FEEDING OF NORMAL AND LOW BIRTH WEIGHT BABIES

The module is designed to complement in-service education and orientation of nursing personnel involved in the care of newborns.

LEARNING OBJECTIVES

The participants will learn about:

- Enteral feeding of normal birth weight babies (≥2500g) and low birth weight babies (<2500g)
- Breastfeeding counseling and support
- Managing common problems encountered during breastfeeding
- Feeding by Paladai and intra-gastric tube

MODULE CONTENTS

The module includes following elements:

- **Text material:** Easy to read format for quick reproduction and essential reference material for the participants. Key messages are highlighted in the boxes.

- **Demonstration:** Observing steps involved in successful breast feeding in hospital setting.

- **Role play:** There will be role play on "initiation of breastfeeding".

- **Video film:** Learning positioning, attachment and effective sucking by baby on breast.

- **Self-evaluation:** At the end of text, self evaluation based on what has been learnt is included. Feel free to consult your text material, if you need assistance in recapitulating.
I. FEEDING OF NORMAL BIRTH WEIGHT BABIES

1. INTRODUCTION

The best milk for a newborn baby is unquestionably breast milk. All healthy normal weight babies must be exclusively breastfed till the age of 6 months. Health professionals must have the adequate knowledge and skills in order to support and help mothers in establishing breastfeeding successfully.

2. BREASTFEEDING

It is essential to help the mothers of healthy newborn babies to establish breastfeeding as soon as possible after delivery. Exclusive breastfeeding should be continued till 6 months of age. Health workers should know about the advantages of breast milk and the anatomy of breast and physiology of lactation so that they can teach and counsel the mothers with confidence.

Exclusive breastfeeding should be given for the first six months of life; complimentary food should be started after six months of age.

2.1 Advantages of breastfeeding

Exclusive breast fed babies are at decreased risk of

- Diarrhea
- Pneumonia
- Ear infection and
- Death in first year of life

The advantages of breast feeding are summarized in Figure 1.

**Figure 1: Advantages of breast feeding**

- **Benefits to the baby**
  - Complete food, species specific
  - Easily digested and well absorbed
  - Protects against infection
  - Promotes emotional bonding
  - Better brain growth

- **Benefits to mother**
  - Helps in involution of uterus
  - Delays pregnancy
  - Lowers risk of breast and ovarian cancer
  - Decreases mother’s work load

- **Benefits to family and society**
  - Saves money
  - Promotes family planning
  - Decreases need for hospitalization
  - Contributes to child survival
2.2 Anatomy and physiology

In order to successfully impart the knowledge on breast feeding, it is necessary to understand the relevant anatomy and physiology of the breast and the factors which affect milk production and ejection.

The breast consists of glandular tissue and supporting tissue and fat. Milk is secreted by the glands and travels through tubules which drain into lactiferous sinuses. The sinuses, which store small quantities of milk, lie below the areola. They open out on to the nipple through lactiferous ducts. The thin layer of muscle (myo-epithelium) surrounds each gland. The contraction of these muscles causes ejection of milk from the glands (see Figure 2).

![Figure 2: Anatomy of breast](image)

2.3 Milk secretion and ejection

Milk is produced as a result of the interaction between hormones and reflexes. During pregnancy, the glandular tissue is stimulated to produce milk due to various hormonal influences. Two reflexes, mediated by two different hormones, come into play during lactation.

a. **Prolactin reflex**

Prolactin is produced by the anterior pituitary gland which is responsible for milk secretion by the mammary gland cells. When the baby sucks, the nerve endings in the nipple carry message to the anterior pituitary which in turn releases prolactin. This hormone passes through the blood to the glands in the breast, promoting milk secretion.

This cycle from stimulation to secretion is called the prolactin reflex or the “milk secretion reflex”. The earlier the baby is put on the breast, the sooner the reflex is initiated. The more the baby sucks at the breast, the greater is the stimulus for milk production. The greater is the demand for milk, larger is the volume of milk produced. It is therefore important for the mothers to feed baby early, frequently and ensure complete emptying of the breasts at each feed.
b. **Oxytocin reflex**

Oxytocin is a hormone produced by the posterior pituitary. It is responsible for contraction of the myo-epithelium around the glands leading to ejection of the milk from the glands into the lacteal sinuses and the lacteal ducts.

This hormone is produced in response to stimulation to the nerve endings in the nipple by sucking as well as by the thought, sight or sound of the baby. Since this reflex is affected by the mother’s emotions, a relaxed, confident attitude helps this “milk ejection reflex”. On the other hand, tension, pain and lack of confidence, hinders the milk flow. This stresses the importance of a kind and supportive person - professional health worker or a relative - to reassure the mother and help gain confidence so that she can successfully breastfeed.

**Figure 4: Oxytocin reflex**
DEMONSTRATION

There will be demonstration using Demonstration Aids by the facilitators on ‘Anatomy of breast and Physiology of Lactation’.
2.4 Types of breast milk

The composition of breast milk varies at different stages after birth to suit the needs of the baby. Milk of a mother who had delivered a preterm baby is different from the milk of a mother who has delivered a full term baby.

1. **Colostrum** is the milk secreted during the first week after delivery. It is yellow, thick and contains more antibodies and white blood cells. Though secreted only in small quantities, it has higher protein content and is most suited for the needs of the baby, it should NEVER be discarded.

2. **Transitional milk** is the milk secreted during the following two weeks. The immunoglobulin and protein content decreases while the fat and sugar content increases.

3. **Mature milk** follows transitional milk. It is thinner and watery but contains all the nutrients essential for optimal growth of the baby.

4. **Preterm milk** is the breast milk of a mother who delivers prematurely. It contains higher quantities of proteins, sodium, iron, immunoglobulins that are needed by her preterm baby.

5. **Fore milk** is the milk secreted at the start of a feed. It is watery and is rich in proteins, sugar, vitamins, minerals and water and satisfies the baby’s thirst.

6. **Hind milk** comes later towards the end of a feed and is richer in fat content, provides more energy and satisfies the baby’s hunger. For optimum growth the baby needs both fore and hind milk. The baby should therefore be allowed to empty one breast. The second breast should be offered only after emptying the first.

*Breast feeding should be continued during diarrhea as well as other illnesses. It helps the baby to get optimal nutrition and recover from the illness faster.*
SELF EVALUATION

Let us see how much you have learnt:

1. Benefits of breast feeding for baby and mother are:

   Benefits to baby                  Benefits to mother
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

2. How long should exclusive breastfeeding be continued for babies?
   ________________________________________________________________

3. Milk secretion is caused by __________ hormone, while milk ejection (letdown) by __________ hormone.
   ________________________________________________________________

4. Enumerate factors which enhance “milk secretion reflex” by increasing prolactin production
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

5. Oxytocin reflex is stimulated by:
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

6. Look at the picture. Is Malti doing the right thing? Yes/No
   ____________________________________________________________________

   How many times she should breast feed in a day? _______ times.
   ____________________________________________________________________

You will be given individual feedback after you have evaluated yourself.
3. HELPING A MOTHER TO BREASTFEED

All mothers, particularly the first-time mothers would require some help to initiate breastfeeding. Hence it is important for the health care providers to help them to breastfeed their babies. The steps are summarized below.

**Step 1: Preparing the infant and the mother**

- Ensure that the infant is clinically stable
- Ensure that the infant is alert
- Make sure that the mother is comfortable and relaxed.
- She should sit down in a comfortable and convenient position.

**Step 2: Demonstrate various positions for breastfeeding a baby**

- *Underarm position*
- *Using the opposite arm*

A mother can feed the infant in various positions as shown above. Whatever the position, it is important to remember that the baby has to be supported with her forearm and the hands.
Step 3: Demonstrate the four key points in position

The four key points in proper positioning:
- the baby’s head and body should be straight;
- the baby’s face should face mother’s breast;
- the baby’s body should be close to her body;
- she should support the baby’s whole body

Step 4: Show the mother how to support her breast with the other hand

Explain the mother that she should
- put her fingers below her breast
- use her first finger to support the breast;
- put her thumb above the areola, helping to shape the breast.
- Not keep her fingers near the nipple

Step 5: Showing the mother how to help the baby to attach

Ask the mother to
- express a little milk on to her nipple
- touch the baby's lips with her nipple
- wait until the baby's mouth is opening wide, and the tongue is down and forward;
- move the baby quickly onto her breast, aiming the nipple towards the baby’s palate and his lower lip well below the nipple.

Step 6: Look for signs of good attachment

The four key signs of good attachment are:
- more areola is visible above the baby’s mouth than below it
- the baby’s mouth is wide open
- the baby’s lower lip is turned outwards
- the baby’s chin is touching the breast.

Examples of good and poor attachment are given in Figure 5.

Figure 5: A well attached and poorly attached infant

Good attachment

Poor attachment
The causes of poor attachment include:

- Use of feeding bottles.
- Inexperienced mother.
- Lack of skilled support.
- Inverted nipples.

Hence it is very important NOT TO INTRODUCE BOTTLE FEEDS at any point of time. Poor attachment usually leads to problems such as:

- Pain or damage to nipple or sore nipple.
- Breast milk not removed effectively thus causing breast engorgement.
- Poor milk supply hence baby is not satisfied after feeding.
- Breast produces less milk resulting in a frustrated baby and refusal to suck. This leads to poor weight gain.

**Correct positioning will ensure effective sucking and prevent sore nipples and breast engorgement.**

For an infant who shows signs of good attachment, the next step would be to assess if he/she suckles and swallows effectively:

### Step 7: Assess if the infant is suckling and swallowing effectively

<table>
<thead>
<tr>
<th>Effective sucking</th>
<th>Ineffective sucking</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant takes several slow deep sucks followed by swallowing, and then pauses</td>
<td>Infant suckles for a short time, but tires out and is unable to continue for long enough.</td>
</tr>
</tbody>
</table>

If an infant is not able to attach and suckle effectively at the breast, or is not able to suckle for long enough to complete a feed, he or she will need to be fed with a spoon or paladai until effective feeding ability develops.

**4. HOW FREQUENTLY A MOTHER HAS TO BREASTFEED HER BABY?**

A healthy newborn baby can be breastfed ON DEMAND i.e. whenever the baby cries for feeds. The usual time interval between each feed is about 2 to 3 hours. Mothers should be advised that they should feed their babies AT LEAST 8-10 times in 24 hours and importantly they should not omit any night feeds.

**5. ASSESSING THE ADEQUACY OF BREASTFEEDING**

After the mother has been counseled and helped in establishing breastfeeding successfully, ensure that the infant is getting enough breast milk. Often, mothers would be worried about the amount of milk secreted and whether it is sufficient for their babies. It is the duty of health personnel to assess and then reassure about the adequacy of breastfeeding.

Breastfeeding is considered adequate if the baby

i. Passes urine 6-8 times in 24 hours.
ii. Goes to sleep for 2-3 hrs after the feeds.
iii. Gains weight @10-15 gm/kg/ day.
iv. Crosses birth weight by 2 weeks.
6. PROMOTING EXCLUSIVE BREASTFEEDING

It is the duty of the health personnel to ensure exclusive breastfeeding in the postnatal wards and nurseries. All mothers should be helped and supported in establishing breastfeeding. If there are any problems, they must be attended to. Mothers should also be counseled regarding exclusive breastfeeding at the time of discharge.

**Key messages to promote exclusive breast feeding**

1. Put baby to feed at breast as soon as possible after birth preferably in the delivery room. This is important for the mother, baby, and for milk production.
2. On the first day, breast milk is thick and yellowish (known as colostrum). Feeding this milk provides nutrition and prevents infections. **DO NOT DISCARD COLOSTRUM.**
3. Keep baby close to mother. It is safe for baby to sleep with mother.
4. Mother may lie down, sit on a bed, chair or floor to breast feed her baby.
5. Breast feed during day and at night at least eight to ten times and whenever baby cries with hunger.
6. The more the baby sucks at breast the more milk the breast will produce and the healthier the baby becomes.
7. Allow baby to feed at one breast until he leaves the nipple on his own. Then feed him at the other breast if he continues to be hungry.
8. Give baby only breast milk for the first six months.
9. Don’t give baby ghutti water, gripe water, honey, animal or powdered milk before six months.
10. NEVER use bottles or pacifier.
In this video you will learn correct positioning of mother and baby, signs of good attachment and effective sucking.

1. Following aspects of breast feeding were shown:
   i.  
   ii.  
   iii.  

2. Comments on video
   - Good aspects
   - Need improvement

3. Video covered
   i. Four signs of good attachment: Yes/No
   ii. Four signs of good positioning: Yes/No
   iii. Signs of effective sucking: Yes/No
7. ISSUES IN BREAST FEEDING

7.1 Inverted / flat nipples

Flat or short nipples which protract well (become prominent or pull out easily) do not cause difficulty in breast feeding. Only inverted or retracted nipples make attachment to the breast difficult. They should be diagnosed in the antenatal period. These mothers need additional support to feed their babies.

Treatment is started after birth of the baby. Nipple is manually stretched and rolled out several times a day. A plastic syringe is used to draw out the nipple and the baby is then put to the breast.

![Figure 6: Management of inverted nipple using syringe](image)

7.2 Sore nipples

A sore nipple is caused by incorrect positioning and attachment of the baby to the breast. Hind milk should be applied to the nipple after a feed and the nipples should be allowed to heal in between feeds.
7.3 Breast engorgement

Milk production increases during the second and third day after delivery. If feeding is delayed or infrequent or the baby is not well positioned at the breast, the milk accumulates in the alveoli. As milk production increases, the amount of milk in the breast exceeds the capacity of the alveoli to store it comfortably. Such a breast becomes swollen, hard, warm, and painful and is termed as an engorged breast.

Treatment: Breast engorgement can be prevented by early and frequent breast feeds and correct attachment of the baby to the breast. Treatment consists of local warm water packs for not more than 15 minutes. Paracetamol can be given to the mother to relieve pain. Gently express the milk to soften the breast and then help the mother to correctly latch the baby to the breast.

7.4 Breast abscess

If conditions like engorged breast, cracked nipple, blocked duct or mastitis are not treated early, then breast abscess may form. The mother may have high grade fever and pain in breast.

Treatment: Mother must be treated with analgesics and antibiotics. The abscess must be incised and drained. Breast feeding must be continued from the other breast.
7.5 Not enough milk

Mothers often complain that they do not have enough milk. One has to make sure that her perception about adequacy of milk is true. Only reassurance is needed if baby is gaining weight and passing adequate amount of urine.

Common causes of not enough milk include - not breastfeeding frequently, too short or hurried breastfeeds, poor position, breast engorgement or mastitis (see table given below).

Treatment: If baby is not gaining weight adequately, ask mother to feed the baby more frequently and feed especially during night. Make sure that attachment is proper. Any painful condition in mother such as sore nipple and mastitis should be taken care of. Back massages are especially useful for stimulating lactation; metoclopramide may also help in some cases.

**Figure 7: A helper rubbing a mother’s back to release her stress**

![Image of back massage](image)

*Back massages are helpful in relaxation of mother thus stimulating hormone production. You should demonstrate the technique of massage to the relative who can provide it to the mother. Massage should be provided for 15-30 minutes, three-four times a day.*

8. CONTRAINDICATIONS TO BREAST FEEDING

Mother can feed their babies in nearly all situations. There are indeed very few contraindications to breastfeeding as mentioned below:

1. **Mother on antimetabolite/anticancer/radioactive drug:** In these situations, breastfeeding should be withheld for the period the mother is on the drug. Meanwhile she can express and discard the milk so as to maintain lactation. Mother can resume lactation after a certain period of cessation of the medication.

2. **HIV infection:** Breastfeeding in such situation might increase the risk of transmission of HIV infection to the baby. However, if alternative milk is not safe, affordable, sustainable or feasible, **exclusive breastfeeding is still the best option.**
EXERCISE

Let us see how much you have learnt

1. Can a mother feed baby in lying position? Yes/No

2. Enumerate the four key points of positioning of baby for breastfeeding.
   i. ____________________________
   ii. ____________________________
   iii. ____________________________
   iv. ____________________________

3. Signs of good attachment are
   i. ____________________________
   ii. ____________________________
   iii. ____________________________
   iv. ____________________________

4. What differences do you see?

   Baby sucking on _______         Baby sucking on _______
   1
   2

5. Enumerate the problems caused by poor attachment.

   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________
7. How will you assess the adequacy of breastfeeding?

____________________________________________________________________________________

____________________________________________________________________________________

8. How many times should a baby be breastfed?

____________________________________________________________________________________

9. Can mother skip one or two night feeds? Yes/No

10. What advice will you give to a mother who develops heaviness and pain in breast on third day after delivery?

____________________________________________________________________________________

____________________________________________________________________________________

11. How you will manage a mother with sore nipple?

____________________________________________________________________________________

____________________________________________________________________________________
ROLE PLAY

Issues: Not enough breast milk

A common complaint of mothers in the postnatal ward is “Not enough milk”. We shall perform a role play to address this problem.

Checklist for demonstration role-play

A (Ask) ____________________________________________________________________________________ ...
__________________________________________________________

L (Listen) ____________________________________________________________________________________ ...
__________________________________________________________

P (Praise) ____________________________________________________________________________________ ...
__________________________________________________________

A (Advise) ____________________________________________________________________________________ ...
__________________________________________________________

C (Check understanding) ____________________________________________________________________________________ ...
__________________________________________________________

Checklist for role-play by participants

A (Ask) ____________________________________________________________________________________ ...
__________________________________________________________

L (Listen) ____________________________________________________________________________________ ...
__________________________________________________________

P (Praise) ____________________________________________________________________________________ ...
__________________________________________________________

A (Advise) ____________________________________________________________________________________ ...
__________________________________________________________

C (Check understanding) ____________________________________________________________________________________ ...
__________________________________________________________
II. FEEDING OF HEALTHY LOW BIRTH WEIGHT BABIES

1. INTRODUCTION

Feeding of low birth weight (<2500 gms) babies differs from that of normal birth weight babies. Preterm low birth weight babies require higher calories and proteins. Moreover, these babies (especially those <1800 gm) often have difficulty in taking milk directly from breast and may require more help and ongoing monitoring.

2. METHODS OF FEEDING

LBW babies are often born prematurely (before 37 weeks). Unlike term normal birth weight babies, these preterm LBW babies have some limitations that would make breastfeeding difficult. The limitations include:

- Inability to suck effectively
- Inability to co-ordinate sucking and swallowing
- Inability to co-ordinate swallowing and breathing.

Because of these limitations, some LBW babies (usually one with birth weight <1250 gm) can not be given any oral feeds, while some might require gavage feeding. After birth, all low birth weight babies gradually develop the ability to breastfeed directly. Till that time, they have to be fed by some alternative methods such as orogastric tube feeding or by using spoon, cup or paladai.

The best way to determine the correct method of feeding for each baby is by observing the infant during feeding. Depending upon the ability and behavior of the baby while breastfeeding or spoon/paladai feeding, one can decide the correct method of feeding.

Though this is the ‘ideal’ method, we can also use birth weight as a guide to decide the method of feeding. This is only a rough guide, since not all babies with a particular birth weight would behave in the same way. Methods of feeding for different birth weight categories are given below:

<table>
<thead>
<tr>
<th>Birth weight</th>
<th>Method of feeding</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;1250 gm</td>
<td>Baby may need IV fluids initially. Then initiate oro-gastric tube (gavage) feeding gradually.</td>
</tr>
<tr>
<td>1250-1500 gm</td>
<td>Most would need spoon/paladai feeds, while some need oro-gastric tube (gavage) feeding.</td>
</tr>
<tr>
<td>1501-2000 gm</td>
<td>Most babies would accept breastfeeding while some might need Paladai feeds.</td>
</tr>
<tr>
<td>&gt;2000 gm</td>
<td>Breastfeed as normal birth weight babies but with monitoring.</td>
</tr>
</tbody>
</table>

For babies who are less than 1250 gm, intravenous (IV) fluids might be needed initially. Once they are stable, gavage feeding can be introduced slowly.

Most babies who are less than 1500 gm and stable can be fed by spoon/paladai. Some might require feeding by oro-gastric tube. Give ONLY expressed breast milk by either spoon or by tube. For babies on intra gastric tube feeds, one can try cup or spoon feeds once or twice a day. If he accepts well, one can reduce the number of tube feeds. The mother can also let baby suck on her breast before she expresses milk to stimulate her lactation.

Babies between 1500-2000 gm are usually able to accept breastfeeding while some may require feeds by paladai. Mother should be involved in the care of baby and should be trained and supervised for paladai feeding.
Babies more than 2000 gm are usually able to feed on the breast. Let the mother put her baby to breast as soon as she is well enough. Continue to follow up and weigh them regularly to make sure that they are getting enough breast milk.

3. WHAT TO FEED?

LBW babies who are not able to breastfeed directly have to be given **EX Pressed Breast Milk** either by orogastric tube or by spoon/paladai.

*Expression of breast milk*

This is explained in module on common procedures

4. HOW TO FEED?

4.1 Paladai feeding

A paladai is a small bowl with a long pointed lip traditionally used for feeding LBW infants in some cultures.

The advantages of this feeding method are that it is usually faster than spoon or even cup feeding and also that there is less spillage. A disadvantage is that the caregiver has to be very careful to avoid pouring large amounts of milk into the infant’s mouth.

*Figure 8: Paladai feeding*

The steps of ‘paladai’ feeding are given in the box below:

**How to feed an infant with a ‘paladai’**

1. The infant should be awake and held sitting semi-upright on the caregiver’s lap, and wrapped to provide support and to keep the arms out of the way.
2. Put a measured amount of milk in the paladai.
3. Hold the paladai so that the pointed lip rests lightly on the infant’s lower lip.
4. Tip the paladai to pour a small amount of milk into the infant’s mouth.
5. Feed the infant slowly.
6. Make sure that the infant has swallowed the milk already taken before giving any more.
7. When the infant has had enough, he or she will close his or her mouth and will not take any more. Do not force-feed the infant.
8. To estimate the amount of milk taken, subtract the milk left in the cup from the original amount. Also subtract the estimated spillage, if any.
9. Wash the paladai in boiled water and air-dry it before and after each use.
There will be video demonstration on paladai feeding. The video demonstration will be followed by discussion.

Facilitator will conduct a clinical demonstration on ‘Feeding by paladai.’
4.2 Oro-gastric tube feeding

Intra-gastric tube feeding is appropriate for an infant who is clinically stable but cannot accept oral feeds fully.

Intra-gastric tube feeding can be given by two routes, naso-gastric or oro-gastric:

1. Naso-gastric tubes have the advantage that they are more easily fixed in place.
2. Oro-gastric tubes are useful for very preterm babies, particularly those with respiratory distress.

Naso-gastric tubes, by blocking one nostril, might increase the airway resistance and the work of breathing in preterm infants. This may lead to increased incidence of desaturation and apnea.

Intra-gastric tube feeding can be given by two routes: naso-gastric or oro-gastric. Oro-gastric tube feeding is preferred in very preterm infants.

4.2.1 Inserting an oro-gastric tube

The procedure of insertion of oro-gastric tube are explained in the module on "Procedures".

4.2.2 Procedure for giving a gastric tube feed

The exact procedure of giving a gastric tube feed is explained in the box below.

### Procedure for giving oro-gastric tube feeding

1. Remove the plunger of a 10, 20 or 50 ml sterile syringe.
2. Connect the barrel of the syringe to the end of the gastric tube.
3. Fill the barrel of the syringe with the required volume of milk.
4. Let the milk run from the syringe through the gastric tube by gravity.
   
   **DO NOT force milk through the gastric tube by using the plunger of the syringe.**

5. Hold the syringe 5-10 cm above the infant until the syringe is empty.
6. It should take about 10-15 minutes for the milk to flow into the infant’s stomach.
   Changing the height of the syringe will also affect the speed of milk flow. Lowering the syringe slows the milk flow, raising the syringe makes the milk flow faster.

7. Observe the infant during the entire gastric tube feed. Do not leave the infant unattended. Stop the tube feed if the infant shows any of the following signs:
   a. Breathing difficulty
   b. Changes colour, looks blue
   c. Becomes floppy
   d. Vomits

8. Cap the end of the gastric tube between feeds.

While using the intra-gastric tube, routine aspiration is not indicated. Only if baby has increased abdominal girth (>2cms from baseline in the region of epigastrium), one should do aspiration. If the aspirate is more than 25% of previous feed volume, the next feed should be withheld. If the aspirate is less than 25%, it can be put back in the stomach and accounted for in the feed volume calculation. Always record the colour, consistency and amount of the aspirates. Normal aspirate looks like curdled milk. If aspirate is altered in color (bilious/brownish), inform doctor. The naso- or oro-gastric tube has to be replaced every 3 days or earlier if it is pulled or blocked.
There will be video demonstration on intra-gastric feeding. The video demonstration will be followed by discussion.

Facilitator will conduct a clinical demonstration on 'Intra-gastric tube feeding'.
SELF EVALUATION

Let us see how much you have learnt

1. Describe the best method of feeding in following babies.
   - 1080 gm: ______________________________________________________
   - 1460 gm: ______________________________________________________
   - 1996 gm: ______________________________________________________

2. When should we start feeds in a baby who is born with birth weight of 1180 gm?
   ________________________________________________________________

3. The best milk to be given by oro-gastric tube feeding is
   ________________________________________________________________

4. Advantages of spoon feeding include
   ________________________________________________________________
   ________________________________________________________________