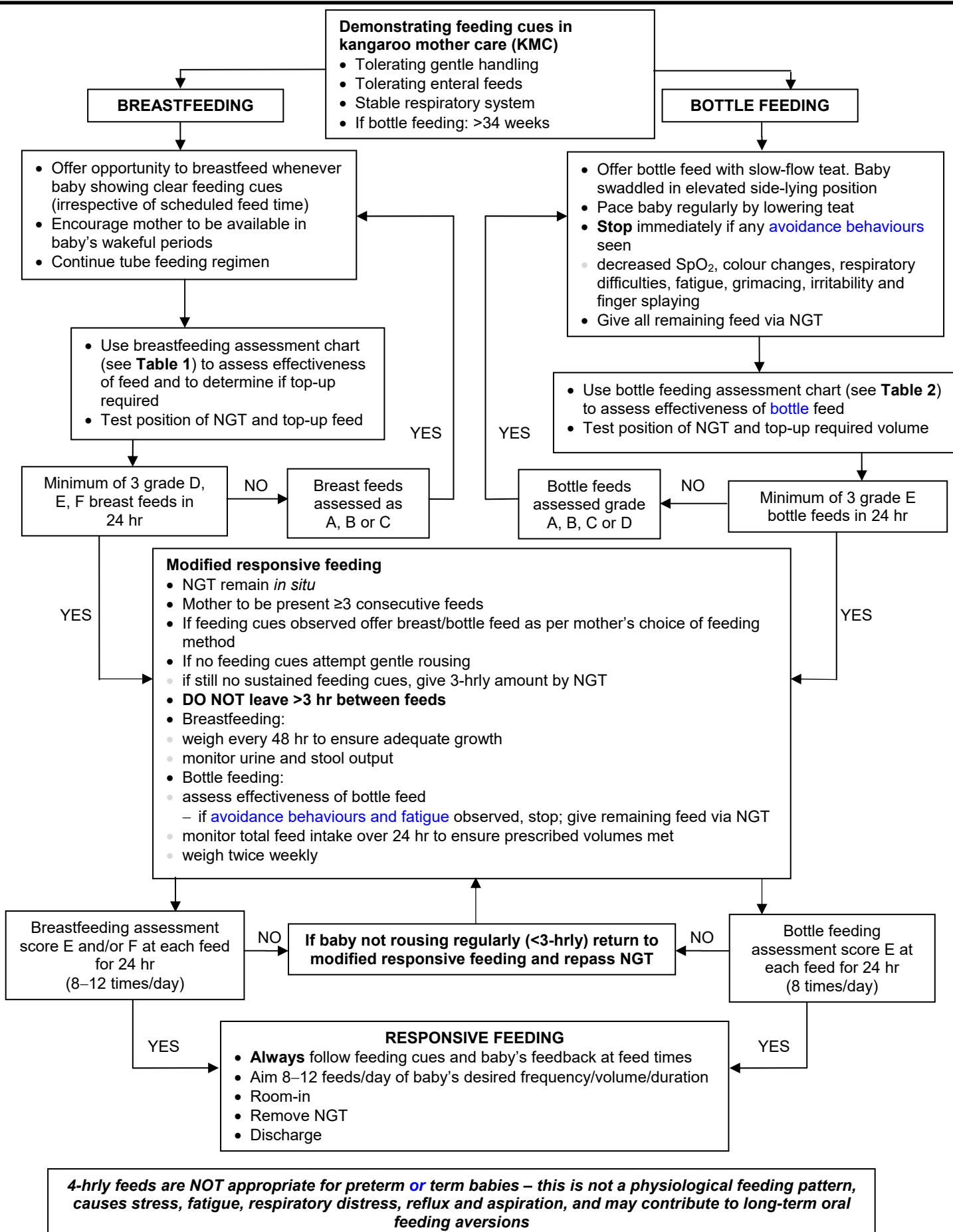


PROGRESSION TO ORAL FEEDING IN PRETERM BABIES • 1/4



PROGRESSION TO ORAL FEEDING IN PRETERM BABIES • 2/4

Table 1: Breastfeeding assessment

Score	Category at 10 min	Action
A	<ul style="list-style-type: none"> Offered breast: not interested, remained sleepy 	<ul style="list-style-type: none"> Full top-up (preferably EBM)
B	<ul style="list-style-type: none"> Interested in feeding: licking and nuzzling, but does not latch 	<ul style="list-style-type: none"> Full top-up (preferably EBM)
C	<ul style="list-style-type: none"> Latches, has few sucks then comes off breast repeats pattern for several minutes/falls asleep within few minutes of latching 	<ul style="list-style-type: none"> Full top-up (preferably EBM)
D	<ul style="list-style-type: none"> Latches, starts sucking and swallowing but: <ul style="list-style-type: none"> sucking is shallow for most of feed (>2 suck/sec) short sucking bursts long pauses (mum feels need to encourage to restart sucking) 	<ul style="list-style-type: none"> Half–full top-up (preferably EBM) – depending on weight gain, milk supply and wet and dirty nappies If receiving phototherapy/excessive weight loss – give full top-up
E	<ul style="list-style-type: none"> Latches well Rhythmic sucking and swallowing (see below) Feed duration 5–10 min 	<ul style="list-style-type: none"> Half top-up (preferably EBM) consider not topping-up if mother is available for next feed If score A–E at next feed: offer top-up feed as indicated above If receiving phototherapy/excessive weight loss – give full top-up
F	<ul style="list-style-type: none"> Effective latch and rhythmic sucking and swallowing (see below) Duration 10–40 min/breast >1 breast may be taken 	<ul style="list-style-type: none"> Second breast can be offered, but no top-up required provided: <ul style="list-style-type: none"> wakes naturally to feed ≥ 8 times/day expected number and colour of wet and dirty nappies gaining weight (weight check every 48 hr) milk supply increasing

Signs of effective breastfeeding

- Effective latch
 - latches within few seconds of trying, with wide open mouth
 - no nipple pain after 10–20 sec
 - chin pressed against breast
 - head tipped back slightly, nose lightly touching breast
 - some areola seen above top lip, but not below bottom lip
 - rounded cheeks (not sucked in)
 - remains attached throughout feed
 - nipple looks rounded (not pinched) at end of feed
- Rhythmic sucking and swallowing
 - rapid sucks (≥ 2 sucks/sec) at first, slowing to regular bursts of rhythmic sucking
 - deep jaw drops (1 suck/sec) before brief pause for most of feed
- Eyes open at start of feed
- Remains calm and relaxed as feed progresses
- Baby removes self from breast when no longer wants milk, and looks relaxed and sleepy

PROGRESSION TO ORAL FEEDING IN PRETERM BABIES • 3/4

BOTTLE FEEDING

Table 2: Bottle feeding assessment chart for babies receiving special/transitional care

Score	Category at 10–20 min	Action
A	<ul style="list-style-type: none"> Offered bottle, reduced signs of feeding readiness, with signs of avoidance behaviours and is sleepy 	<ul style="list-style-type: none"> Full NGT feed top-up Focus on supportive interventions to prepare for bottle feeding
B	<ul style="list-style-type: none"> Latches onto teat and starts to suck, but has difficulty co-ordinating swallow with breathing, loss of milk despite careful pacing Demonstrates signs of avoidance behaviours and/or falls asleep 	<ul style="list-style-type: none"> Full NGT feed top-up Focus on supportive interventions to prepare for bottle feeding
C	<ul style="list-style-type: none"> Latches onto teat and beginning to demonstrate short sucking bursts, e.g. 2–3 suck:swallows per burst with frequent long pauses to breathe Shows signs of avoidance behaviours and fatigue within 10 min of bottle feeding opportunity. Bottle feed discontinued 	<ul style="list-style-type: none"> Offer NGT feed top-up with remaining volume left from bottle feed
D	<ul style="list-style-type: none"> Latches well to teat, sucks with an emerging and maintained rhythmical suck/swallow/breathe pattern for the first part of the bottle feed Starts to show signs of fatigue and avoidance behaviours within 10–15 min of bottle feeding opportunity. Feed discontinued 	<ul style="list-style-type: none"> Offer NGT feed top-up with remaining volume left from bottle feed
E	<ul style="list-style-type: none"> Latches well, with co-ordinated, strong and maintained suck/swallow/breathe pattern (see Co-ordinated sucking/swallowing and breathing) – within 20 min of bottle feeding opportunity No signs of fatigue or avoidance behaviours observed – beginning to show maturation of bottle feeding skills 	<ul style="list-style-type: none"> No NGT top-up feed needed Shows early feeding readiness cues ≥ 8 times/day and is gaining weight

Supportive interventions to prepare for bottle feeding:

- Skin-to-skin contact
- Positive touch
- Mouth care with EBM
- Non-nutritive sucking
- Held in a feeding position during NGT feeds

Early feeding readiness cues:

- Stirring
- Mouth opening
- Turning head/rooting
- Stretching
- Hands to mouth

Avoidance behaviours during bottle feed:

- Finger splay
- Back arching
- Grimace/startled look
- Disengages
- Cry
- Change in saturations and heart rate
- Drooling
- Loss of tone
- Colour change to face, lips, nose/finger tips

Co-ordinated sucking/swallowing and breathing

- Able to maintain consistent latch around teat and minimal milk loss observed
- Maintains pattern of 3–5 suck-swallows followed by a breath, with occasional long pause

PROGRESSION TO ORAL FEEDING IN PRETERM BABIES • 4/4

- Returns to sucking in a pattern of short series of suck-swallow bursts and brief pauses for breathing

Supportive **interventions** during bottle feed

- Responsive feeding following [feeding readiness signs](#) and offering external pacing as [led](#) by baby
- [Elevated side-lying feeding position](#)
- [Slow flow teat](#)