

South West Neonatal Network Guideline/Policy

Parent Education: Tube Feeding Guideline

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1. Background

Supporting families, within the neonatal unit, to bond and build a close relationship with their baby(s) is paramount. Offering parents the chance to become more involved with their baby's care has been shown to have improved outcomes for both the baby(s) and parents alike. Nasogastric (NG) Tube feeding is one aspect of care that parents can carry out on each unit once they are taught the correct safe procedure and can empower parents to feel more involved and have more of a parental role in their baby's care. As a region we pride ourselves on maintaining our focus of care on the infant and keeping family central in everything we do. Every infant is an individual and every parent is also an individual and must be treated that way, tube feeding may feel too clinical for some and may not be safe to do for others.

2. Scope

This guidelines applies to neonatal units that fall within the South west Neonatal Network, this includes the following hospitals.

Northern Devon Healthcare Trust	- North Devon District Hospital, Barnstaple
Royal United Hospital Bath NHS Trust	- Royal United Hospital, Bath
North Bristol NHS Trust	- Southmead Hospital, Bristol
University Hospitals Bristol NHS Foundation Trust	- St Michaels Hospital, Bristol
Royal Devon and Exeter NHS Foundation Trust	- Royal Devon and Exeter Hospital, Exeter
Gloucestershire Hospitals NHS Foundation Trust	- Gloucester Royal Hospital, Gloucester
Plymouth Hospitals NHS Trust	- Derriford Hospital, Plymouth
Great Western Hospitals NHS Foundation Trust	- Great Western Hospital, Swindon
Taunton and Somerset NHS Foundation Trust	- Musgrove Park Hospital, Taunton
Torbay and South Devon NHS Foundation Trust	- Torbay Hospital, Torbay
Royal Cornwall Hospitals NHS Trust	- Royal Cornwall Hospital, Truro
Yeovil District Hospital NHS Foundation Trust	- Yeovil District Hospital, Yeovil

3. Indications and Benefits

NG Tube feeding should be offered and taught to parents within the neonatal unit. Parents of infants who are medically stable and those on Continuous Positive Airway Pressure (CPAP) and other oxygen delivery methods should be encouraged to participate.

By enhancing parental involvement in their baby's care on the neonatal unit, benefits have been demonstrated for both baby and parents.

Benefits to the Infant include:

- Family integrated care which includes parents NG tube feeding has shown Improved outcomes for infants and reduced length of stay (O'Brien et al 2013)
- Increased parental involvement in infant care has shown improved weight gain and reduced length of stay. (Levin 1994)

Benefits to the mother and family include:

- Reduced maternal stress (O'Brien et al 2013)

4. Contraindications and Risk

- Ventilated infants should not be excluded from being NG tube fed by parents; however clinical stability should be a considered factor when training parents. This should be decided on a case by case basis in collaboration with the medical and nursing team and communicated with the families effectively.
- Parents who are known substance users should not be excluded from the process of NG tube feeding, but staff should be mindful of safe behaviours if under the influence of any drugs or alcohol.
- Clinical staff should work in partnership with families with special educational needs, their ability to carry out NG tube feeding unsupervised should be decided on a case by case basis.
- This guideline is not mandatory for all families; parents who are not confident or comfortable with this procedure do not have to take part in it. However support and encouragement to engage in the care of their baby should be given at all times.
- Parents will require access to wherever their milk is stored and milk warming facilities.

5. Preparation

A collaborative discussion between the nursing/clinical staff and family of the baby will encourage participation in delivering their babies care. This should be offered as an education opportunity at the earliest point in the care pathway, in order to support families in feeling confident in the care of their baby within the neonatal unit. Parents will be required to observe three feeds prior to starting the competency. They will be signed off as competent when the education sheets which highlight the safety aspects have been completed as well as well as the practical procedure. Only then will they be left unsupervised. The competency documents should be available for families to review prior to being taught the procedure. Staff may require support and teaching from the local education leads to support families in developing new skills.

6. Procedure

- Parents to be given NG tube feeding information sheet.
- Parents to be given Competency and Education documents.
- Parents to observe staff giving three NG tube feeds; this should be documented within the Competency document for continuity between staff. NB. Each parent being trained must observe three NG tube feeds each.
- Staff to teach the procedure to parents as per the competency document, emphasising the importance of checking the NG tube position and highlighting that the NG tube should not be used without a positive pH result. This should be documented within the Competency document for continuity between staff.
- Once confident and comfortable with the process, parents may start taking part in tube feeds under strict nurse supervision and instruction. At least three NG tube feeds must be observed prior to proceeding with lone tube feeding. This should be documented within the Competency document for continuity between staff.
- Although the minimum is three observed NG tube feeds however Parents are encouraged to carry out the procedure supervised as many times as they feel appropriate before sign off of the competency.
- When parents are feeling confident with procedure and are able to demonstrate understanding and ability, then the competency document can be completed.
- Parent to undertake NG tube feed procedure without prompting. Parent to explain the process as they demonstrate it.

- Once the staff member is satisfied the parent is competent and safe to NG tube feed then they can sign off competencies. Parent to also sign competency sheet.
- Completed competency document to be filed in baby's medical notes.
- A small sticker to be placed on baby's cot card identifying parents as signed off to complete NG tube feeds.
- Ensure parents understand that the procedure is the same for every unit but that equipment and pH strips may vary.
- On transferring between units, please include a photocopy of the competency declaration. There is no requirement for parents to undertake full training when moving between units within the South West Neonatal Network who have adopted this guideline; however a brief local checklist should be completed with parents on admission, providing families with information and education on locally used products if they wish to continue checking tubes. Signed Declaration to be filed in the baby's medical notes.
- Clinical staff should work in partnership with families to care plan for the day. Clear expectation of the parents should be outlined to the nurse caring for that family on a daily basis. Indication of their presence at feed times and what to do if they are running late should be a continuing discussion throughout the babies stay.

7. Other resources

UNICEF Baby Friendly Initiative – Neonatal Standards and Professional Resources:

<https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/>

South West Neonatal Network NG Tube Feeding Information Sheet available from:

South West Neonatal Network NG Tube Feeding Competency Document available from:

South West Neonatal Network NG Tube Feeding Unit Transfer Document available from:

8. References

O'Brien K et al. (2013) A pilot cohort analytic study of Family Integrated Care in a Canadian neonatal intensive care unit. *BMC Pregnancy Childbirth*. 13 (Suppl 1)

Levin A. (1994) The Mother-Infant unit at Tallinn Children's Hospital, Estonia: a truly baby-friendly unit. *Birth*. 21 (1) 39-44