



# Feeding your Baby

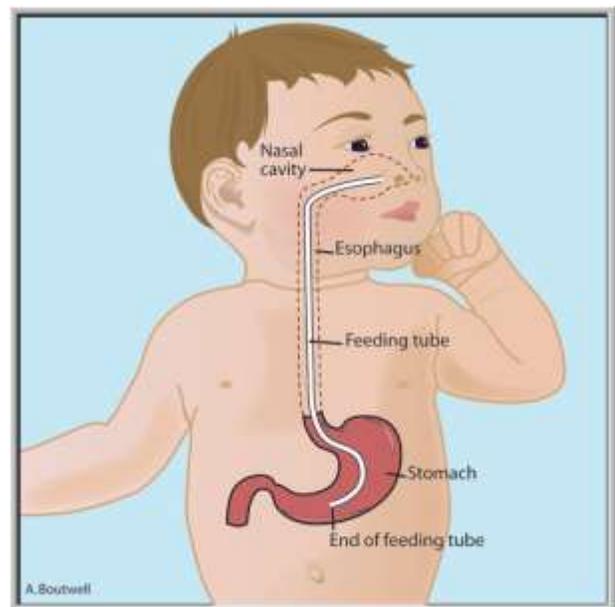
Preterm infants who develop BPD usually need respiratory support after birth. This breathing support and their gestational age often mean that they cannot eat by mouth like older, bigger, newborn babies. **These premature, smaller infants need nutrition, and they can get it from intra-venous (IV) sources, feedings, or a combination of both.**

This chapter will focus on how these nutrients will be given to babies with BPD. Another chapter discussed the types of nutritional support (such as, maternal breast milk, donor milk, parenteral or IV nutrition).

As you may have already seen, some babies receive a feeding tube – it is usually placed in the nose, or sometimes in the mouth. This tube starts in the nose/mouth, and ends in the stomach. We then use this tube to deliver feeds (breast milk or formula) into the stomach.

We typically start with a small volume of food, and watch how babies tolerate this type of feeding by checking if they are spitting up, stooling, and how their belly feels. Once your baby can tolerate these feeds, we will increase the amount of food so that they continue to gain weight and grow.

For premature babies (with or without BPD), this type of tube is used to deliver nutrition until a baby is ready to eat/drink, and it is safe for them to drink from a bottle or to be breast-fed.



**It is common that infants don't show the normal reflexes to begin feeding until about 4 weeks before a mother's original due date. Until that point, we almost exclusively use tube feedings to nourish premature babies.**

- To attempt drinking, babies need to show some skills like sucking effectively on a pacifier and having normal swallowing and breathing reflexes.
- Feeding occurs a little at a time, with a close collaboration between nurses who have fed many babies (with and without BPD), and speech therapists who specialize in helping infants develop their own feeding skills.
- With consistent practice over time, most infants leave the NICU drinking all, or nearly all, of their required feedings to maintain growth and development.



## PATIENT AND FAMILY EDUCATION

Infants with BPD often breathe faster or spend more effort to breathe than infants without BPD -- and because of this, they require more support to help their breathing. Their feeding skills and coordination usually take longer to develop and perfect.

### **Many times, the type of respiratory support that a baby with BPD is receiving determines their ability to start and practice oral feeding.**

- If a baby is receiving a little flow from a nasal cannula, is breathing comfortably, and is showing us cues that they want to try drinking, we can usually say that it is safe to try oral feeding.
- On the other hand, if a baby is breathing fast with complicated respiratory devices on their face, it is not possible for the baby to complete an oral seal to suck feedings from a bottle – and learning oral feeds will have to be delayed.
- Babies who are still needing a ventilator to breathe close to their due date will have further delays to the start of their oral feeds, and may need a much longer time to learn these skills.
- In general, the longer the baby needs more or complex respiratory support, the longer it will take them to learn how to eat by mouth.

**We will work with you to support the unique feeding needs of your baby.**