

Feeding Your Premature Baby



Premature babies have special needs when it comes to their food and eating.

- The earlier the baby is born, the more immature his or her digestive system. The digestive system is not able to break down food as well as a full term baby. His or her system will not take in the fats, sugars, vitamins and minerals from the food as well.
- The baby is small and his or her stomach is only able to hold a small amount.
- The baby has very little energy stored.
- Even though baby may suck on his hand or on a pacifier, **the skill of being able to suck, swallow and breathe does not develop until about 35 weeks gestation.**
- **The baby cannot nipple feed until he or she is old enough to have the skills.** This skill can take up to 40 weeks gestational age to develop.

Nipple feeding is hard work. Even when the baby has the skills to nipple feed, it may still take time for your baby to be able to have the energy for the job. Know also that your baby's energy may change from one day to another so he or she may be able to nipple feed at times, but need tube feedings at times.

Feedings through tubes

When your baby is first born, he may not be fed by mouth but instead, get his nutrition through a tube, either through a tube into a vein called an IV or a tube into the baby's stomach. The baby is able to get fed without his system having to work so hard to break down the food. These feedings with tubes give the baby the nutrition needed to grow and allow time to develop the skills to nipple feed.

Many premature babies are fed by placing a soft tube in through the baby's mouth and down into the stomach called a gavage or tube feeding. The tube may be put in for a feeding and then taken back out or it may be left in place. Breast milk or formula can be given through the tube. Often babies are fed every three hours, but some are given the milk at a slow constant rate over most or all the day.

If your baby is being fed by IV or tube feeding:

- Hold him or her skin-to-skin so you and your baby feel close to each other either before or after a feeding.
- Your baby may be given a pacifier during his or her tube feeding. This helps the baby to link sucking with a sense of a full stomach. This also may help the baby digest and absorb the food.

As the baby adjusts and gets stronger, nipple feeding by bottle or breast may be started.

Nipple feeding by breast or bottle

As your baby grows and matures, your baby's doctor and nurses will check some things to decide if baby is ready to nipple feed.

- Does the baby have gag, suck and swallow reflexes and can the baby make these reflexes work with breathing?
- How hard does the baby have to work to breathe? If breathing is too fast, the baby has more trouble nipple feeding.
- Is the baby slowly gaining weight?
- Does the baby have the rooting reflex? This is when the baby opens his or her mouth to find something to suck on.
- Is the baby able to stay awake and alert to feed?
- Does the baby awaken before or at feeding time?

Nipple feeding takes a lot of energy. Premature babies do not have much energy stored. If your baby needs to spend his or her energy on fighting infection, pain, staying warm or breathing, he or she may not have the energy to nipple feed.

Your baby may be able to nipple feed 1-4 feedings one day, and all or none the next day. Every feeding depends upon your baby's growth and the ability to be able to do another nipple feeding. This can become a trying time for you as parents- waiting for your infant to develop and grow into their feedings.

The staff wants you to be part of your baby's care team and feeding is a big part of your baby's care. Whether you choose to breast or bottle-feed your baby, the staff will be there to help and support you and your baby.

If you have any questions, please ask your doctor or nurse.

If you would like more written information, please call the Library for Health Information at (614)293-3707. You can also make the request by e-mail: health-info@osu.edu.

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