

Transition from Tube Feeding to Breastfeeding Guide

Criteria for infants readiness to start/continue this guide	
1	Medical team has approved the infants readiness to oral feed
2	The infant is assessed by the nurse before every feed to ensure they are stable to feed
3	The infant is demonstrating feeding cues

Maternal Education		
Guidelines for mothers	HSE leaflet	<input type="checkbox"/>
'Is your baby getting enough milk'	Video OLCHC website	<input type="checkbox"/>
'Attaching your baby to the breast'	Video OLCHC website	<input type="checkbox"/>
Breastfeeding assessment tool 'mothers version'	OLCHC website	<input type="checkbox"/>
Feeding cues	Pictogram OLCHC website	<input type="checkbox"/>

Perform the following DAILY:	
1	Ensure the infant meets the criteria listed above
2	Continue to use Breastfeeding Assessment Tool (BAT) +/- Expressing Assessment Tool (EAT)
3	Weigh infant: (expect positive weight gain)
4	Observe breastfeeds (minimum of once per shift)

Score	Observed	Action	
A	Offered the breast, not interested, remained sleepy	Infant: <ul style="list-style-type: none"> Full top up (preferably Expressed Breast Milk (EBM)) 	Mother: <ul style="list-style-type: none"> Offers non-nutritive sucking at her breast Continues skin to skin contact at her breast during the tube feed Advised to express at this time to maintain her full milk supply
B	Interested in breastfeeding (licking / mouth opening / nuzzling / head turning however does not latch)	Infant: <ul style="list-style-type: none"> Full top up (preferably EBM) 	Mother: <ul style="list-style-type: none"> Offers non-nutritive Sucking at her breast Continues skin to skin contact at her breast during the tube feed Advised to express at this time to maintain her full milk supply
C	Latched onto the breast, had a few sucks however: <ul style="list-style-type: none"> On and off or falls off the breast. Repeated this pattern for several minutes or Fell asleep within just a few minutes of latching on 	Infant: <ul style="list-style-type: none"> Full top up (preferably EBM) 	Mother: <ul style="list-style-type: none"> Offers non-nutritive sucking at her breast Continues skin to skin contact at her breast during the tube feed Advised to express at this time to maintain her full milk supply
D	Latched and started to suck and swallow, however: <ul style="list-style-type: none"> Shallow sucking for most of the feed (more than 2 sucks/second) Short sucking bursts Pauses for long periods between suck / swallow bursts Uncoordinated with breathing and swallowing 	Infant: <ul style="list-style-type: none"> Half top up (preferably EBM): 	Mother: <ul style="list-style-type: none"> Offers non-nutritive sucking at her breast Continues skin to skin contact at her breast during the tube feed May need to express for comfort
E	Latched well with: <ul style="list-style-type: none"> Regular burst of long slow rhythmical sucking and swallowing (1 suck / second) interspersed with: short pauses / short feed less than 10mins 	Infant: <ul style="list-style-type: none"> Half top up (preferably EBM): Consider not topping up if mother is available for the next feed. If the infant has 2 consecutive 'E' scores, give a half top up 	Mother <ul style="list-style-type: none"> Offers non-nutritive Sucking at her breast Continues skin to skin contact at her breast during the tube feed May need to express for comfort
F	Latched well with: <ul style="list-style-type: none"> Long slow rhythmical sucking and swallowing Long feed more than 10mins 	Infant: <ul style="list-style-type: none"> No top up is required 	Mother: <ul style="list-style-type: none"> Offers the 2nd breast

Adapted from: Nyqvist KH et al (1996) Development of the Preterm Infant breastfeeding Behaviour Scale (PIBBS): A study of nurse-mother agreement. Journal of Human Lactation, 13(3):207-19.

Developed by Breastfeeding Committee.

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