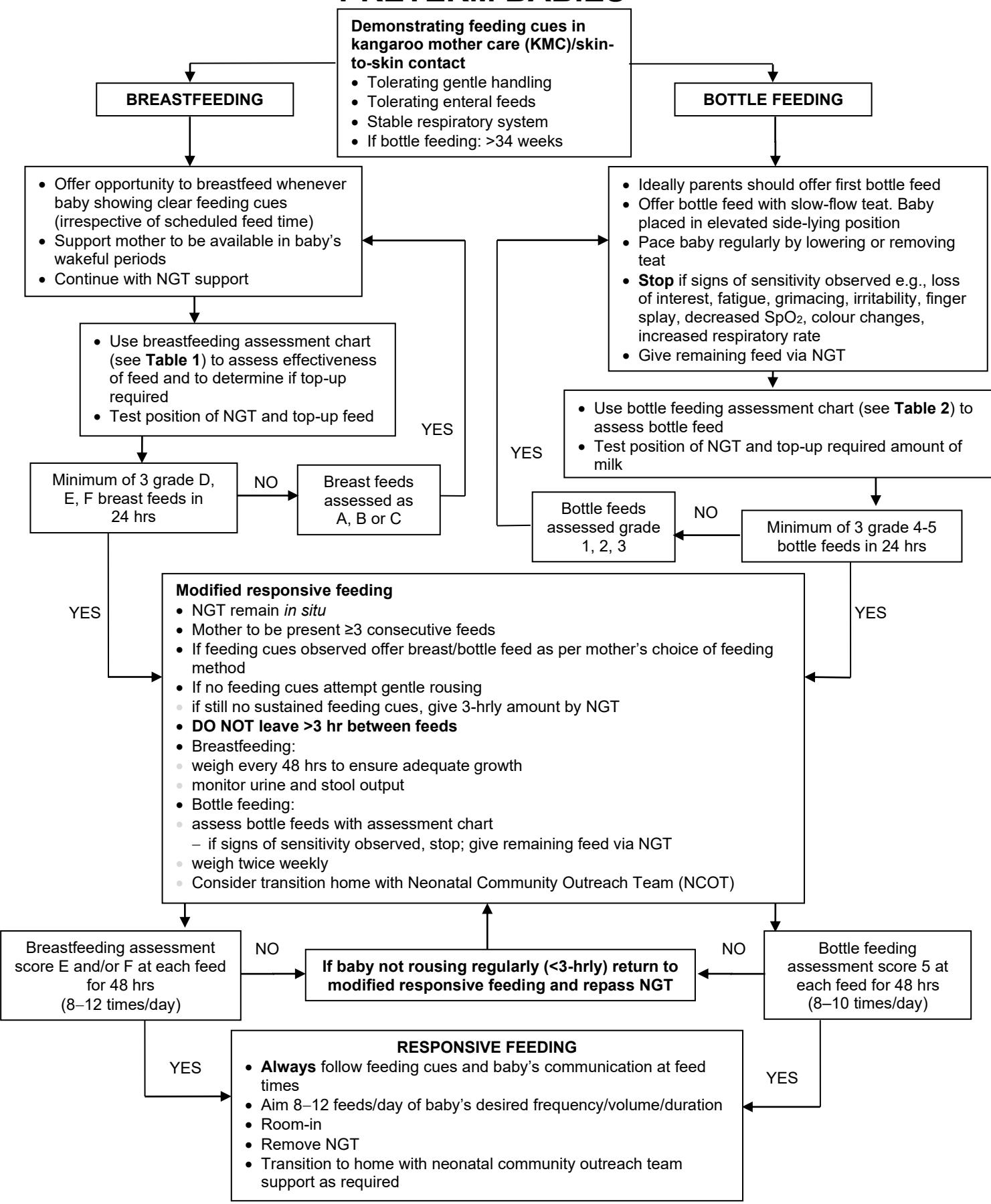


PROGRESSION TO SUCK FEEDING IN PRETERM BABIES



4-hrly feeds are **NOT** appropriate for preterm or term babies – this is not a physiological feeding pattern, it can cause stress, fatigue, respiratory distress, reflux and aspiration, and may contribute to long-term sensory based feeding difficulties e.g. feeding aversions

Table 1: Breastfeeding assessment chart for babies receiving special/transitional care

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: 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: 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

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

Score	Category best describes baby's response to bottle feed	Action
1	<ul style="list-style-type: none"> • Moves back to OR remains in a quiet and/or deep sleep with no feeding cues observed 	<ul style="list-style-type: none"> • Give feed by NGT
2	<ul style="list-style-type: none"> • Latches to teat and begins to suck • sucking bursts are short with longer pauses to breathe OR • sucking bursts require very frequent pacing to help slow milk flow • baby shows signs of wanting to stop and/or falls asleep within first 5 min of feed, follow Action 	
3	<ul style="list-style-type: none"> • Latches to teat and begins to suck • sucking bursts are short with longer pauses to breathe OR • sucking bursts need regular pacing to help slow milk flow • baby shows signs of wanting to stop within 15–20 min of the bottle feed – pause feed and watch baby <ul style="list-style-type: none"> – if baby shows no more feeding cues, follow Action 	<ul style="list-style-type: none"> • Stop feed • Give remaining feed by NGT
4	<ul style="list-style-type: none"> • Latches to teat and begins to suck • sucking bursts become longer with shorter pauses to breathe OR • sucking bursts need some pacing to help slow milk flow • baby shows signs of wanting to stop within 15–20 min of feed. Pause feed and watch baby <ul style="list-style-type: none"> – if baby shows no more feeding cues, follow Action 	
5	<ul style="list-style-type: none"> • Latches to teat and begins to suck • regular bursts of rhythmical sucking, swallowing, and breathing together with occasional pacing to help slow milk flow • baby is calm and awake or moves to a quiet sleep when they have finished feed 	<ul style="list-style-type: none"> • No feed by NGT

Supportive strategies to prepare for bottle feeding:

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

Early feeding cues:

- Stirring
- Mouth opening/tongue moving
- Turning head/rooting
- Stretching
- Bringing hands to mouth

Signs of sensitivity (pause and stop cues) during bottle feed:

- Finger splay
- Grimacing
- Crying
- Yawning
- Hiccoughing
- Arching body
- Turning head away/loss of interest
- Tires and/or moves to a quiet sleep
- Dribbling milk from mouth
- Colour change to face, lips, nose/fingertips

Supportive interventions during bottle feed:

- Cue-based responsive feeding
- Elevated side-lying feeding position
- Slow flow teat
- Pacing

Babies receiving non-invasive respiratory support in NNU

- Due to developmental, physiological, anatomical, respiratory and/or neurological difficulties, transition to suck feeding may be more complex – possible impact on baby's feeding and swallowing
- Caution recommended as lack of guidance and varied opinion in literature
- Request speech and language therapy assessment, with input from parents/carers/MDT