



# Gavage feeding

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## Purpose of Gavage Feeding

Gavage feeding is a way to feed babies who are not able to suck or swallow enough for good nutrition. Your baby may have a problem with his heart, esophagus (feeding canal), or mouth—such as a cleft palate or with breathing or lungs; or he may not be able to suck and/or swallow well. Most babies are able to eat normally after their medical problems improve.

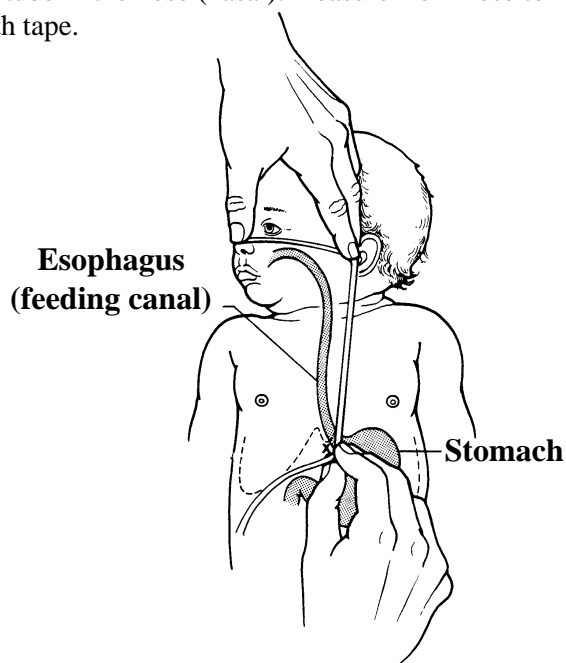
## Supplies for Feeding

Gather all equipment before beginning feeding:

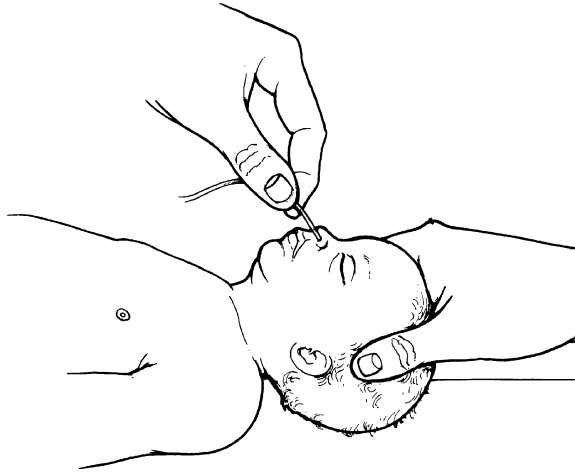
- formula/breastmilk
- plastic bottle
- pacifier
- tape
- stethoscope
- 30-60 cc luer lock tip syringe
- #8 Fr feeding tube

## Inserting the tube

1. Place baby on his back and measure insertion length.
2. To place tube in the nose (nasal): measure from nose to mid-ear to tip of the breastbone and mark with tape.



3. Moisten tube with water or water soluble gel.
4. Use the natural bend of the tube to follow the curves of the mouth and throat for easy insertion.
5. Insert the tube in the nose or mouth and toward the back of throat. Gently push it down the esophagus (feeding canal) until you reach the tape marker on the tube.



6. Tape the tube to the side of the cheek.
7. If your baby is active, you may want to wrap him in a blanket before inserting tube.

### Checking tube position

1. Connect syringe to feeding tube.
2. Place stethoscope over baby's stomach and rapidly inject 2-3 cc's of air. Listen for a woosh. Withdraw air injected.
3. Check stomach contents by pulling back on syringe plunger. Give this material back to your baby. Do not throw this away. It contains important nutrients. If more than 15-20 cc's of formula are present, call the doctor for a possible change in feedings.

### Feeding

1. Make baby comfortable; change diaper; suction if needed; offer pacifier; place in infant seat or on bed with head elevated.
2. Unclamp gavage tube.
3. Check for formula left in stomach from last feeding (residuals) by attaching a syringe to the tube and pulling back on plunger. Give this material back to your baby. DO NOT throw this away. It contains important nutrients. If more than 15-20 cc's of formula are present call the doctor for a possible change in feedings.
4. Remove the plunger from the syringe. Put the syringe into the open end of the gavage tube.
5. Pinch tube closed. Hold syringe upright.

6. Pour small amount of formula into the syringe and add any medications. Release the tube and let the feeding begin to flow. Some parents measure formula for each feeding into a plastic bottle instead of directly into syringe.
7. Add more formula as the syringe empties. Pinch the tube closed when adding more formula. To prevent air from getting into the stomach, do not let syringe run dry.
8. Feeding should run at 2-3 cc's/minute or be finished in about 20 minutes.
9. To start the feeding, a gentle push with the plunger may be needed.
10. Feeding should FLOW BY GRAVITY, SLOWLY (hold syringe above your baby)!
11. When feeding is finished, tube may be flushed with 3-5 cc's of tap water or air to clear it of formula.
12. Feeding tube may be removed following each feeding; or left in place for several feedings; or left in in place for up to 30 days depending on type of tube and your doctor's recommendations.
13. Tube position must be checked before each feeding.

### Removing tube

1. Pinch tube closed and pull it out quickly.
2. Position baby on back or side after feeding.
3. Baby may need to be burped.

### Cleaning and storing equipment

Wash syringes, feeding tubes and plastic bottles with hot soapy water; rinse with hot water; air dry.

### Mouth care

It may be necessary to clean the baby's nose and mouth with cotton swabs and warm water to keep his nose clean.

### Problems/hazards

1. Bloody or green tinged residuals (formula left in stomach from last feeding).
  - Remove tube and call doctor.
2. Baby gags or becomes restless during feeding.
  - Pinch tube and allow rest period.
3. Baby spits, vomits, changes color or coughs.
  - Pinch tube and stop feeding. Allow baby to rest. Call doctor if the baby does not recover.

4. Tube may curl up in back of the throat, come out mouth or come out either nostril during insertion.
  - Remove tube and reinsert.

## Tips

1. Parents should use the other nostril with each tube change.
2. Salt water nose drops may help if a stuffy nose (nasal congestion) occurs (see Nose drops section).
3. Check tube placement with each feeding.
4. Remember: The higher the tube is held, the faster the flow of the feeding. Do not feed too fast!!!

## Other information

1. If your baby cries or strains to have a bowel movement, formula may back up into the syringe. Pinch the tube closed briefly. Help calm your baby. Restart the feeding when he is relaxed and quiet.
2. You may hold your baby during the feeding when you feel more comfortable with gavage feeding.
3. Feeding by bottle should be tried before tube feeding when your baby is allowed to bottle feed part or all of his feeding.