

# Neonatal Nasogastric tube feeding

Information for parents  
and carers



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## **Congratulations on the birth of your Baby**

As you become more involved in caring for your baby in hospital you will be encouraged to participate in naso gastric tube feeding (NG feeding).

We hope the information in this booklet about naso gastric tube feeding is useful and reassuring to you.

It is usual for babies who have been born prematurely or who have been unwell to be unable to take all their milk from the breast or bottle, so they require tube feeds.

Our aim is to teach and support you in learning this process. Please do not worry how long it takes you to gain your confidence when tube feeding your baby, it is important that you feel happy and confident whilst doing it, and remember there is always someone to ask if you are unsure about anything.

## **Babies on the Neonatal Unit**

If your baby is on the Neonatal Unit you will be encouraged to be involved with tube feeds. It is a good idea to learn to tube feed as you may choose to go to transitional care prior to taking your baby home where you would be asked to do the tube feeds with support.

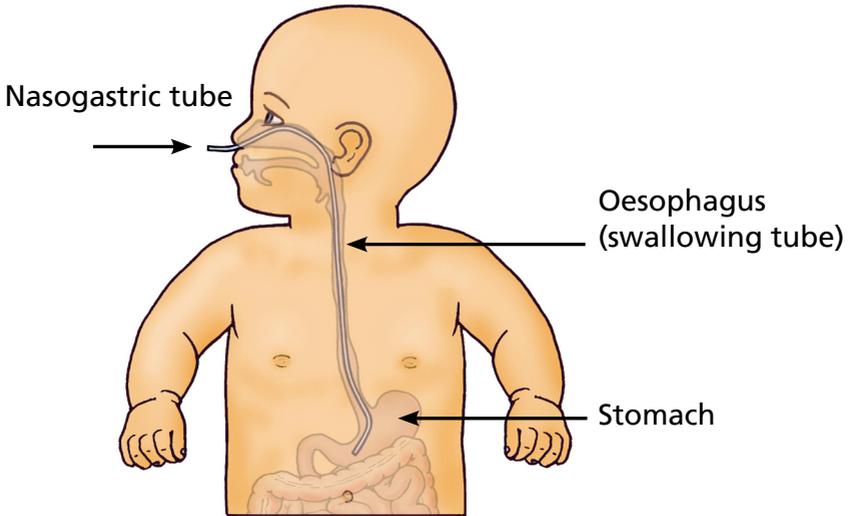
## **Babies on Transitional Care**

If you are on Transitional Care you will be encouraged to do most of your baby's tube feeds yourself but with support from the staff. So it is important that you feel comfortable about the process of tube feeding.

The important thing to remember is that you will have the staff around you to help you gain your confidence when tube feeding. If you are unsure about anything then just ask.

## What is a Nasogastric Tube

An NG tube is a small tube that is passed up your baby's nose and down into the stomach. See diagram below.



The tube is measured before it is inserted to make sure it reaches the stomach and tested before each feed to make sure it is in the correct place.

You will be taught how to check the position of the tube and all the other safety checks by the nursing staff, and there is more information for you to read in this booklet.

The tube is used to give milk and or medicine when a baby is unable to take everything they need orally.

## How is the NG tube inserted?

A health care professional will insert the NG tube. They do this by measuring the baby to check they have the correct length. This measurement will be recorded in your baby's notes.

Once the tube is inserted they will secure it to your baby's face then aspirate the tube to check there is an acid reaction, this will indicate it is in the correct place.

This aspiration of stomach acid is done **every time** the tube is used and checked using a pH indicator strip.

## What are pH indicator strips?

They are strips of paper with a scale on them to indicate the acidity (pH) of your baby's gastric aspirate. By placing a drop of your baby's aspirate on the reactive section of the strip it will change colour. This should be matched to the colours on the strip to give you the pH.



A ph of 5 or less indicates an acid reaction, which means the tube is in your baby's stomach.

## What are the risks of having a NG tube ?

- There is a very small risk of the NG tube going down the wrong way and into the baby's lungs when the tube is inserted.
- The tube may also move out of the stomach if it is pulled accidentally, or if the baby vomits or coughs excessively.

Because of these risks it is always important to check the position of your baby's NG tube prior to giving anything via the feeding tube, and after a vomit or coughing episode.

### This is done by:

- Aspirating some of the stomach contents and checking they give an acid reaction on a pH indicator strip.
- Measure the external length of the tube which will have already been noted to check it is the same.

**Your baby's NG tube will be replaced weekly or if it becomes displaced.**

## What will happen if the NG tube blocks or accidentally comes out?

Don't worry this happens frequently, just talk to the staff that are looking after your baby and they will replace it.

It is important that if the tube is only dislodged slightly that you do not attempt to push it back down as it may not go back down into the stomach.

If the tube appears blocked then do not apply pressure with the syringe as this could cause damage to your baby.

**Just ask for advice from the staff.**

## How to become involved with tube feeding

Please read this booklet carefully and discuss with the staff any of your concerns.

You will be shown how to tube feed your baby before you are asked to participate.

Gain your confidence slowly and get your teaching plan signed off when you feel happy and sure about tube feeding your baby.

## Step by step guide to tube feeding

Check what time your baby is due a feed.

### Wash your hands



### *Gather all the necessary equipment:*

- Your baby's feed
- 20ml syringe
- Ph indicator strips
- Tape measure
- Sterets

**Make sure the surface when you put your equipment is clean before you start to feed your baby.**

1. Wash your hands before and after this procedure. (The careful handling of feeds and equipment will reduce the spread of bacteria and prevent the risk of infection).

2. Check that the tube is in the correct place by measuring the external length of the tube - from nostril to the hub of the tube. Check the number on the tube at the nostril. Both of these measurements are recorded in your baby's file. Remember these will change as your baby grows.



3. Check the tape is secure on your baby's face.  
4. Check there is no tube coiled in the back of your baby's mouth.



**If all the above are in place then it is time to aspirate the tube to check the pH.**

5. Take the 20ml syringe and attach it to the hub of the NG tube. Gently draw back until you see some liquid in the tube and syringe. Detach the syringe from the tube and replace the cap.

6. Take the aspirate place a drop onto the reactive section of the pH strip.

7. Match the colour and if it is pH5 or below then it is safe to give your baby their feed.

*If you are unsure about the reaction you have or anything else please discuss it with the staff before starting the feed.*

## **Giving the feed**

1. Make sure you have your baby's milk.
2. Ensure the milk is not too warm or too cold.
3. Check the amount that is to be given as it will change regularly as your baby grows.
4. Remove the plunger from the syringe and attach the empty syringe to the hub of the NG tube.
5. Pour the amount of milk your baby needs from the bottle into the syringe.
6. A bolus feed should take approximately 20 minutes to complete.

Observe your baby throughout the feed; you need to look for colour changes. If they become pale or dusky then stop the flow of milk immediately by lowering the syringe and pinching the NG tube. Seek help from the staff. If your baby starts to choke or vomit stop the feed, pour the milk from the syringe back into the bottle and ask for advice.

*Remember if you are unsure about anything ask the staff for advice and do not proceed with the tube feed.*

## What's next stage

Gain your confidence tube feeding your baby and get the staff to sign your teaching plan off as soon as you feel ready.

## Home Tube Feeding

Occasionally babies are slow to take all their feeds orally and they will need supplementary tube feeds for a while.

Because this is a normal occurrence you may be asked if you want to take your baby home tube feeding with support from the Neonatal Outreach team. There is a booklet to explain how this process happens.

Please discuss this option with the staff and they will give you the criteria your baby needs to meet before they could be considered for discharge home with a tube in place.

# Teaching plan for tube feeding

**Sticker/Baby's name & ID**  
*\*Must be completed\**

Skill	Demo or talk	Parent/Carer 1 Practices <i>(please initial and date)</i>				
Hygiene	<i>Must be completed before progressing to practise session</i>					
Preparation of equipment						
Check tube for displacement <ul style="list-style-type: none"> <li>• Tape secure</li> <li>• External measurement</li> <li>• Coiling</li> </ul>						
pH testing						
Safety issues when using tube						
Giving bolus feeds						
Flushing tube with air/water						
Care of nostril and cheek						
Inserting tube*						
Gastro-oesophageal reflux*						
Problem solving						

\* 50cm tube to be inserted for home

*Only staff to sign*





## What did you think of your care?

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*Your views matter*



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