Tube Feeding Your Baby on the Neonatal Unit (naso/orogastric)

Parent/Carer Learning Pack

Baby Name(s):

Parent/Carer(s) Name(s):

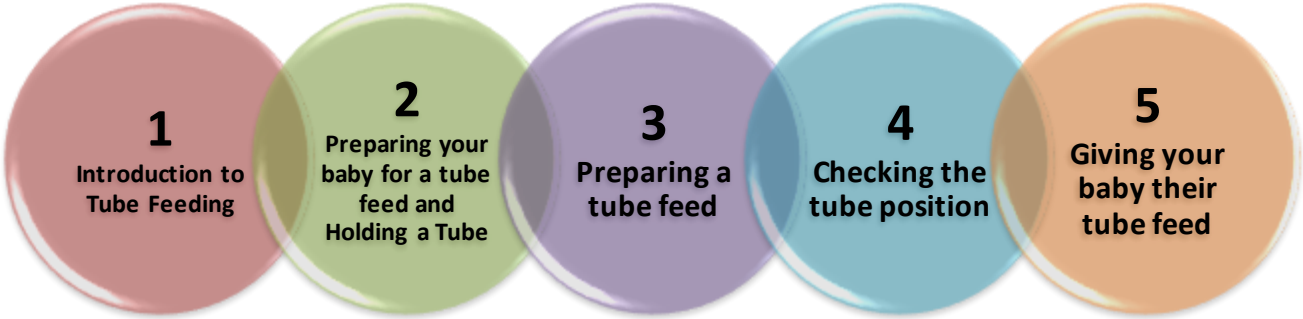
This learning pack has been written for parents/carers who have a baby being fed by a nasogastric/orogastric feeding tube, as part of their care on the Neonatal Unit. This has been written in partnership with parents from across Yorkshire & Humber. The aim of the booklet is to help you understand why your baby needs tube feeds and learn how to give a tube feed. Once you have completed this learning pack, you will be able to undertake tube feeding independently. It has been designed to be used alongside conversation and demonstrations between yourself and neonatal staff and should not be used as a standalone teaching method.

You will work through 5 sections to develop your confidence and ability to tube feed your baby.

There is a table at the end of each section for you to complete with a member of the neonatal team (referred to as HCP – Health Care Professional) once you feel confident and skilled.

This learning will be at your pace, and you will be supported to do as much or as little of a tube feed as you feel comfortable. A member of staff will carry out any of the stages you aren't yet confident with. You must not attempt a tube feed unsupervised or independently until you have completed this learning pack and have been signed off by a qualified HCP.

You may learn the steps in a different order. At the end of this pack there is a final table to record all the skills you are able to perform independently.

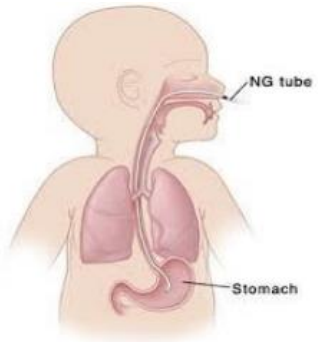


1.Introduction to Tube Feeding

On the Neonatal Unit, we encourage you to be involved in the care of your baby. If you would like to learn how to tube feed your baby, you will be fully supported by the neonatal team. Please do not worry how long it takes you to learn this skill, it is important that you feel happy and confident when tube feeding your baby.

What is a Feeding Tube?

A feeding tube is a thin tube that is passed through your baby's mouth (Orogastric tube – OGT) or nose (Nasogastric tube – NGT) and goes down into their stomach. The tube is secured with special tape on your baby's face and has an opening with a cap on the end that allows a syringe to be attached to give the milk feeds. Your baby may also need to be given medicines down their feeding tube if they are unable to take anything by mouth. Your HCP will support you with this if required.



Why Does Your Baby Need Tube Feeds?

There are many reasons why babies need to be fed milk via a tube, including prematurity and readiness for feeding. Your Health Care Professional (HCP) will explain why your baby needs tube feeding.

*HCP = Health Care Professional	Parent/Carer 1: Name and Date	HCP* Name, Signature & Date	Parent/Carer 2: Name and Date	HCP* Name, Signature & Date
Initial conversation regarding parent / carer led tube feeding				

*HCP Sign and Date each box when completed.
**Skill achieved once both parent/carer and HCP confident

2. Preparing your baby for a tube feed and Holding a Tube

Preparing your baby for a Tube Feed

Before your baby receives a tube feed, it is important to ensure that the environment is calm, quiet and not too bright.

Your baby's position is also important. Your baby can receive tube feeds either during cuddles/skin-to-skin, or in their cots or incubators. It is usually best for your baby to receive their tube feed in an upright or elevated side-lying position; your HPC will explain the best feeding positions for your baby. They will also help with feeds if you are on your own as it is often better to have two pairs of hands.

Your HCP will also show you how to recognise when your baby is ready to feed, or when your baby is saying they need a rest or help to settle.

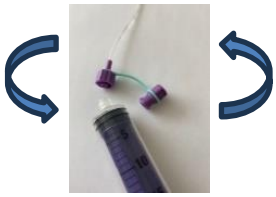
Holding a Tube Feed

A key skill you will learn to feed your baby by tube is to hold the syringe whilst the feed is given. This is called **gravity feeding***, which allows the milk to flow gradually through the tube and into your baby's stomach. *Gravity feeds might not be suitable for some babies – your HCP will discuss this with you if this is the case.

Your HCP will check the position of the tube and prepare the milk for you at this stage.

- Wash your hands following your unit guidance
- Hold the syringe throughout the tube feed
- The flow of milk should be at a rate that is comfortable for your baby. The height of the syringe and the position of your baby will affect the flow of the milk. Your HCP will advise you on where to hold the syringe in relation to your baby's body position.
- Make sure you can see your baby's face throughout the feed

- Watch your baby carefully throughout the feed and **call your HCP** for support if you see any of the following:
  - **Vomiting or any colour changes (pale or dusky)**
  - **Accidental tube removal or movement of the tube**
  - **Retching/gagging or looking uncomfortable**

How to stop a tube feed quickly:	
Call your HCP **Lower the syringe and kink the feeding tube close to the cap**	
Roll your baby onto their side (if they are on their back)	
Insert the plunger back into the syringe and turn the syringe upside down	
Disconnect the syringe from the feeding tube	
Replace the cap on the feeding tube	
Respond to your baby's cues and offer comfort. **Once your baby has been reviewed by your HCP, recheck your baby's tube position (see Section 4: Checking the Tube Position), restart the feed and adjust the feeding pace accordingly**	

Skill	Parent/Carer 1:			Parent/Carer 2:		
	Demo given	Observed by HCP	Skill Achieved	Demo given	Observed by HCP	Skill Achieved
Preparing your baby for a Tube Feed (Environment, positioning and readiness)						
What to look out for **During the feed**						
How to **stop a feed** if worried						
How to **call for help**						

*HCP Sign and Date each box when completed.
**Skill achieved once both parent/carer and HCP confident

3. Preparing a tube feed

1. Wash your hands following your unit guidance

2. Make sure you and your baby are comfortable

3. Prepare your baby's milk

	You will need to:
A.	Collect your baby's milk
B.	Check the milk is for your baby and labelled with your baby's name, date of birth and that the milk is in date
C.	Double check name and date with your HCP
D.	Use a syringe to measure out the amount that is to be given. (Check this regularly with your HCP as this may change as your baby grows)
E.	Place your baby's measured milk in the milk warmer if taken out of the fridge – OR Warm your baby's milk as shown by your HCP.

4. Whilst your baby's milk is warming, prepare all the equipment and place on a cleaned surface

	You will need:
A.	The appropriate syringe to give the feed
B.	A syringe for drawing back (aspirating) the feeding tube. Your HCP will advise which size syringe to use.
C.	pH testing strips

5. Once it is ready, remove the milk from the warmer and recheck that the milk is your baby's with a HCP

Skill	Parent/Carer 1:			Parent/Carer 2:		
	Demo given	Observed by HCP	Skill Achieved	Demo given	Observed by HCP	Skill Achieved
The importance of handwashing						
Gathering the correct equipment						
Why and how to warm the feed						
Checking correct feed for your baby						

*HCP Sign and Date each box when completed.

**Skill achieved once both parent/carer and HCP confident

4. Checking the Tube Position

It is important that you do not put anything down the feeding tube until you can confirm it is in your baby's stomach

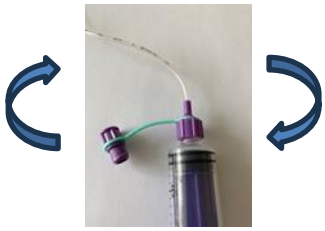
1. Check the tube and tape are fixed securely to your baby's face. If your baby's skin looks red or sore, speak to your HCP.

2. Check the length of the tube to make sure it hasn't moved. This can be done either by using the numbers printed on the tube, or by measuring the external length of the tube. Your HCP will explain how to do this for your baby

3. If your baby is awake take the opportunity to check there is no tube coiled in the back of your baby's mouth. Your HCP will demonstrate how this is done.

4. Check the feeding tube is in your baby's stomach using the pH test strip (see table on next page)

Until you are fully confident and have completed the skills table below, you must show the pH strip to a HCP

How to collect an aspirate:	
Remove the cap from your baby's feeding tube.	
Attach the syringe to the open end of the feeding tube using a clockwise twist.	
Gently draw back a small amount of fluid (aspirate) into the syringe **NOTE: If no fluid (aspirate) can be drawn into the syringe, the stomach may be empty, or the tip of the tube may be against the stomach wall. Try changing your baby's position for example, laying them on their side. Try aspirating again.** **If you are still unable to get any fluid aspirated after 2 attempts or are worried about the position of the tube, ask a HCP for help**	
Remove the syringe using an anticlockwise twist.	
Replace the cap on the feeding tube.	
Place a few drops of the fluid (aspirate) onto the pH strip. Compare the pH strip to the colour chart on the pH strip container/pot **NOTE: Please inform your HCP if you are concerned about the appearance of the aspirate or if the aspirate is green or red**	

5. If the pH is **5.5 or below,** this means the tube is in the stomach, because you have detected acid. You can now move on to **"Giving the Tube Feed"**

6. If the pH is **6 or above**, DO NOT FEED, ask a HCP for help.
   Please write down the pH at every feed so this can be recorded in your baby's notes

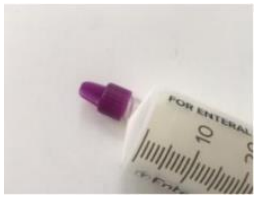
Please note, some medications can give a high pH reading. Your HCP will discuss this with you as necessary.

Skill	Parent/Carer 1:			Parent/Carer 2:		
	Demo given	Observed by HCP	Skill Achieved	Demo given	Observed by HCP	Skill Achieved
Check the tube is secure: tape, length, coiling						
Check the pH (including appearance of aspirate)						
What to do if pH 5.5 or below						
What to do if pH 6 of above						
Troubleshooting if unable to obtain an aspirate						

*HCP Sign and Date each box when completed.

**Skill achieved once both parent/carer and HCP confident

5.Giving the Tube Feed

When you have confirmed the pH is 5.5 or below and you have the correct milk and volume for your baby, you can start to give your baby their tube feed. **To do this:**	
1. If there is a purple stopper on the syringe, remove the purple stopper and discard.	
2. Gently pull the plunger to the end of the syringe without pulling out fully.	
3. Connect the syringe to the feeding tube.	
4. Holding the syringe low and upright, remove the plunger from the syringe.	
5. Hold the syringe at the height that is right for your baby (as shown to you by a HCP) so that the milk can flow. Be careful not to hold the syringe too high as the milk will flow too quickly.	
6. If the milk does not flow freely due to air or a blockage (e.g. thicker milk) in the feeding tube, it may need a gentle push to get it moving using the purple plunger. **a.** Insert the plunger into the top of the syringe and give a gentle push. **b.** Remove plunger again to allow the feed to flow in by gravity. If this does not work, seek help from your HCP	

7. If more milk is required, top up the syringe once it is almost empty using the milk from the bottle, until the right amount has been given. Avoid the syringe becoming empty before you have given the full amount of milk. This will ensure that the feeding tube does not fill up with air, which could stop the flow of milk. If this does happen, it may require a gentle push (see point 6)
8. Once the feed is finished and the syringe is empty • Remove the syringe • Replace the attached cap to the end of the feeding tube
9. If your baby appears unsettled after their feed, refer to **Section 2: Preparing your baby for a tube feed and Holding a Tube**, and discuss with your HCP.
10. At the end of the feed: • All rubbish should be placed in the appropriate bins • Clean the surface area • Wash your hands • Ensure that the feed amount and pH are documented in your baby's notes – *this may need to be completed by a HCP*

Skill	Parent/Carer 1:			Parent/Carer 2:		
	Demo given	Observed by HCP	Skill Achieved	Demo given	Observed by HCP	Skill Achieved
Starting the tube feed						
Completing a tube feed						
Rubbish disposal						
Importance of hand hygiene						
Documentation						

*HCP Sign and Date each box when completed

**Skill achieved once both parent/carer and HCP confident

Tube Feeding Final Capability Checklist

You and your qualified HCP **must** sign and date each stage of tube feeding your baby, once you feel **confident** and **able** to do this **independently.**

SKILL	Date & Signature:			
	Parent/Carer 1: (Name & Signature)	Registered Nurse: (Name & Signature)	**Parent/Carer 2:** (Name & Signature)	Registered Nurse: (Name & Signature)
1 +2) Introduction to tube feeding & Holding a tube feed				
3) Preparing to tube feed				
4) Checking the feeding tube position				
5) Giving the tube feed				

Parent/Carer 1

I confirm, I have been provided with the appropriate training, as laid out in this learning pack, and I feel confident and able to administer my baby's tube feeds independently:

Parent/Carer 1 Name: ……

Parent/Carer Signature: ……

Registered Nurse

I confirm, the above-named parent/carer has undertaken the appropriate training, as laid out in this learning pack, and has demonstrated the appropriate knowledge and skills to safely administer their baby's tube feeds independently:

Registered Nurse Name……

Registered Nurse Signature ……

Date of completion……

Neonatal Unit……

Parent/Carer 2

I confirm, I have been provided with the appropriate training, as laid out in this learning pack, and I feel confident and able to administer my baby's tube feeds independently:

Parent/Carer 2 Name: ……

Parent/Carer Signature: ……

Registered Nurse

I confirm, the above-named parent/carer has undertaken the appropriate training, as laid out in this learning pack, and has demonstrated the appropriate knowledge and skills to safely administer their baby's tube feeds independently:

Registered Nurse Name……

Registered Nurse Signature ……

Date of completion:……

Neonatal Unit:……

FAQs:

Will my baby get a dry mouth or lips from tube feeds? Whilst your baby is receiving tube feeds, they will continue to need mouth care using either fresh expressed breastmilk or sterile water. Please discuss with your HCP how often to give mouth care and how to do this. This is something you can do for your baby.

My baby's nose or cheek looks sore, is this normal? No - If your baby has a feeding tube in their nostril, and secured to their cheek by tape, it is important to check their nostril and skin for redness that may be caused by the feeding tube rubbing the side of their nostril, or irritation by the tape. Let your baby's HCP know if you see any redness or if the area around the tube looks sore.

How can I help my baby get ready for oral feeding (breast-feeding or bottle-feeding)? Many babies find sucking practice or 'non-nutritive sucking' really helpful and calming during tube feeds. Sucking on a dummy or a clean (or gloved) finger during tube feeding can promote an association between full tummy and sucking, particularly if they look hungry. This can also aid the comfortable digestion of milk. You may also use 'dummy dips' or 'finger dips' during tube feeds. Please discuss this with a member of staff. Skin-to-Skin can also be beneficial to support pre-feeding skills and your baby may start to root and suck at the breast.

For more information see:

Tube feeding | Bliss

neonatal_leaflet_online.pdf (unicef.org.uk)

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The following pages are for governance purposes only.

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Tube Feeding Your Baby on the Neonatal Unit (Naso/Orogastric)

Parent/Carer Learning Pack

Y&H Neonatal ODN

Description	Parent/Carer Learning Pack
Target audience	Neonatal parents/carers
Related documents / policies (do not include those listed as appendices)	Y&H Neonatal ODN Oral Feeding Guideline
Author(s) (names and job titles)	Dawn Clements, Care coordinator Y&H Neonatal ODN Donna Redfern, Care coordinator Y&H Neonatal ODN With acknowledgement and thanks to authors of TVW and KSS 'Tube feeding your baby on the neonatal unit' – parent/carer learning pack.
First Consultation (Version 1)	Louise Crabtree, Lead nurse Y&H Neonatal ODN Karen Williams, Neonatal Parents and Family Engagement Lead Y&H Neonatal ODN Samera Mian, Lead Speech and Language Therapist Y&H Neonatal ODN Hannah Gormley, Lead Occupational Therapist Y&H Neonatal ODN Joanne Adams, Lead Physiotherapist Y&H Neonatal ODN Members of the following Y&H Neonatal ODN groups: Parent Advisory Group Family Care SIG Infant Feeding SIG ODN Education Team
Approval committee	Y&H Neonatal ODN Senior Management Group & Executive Group
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Review date	December 2026

Literature review

Behavioral changes in preterm children during nasogastric tube feeding. Comparative study of manual administration by parents versus mechanical administration via electric syringe pump - PubMed
Evaluation of methods used to verify nasogastric feeding tube placement in hospitalized infants and children - A follow-up study - PubMed
Evaluation of methods used to verify nasogastric feeding tube placement in hospitalized infants and children - A follow-up study - PubMed
Clinical Trial on Neonatal Disorder - Clinical Trials Registry - ICH GCP
Maternal Role in Oral Feed Establishment in Preterm Neonates- link
Effects of two different positions on stress, pain and feeding tolerance of preterm infants during tube feeding - PubMed
(PDF) Push versus gravity for intermittent bolus gavage tube feeding of premature and low birth weight infants

Existing packs

worcsacute.nhs.uk/documents/documents/patient-information-leaflets-a-z/nasogastric-ng-tubes-for-neonates/
nasogastricorogastrictubemanagementininfantchildandyoungpersononthepaediatricwardclinicalguideline.pdf (1).pdf
TVW-NGT-feeding-guideline-v1-ratified-March-24.pdf (neonatalnetworkssoutheast.nhs.uk)
nasogastric-tube-feeding-guide_paeds-wards_nov22.pdf (royalberkshire.nhs.uk)
pil202110-01-ngth-a-guide-to-nasogastric-tube-feeding-your-baby-at-home.pdf (sfh-tr.nhs.uk)
Nasogastric tube feeding for babies (wsh.nhs.uk)
16-82-Tube-feeding-your-baby-on-the-neonatal-unit-Nov-18.pdf (mft.nhs.uk)
Nasogastric (tube) feeding - South Tees Hospitals NHS Foundation Trust
Enteral Nutrition Flashcards | Quizlet
Nasogastric feeding tube | Kent Community Health NHS Foundation Trust (kentcht.nhs.uk)
NG-OG-Tube-feeding-with-label-space.pdf (eoeneonatalpccsicnetwork.nhs.uk)
10.3 Nasogastric Tubes – Clinical Procedures for Safer Patient Care (opentextbc.ca)