



# Answers to your Questions about Oral Feedings for Your Baby in the NICU

## Feeding Your Infant

Your baby is developing new skills when beginning to breast or bottle feed. The care team, which includes a nurse, doctor, lactation consultant and feeding specialist, is here to support you and your baby during this exciting and challenging time. Here is some information that will help you understand your baby's feeding development.

**Q:** When will my baby be ready to feed by mouth?

At about 5 to 6 weeks before his due date, around 34-35 weeks of corrected age, many babies begin to coordinate sucking and swallowing. This helps them eat by mouth. Babies reach this stage at different ages. We will recommend that he be fed by mouth when he shows he is ready to try feeding. This readiness can include signals like:

- becoming alert or fussy before cares start or when he is handled
- rooting (turning his head when his cheek is stroked)
- bringing his hands to his mouth
- accepting and sucking on a pacifier before cares

If you plan to breastfeed, talk with your nurse about starting your baby feeding at breast before bottles are offered.

Successful feedings are not based on how much your baby eats. Feedings are successful if they are:

- safe
- nurturing
- appropriate for your baby's age and development
- stress-free for both baby *and* parents!

Ask your nurse about the **Cuddler Program!** It can give extra interaction time that is beneficial for your baby's development.

**Q:** How often does my baby feed?

Feeding schedules will vary for each infant. When your baby begins to feed, she will likely eat every 3 or 4 hours around the clock. You and your baby's nurse should decide together on the times for the feedings. It's important for you to be here during feedings as much as possible.

When your baby starts eating by mouth, she might not breast or bottle feed at every feeding time. Your baby's energy level and feeding ability will help decide how often she should feed by mouth.

As the time for discharge gets closer, she might begin to eat "on demand," meaning she sets the feeding schedule. If you have not done so already, this is the time when your nurse may ask you to bring in the nipple/ bottle system you would like to use at home. We have a brochure that can help you make this selection.

Ask your nurse about **Skin-to-Skin** holding! It promotes interaction and bonding between parents and babies. It can also increase milk supply in mothers who are pumping.

**Q:** How can I best support feeding by mouth?

- Giving your baby a pacifier during tube feeding can be soothing and might help him breast feed or take full bottles sooner. This could mean fewer tube feeds, and leaving the NICU faster.
- Oral stimulation exercises can help infants. Our feeding specialist can train parents how to do oral stimulation exercises, if appropriate.





Stop the feeding if your baby has signs of distress. Watch him closely for signals such as:

- raising eyebrows
- widening eyes
- pulling head backward
- changes in color
- loss of muscle tone (where arms, legs, or face becomes loose or floppy)



**Q:** *What helpful things should I try during my baby's oral feeding?*

- Hold your baby with arms and legs tucked close to his body.
- Swaddle your baby.
- At the beginning of a feeding, touch your baby's cheeks or lips to help open his mouth and get him ready for the nipple.
- Make sure both you and your baby are comfortable!
- Decrease distractions:
  - Dim the lights
  - Speak only in a low, quiet voice
  - Sit in a comfortable chair; try to avoid rocking
  - Consider other positions like partly upright or side-lying.

**Q:** *When will my baby be ready for discharge?*

In most cases, before your baby is discharged, your baby should be successfully using the nipple/bottle system he will be using at home. You should be comfortable feeding your baby this way. He should be breast feeding or bottling at every care time, taking enough when feeding to gain weight and without drops in heart rate or oxygen while eating.

### **For more information:**

If you have any questions about your baby's feeding skills or would like more information, please talk with your nurse. Members of your baby's NICU team, including the Lactation Consultant and Feeding Specialist, can meet with you.

## More Helpful Feeding Tips

### **How to burp:**

Burping helps to relax your baby and allow air that is swallowed during feeding to come out. In some babies, not being burped often enough can lead to spitting up, crankiness, and gassiness. Place your baby across your chest or sit her upright in your lap. Either way, use one hand to support her body and head and the other to pat and rub her back gently.

### **How to slow down a feeding:**

If your baby has frequent signs of distress during a feeding, she might need help with "pacing" (taking breaks). Pacing can be used to slow the baby down and reduce or prevent spells with feeding. Your nurse and feeding specialist can figure out if pacing is necessary.

### **How long to feed:**

Generally, oral feedings should take 30 minutes or less. Feedings that last longer than 30 minutes can make your baby tired. Long feedings can also increase the risk of choking, spells, or other discomfort. How long your baby should feed will depend mostly on her energy level and how well she feeds by mouth.



Beth Israel Deaconess  
Medical Center

Beth Israel Deaconess Medical Center  
Department of Neonatology  
NICU Nipple/Bottle Task Force  
330 Brookline Avenue, Boston, MA 02215  
bidmc.org