Feeding Issues in the Newborn

Frequently Asked Questions (FAQ)

Feeding your baby should be one of lifes greatest experiences. Unfortunately, we know all too well that feeding a baby who is having difficulty is very stressful and often dreaded by the feeder. This FAQ was written to let parents know that they are not the only ones with a baby that has difficulty eating and to provide that glimmer of hope that there are things that can be done to resolve the problems or at least to support your baby's feeding.

Should I expect to have difficulty feeding my baby?

No. Feeding your baby should not be difficult and feeding times should not be stressful for either you or your baby. Difficult and stressful feeding may indicate that there is an underlying feeding problem. To reduce the risk of further complications, your baby's feeding difficulty should be addressed promptly. Feeding your baby should be an enjoyable time for both you and your baby. It is a time in which you and your baby begin to develop a close bond. If you find that feedings are very stressful and frustrating for you or your baby or if your baby often fusses and cries during feedings, he may be expending many of the valuable calories which he is working so hard to intake, thus making weight gain difficult.

How do I know what easy feeding is like?

By the fifth day of life a full term baby is able to produce a suck swallow pattern which is well coordinated with breathing. She is able to produce a suck, swallow and breathe pattern 20-30 times per "suck burst". If your baby is not using this well organized pattern, she may need support from a feeding specialist to facilitate breast or bottle feeding.

I have received help from a lactation consultatnt but my baby is still having difficulty latching on. Now what can I do?

Often when babies are unable to latch on to the mother's breast, the baby's tongue is not working the way it should be to latch the nipple and produce let down or sustain milk flow. A speech pathologist specilizing in pediatric dysphagia will be able to evaluate your baby's feeding pattern and give you exercises to facilitate the tongue patterns necessary for efficient feeding.

How does the enviornment impact feeding?

Some babies have very sensitive sensory systems. Visual, auditory and tactile stimuli can be overwhelming for many babies. It has been shown that individualized changes in lighting, sound, and positioning can greatly improve organization and an infant's ability to feed. In addition, tactile stimuli or "touch", specifically oral, may be critical for your baby's feeding development. Infants hospitalized for long periods of time, often miss out on comforting oral experiences and opportunities for oral exploration. Medical equipment and/or poor muscle control may interfere with their own desires to bring their hands to their mouth and face. They may also be deprived of the very important sensory experiences such as the feel of a parent's hand, soft toys, or a warm blanket on their face. Careful attention should be paid to these factors and integrated appropriately to ensure a sensory rich environment.

Is there anything I can prepare for at home?

Providing a supportive home enviornment can also support your baby's organization, development, and feeding. Reduce the noise level at home. Turn the TV and the radio off. Reduce the number of visitors. If you do have visitors, limit the amount of time and the number of people who hold your baby. Stay home and relax. Try to recruit friends and family to run your errands for you.

How long should it take to feed my baby?

(919) 877-9800

Most babies should be able to comfortably finish the required amount within 30-40 minutes.

Feeding often takes an hour. Should I be concerned?

Yes. If feeding is taking longer than 30-40 minutes, your baby may be expending many of the valuable calories that he is working so hard to intake, therefore making weight gain difficult. Lengthy feedings may also indicate feeding difficulties which may cause complications if not resolved.

Should I be concerned if my baby coughs and chokes during feedings?

Yes. Studies have shown that the typical 1:1:1 ratio of suck-swallow-breathe, which occurs one time per second during nutritive sucking, is achieved by 37 weeks GA in most preterm infants. If your baby coughs and chokes during feedings or has episodes of oxygen desaturation or color changes, apnea (stops breathing), or bradycardia during feeding you should ask your doctor for a referral for a feeding evaluation. This evaluation may be able to identify feeding techniques and/or positions which would help your baby to feed safely and efficiently. A modified barium swallowing study may also be ordered to rule out dysphagia (swallowing disorder) or aspiration. (see FAQ: MBS).

Coughing or choking during feeding is a clinical indicator of aspiration. Aspiration means that food or liquid penetrates the airway below the level of the vocal folds. In other words, "it went the wrong way". Aspiration can be dangerous as it may lead to upper respiratory infections and aspiration pneumonia. Trace aspiration is also linked to asthma.

If my baby typically falls asleep during feedings, should I wake him up to finish?

This is a hard question. For most babies if you fight them to stay awake to feed, you have already spent a lot of his energy as he fights to avoid feeding. Trying hard to finish feeding a baby can also backfire. It can result in choking or gagging and then refluxing (spitting up) some or all of the feeding. On the other hand, not finishing a feeding can be a problem particularly if they tire out before they have taken an adequate volume of calories or if feeding compromises them medically (e.g., oxygen desaturation, apnea, bradycardia). Feeding requires significant work for an infant, so every effort must be made to support the infant's energy level and organization throughout the entire day, not just during feeding. During a feeding, attend to your baby's behavioral cues and support his need for rest. Taking several brief breaks during a feeding can allow your baby to finish with more energy and more efficiently than if trying to finish the entire feeding before he goes to sleep. A pediatric feeding and swallowing specialist can provide other specific ways to support your baby's feeding therfore conserving energy and enabling him to finish his feeding using just the right amount of energy.

My baby feeds best when she is sleeping? Is this ok?

When a baby "sleep eats", she is communicating that feeding is so difficult that she is placing herself in a very low alert state. Some feel that babies choose this low level of alertness so that they can process sensory input at a low level which inturn makes it less distracting. Often babies who have difficulty coordinating sucking and swallowing with breathing because their respiratory rate is so rapid, choose to "sleep eat". As a baby matures, his feeding needs to be more volitional rather than reflexive in nature, it is important to identify the factors interfering with her ability to feed awake. It is very important that she become an active partner in the feeding process.

Should I be concerned if my baby loses milk out of the cormers of her mouth while feeding?

Perhaps. Liquid loss, when milk or formula comes out of the mouth while a baby is sucking, can occur for two very different reasons. First, some infants have inadequate strength or support for the lips to seal the nipple and/or wide and ungraded jaw excursions that do not allow the lips to seal the nipple. Jaw and cheek support provided by the feeder can aid in reducing liquid loss in this case. A second reason an infant may lose liquid

from her mouth appears purposeful. Infants who have a strong suck may purposefully "squirt" liquid from their mouths for protection, as though the bolus was too large to swallow safely. These infants seems to choose to spit out the excess liquid rather than risking poor coordination of respiration and swallowing, which could lead to aspiration. In a sense, it is a protective mechanism. Liquid loss can indicate poor coordination of sucking, swallowing, and breathing; or simply that the nipple flow rate is too fast. It is important to monitor the times in which this loss or spillage occurs and seek the advice of a specialist to help identify the reason for the milk loss so the appropriate intervention is used.

My baby does not have a strong suck and has difficulty pulling milk? How can I help my baby?

The inability of an infant to produce milk flow may result from unbalanced suction and compression, the two components of sucking; wide jaw excursions; rapid suck rate; or compression (flattening) of the nipple. In these cases, the infant's peristaltic tongue movements or "'wave-like" pattern which strips the nipple may be reduced or inefficient. The infant may also have reduced or limited tongue central grooving which is the tongue shape necessary to hold the nipple. The infant may be observed to "bite" the nipple rather than suck. Feeding techniques such as providing tongue stimulation prior to feeding and providing jaw support and negative resistance during feedings may be effective in producing a more efficient sucking pattern. Changing the nipple to a standard rather than an orthodontic nipple may also reduce the biting pattern.

What does it mean if my infant produces unusual noises during swallowing?

Unusual noises during sucking and swallowing may indicate an ineffecient suck pattern or a swallowing problem. For example, audible "hard" swallows often indicate an uncoordinated swallowing and breathing pattern. Often this swallowing pattern is accompanied by air swallowing. High-pitched sounds during the swallow, may indicate difficulty with airway maintenance, possibly from airway collapse (e.g., tracheomalacia, laryngomalacia, or tracheolaryngomalacia). Wet respirations, or "gurgly" sounds, heard while feeding, may indicate milk in the nose, in the larynx, or on the vocal folds. A clicking sound during sucking may indicate that your baby has lost the latch of the nipple. Should you hear any of these sounds while your baby is feeding, consult with your doctor. Your doctor will most likely suggest a feeding evalaution and possibly a Modified Barium Swallow Study (MBSS) in order to provide insight into the cause of your infant's noisy feeding.

My baby spits up a lot of milk after almost every feeding. Is this something that she will just out-grow?

Babies who frequently spit up may suffer from gastroesophageal reflux (GER). This is a condition commonly known to many adults as heartburn. GER is the retrograde movement of stomach contents into the esophagus and is not uncommon in infants. GER often resolves without further difficulty, however, in some cases it can lead to feeding problems or even refusal to eat. Complications of GER may include recurrent vomitting, failure to thrive, reactive airway disease, aspiration, and esophagitis (inflammation of the throat). In addition, there are six behaviors which have been found to be associated with the onset of GER: discomfort (crying or frowning), emission of liquid or gas, yawning, stridor, stretching, and mouthing. If your infant does exhibit clinical signs of GER, the problem can be managed in three ways: pharmacologically, behaviorally (including postural adjustments and environmental changes), or surgically in the most severe cases. The best course of action for your infant should be determined by her medical team. Please referr to the other FAQ on reflux.

My doctor recommended that I thicken my baby's feedings however she now cannot suck it through the nipple.

Thickening liquids is a common recommendation made for babies who reflux or have difficulty coordinating sucking and swallowing with breathing. Thickened liquids are heavier and may be more difficult to reflux. Thickening liquids may be recommended to slow down the flow rate affording the baby more time to coordinate sucking and swallowing with breathing. Mixing the thickened liquids correctly is important and can support successful feedings. Pre-blending the dry rice cereal and carefully stirring and mixing the cereal with the formula or breastmilk will reduce clumping and clogging of the nipple hole. Simply place the dry rice cereal in a

blender and pulverize it until it looks like flour. Then carefully mix it with the formula or milk making sure it is blended well. Don't be tempted to cut the nipple. If prepared correctly, most babies can take the liquid without manipulation of the nipple hole. Cutting nipple holes often increases a baby's risk of aspiration by increasing flow rate and reducing her ability to control and organize her swallowing.

If my doctor referrs me for a feeding evalation, what can I expect?

If your baby is experiencing feeding difficulties or feeding for you or your baby is stressful, an oral sensori-motor feeding evaluation is recommended. During this evaluation, your baby's sucking skills will be evaluated during nutritive and nonnutritive sucking to make sure that his oral motor structures are intact and that your baby uses safe and efficient feeding patterns. Your baby's ability to coordinate sucking and swallowing with breathing will be evaluated. You will learn to identify his feeding patterns and cues (the way he communicates) and be able to make changes to support his feeding skills and to reduce the chance that problems may arise. If problems do arise, you will be taught how to best handle them. If it is decided that futher evaluation is necessary to better understand his feeding and swallowing, a modified barium swallow study may be recommended. Please see FAQ: MBS for further details. A modified barium swallow study is a non-invasive test which uses video x-ray to take video pictures of your baby's feeding and swallowing function. Most young babies don't mind the procedure at all and parents are encouraged to do the feeding. In addition to evaluation of swallowing, this assessment tool may identify interfering factors which need to be addressed by referral to other specialists.

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