

A guide to nasogastric tube (NGT) feeding your baby at home

Information for patients, parents, guardians and carers



This leaflet is aimed at parents/carers of babies who are going home nasogastric tube (NGT) feeding from the neonatal unit. This leaflet aims to give you information on:

- NGT feeding your baby at home if you choose to do this once your baby is otherwise ready for discharge.
- How to pass a NGT if you choose to learn this.
- How to care for your baby's NGT.
- Asking for help.

You will probably have been feeding your baby already via their nasogastric tube whilst on the neonatal unit or in transitional care and will have been assessed as competent to do this.

Your baby will need the NGT until they are able to feed completely by breast or bottle and NGT feeding at home may be an option in order to facilitate earlier discharge home.

If you feel that partially NGT feeding your baby at home, whilst they continue to establish full oral (breast/bottle) feeding, is something you may be interested in, you may also wish to learn how to pass NGTs. The nurses will be happy to teach you how to do this once:

1. You are confident giving NGT feeds.
2. Your baby is at least 32-34 weeks gestation.
3. Your baby has not required any respiratory support (ventilation or CPAP) for at least 72 hrs.

Learning this skill well in advance of your baby being ready for discharge provides lots of time for you to practice.

What are the risks with NGT feeding?

- There is a very small risk that the tube can go into the wrong position and go into the lungs. If this happened and a feed was given, milk would go into the babies lungs rather than the stomach; this would cause breathing difficulties.
- The tube can also be moved if the baby pulls on the tube and displaces it. In this case the baby will cough and retch or may vomit. For these reasons it is essential that the placement of the nasogastric tube is checked after it is passed and each time it is used for feeding and or giving medication.
- A small risk of overfeeding.

Benefits of NGT feeding:

- Your baby can be given a measured amount of milk at each feed. This is worked out according to their weight and age. This gives the right amount of calories they need for energy and growth.
- Babies can still feed normally either by breast, or bottle whilst they are being fed by their NGT.
- If they become tired and are unable to take their full amount orally they can then be given the rest of their feed down the NGT (top ups).
- If your baby is premature they can take a little longer learning to latch on correctly when breastfeeding. NGT top ups at this stage can give your baby the energy they need while learning to breastfeed effectively.
- Measured volumes of expressed breast milk or formula milk can be given down the NGT in accordance with your baby's need.

Home NGT feeding

Once your baby is in the low dependency area and is progressing well with the type of feeding you have chosen (breast or bottle) you may want to consider taking your baby home feeding by breast or bottle with some NGT feeding. This may allow you to take your baby home a little earlier. With NGT feeding you will be offered the **short-term NGT feeding at home package**.

If you would like to learn how to pass an NGT tube with NGT feeding your baby at home, the staff on the neonatal unit will facilitate this learning as well as part of the above package.

There are criteria your baby will have to meet before your baby can go home NGT feeding:

- Your baby, if born early, is now more than 34 weeks corrected gestation.
- Your baby is medically well.
- Your baby's weight gain is consistent and stable.
- Your baby is maintaining his/her temperature in a cot.
- Your baby is feeding 3 hourly.
- Your baby has been off monitors for at least 48 hours.

- You have completed the teaching package and are confident to NGT feed your baby at home and pass an NGT (if applicable).
- Your baby is able to take 2 full, or the equivalent of 2 full feeds (3 hourly amount) in 24 hours.

Setting you up for going home NGT feeding:

- The Home Care Team from the neonatal service would have met with you earlier on in your journey. They support you through the discharge process on the neonatal unit or in transitional care.
- You will be given the opportunity to stay in the parents flats with your baby before discharge (neonatal unit). Here you are able to care for your baby independently with support from the nursing team in low dependency.
- A feeding plan will be discussed before discharge so you have a plan to follow once you are home. This will include what to do if you are having any problems with NGT feeding at home.

Equipment you will need at home:

- You will be discharged from hospital with a supply of syringes, NG tubes, adhesives and pH indicator strips.
- The Home Care Team will discuss with you how to obtain further supplies.
- If your baby requires a specialist formula milk then you will be sent home with a supply of this and given the details of how to obtain further supplies by the nursing or Home Care Team.

How long can a NGT stay in situ?

A NGT/OGT is a thin plastic tube. It is disposable and should be changed once a week.

When a new tube is passed the other nostril is used to give the previously used nostril a rest.

Skin care:

- Most babies benefit from using some protective tape on their cheek underneath the NGT.
- Any tape that is peeling or looks dirty should be changed.
- When the tape is changed clean and dry the skin.

General hygiene

Always wash hands before preparing a feed, giving a feed and/or any medicines.



Wet hands with water



Apply enough soap to cover all hand surfaces



Rub hands palm to palm



Rub palm to palm with fingers interlaced



Rub back of each hand with palm of other hand with fingers interlaced



Rub with back of fingers to opposing palms with fingers interlaced



Rub each thumb clasped in opposite hand using a rotational movement



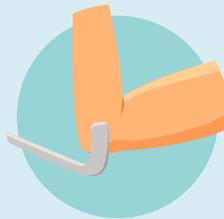
Rub tips of fingers in opposite palm in a circular motion



Rub each wrist with opposite hand



Rinse hands with water



Use elbow to turn off tap



Dry thoroughly with a single-use towel

Giving a nasogastric tube feed at home:

1. **Wash hands thoroughly.**
2. **Gather all the equipment you will need first:**
 - 5ml purple oral syringe and a 20ml purple oral syringe
 - pH indicator strip
 - Correct volume of milk at correct temperature
 - Place all of these in the tray provided.
3. **Check the NGT position:**
 - Check the measurement marker on the NGT at the tip of your child's nose, this will help identify whether the tube has moved. Check that the tape securing the NGT is in place. If it is not in the correct position, make necessary adjustments with guidance from neonatal staff.
 - Unscrew the top off the NGT and attach the 5ml syringe.
 - Gently pull back the plunger of the syringe until you get a small amount of fluid or aspirate in the syringe. You'll need between 0.2ml and 1ml (it should look milky – if it is a different colour, then please discuss with your nurse before proceeding).
 - Place a small amount of this aspirate onto the pH indicator strip, covering all three colours, and wait a few seconds for the colours to change. Compare the colours on the strip to the colour codes on the pH indicator strip container, and this will tell you the pH (acidity level) of the fluid. It should be between 1.0 and 5.0 if the tip of the NG tube is correctly positioned in the stomach.
 - **If the colour change does not indicate a pH between 1.0 and 5.0, please go to the 'Trouble shooting' section on page 10.**

Giving the feed:

- Your baby should be positioned with the top half of their body slightly raised. NGT feeding can take place in a baby seat, their cot, or you can hold your baby.
- Take the plunger out of the 20 ml syringe and connect to the NGT, pour in the feed then place the plunger back into the top of the syringe to start the feed. You may have to wiggle this about a little to get the plunger back in.

- Gently push the plunger down a little to start the feed then remove it, continue to top up the syringe until the full requirement for that feed has been completed. The feed should go down on its own by gravity. Lower the syringe to slow the feed going down and raise it to speed the feed up. Some medications given with the feed can thicken the feed, which will make it go down more slowly.
- The feed should take approximately 15-20 minutes to complete, similar to a bottle or breast feed.
- Watch baby at all times in case he/she tries to pull the tube out.
- If your baby vomits, retches or coughs, stop the feed by gently reinserting the plunger and detaching the syringe from the NGT.
- Make sure that baby is laying on their side so any milk can drain out of his/her mouth and give them a few minutes to recover.
- Once settled, it is important to re-check the position of the NGT, as retching and coughing can displace it. Re-check the measurement marker on the NGT by the nostril, and re-check the pH of the aspirate from the NGT. You may need to wait for up to 30 minutes for recently ingested milk to provide an acidic pH when aspirated from the stomach. Once an aspirate with a pH within the safe range of 1.0 -5.0 has been obtained, you may resume the feed.
- Sometimes when a baby vomits, the tube can come out of baby's mouth. This is nothing to worry about, ask the nurse to support you and gently remove the tube.

Top up NG feeds

If your baby is having top up NG feeds, (i.e. they are taking most of their feed by breast/bottle, but are sometimes not managing to complete this, and so are having any remaining milk given down their NGT), it is important to check the position BEFORE starting the breast/bottle feed. After they have taken lots of milk orally, it will take some time for the milk in the stomach to become acidic and give the required PH reading to confirm NGT position.

Note. If your baby vomits, retches or coughs, or you think the NG tube may have moved during the feed, you **MUST** wait the required time (approximately 30 minutes) to re-check the position before giving the NGT top up.

Trouble shooting

What to do if you are unable obtain an aspirate or if aspirate reads more than 5.0 on pH stick:

1. **DO NOT** attempt to feed via the NGT.
2. Re-position baby on his/her side, wait a few minutes and try again.

If unable to obtain any aspirate:

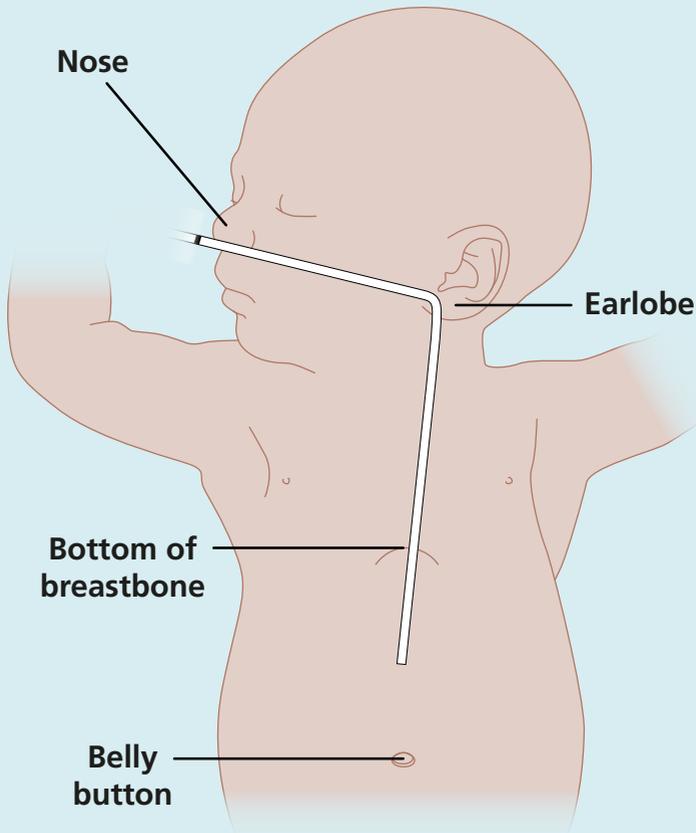
- Inject 1-2ml air into the tube and try again (there may be dried milk blocking the end of the tube inside the stomach and this may help to dislodge this - the tube tip may also be sitting against the stomach wall. Injecting air may help to move the end of the tube). Try pushing the NGT down, or pulling the NGT back a centimetre or two, then try again.
- Offer a small amount of milk orally if permitted, then wait 5-10 minutes and try again. If your baby is not able to take any feed orally, then oral stimulation from sucking a dummy or having mouth care can stimulate the stomach to produce acid and may help you to get an aspirate.
- Consider re-passing the NGT if you have been signed off as competent to do so.

If at this point you are still unable to obtain an aspirate, refer to the 'Asking for help' section on page 13.

Step by step guide to passing an NGT at home

Teaching of how to pass an NGT will only be facilitated if you wish to learn this skill; it is NOT something you have to learn how to do prior to taking your baby home. Instructions are as follows:

- Wash hands.
- Gather equipment needed - NGT, tape for fixing, 5ml syringe for drawing back, pH strips to show NGT is in the right place and a 20ml syringe to give the feed.
- Swaddle baby lightly ensuring hands are out of the way.
- Place baby in a comfortable position on his/her back on a safe surface for baby and you.
- Take NGT out of packet and measure how far you will insert the NGT down by placing the tip of the NGT at baby's nose to the lobe of the ear and then down to bottom of breast bone. See diagram. Note the measurement on the NGT. This is measured in centimetres.



- Pass NGT slowly up baby's nostril until you reach the top of the nose.
- Angle NGT slightly towards ear and pass NGT down the back of throat into the stomach until the measured mark reaches the nose. Stop.
- Check to see if NGT is in the right place - using a 5ml syringe, attach to the top of the NGT and gently pull back the plunger drawing some aspirate from the stomach through the NGT and into the syringe (you will need 0.2ml -1ml).
- Put some of this aspirate onto the pH indicator strip, covering all three coloured squares. Wait a few seconds until they change colour, before comparing them with the colour codes on the pH indicator strips container. A pH of 1.0-5.0 shows acidity and means that NGT is correctly placed in the stomach.

- If you are unable to get aspirate then pull the NGT back a little or advance the NGT a little more into stomach and try again.
- If you still can't get an aspirate refer to the 'Asking for help' section on page 12.
- Once the correct position of the tube has been confirmed, tape the NGT securely to the baby's cheek to keep in place.

Remember:

- If you see the NGT coming out of baby's mouth, don't worry - pull the NGT out gently and start again.
- Never force the NGT down.
- If you are having problems seek help - see the telephone numbers in the next section.
- If you see a few flecks of blood this is normal, but if you are worried, talk to someone about this.

Asking for help

When you are home with your baby with a NGT in place:

- If you do not know how to pass a NGT and it comes out, what do you do?
- You know how to pass a NGT but you are having difficulties. Please get help by telephoning the numbers below:

Out of hours (4pm-8am): If either of these happen overnight and if your baby is partially breast or bottle feeding with NGT top-ups, then give them solely breast/bottle feeds overnight. If they are not taking their full amount then they may need to be fed smaller amounts more frequently. You will have a feeding plan for advice on this, so please follow this. For telephone advice only, you should phone Ward 25 on 01623 672483.

Monday to Friday office hours (8am-4pm): Contact the Home Care Team on 01623 622515, extension 2131 or the mobile number you have been given. They may be able to assist you by coming to see you at home. If they are unable to visit you will need to take your baby ward 25.

On Bank Holidays and over weekends: Contact the Home Care Team on the number that has been given to you. They may be able to visit you at home or may advise you to phone ward 25 at King's Mill Hospital on 01623 672483. They will arrange for you to bring your baby to the ward to have a new NG tube passed there.

Some feeding hints for when you get home and full oral feeding is established:

- In the first few weeks at home your baby's feeding pattern will be irregular.
- At home feeding baby will feel different than when you were in hospital.
- Discuss any worries with the Home Care Team, children's community nurse or health visitor.

Tips on how to assess your baby's feeding

Babies may gently need reminding that it is feed time. Wake them to change the nappy, or just pick them up for a cuddle.

Feeding 'cues' from your baby may include:

- 'Look at me' stirring in the cot.
- 'Is any one watching me' bringing hands to mouth.
- Sucking hands, this is a common cue for preterm babies.
- 'I'm really hungry now' crying, this is usually the last cue baby shows.
- Moving their head searching for milk (rooting).

When breast feeding:

- It may take a few tries to get baby latched on well.
- It shouldn't be painful and ensure you are comfortable.
- Is baby relaxed, and sucking rhythmically, this indicates good attachment.
- You should hear baby swallowing.
- Milk should be evident in the baby's mouth at the end of a feed.

When baby is bottle feeding

When baby slows down or stops sucking consider:

- Has baby finished feed or is he/ she having a rest?
- Do you need to wind baby?
- A nappy change midway may wake up baby and then may want more milk.

You will soon get to know and feel more confident about how your baby likes to be fed.

Enjoy having your baby at home and family time.

Further sources of information

NHS Choices: www.nhs.uk/conditions
Our website: www.sfh-tr.nhs.uk

King's Mill Hospital: 01623 672222
Newark Hospital: 01636 685692
Email: sfh-tr.PET@nhs.net

Patient Experience Team (PET)

PET is available to help with any of your compliments, concerns or complaints, and will ensure a prompt and efficient service.

If you would like this information in an alternative format, for example large print or easy read, or if you need help with communicating with us, for example because you use British Sign Language, please let us know. You can call the Patient Experience Team on 01623 672222 or email sfh-tr.PET@nhs.net.

This document is intended for information purposes only and should not replace advice that your relevant health professional would give you. External websites may be referred to in specific cases. Any external websites are provided for your information and convenience. We cannot accept responsibility for the information found on them. If you require a full list of references (if relevant) for this leaflet, please email sfh-tr.patientinformation@nhs.net or telephone 01623 622515, extension 6927.

To be completed by the Communications office
Leaflet code: PIL202310-02-NGTH
Created: October 2021 / Revised: October 2023 / Review Date: October 2025