

MANAGEMENT CHECKLIST: PRETERM ORAL FEEDING

- This checklist is to be used to guide the transition from nasogastric (NG) to breast feeds.
- It should be commenced once feeding readiness has been assured (See-Preterm Oral Feeding Readiness checklist).
- Complete daily until breast feeding is established.
- The purpose of this management checklist is to ensure an appropriate and acceptable standard of care.
- It is aimed at nurses and junior/inexperienced medical practitioners. Individual critical clinical judgment should always be used.
- Any challenges experienced with feeding transition should be documented in the clinical record and referred to Multi-disciplinary team (MDT)

Name:		IP. NO.		GA at birth:		wks	GA today:		wks
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1. Transition to Oral feeds (Preferably in 24 hr KMC)	Date:																		
1.1 Prepare for oral feed																			
1.	Bring baby to an alert state																		
2.	Change nappy & swaddle in flexed position with arms midline																		
3.	Stroke lips to elicit rooting reflex																		
1.2 Feed.																			
1.	Feed should last no longer than 25 mins.																		
2.	3-4 latching episodes are usual. The baby may latch and suck and then let go. Support baby to re-latch.																		
1.3 Observe baby-During breast feeds observe the baby for the following 12 signs of successful breastfeeding :																			
A. Engagement in feeding.																			
1.	Awake in a flexed, midline position.																		
2.	Sustains tone/energy-does not become floppy and sleepy.																		
3.	Absent stress signs: • worried look • extending arms/fingers • eyebrow raise • pushing/moving away from nipple																		
B. Ability to organize oral/motor functioning.																			
4.	Opens mouth and drops tongue to receive nipple (rooting)																		
5.	Sucks with steady strong suction, on and off, for at least 10mins.																		
6.	Tongue remains in contact with nipple-no clicking noise.																		
C. Ability to coordinate swallowing. The following should not be present-Record Y if they are not present.																			
7.	Spillage of milk from the mouth- Absent																		
8.	Gulping or effortful/hard swallows- Absent																		
9.	Coughing/choking /gurgling/yelping sounds- Absent																		
D. Ability to maintain physiological stability																			
10.	Remains pink with no apnoea.																		
11.	Takes enough breaths between sucking bursts to remain stable.																		
12.	No increased work of breathing: • Nasal flaring/whiteness • Pulling head back/bobbing • Grunting • Recession (Suprasternal)																		

1.4	Advance feeds based on previous observations.	Date:																	
13.	Add ONE additional breast feed per day if: <ul style="list-style-type: none"> Baby is gaining at least 10g weight per day. Baby scores 12/12 when observed. 																		
14.	Maintain number of breastfeeds if: <ul style="list-style-type: none"> Baby is maintaining weight or gaining less than 10g per day. Baby scores 9-11/12 when observed. 																		
15.	Reduce or stop number of breastfeeds if: <ul style="list-style-type: none"> Baby is losing weight. Baby scores 8/12 or less when observed. 																		
		Initial:																	
		Designation:																	
2.	Optimize oral feeding.	Date:																	
Provide semi demand feeding once baby is receiving at least 4 oral feeds per day.																			
1.	Assess baby for behavioral signs of hunger every 3 hrs.																		
2.	If baby is sleepy wait 30mins and attempt again. If still sleepy give NG feed.																		
3.	If baby wakes and shows hunger signs early-breast feed.																		
4.	Continue to observe baby for physiological and behavioral stability.																		
5.	Ensure baby is gaining at least 15g per day. If not: <ul style="list-style-type: none"> Reassess breastfeeding ability. Assess mother's breast milk supply. Assess for signs of sepsis or other medical problem. Consult dietician, speech-language therapist. Recommence NG feeds if necessary. 																		
6.	Assess mother's ability and willingness to continue breast feeding at home.																		
		Initial:																	
		Designation:																	

Tool based on and devolved/adapted from:

1. Early Feeding Skills Assessment- © 2002 S. Thoyre et al
2. Premature Oral Feeding Readiness Assessment Scale-Pró-Fono. 2007;19(2):143-50
3. Oral feeding Readiness in Premature Infants-Annamarie Gennattasio et al Mediscan March/April 2015 Copyright © 2015 Wolters Kluwer Health, Inc.
4. Clinicians guide for cue-based transition to oral feeding in preterm infants: An easy-to-use clinical guide. Welma Lubbe. J Eval Clin Pract. 2017;1-9.
5. Development of clinical feeding assessment instrument to identify oropharyngeal dysphagia in high-risk neonates- Maria Viviers

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