

Feeding of low birth weight and sick newborns

Flowchart 1: Deciding the initial feeding method

ASSESSMENT

ACTION

Is the baby clinically stable?

No

Start intravenous fluids
(Also see Flowchart 2)

Yes

Is birth weight more than 1000 grams?

No

Start intravenous fluids
(Also see Flowchart 2)

Yes

Is the baby able to breastfeed effectively?

- When offered breast, the baby roots, attaches well and suckles effectively
- Able to suckle long enough to satisfy needs

Yes

Initiate breastfeeding

No

Is the baby able to accept feeds by alternative methods?

- When offered cup or spoon feeds, the baby opens the mouth, takes milk and swallows without coughing/spluttering
- Able to take an adequate quantity to satisfy needs

Yes

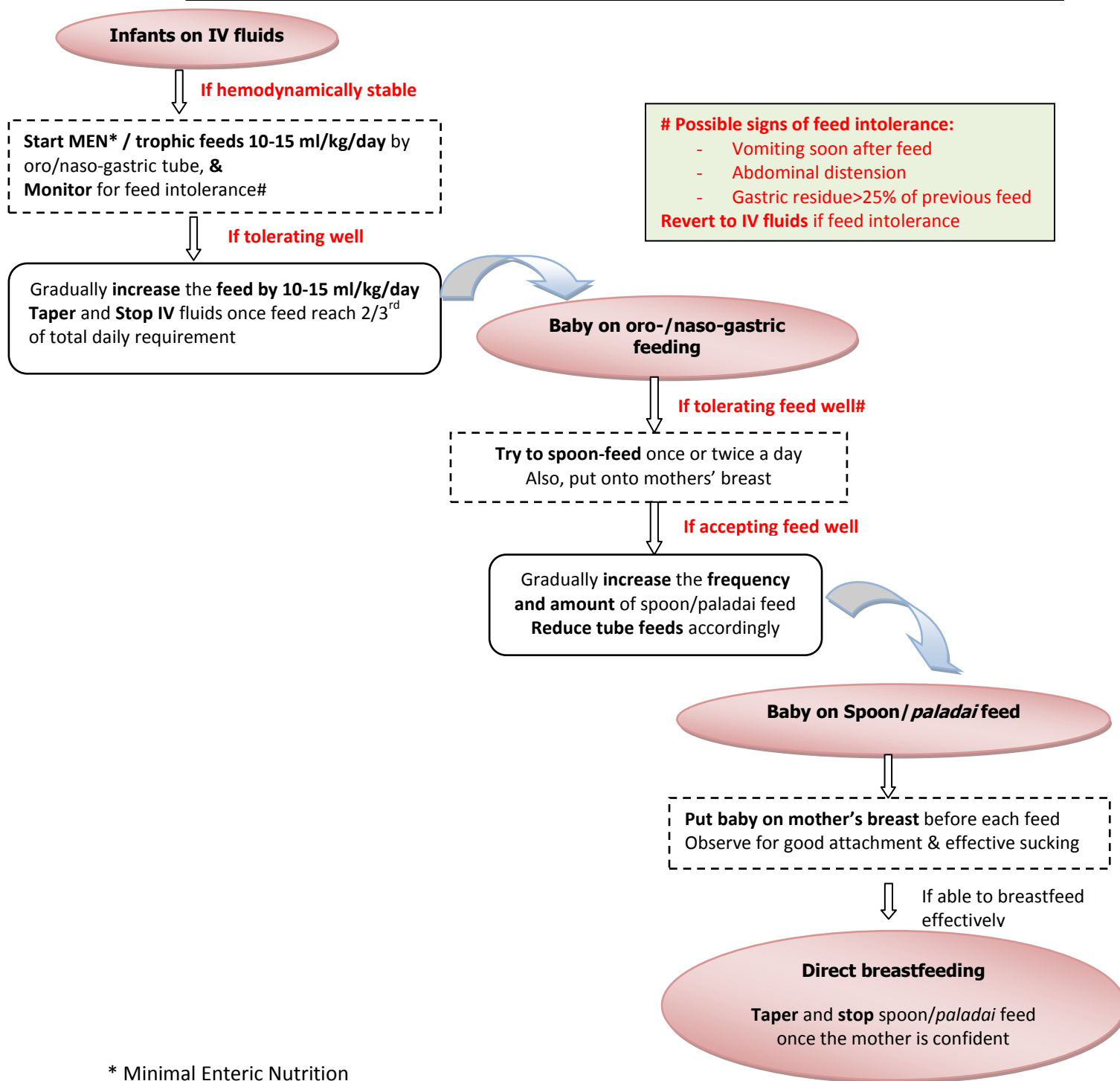
Give oral feeds by
cup/spoon/ *paladai**

No

Start oro-/naso- gastric
tube feeds

* Paladai is a small cup with a beak

Flowchart 2: For babies on IV Fluids: Progression to oral feeds



Panel 1: Steps of spoon/*paladai* feeding

Steps

1. Baby should be awake and held sitting semi-upright on caregiver's lap; put a small cloth on front of chest to catch drips of milk
2. Put a measured amount of milk in the spoon/*paladai*
3. Hold the spoon/*paladai* so that the pointed tip rests lightly on the baby's lower lip
4. Tip the spoon/*paladai* to pour a small amount of milk into the baby's mouth at a time
5. Feed the baby slowly
6. Make sure that the baby has swallowed the milk already taken before giving any more
7. When the baby has had enough, he or she will close his or her mouth and will not take any more. Do not force-feed the baby.
8. Wash the spoon/*paladai* with soap and water and then put in boiling water for 20 minutes to sterilize before next feed

Panel 2: Steps of oro-/naso-gastric tube feeding

Steps

1. Before starting a feed, check the position of the tube
2. For each feed take a fresh syringe (ideally sterile disposable) and remove the plunger
3. Connect the barrel of the syringe to the end of the gastric tube
4. Pinch the tube and fill the barrel of the syringe with the required volume of milk
5. Hold the tube with one hand, release the pinch and elevate the syringe barrel to 5-10 cm above the level of the baby
6. Let the milk run from the syringe through the gastric tube by gravity
7. *DO NOT force milk through the gastric tube by using the plunger of the syringe*
8. It should take about 10-15 minutes for the milk to flow into the baby's stomach: control the flow by altering the height of the syringe; lowering the syringe slows the milk flow, raising the syringe makes the milk flow faster
9. Observe the infant during the entire gastric tube feed. Do not leave the baby unattended. STOP THE FEED if the baby shows any of the following signs: breathing difficulty, change in colour/ looks blue, becomes floppy, and vomits
10. Keep the end of the gastric tube between feeds capped; if the baby is on CPAP, the tube is preferably left open for about half an hour after the feeding
11. Avoid flushing the tube with water or saline after giving feeds
12. Progress to feeding by cup/spoon/*paladai* when the baby can swallow without coughing or spitting milk. This could be possible in as little as one or two days, or it may take longer than one week
13. Replace the gastric tube with another clean gastric tube after three days, or earlier in case it is pulled out or becomes blocked.