

Feeding Artificial Methods

FEEDING-ARTIFICIAL METHODS

PURPOSE: It is the goal of the ANMC to promote a philosophy of maternal and infant care which advocates and supports breastfeeding. Therefore, the following guidelines are to provide medically indicated supplements to a breast fed infant and to assist in suck training while providing nourishment.

Notes:

- 1) Staff may initiate cup or spoon/dropper feedings on a short term basis (i.e., breastfeeding mother is unavailable for a feeding);
- 2) Long term use of any of these artificial feeding methods secondary to feeding difficulties must be initiated by a Lactation Consultant.

Supplemental Nursing System (SNS)

Equipment:

Supplemental Nursing System (and Volu-Feed, if not with SNS)
Soft tape

1. Place the elastic ring with clip around the bottom of the bottle.
2. Fill Volu-Feed with expressed breast milk or supplement.
3. Screw the SNS teat/tubing assembly onto the bottle.
4. Close off the tubing using the clamp.
5. Clip bottle to opposite shoulder on gown or bra.
6. Tape tubing at areola so that tubing is even or about 1/4 inch beyond nipple.
7. Release tubing clamp and prime tubing by squeezing gently on the teat chamber.
8. Position infant at breast.
9. Assist infant with latch, making sure he takes both breast and tube.
10. Regulate flow by the height of the device as needed. When the bottom of the SNS is above nipple line the flow will be faster. Adjust level of SNS so the suck/swallow ratio is 1:1 or 2:1.
11. Clean teat assembly by filling bottle with warm water and forcing water through tubing by squeezing teat chamber. Dry and store.
12. Replace every 48 hours.
13. Document amount taken and tolerance of feeding.

Cup Feeding

Equipment:

Small cup with rounded edges
Container with designated amount of expressed breast milk or formula
Towel or bib

Note: Average cup feeding procedure time is 15 minutes or less per ounce.

1. Pour a small amount (approx. 5 cc) of designated fluid into the small cup. (Small amounts are easier to control.)
2. Use a "bib" as necessary to keep the infant clean and dry.
3. Hold the infant either cradled in your arms, or sitting semi-upright on your lap. (If the infant feels comfortable and secure, the feeding will be more successful).
4. Bring the cup to the infant's lips and tip until a few drops enter the infant's mouth. (These small amounts allow the infant to swallow without excessive drooling.)
5. Lean the infant's body back slightly after fluid enters the mouth. (This allows the fluid to flow to the back of the infant's mouth where it can be swallowed.)
6. Allow the infant time to swallow and rest. (This will decrease stress on the infant and encourage intake.)
7. Observe the infant for readiness to swallow and willingness to continue the feeding. This allows the infant to control the feeding, experiencing less stress.
8. Burp infant frequently as air in the stomach may interfere with the ability to feed.
9. Document amount taken and tolerance of feeding.

Soft cup Feedings

Equipment:

Soft cup
Container with designated amount of expressed breast milk and/or formula
Towel or bib

Note: Average soft cup feeding time is 15 minutes or less per ounce.

1. Use a "bib" as necessary to keep the infant clean and dry.
2. Support infant's back and neck in sitting semi-upright position. (Feeding will be more successful as correct positioning assists in swallowing.)
3. Fill soft cup and drip small amounts into infant's mouth. The infant is NOT to suck on soft cup. (The average infant swallow is 0.6 cc. Small amounts allow the infant to swallow without excessive drooling.)
4. Lean infant's body back slightly after fluid enters mouth. (This allows fluid to flow to the back of the infant's mouth where it can be swallowed.)
5. Allow the infant time to swallow in feeding bursts and provide time for pauses which will decrease the infant's stress and encourage intake.
6. Burp infant as air in the stomach may interfere with the ability to feed.
7. Rinse soft cup and allow to dry. (Proper cleaning discourages growth of bacteria.)

8. Replace soft cup every 48 hours.
9. Document amount taken and tolerance of feeding.

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Finger Feeding

Equipment:

5 Fr - 36" long tube	Glove or finger cot
1/2" wide soft tape	10 cc syringe (no needle)
Towel or bib	Pillow and baby blanket
Container with designated amount of expressed breast milk or formula	

Note: Average finger feeding time is 20 minutes or less per ounce.

Longer than 20 minutes will usually overtire an infant and energy expenditure will be too high. If required amount of feeding is not accomplished by 15 to 20 minutes, use another method of feeding to finish.

1. Position infant on pillow with small folded blanket under head. (The correct positioning and infant comfort will assist in swallowing.)
2. Put glove or finger cot on. If the parent is doing the finger feeding only handwashing is required.
3. Tape the feeding tube on palm side of finger so that it is even with the tip of the finger; the index finger is most commonly used. (Extension of the tube past the finger may stimulate the gag reflex in the infant.)
4. Tape with soft tape at first joint around the whole finger.
5. Flush tubing to decrease the amount of air introduced into the stomach.
6. Tickle the baby's lips to elicit a rooting reflex. If you force your finger into the baby's mouth it may produce a negative reaction to the feeding.
7. When the infant opens their mouth, lay finger on tongue, nail side down, and stroke the palate to elicit sucking. (Allowing the infant to learn and control the suck-swallow sequence increases feeding success.)
8. When infant sucks, give approximately 1/2 cc. (The normal full term infant can swallow approximately 0.6 cc at a time.)
9. 1 to 2 sucks per swallow is the desired suck-swallow sequence. Too fast a flow may cause choking. More than 4 sucks per swallow will tire infant and they will expend too much energy.
10. During the entire feeding the tongue should be down and lips flanged. (Rewarding incorrect sucking will teach infant poor feeding habits.)
11. Allow the infant time to swallow in feeding bursts and provide time for pauses. (This will decrease infant stress and encourage intake.)
12. Burp infant as air in the stomach may interfere with the ability to feed.

13. Flush tubing and syringe with warm water to clean and allow to dry. (Proper cleaning discourages growth of bacteria.)
14. Replace tube and syringe every 48 hours.
15. Document amount taken and tolerance of feeding.

Reference:

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