

## Background

Your expectations of feeding made during the antenatal period may have changed as a result of your baby needing care in the neonatal unit. Your baby is likely to need to be fed through a tube at the start of their feeding journey and gradually transition to feeding by mouth, either by breast or bottle. There is no set rate for this transition, and your feeding journey may have ups and downs. It's important to remember that establishing oral feeding quickly does not necessarily mean going home sooner. This document is provided to help you communicate your expectations of feeding your baby with staff. You can also use it to note down observations of your baby to assess when they are ready to feed and how each feed goes. Quality of a feed is as important as quantity. Please read through this document to learn more about the pre-term feeding journey, what makes a good quality feed, and what are start and stop cues. If you have any questions about the contents of this document, please ask a member of staff.

## About the preterm infant feeding journey

Each pre-term baby and parent has a different experience of learning to feed. It is a gradual process that takes time and can have bumps along the way. Learning to feed is like learning to walk and just like walking, there can be ups and downs. Pre-term babies are really clever and if we watch closely enough they have ways of telling us when they want to start feeding, how they are doing during a feed, and when they need to stop. Learning to feed takes time. To be successful it's important to remember to listen to your baby and go at their pace. Try not to compare you and your baby's experience to others.

*[Placeholder for image]*

Learning to feed is a two person job. Your baby needs to develop the energy and co-ordination to feed and you need to spot when your baby is ready to feed, be skilled at offering a feed, and respond to the signs when your baby is ready to stop feeding.

Your baby will probably start by having some or all of their milk through a feeding tube. This is completely normal for premature babies. In time, your baby will gradually show they are ready to start feeding by mouth.

Even before your baby is ready to feed by mouth you can help them get ready. For example, holding your baby in kangaroo care (also known as skin-to-skin contact) can help your baby get ready to feed by mouth, whether you plan to breastfeed or bottle feed. You can do this when they are having tube feeds and at other times. You can also help them get ready by letting them have something to suck on such as a dummy, or giving them tastes of your milk when you do mouth care.

Once they are ready, letting your baby feed by mouth when they are showing feeding cues, and letting them rest, sleep and have a tube feed if they are not showing cues are both really important when helping them to learn to feed.

### What is a good feed?

Feeding is a lifelong skill. It should feel safe, pleasurable and comforting for you and your baby. Feeding time is about communication as well as nutrition.

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A good feed is:

- Led by your baby's start and stop cues
- Given during kangaroo care/skin-to-skin
- Not driven by volume (quality over quantity)
- Given by the same person/small number of people

When your baby is learning to feed, a good feed is one where your baby shows you cues when they are ready to feed, you help them feed, and stop when you see their signs of needing to stop. The feed may last one minute and be three sucks or be much longer. It doesn't matter at all, both are just as successful in the learning process. Your baby has let you know what they need and you have responded to it. This is a good quality feed experience and lays the foundations for long-term happy feeding.

Kangaroo care gives your baby lots of support for developing their feeding skills. It helps them gain energy, keeps their temperature and breathing steady, and lets them hear, smell, touch and taste you. Your baby is most likely to show you their first feeding cues when you are holding them skin-to-skin. You may have noticed them beginning to wriggle down towards your breast when you are holding them. This is their way of saying they are ready to feed by mouth. Skin-to-skin holding before either breast or bottle feeding is a great way to be close to your baby and see if they are showing any feeding cues. Don't worry if they fall asleep, that just means they need sleep and aren't ready to feed by mouth just now. Sleep is incredibly important for preterm babies so let your baby sleep whenever you can, it won't slow down their feeding development. As long as you offer a feed in response to your baby's feeding cues they will feed as much as they are able to at that time. How much they are able to feed by mouth will vary for each baby and depend on things like how old they are, how complicated their first few weeks or months of life have been, and how well they are at the moment. It is normal for your baby to need to have some of their milk by tube as they are learning to feed by mouth.

If your plan is to bottle feed your baby, try to keep the number of different people offering your baby a bottle feed to a minimum. Try to make sure they are the people that will continue to feed your baby going forward so that each person who feeds your baby is familiar to them. Each person should feed them in the same way and be able to read and respond to your baby's cues. Sometime nursing staff will feed your baby if you can't be there for whatever reason. This is okay. As long as your baby is fed mostly by the same people, then being fed by nursing staff from time to time will be okay.

### [What are feeding cues and how do I recognise them?](#)

Your baby will show that they are ready to start feeding by mouth in different ways:

- They will be able to breathe steadily and have times when they are wakeful when or before a tube feed is due, or when you are holding them in kangaroo care.
- They may begin to move towards the breast during kangaroo care.
- They will show some movements with their head, hands and mouth to show they are keen to feed. These can be mouthing movements, rooting (making sucking motions with the mouth, or turning their head when the cheek or lip is touched), bringing their hands to their mouth, or trying to suck on anything that brushes near their mouth.

*[Placeholder for image]*

These signs of hunger and readiness to feed are the same for both bottle and breastfed babies.

Babies will also let us know when they need to stop feeding. They might be full, tired, or have become less well coordinated in their feeding. It is important that we stop feeding as soon as a baby shows us they want to stop. Continuing to feed can tire babies too much, or make them feel uncomfortable or unstable and mean that feeding might not be an enjoyable experience for them.

*[Placeholder for image]*

Some of the ways that babies show us they need to stop feeding include:

- Falling asleep/ falling off the breast
- Stopping sucking
- Pulling away/ head turning
- Finger splaying
- Physiological instability
- Change in colour
- Loss of tone (go 'floppy')
- Sudden change in alertness
- No interest in continuing to suck after a break

*[Placeholder for image]*

The neonatal feeding journey isn't always straight forward. Sometimes

babies can get better at showing cues and feeding, and then need to go back to tube feeding due to other reasons or complications (for example requiring medical procedures). This can be frustrating and disheartening. But like learning to walk, the ups and downs help your baby to learn and develop the skills to feed. Each baby's feeding journey will differ and it's important to remember that your baby will learn in their own time.

#### Who else will be observing my baby for cues?

It's important you are observing your baby as often as possible so that you can recognise when they are ready to start feeding. Staff on the neonatal unit are trained to recognise your baby's cues with you, or when you're not able to be there. You should receive the same Quick Reference Guide and Feeding protocol that staff receive. This is explained in the presentation available on [www.\[insertwebsite\].com](http://www.[insertwebsite].com) Please ask a staff member if you are unsure about anything in these documents.

#### Communicating with staff

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Communication with a trusted staff member will help your baby to be fed when they are showing signs that they are hungry, and recording 'your feeding journey' will help with this. Discussing your hopes and wishes for feeding your baby with staff helps them understand what your expectations are so that you and your baby can get the support and information you need throughout your feeding journey. You know your baby best and will be the main person caring for your baby, and by having these conversations with staff it ensures that they know your preferences for feeding your baby when they are not there. It also ensures that feeding your baby by reading their cues can be continuous.

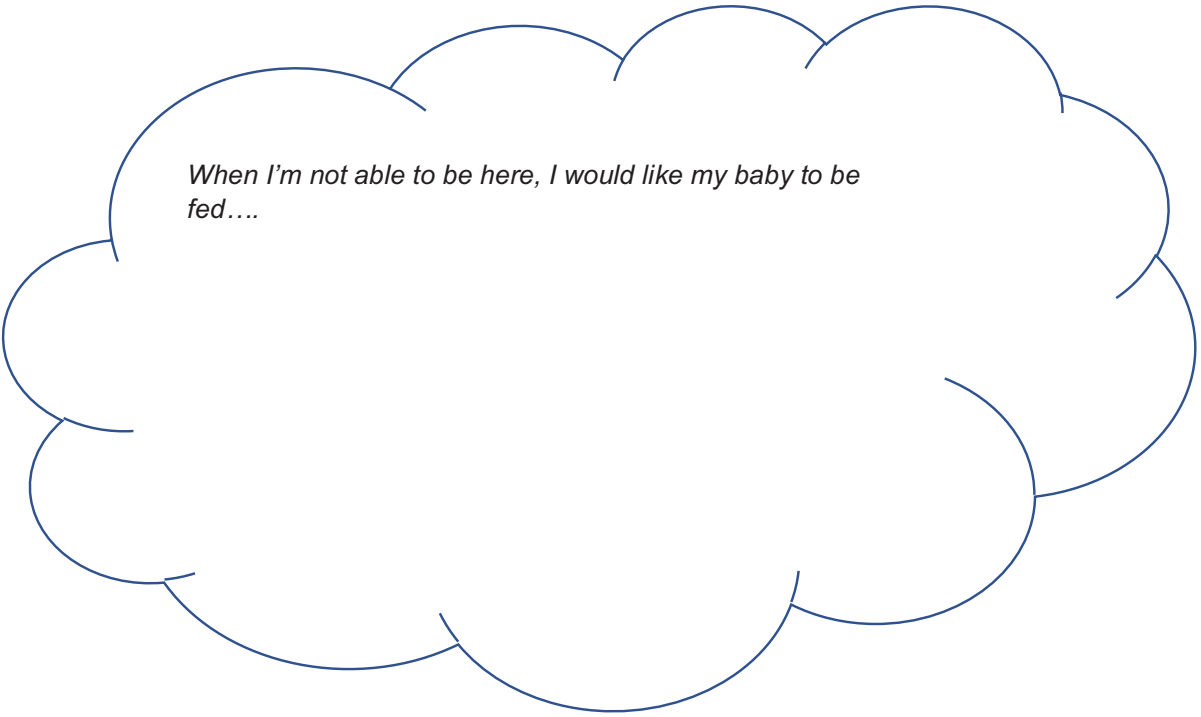
#### Suggestions of topics to discuss with staff:

- *What feeding plans did you make during the antenatal period?*
- *If you didn't have any feeding plans how did you imagine you would feed your baby?*
- *How have your expectations changed?*
- *What do you value as most important in regards to feeding your baby?*
- *What are the bonding opportunities e.g. skin-to-skin contact, during feeding?*
- *How would you like your baby to be fed when you're not able to be there?*
- *When can you start to assess if your baby is ready to transition to oral feeding e.g. respiratory stability, airway safety and intervals between feeding?*

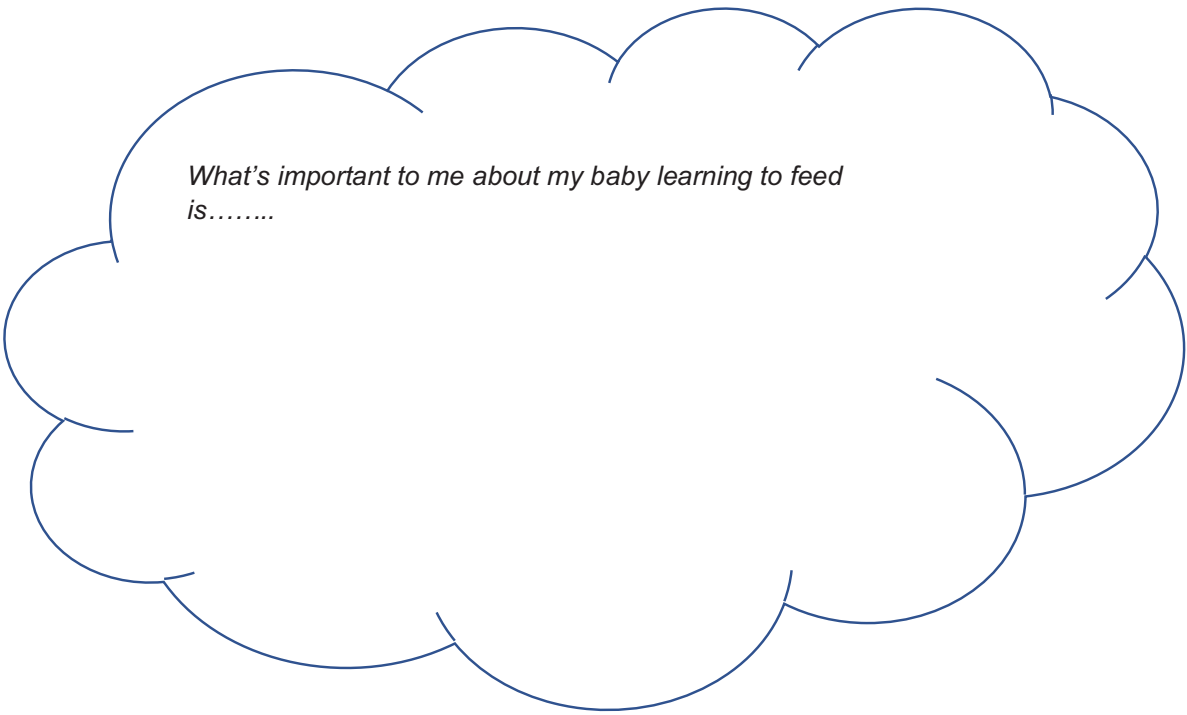
Recording your feeding preferences for your baby:

*When I was pregnant/before I had my baby I imagined I would feed my baby this way.....*

*Now that I've had my baby my plans to feed them are.....*



*When I'm not able to be here, I would like my baby to be fed....*



*What's important to me about my baby learning to feed is.....*



*I would like support with/more information about.....*

*The people who will support me/help me find out this information are.....*



<u>Date and time</u>	<u>No cues/ stop cues</u>	<u>Which start cues?</u>	<u>Details of feed</u> (duration, method of feed, type of milk)	<u>Top up required?</u> (volume, timing)	<u>Score on A-F chart</u>	<u>Outputs</u> (e.g. urine/ stool)

Observations during feed (e.g., anything you noticed about how your baby likes to feed, a feeling or a thought you had about feeding):

Plans for next feed:

<u>Date and time</u>	<u>No cues/ stop cues</u>	<u>Which start cues?</u>	<u>Details of feed</u>	<u>Top up required?</u>	<u>Score on A-F chart</u>	<u>Outputs</u>

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