

Patient Education

Gavage feeding for babies

Gavage (guh-vahj) feeding is a way to provide breastmilk or formula directly to your baby's stomach. A tube placed through your baby's nose (called a Nasogastric or NG tube) carries breast milk/formula to the stomach.

Why does my baby need gavage feeding?

Gavage feedings are for babies who cannot get enough nutrition by bottle or breast feedings alone. Gavage feedings may supply all your child's nutrition needs or be used to supplement bottle or breast feedings. Gavage feedings **may** be used for:

- Babies who are premature and too small or weak to suck enough from the breast or bottle.
- Babies who have a problem coordinating their suck and swallow.
- Babies who have a problem with their throat, esophagus, or bowel.
- Babies, who **may** have lung and heart problems, are breathing too hard or too fast to be able to suck and swallow.

What equipment is needed?

- Appropriate size feeding tube
- Small syringe (3cc) for checking stomach contents and injecting air
- Large syringe for breast milk or formula (60cc)
- Stethoscope
- Tape
- A cup of water or water soluble lubricating jelly (do not use petroleum jelly because this will clog the tube)
- A blanket for swaddling your baby



How do I put in a feeding tube?

- Begin by washing your hands.
- 2 Remove the metal stylet or inner wire from feeding tube and discard.
- 3 Measure and mark the correct length of the tubing as follows:
 - Measure the tube distance from the nose to the earlobe, then from the earlobe to midway between the lower tip of the sternum and the belly button. Mark the tube with the piece of tape or a permanent marker.
 - Check your measurement more than once to ensure correct length for placement.



- 4 Swaddle your baby with a blanket; this will help prevent your child from grabbing at the tube while you are inserting it.
- 5 Moisten the end of the tube with water or jelly. Slowly insert the tube through the nose until the mark you made reaches the nose.
- 6 Gently tape the tube to your child's cheek.

7 Check that the tube is in the right place:

- Attach the 3cc to the end of the feeding tube.
- Pull the plunger back to check for stomach contents.
- If you do withdraw stomach contents, (old breast milk/formula), you have almost certainly placed the tube correctly. Return the stomach contents that you have withdrawn from the stomach. If you do not withdraw stomach contents, your placement is less certain. In both instances, for safety purposes, proceed with the steps outlined below:

• Disconnect the syringe and pull the plunger back to the 2cc mark.



- Attach the syringe to the end of the feeding tube.
- Push 2 cc of air quickly into the stomach while listening over the infant's stomach with a stethoscope. You should hear a "whooshing" sound as the air enters the stomach (see illustration). You should also be able to withdraw the air you pushed in.
- If you don't hear anything, check to make sure that all the other unused openings of the feeding tube are closed.
- You should be able to **BOTH** hear the "whooshing" sound **AND** withdraw the air. If you are unable to do both, gently withdraw the tube and repeat this entire procedure.



Patient Education



How do I give a gavage feeding? (Follow these directions)

After you are sure the tube is in the stomach, proceed with the following steps:

- 1 Position your child comfortably for the feeding. Whenever possible, hold your child during the feeding. If this is not possible, place your baby on his side during the feeding. Feeding time is a social time. Your baby may also like a pacifier during the feeding. Never leave your child alone while gavage feeding!
- 2 Remove the plunger from the large syringe and attach the large syringe to the end of the tube or extension tubing.
- 3 Add breast milk/formula, and apply slight pressure with the plunger (you may feel a little resistance). Then remove plunger.

4 Let the feeding run in by gravity by raising the syringe 8-12 inches above your baby's head. The feeding normally should take 20-30 minutes. Lower the syringe if the feeding is running too fast. 5 When the feeding is completed, clear the tube with 3 cc of water. Rinse the syringe and extension tubing with water.

How do I give a continuous feeding? (Follow these directions)

After you are sure the tube is in the stomach, proceeding with the following steps:

1 Set up feeding pump according to directions and give the feeding as instructed.

2 Change feeding bag every 24 hours and add no more than 4 hours worth of breast milk/formula in the bag at one time.

How long can the feeding tube stay in my baby?

- The feeding tube may be left in for 1 month.
- If the tube comes out before 1 month, check the end of the tube:
 - o If the end is soft, rinse tube and replace.
 - If the end is hard, place a new tube.

How do I give medications through the feeding tube?

1 Check placement.

- 2 Attach medication syringe to feeding tube and give medications. Some medications can not be given through the feeding tube. Check with your nurse to se what can be given through the tube.
- 3 Flush with 3cc of water.



Patient Education

What are the possible problems?

The most common problem with gavage feeding is an improperly placed tube. The tube may be coiled in the back of the throat, or it may not be all the way into the stomach. (See below)



Signs that the tube may not be placed correctly are:

- Coughing
- Fighting the tube
- Bluish skin
- No breathing, called apnea (ap-nee-uh)



What to do if my baby has a problem?

If your baby begins to vomit, stops breathing, or turns blue during the feeding:

1 Stop the feeding.

2 Remove the tube. To prevent formula from flowing while you remove the tube, pinch the tube closed.

- 3 Suction your baby's nose and mouth with the suction bulb.
- 4 Stimulate your baby to cry.
- 5 If your baby continues to vomit or is not breathing, call **911**.

Helpful hints:

- Long term feeding tubes can remain in for place for 30 days.
- Remember to switch nostrils with each tube change.
- Give your baby a pacifier to suck on during the feeding. This will help satisfy his need to suck and help connect feeding with sucking.
- If your baby is crying hard during the feeding, the formula or breast milk may not go down the tube. Calming your baby will help the feeding flow.
- Touch and talk to your baby during the feeding. Afterward, pick your child up for burping and cuddling. Interact with your baby as you would with any other baby.

If you have further questions or problems, contact your doctor.

<u>Reference</u>:

Primary Children's Medical Center 2004, Lets Talk About...Gavage feeding for babies. University of Michigan 2004, Nasogastric Tube Feedings.

University of Michigan C.S. Mott Children's Hospital Robin Jahnke RN BSN Revision: 05/2008)

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