

Transitioning Infants from Breast/Chest Feeding to Nasogastric (NG) Feeds

It can often be hard to transition from breast/chest feeding to solely nasogastric (NG) feeds. Oral feeds may not be safe, which can cause parental stress and guilt. There are still many ways for you to bond with your baby.

What does the transition look like?

- 1. Make a nutrition plan:**
 - We encourage pumping into bottles to keep your breast milk supply steady.
 - If your infant will need fortified formulas, nursing staff will bring it in when it is time for a feed.
- 2. Pre-NG education and tube placement:** Your nurse will teach you about NG feeds and your child will have the NG tube placed.
- 3. Post-NG education:** Your nurse will teach you how to do NG feeds and keep giving you education throughout your hospital stay.

Can I still pump breast/chest milk?

Yes! You may still be able to feed your infant breast/chest milk even if they cannot breast/chest feed. There are many options to fortify breastmilk with other formulas to increase calories depending on your child's condition. Breast milk can also be frozen and stored.

What if my baby is irritable and used to oral feeds?

Infants who are older and used to oral feeds may have a hard time transitioning to only NG feeds. The rooting reflex is a natural response an infant has whether or not they are taking in oral feeds. Infants may be more irritable, show signs for feeds, or search for

the breast/chest. This may cause you to feel stressed or guilty. With time, your baby will slowly adjust to these new changes.

What are other ways to bond with my baby if I can't breast/chest feed?

Spending **skin-to-skin** time with your baby can:

- Decrease cortisol levels for both parent and infant.
- Oxytocin level increase.
- Enhances feeling of closeness.

Non-nutritive sucking promotes development of infant's sucking behavior.

- Put baby to "empty" breast/chest before, during, or after feeds. To do this:
 - Pump breasts until empty and then allow baby to touch and taste breast.
 - Talk to speech therapy for guidance.
- Pacifier dips

Take part in infant care and feeds:

- Wake up to start feeds (15-30 mins).
- Pump breast/chest while holding infant.
- Perform daily cares.
- Take infant for walks, read books.

Remember...

You are not alone! You have a big role in your child's health and we value your input. Sometimes NG feeds are the safest and best way at this moment to get your child the nutrition they need. If tolerable, our goal is to encourage breast milk. NG based feeds are meant to be a temporary.

UW Health Resources

Ask your healthcare team about these resources if they're not yet in your child's care plan:

- Lactation consultants
- Speech language pathologists
- Nutritionists
- Health psychology
- Child Life
- Immediate health care team - Nurses, doctors, etc.

Website Resource

<https://www.feedingmatters.org/>

Your health care team may have given you this information as part of your care. If so, please use it and call if you have any questions. If this information was not given to you as part of your care, please check with your doctor. This is not medical advice. This is not to be used for diagnosis or treatment of any medical condition. Because each person's health needs are different, you should talk with your doctor or others on your health care team when using this information. If you have an emergency, please call 911. Copyright © 1/2024 University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing HF#8326.