person can take food by mouth.

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Equipment

- Gloves
- Breast milk in room temperature
- Water
- pH indicator strips
- Oral syringe (non luer lock connector) to aspirate: 2ml for neonates <1000gr and 5-10ml for neonates >1000gr
- Oral syringe (non luer lock connector) to give milk: 10-20ml

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Check the mother's name and date that are written on the breastmilk container!

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Check the position of feeding tube before feeding!

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❖ It is very important to **always test** that the feeding tube is in the stomach **before** giving food and/or medicines through it. If the tube is not correctly positioned, then food and/or medicines can enter into the neonate's lungs.

- **Check for signs of tube displacement:** Is the length of the tube the same as before? The tape is loosed or secure?
- **Check gastric content**
  - Remove the cap from the tube and attach the oral syringe for aspiration
  - Aspirate a small amount of fluid
  - Assess the color and quality of the fluid that you aspirate
  - Put the fluid on the pH indicator strip (0.2-1ml gastric fluid is adequate for single, double or triple pH strips)
  - If pH<5.5, then the feeding tube is in the stomach and you can feed the baby. If pH is >5.5, then you should not feed the baby

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Check if previous breastmilk has digested?

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❖You should measure the **stomach content before feeding**

- You should return the fluid that you aspirate back to the stomach
- If stomach content is less than 10% of the last meal of the baby, you can continue with feeding the baby

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Steps for Giving the Breastmilk via Feeding Tube

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- If neonate condition is stable and parent has already observed the process before, you can **encourage parents to participate** by holding the syringe whilst you provide tube feed to the neonate
- Attach the oral syringe (10-20ml) to the feeding tube
- It is very important to **not let any air to enter into the feeding tube**. To accomplish this, you should crimp the tube every time that you disattach the syringe from the feeding tube. Also, you should refill the syringe with breastmilk when it is near to end, and not when the syringe is completely empty.
- **Use gravity, and not pressure to feed**. This will help to have less pressure on the stomach wall
- When you finish, you should wash the tube with 10ml of water

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Documentation

- **Nursing report:** document the type of feeding of the baby, the quantity, and any complications or difficulties you observed
- **Input and output chart**: document the quantity of breastmilk and water

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Nursing Responsibilities

- Assessment of the nose and mouth for irritation
- Assessment of any respiratory distress during and after the feeding process
- Assessment of the neonate’s feeding progress
- Assessment of blood glucose regularly
- Assessment of the neonate’s input and output
- Daily weighting

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