

Going home tube feeding

Information and advice for parents and carers

Neonatal

If your baby is not yet ready for full breast/bottle feeds, it may be possible for them to be discharged home whilst still needing tube feeds. The neonatal team will show you how to feed via the tube while you are still on the Neonatal unit and you will complete your nasogastric feeding competencies before your baby goes home.

If this is something which you may consider, the Neonatal Outreach Team will visit you on the unit to discuss this, and make sure that you and your baby meet the criteria.

The criteria for going home tube feeding are:

- Parents wish to take their baby home tube feeding, are confident with administering tube feeds safely and have completed the Naso-gastric feeding competencies.
- Baby is in a cot, and maintaining their own temperature.
- Baby is receiving at least half of their feeds orally
- Bottle fed babies need to be using their own bottles
- Breast fed babies mums need to be able to assess an effective breast feed.
- Baby weighs at least 1.6 kg and is greater than 34 weeks at time of discharge.

The Neonatal Outreach Team will:

- Discuss with you your babies feeding plan before you go home.
- Provide you with all the necessary equipment for tube feeding at home
- Visit you at least once/twice a week to support you in the gradual weaning of tube feeding.
- Weigh your baby at least weekly.
- Re-insert the NG tube if the tube comes out and re-pass weekly as per guidance. If this is needed during out of hours, call the neonatal unit/local paediatric ward number on OpenAccess letter for advice.
- Liaise with your babies Paediatrician to discuss progress.

Once at home your baby will begin to increase the amount they are taking orally and decrease the amount given by tube. The neonatal Outreach Team will give you guidance as to when and how this is done when they visit, however, it is usually the baby that predicts the pace whilst responsively feeding.

Checking the Naso-gastric tube position

It is important to be sure of the position of the tube prior to feeding or giving of medicines, as it may have become dislodged or moved slightly. If your baby has pulled the tube out a little way check number at nose to see how far it has moved. If baby is heaving/gagging please slowly remove. If not, please leave in place for assessment and contact NCOT or out of hours neonatal unit/open access paediatric unit.

Before every feed:

- Using the syringe provided, withdraw slowly about 1ml of fluid from your baby's stomach via the NG tube.
- Place a few drops of this fluid onto the pH strips covering each square.
- Match the colour change on the pH strip to the chart.
- A pH of 5.5 or below indicates the NG tube is in the correct position and you may commence the feed.
- If the pH is ABOVE 5.5 you should not feed your baby. There are a few things you can try:
 - Turn your baby from side to side, sit them up and lay them down and try again.
 - Offer a small suck feed, wait 5 minutes, then try again.
 - Leave a further 10 minutes and try again.

If still no fluid/milk then contact the outreach team or Neonatal unit out of NCOT hours.

Giving the tube feed

1. Ensure your baby is in a comfortable position
2. Check that the tube is in the correct position
3. Attach gravity feeding set.
4. Pour the measured amount of milk into the set and elevate, allowing the milk to flow by gravity. Continue until all the feed has gone.
(If the NG tube appears blocked and the milk feed will not go down, DO NOT apply too much pressure. Disconnect the feed, try aspirating with a 5ml syringe or offer a suck feed and begin the procedure again.)
5. Once the feed is finished, flush the tube with 1ml cooled boiled water, replace the cap securely and clear away equipment.

The Feed

If vomiting/colour change/coughing are observed during feed

- Disconnect the feeding set
- Reassess baby
- Recheck the NG tube position
- If unsure about continuing feed contact the Neonatal Outreach Team or Neonatal unit.

Your baby should never be left alone with the tube feed in progress. If the phone rings or any other emergency happens – pour the milk back into the bottle and detach the set before attending to the problem.

What to do if the tube has come out

If your baby is taking a reasonable amount by breast/bottle there is no need to panic!! If the Outreach Team are due to visit then offer a suck feed and wait for them to arrive. However, if you have a very sleepy baby that is not feeding then the tube will need to be replaced fairly quickly. In which case you will need to contact the Outreach Team, or Neonatal Unit during out of hours.

Neonatal Outreach Team

7 days a week, excluding bank holidays 08.00 – 17.00

Mobile: 07870384017

SWB Neonatal Unit

0121 507 5100

Please use Open Access letter for out of hours contact details.

Further Information

BLISS (2025). Tube feeding. [Online]. London: Bliss. Available from: <https://www.bliss.org.uk/parents/about-your-baby/feeding/tubefeeding> [Accessed 4 March 2025].

BLISS (2025). Travelling home from the neonatal unit. [Online]. London: Bliss. Available from: <https://www.bliss.org.uk/parents/going-home-from-the-neonatal-unit/preparing-to-go-home-from-the-neonatal-unit/travelling-home-from-the-neonatal-unit> [Accessed 4 March 2025].

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