

The following checklist is to be used to assess whether or not a preterm baby <36 weeks is ready to tolerate oral feeds.

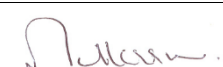
- This should be commenced from admission and Section 2 assessed weekly from 32 weeks gestational age (GA).

Name:		IP N°:		GA at birth:		wks	GA today:		wks
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Section 1- Pre-feeding Stage (In Neonatal Unit – commenced from Day 1) Continue below daily until oral feeding is commenced.								Date:
1.	Colostrum given enterally (via NGT) OR applied to mouth tissues if NPO						Commenced:	
2.	Intermittent skin to skin care offered daily (including for ventilated babies)						Commenced:	
3.	Oral /Perioral stimulation offered (See guide overleaf)						Commenced:	
4.	Non-nutritive sucking (empty breast/finger/non-nutritive sucking device) from 28 weeks						Commenced:	

Section 2- Assessment of readiness for oral feeding (In Neonatal Unit /24 hr KMC)				
<ul style="list-style-type: none">Once baby is on full feeds and gaining weight, assess the following daily 15 mins prior to a planned feed.If the answer to any of the following is NO (N) - do not proceed to the next section and do not commence oral feeding.Continue with full nasogastric (NG) and assess readiness again in one week.If answers to all questions are YES (Y) in a section, proceed to assess the next section.If all sections are answered Y, proceed to feed baby and then refer to Oral Feeding Transition Checklist.				
A: Physiological Stability.			Y	N
1.	Respiratory	Comfortable, stable breathing with no recession or grunting		
		Respiratory rate less than 60 bpm		
		FIO ₂ less than 40%		
2.	Cardiovascular	Heart rate stable: 120 – 160 bpm during caregiving		
3.	Gastro-Intestinal	Good bowel sounds/Passing normal stools		
4.	General	Maintains temperature >36 ⁵ C outside the incubator/in skin-to-skin		
B: Behavioral Organization/ Neurodevelopment. If all above Y then assess:				
<ul style="list-style-type: none">Provide a conducive environment (Reduce lighting & noise level and ensure a warm temperature).Provide audible (speak to baby), visual (eye contact) & tactile (extend limbs) stimulation to bring baby to awake state.				
5.	Greater than 34 weeks gestational age OR 32 - 34 weeks with hunger cues and strong suck			
6.	Baby is alert (eyes opened, moving limbs, making sounds, responding to touch)			
7.	Hunger cues are present (sucking on hands, turning head when touched on cheek or lip, crying)			
8.	Baby is flexed at rest (normal tone)			
C: Oral reflexes. If all above Y then assess:				
9.	Rooting reflex present (touch cheek/lips - head turns in that direction)			
10.	Bite reflex present (rhythmic opening and closing of jaws after touching gums) NB. Bite reflex should not be sustained			
11.	Absent hyperactive gag reflex (Baby does not gag when touched around the mouth or on the anterior part of the tongue)			
D: Non-nutritive sucking. If all above Y then using a gloved finger assess for one minute:				
12.	Lips closed around finger			
13.	Anterior-posterior tongue movement present			
14.	Pulls strongly on finger when sucking			
15.	Breathes comfortably during sucking on finger			
16.	Adequate endurance observed			
17.	Baby is unstressed i.e. none of the following stress signs are present: <ul style="list-style-type: none">Changes in color of skinAccumulation of saliva in the mouthApnoeaProlonged hiccupsChanges in tone and posture			
Date:		Sign:		Print:
			</	

Section 3- Attempt one oral feed If all the above have been answered Y - proceed to offer one oral feed.							
<ul style="list-style-type: none"> Do not remove the NG tube. Use the Oral Feeding Transition Checklist daily to guide increased frequency of oral feeds. Continue to provide oral stimulation and observe for signs of stress as described overleaf. Feed cautiously if baby: <ul style="list-style-type: none"> Does not open mouth to accept finger Tongue is not rounded against finger Cries excessively Does not have 5 – 8 sucks present before swallowing 							

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Date:	2 May 2023	Review Date:	1 July 2025				

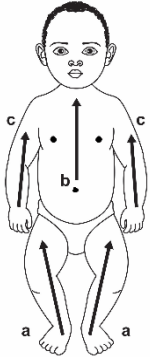
Three-Step Somatic-Oral Stimulation Technique

Purpose: To activate a functional sucking-swallowing and breathing pattern.

Somatic-oral stimulation techniques, developed by speech-language therapists, have proven beneficial in developing oral feeding skills in babies with feeding problems. The mother should do the stimulation so that the baby learns her unique smell, touch and gentle voice.

Benefits:

- Helps to wake baby up and prepare for a feed.
- Baby calms down, breathes more easily and reduces the heart rate.
- Baby may gain weight faster and may be discharged sooner.

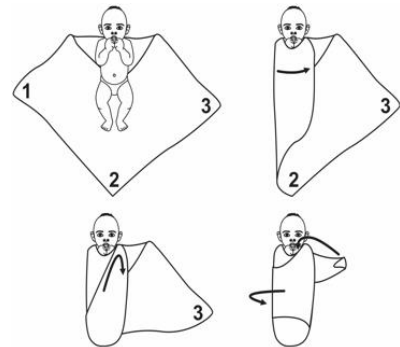


Step 1: Somatic Stimulation

- Wash hands. Ensure nails are short to prevent injury to the baby's mouth.
- Ideally baby should be in a quiet alert state.
- Perform the stimulation slowly and gently but firmly. Do not hurry. The baby should be relaxed and calm.
- Stroke each of the following areas twice in the direction of the mouth:
 - Hold the baby's foot. Stroke the leg from the foot upwards. Repeat with the other leg.
 - Stroke from belly button upwards to the chin.
 - Hold the baby's hand. Stroke the arm from the foot upwards. Repeat with the other arm.

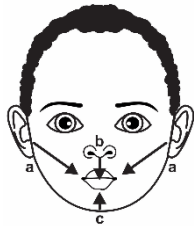
Step 2: Swaddle the baby

- Wrap baby to prepare them for oral stimulation followed by a feed. This makes the baby feel secure and warm.
- Wrap baby in a blanket with baby's hands midline, close to the mouth too enable suckling on the fingers for self-calming.
- Also swaddle baby in this way when mother goes to the bathroom. At all other times keep baby in the KMC position.



Step 3: Oral Stimulation

- **Outside Mouth:** Activate the muscles of the face and mouth. Stroke each of the following areas twice towards the mouth:
 - From the one ear to the mouth on each side.
 - Stroke downwards from the nose to the upper lip.
 - Stroke upwards from the chin to the bottom lip.



- **Inside Mouth**

- Slowly put your finger into baby's mouth. Stroke the top and bottom gums twice. Start from the middle and stroke to the one side, then stroke from the middle to the other side.
- Turn your finger and press against the roof of the mouth. Then turn your finger and press down on the front part of the baby's tongue. Stroke the tongue 3 to 5 times rhythmically.
- Hold your finger on the baby's tongue and wait. The baby may start sucking on your finger. This is called non-nutritive sucking. Let your baby suck on your finger as much as possible.



Stress Signs in Baby:

Look out for stress signs in the baby and stop stimulation/feeding until the baby calms down. NB If baby coughs while feeding, stop feeding immediately and watch their breathing carefully before trying to feed again.

- | | | | |
|-----------|---|---------------------|------------------------|
| • Yawning | • Pushing hands and fingers out (stop sign) | • Covering the face | • Grimacing |
| • Crying | • Moving arms and legs in all directions | • Arching backward | • Sneezing/ hiccupping |

Calming techniques:

- Place baby in the KMC position or swaddle.
- Contain baby between your cupped hands.
- Provide non-nutritive sucking.



If baby has poor suckling and swallowing:

- Stroke baby's tongue 3 to 5 times rhythmically, 1 stroke per second. Press gently on the baby's tongue and wait.
- Babies with feeding problems may be hypersensitive, clench their gums, or may gag when we touch any part of their tongue. Slowly do the somatic-oral stimulation and let baby suck on your finger for a while. Place baby in the KMC position and continue tube feeding. Delay breastfeeding until the hypersensitivity reduces.
- Some babies have trouble swallowing. Press with your finger under their chin. You will feel the swallow when the tongue moves. It will also help to close the baby's mouth.