

## Infant Driven Feeding for Parents: A Step-By-Step Approach *How Will My Premature Baby Learn to Eat?*

### STEP 1 – Observing Your Baby

At around 33 weeks corrected age your baby will show you signs that s/he is ready to eat.

What does your baby look like when s/he is interested in feeding by mouth?

- |                             |                            |
|-----------------------------|----------------------------|
| ★ S/he is stirring or awake | ★ Brings hands to mouth    |
| ★ Opens mouth               | ★ Stretches                |
| ★ Turns head                | ★ Sucks on hand or blanket |
| ★ Roots                     | ★ Increased body movements |
| ★ Increased mouth movements | ★ Licks                    |



What does your baby look like when they are not interested in feeding?

- |   |  |
|---|--|
| ✗ Arching his/her back                  | ✗ Crying   |
| ✗ Saluting                              | ✗ Flailing movements   |
| ✗ Extension of the arms and legs        | ✗ Finger splaying  |
| ✗ Gaze aversion                         | ✗ Panicked or worried look   |
| ✗ Irritability                          | ✗ Tremors or jittery movements                                     |
| ✗ Gagging                               | ✗ Sneezing   |
| ✗ Yawning                               | ✗ Hiccups  |
| ✗ Color Changes: Red or Blue Skin Color | ✗ Changes in Vital Signs: Heart Rate, oxygen level, breathing rate |



## **STEP 2 – Getting Ready**

Once your baby is 33 weeks old we will start to watch for signs of interest in eating. A Feeding Readiness Score will be assigned to your baby every 3-4 hours to see if they are ready to start feeding by mouth.

### **Feeding Readiness Score**

<b>Score</b>	<b>Description</b>
1	Your baby wakes on his/her own. S/he is drowsy, alert, or fussy before care. Your baby tries to suck on his/her hands or their blanket. S/he brings his/her hands to mouth and will suck consistently on a pacifier. Your baby brings his/her hands to the face and the legs are bent up.
2	Your baby wakes when you take a temperature and/or change the diaper and stays awake. S/he tries to suck on his/her hands or blanket. Your baby brings his/her hands to mouth and will suck consistently on a pacifier. S/he brings his/her hands to their face and the legs are bent up.
3	Your baby only wakes up briefly when you change the diaper and take a temperature. S/he does not try to suck on his/her hands, blankets, or pacifier. Your baby's arms are at his/her side and the legs are straight out.
4	Your baby does not wake up when you change the diaper and take a temperature. S/he does not try to suck on his/her hands, blankets, or pacifier. Your baby's arms are at his/her sides and the legs are straight out.
5	Your baby needs increased oxygen when handled. S/he breathes fast when handled, or may have a low heartbeat or breathing rate. You may hear the monitor alarm while you change the diaper or take a temperature.

A baby who is ready to eat by mouth should score a 1 or a 2. Once your baby scores five 1 or 2's in a 24-hour period, s/he is ready to start eating by mouth. Until that time, it is beneficial to offer your baby a pacifier, a pumped breast, milk drops, colostrum swabs, or to just do skin-to-skin care while s/he is eating.

## **STEP 3 – Feeding Your Baby: For Moms Who Would Like to Breastfeed**

Your baby is ready to try to eat by mouth! It is important to establish breastfeeding early & allow you and your baby time to learn this skill. We recommend you try to devote 2-3 days to being available to your baby to breastfeed when your baby is showing signs wanting to eat. At this time, no bottles will be given. You may decide to stay and breastfeed during day hours only, or you can sleep at your baby's bedside and breastfeed at night whenever your baby is interested. It is up to you and your schedule.

We call this time period "protected breastfeeding". During this time we want you to learn to feed your baby, spend lots of time doing kangaroo care, and teach you all that you need to know to care for your baby. During this protected breastfeeding time, your baby will get their milk through the feeding tube, as well as whatever they take from your breast.

If you sleep at the hospital, you will only be awakened to feed overnight if your baby is showing interest in feeding by mouth. Once the protected breastfeeding time is over, you will discuss with

your nurse and the rest of the medical team how to start using bottles, continue breastfeeding, and doing test weights. We can schedule a time for you or your partner to do the first bottle feeding. See the breastfeeding handout for details.

### **STEP 3 – Feeding Your Baby: For Moms Who Would Like to Bottle Feed**

Once your baby is ready to eat by mouth, schedule a time with the nurses for you to come in and feed your baby for the first time. A member of the NICU team will be available to help you safely feed your baby. Remember that your baby will only be given a bottle if they are showing interest in feeding by mouth.

Plan to spend extra time with your baby during this period. During this time we want you to learn to feed your baby, spend lots of time doing kangaroo care, and teach you all that you need to know to care for your baby. While learning to bottle feed, your baby will practice at the bottle if cueing, and then get the rest of their milk through the feeding tube.

### **STEP 4 – How Did Your Baby Feed?**

We will look at how your baby fed using a Quality Score. Your baby will be allowed to suck and feed by mouth until they become fatigued, disinterested, uncoordinated, or unstable. Whatever they don't take by mouth, they will get through their feeding tube.

\*Keep in mind that sucking for feeding is slower and longer, while pacifier-sucking or sucking for calming is faster and shorter.

#### **Quality of Nippling Score**

<b>Score</b>	<b>Description</b>
1	Your baby feeds with a strong coordinated suck throughout feed.
2	Your baby feeds with a strong coordinated suck initially but gets tired as the feed goes on.
3	Your baby feeds with consistent suck but has difficulty coordinating the suck and swallow, s/he may dribble milk, or s/he may suck too fast or too much with no rest breaks. Your baby will need some help with slowing down the feed or the sucking.
4	Your baby feeds with a weak suck or an inconsistent suck. S/he does not suck in a good rhythm. Your baby may require some rest breaks.
5	Your baby is unable to coordinate the suck-swallow-breathe pattern. S/he may have a low heart rate, a low breathing rate, or a very fast breathing rate with feeds. You may hear the monitor alarming during the feed.

There are various techniques you can use to help your baby feed better and in a safer manner. The techniques we use in the NICU are explained below and will help you learn to feed your baby. Your nurse or other member of the NICU team will help you use these techniques if they are needed.

#### **Caregiver Techniques**

<b>Technique</b>	<b>Description</b>
<b><u>External pacing</u></b>	If your baby is getting too much milk or is sucking for too long without taking a break, you would help them slow down and take a breath by tipping the bottle downward, allowing milk to flow out of the nipple while leaving the nipple in the infant's mouth.
<b><u>Modified side lying</u></b>	This is generally the preferred position for feeding premature babies, and mimics the breastfeeding position.
<b><u>Chin support</u></b>	If your baby is sucking loudly or is having an unusually weak suck, you would put your finger at the bony part of the chin and give gentle but firm pressure forward/outward or upward. This is not to be used with breastfeeding.
<b><u>Cheek support</u></b>	If your baby is dribbling milk when in a sidelying position, or is sucking with a loud smacking sound, you will provide gentle pressure on the area of the downward cheek.
<b><u>Oral stimulation</u></b>	This is a series of movements which will help reduce biting on the nipple, and will encourage stronger sucking prior to feeding. Your physical or speech therapist or nurse will give you detailed instructions as needed.

Every time your baby scores a 1 or 2 for feeding readiness, s/he will be allowed to try to feed by mouth. If s/he is not interested (e.g. a score of 3,4,5), s/he will get the food through the feeding tube.

## **STEP 5 – Getting Ready to Go Home**

Once your baby is taking around 60% of their feeds by mouth, we will ask you to bring in a bottle from home so that your baby can practice with the bottle you plan to use. If you are unsure, the physical or speech therapist can recommend some for you. When they are taking 80% of their feeds by mouth, the nurse will remove the feeding tube. At this time your baby will be allowed to eat by mouth every 2-4 hours, depending on their feeding cues. If your baby continues to take enough milk by mouth, is gaining weight, and is medically stable, then your baby is ready to go home.