Oral Feeding Guideline

Support caregivers to spend more time on the unit to understand communication behaviours and feeding cues

Developmental Care, Family Integrated Care and MDT approaches underpin this document.

Please refer to SaLT if you have any concerns at any stage

Non-Oral

Pre-Oral Stage

- Responds adversely to handling
- Poor state, motor and physiological regulation
- No or weak oral reflexes

- Buccal colostrum
- Mouthcare with EBM
- Supporting mother to initiate and maintain lactation
- Skin to skin/ Kangaroo Care and positive touch
- Bonding squares / EBM near nose
- Tube feeding only
- Developmental care

Consistently demonstrates physiological stability with handling
Emerging licking and sucking cues

Non-Oral

Non-nutritive Sucking Stage

- Stable with handling
- Maintains physiological, motor and state stability with NNS
- Oral reflexes emerging, e.g. rooting, licking and sucking
- Learning to latch

- Positive oral experiences and non-nutritive sucking (NNS)
- Skin to skin
- Expressed breast opportunities (If agreed safe / appropriate)
- Position facilitates hand to mouth
- Pairing NNS and tube feeding
- Developmental care

Rhythmical suck bursts, coordinating sucking & breathing
Establishing and maintaining effective latch
Stable with pairing of NNS and tube feeding

Minimal Oral Intake

Nutritive Sucking Stage 1

- Emerging feeding cues
- Managing secretions
- Good NNS
- Emerging suck-swallow-breathe coordination
- Stable with minimal oral intake

- Looking for feeding readiness and following their cues
- Breast or bottle at appropriate gestation - parent choice, see full guideline
- Breast: Support with positioning, latch
- Bottle: Pacing, elevated side-lying, slow flow teat to prevent distress
- NNS / dummy dips during tube feeds

Beginning to self-pace
Breastfeeding: physiological stability with milk transfer
Bottle feeding: physiological stability with minimal oral feed

Moderate Oral Intake

Nutritive Sucking Stage 2

- Inconsistent but identifiable feeding cues
- Improving suck-swallow-breathe coordination
- Improving endurance but not enough to maintain full oral
- Immature state control

- Offer oral feeds in response to feeding cues
- Tube feeds if infant does not wake (max. 3 hours between feeds)
- Gentle approach to offer oral feeds and monitor for stress and stop cues
- Quality over quantity - positive feeding experiences support feeding skill maturation

Consistent feeding cues / readiness and self-regulation with most feeds
Sufficient suck-swallow-breathe, external pacing may be required
Endurance to achieve modified responsive oral feeding

Full Oral

Nutritive Sucking Stage 3

- Sufficient suck-swallow-breathe, may require pacing
- Consistent feeding cues
- Endurance to maintain nutritional intake and growth
- Stable with breast or bottle

- Always follow infant cues and feedback
- Feeds should be response and cue based
- Max. 30 mins for bottle feeds
- NGT support if not taking sufficient volumes

Scan me to access the full Oral Feeding guideline