

Feeding your baby

Oral feeding information for parents



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Your baby is learning to eat by mouth.

This is called oral feeding. And your baby has to learn good feeding skills. This booklet will help you know what to expect as your baby learns to feed by mouth.

Don't babies know how to feed?

Healthy babies can feed by mouth from a breast or a bottle immediately after birth. Sick newborns or those born too soon, known as premature babies, often can not feed by mouth right away and must be fed through a tube. Later it is difficult for them to learn to feed by mouth.

Good feeding skills

Good feeding skills means your baby can suck, swallow, and breathe without choking, and milk or formula does not go into the lungs. The most important thing is that your baby learns to feed safely. It is even more important than how much your baby eats. You can help your baby learn good feeding skills.

Some signs that your baby is ready to feed

- Your baby is calm and hands are folded under the chin.
- Your baby's eyes can be open or closed.
- Your baby responds to your touch.



You can help your baby feed better if you

- Make sure your baby is warm.
- Sit with your baby in a quiet room where lights are dim.
- Watch your baby all the time during the feeding so you know when he or she is ready to feed or wants to stop.
- Do not force your baby to feed or to finish a feeding. He or she might need to rest.

If you are in a hurry when you visit the hospital during feeding time, feed your baby for the time you have. Then let the nurse finish the feeding with a bottle or tube feeding.

Your baby probably has had many medical tests—some were painful or uncomfortable. So your baby might relate those “bad” experiences with feeding and think feeding will be bad, too. In time, those memories will change. Then your baby will think of oral feeding as a pleasant, or “good,” experience.



We hope this information will help you to

- understand the difficulty your baby might have learning to feed by mouth,
- feel less stressed, and
- be encouraged to take an active part in the care and feeding of your baby while he or she is in the hospital.

If you are worried about your baby’s feeding skills, talk with his or her nurse or doctors. Our feeding specialists and breastfeeding advisors, known as lactation consultants, can assist you.

Is it better to breastfeed or bottle feed?

We strongly encourage breastfeeding if it is possible. But bottle feeding might be necessary. If you can not breastfeed your baby, keep pumping your milk to use in bottle feeding. Mother’s milk is the best nutrition for baby, and breastfeeding helps the mother and baby to bond.

For more information about breastfeeding, talk with a lactation consultant. The booklet *Breastfeeding Your Hospitalized Baby* is available to new mothers at Texas Children’s Hospital in Houston or on the Internet at:

<http://www.texaschildrenshospital.org/carecenters/Lactation/breastfeedingguide.pdf>

What should I watch for as my baby feeds?

Oral feeding success is more than finishing a feeding. Safety is most important. This means that while feeding,

- your baby gets enough air (oxygen),
- your baby does not stop breathing,
- your baby’s heartbeat does not slow, and
- your baby does not choke—milk or formula does not go into the lungs.



Until your baby learns to feed and to like feeding, remember—

- Your baby might not know how to suck, swallow and breathe and can not get enough formula or milk.
- Your baby has low energy, gets tired fast, and can not feed for a long time.
- Your baby often changes from being sleepy, to awake, to crying, or another “state.” When that happens, your baby can not give full attention to feeding or anything else for a long time.

Certain factors can help your baby succeed at feeding. Those factors are the surroundings and how your baby behaves.

The surroundings

Inside mother’s womb is quite different from outside the womb. Inside the womb was dark, quiet, and warm. Touch was smooth and calming. Movement was limited and your baby was gently supported. In the hospital and at home, the surroundings are very different from what your baby was used to.

To help your baby get ready for a feeding, try to create that same safe, comfortable feeling. Keep baby in a dim, or shaded, area. Make sure it is quiet. Gently touch or stroke your baby and talk softly and lovingly. Make sure your baby is wrapped (swaddled), supported, and warm.



Baby is swaddled. Arms are folded under the chin.

Your baby’s behavior

Feedings are most successful when your baby is either a little sleepy or awake but calm.

- If your baby is sleeping or fussy or crying, delay the feeding.
- Feed your baby for short periods of time. Notice how your baby behaves. If the behavior changes, your baby might not be able to give full attention to feeding.

Is your baby calm or fussy?

If your baby is calm and relaxed and breathing is regular, we say he or she is “organized.” When your baby is organized is the best time to feed. To switch between sucking, swallowing, and breathing is easier for a relaxed baby than it is for a fussy baby.

If your baby looks tense and agitated, we say he or she is “disorganized.” Trying to feed your baby by mouth will be

difficult. A pacifier might be calming. Your baby might become organized and then be able to try an oral feeding.



***Best time to feed.
Baby is organized.***

Signs that your baby is disorganized

- baby’s hands are open and turned out
- arms are stretched out
- baby makes a face
- breathing is difficult
- tongue sticks out of mouth

Signs that your baby is organized

- baby is relaxed and breathing comfortably
- eyes might be open or closed
- arms are folded under chin



***Oral feeding might be difficult.
Baby is disorganized.***



Your baby cannot speak but can communicate with you. Below are some ways your baby lets you know if he or she is ready to feed.

Signs that your baby is ready to feed

- eyes may be open or closed
- responds to light touch, looks at your face
- hands are folded under the chin
- mouth is searching for the nipple by sucking or rooting; rooting is when a baby turns its head toward a nipple (bottle or breast) and makes sucking motions with the mouth
- body movements are smooth, calm, and quiet

Signs that your baby is not ready to feed

- stares or avoids looking at you
- face has a look of panic or worry
- can not wake up, yawns a lot
- shaking, startles easily
- gags or gasps for air
- anxious activity such as back arched, arms extended, hands open, fingers separated
- color changes
- breathing faster than 60 times a minute

Signs that your baby needs to stop feeding

- gags or milk drools out of the mouth
- makes a face, grimaces
- pushes away or moves head, arms, or legs more
- stops sucking often or for a long time
- body and arms and legs are limp, mouth is open
- behavior changes such as falls asleep, fusses or cries, “shuts down”
- breathes faster than 60 times a minute
- stops breathing, heart rate slows, does not get enough air (oxygen)
- nose opens wide, called nasal flaring

Things to remember

Safe feeding

Safe feeding means your baby can suck, swallow, and breathe without choking and milk or formula does not go into the lungs.



Pacifiers

Some people believe if a baby can suck on a pacifier then the baby can feed. But sometimes that is not true. When a baby sucks on a pacifier, it is dry— no liquid is going into the baby’s mouth. But when a baby sucks on the nipple of a bottle or breast, milk or formula is going into the mouth. So the baby needs to swallow much more often than when sucking on a pacifier. If the baby can not suck, swallow, and breathe correctly, he or she could choke on the milk or formula.

Going home

Some sick babies still can not feed well by mouth even after they leave the hospital. Parents should remain calm and patient. Keep helping your baby learn to feed. And tell the doctor and nurse about any feeding problems or successes.

Do you have questions or concerns?

Below or on the back, write any questions or concerns that you want to talk about with the nurse or doctor. Then bring this booklet on your next visit. This will help you remember what you wanted to discuss.

The material is provided herein for informational purposes only and is not intended as medical advice or instruction. For medical advice or treatment, individuals must consult their own physician or other health care provider.

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