**ORAL FEEDING REFERENCE POSTER**

### Pre-Oral

**Infant Characteristics**
- Handling intolerance
- Poor physiologic/motor and state regulation
- None to very weak oral reflexes
- None to very weak NNS skills
- Not managing secretions
- Not able to maintain state
- Poor nutritive sucking
- Not able to maintain skin-to-skin care

**Goals**
- Establish and maintain mother’s milk supply
- Minimize or eliminate oral stimulation
- Promote behavioral organization
- Promote universal interventions

**Interventions**
- Promote universal interventions
- Skin to skin care
- Positive experiences to face area
- Implementing baseline position and flexion
- Tube feeding only

### Non-Nutritive

**Infant Characteristics**
- Stable with handling
- Able to maintain physiologic, motor and state stability with NNS practice
- Oral reflexes emerging
- Demonstrates licking and rooting
- Learning to latch

**Goals**
- Support mother’s milk supply
- Positive oral experiences at breast/soother
- 0% oral intake (excludes OIT)

**Interventions**
- Promote universal interventions
- Skin to skin care
- Infant may nuzzle and practice on appropriately pumped breast anytime
- Facilitate hand to mouth contact
- Offer soother for sucking practice
- Pacing as needed
- Once infant attains NNS stability, pair NNS (breast/soother) with tube feeding
- Never force a nipple into the infant’s mouth

### Nutritive Sucking Stage I

**Infant Characteristics**
- Emerging readiness cues, and managing secretions
- Physiologically unstable
- Demonstrates licking and rooting
- Learning to latch
- Able to maintain physiologic, motor and state stability with NNS practice

**Goals**
- Support mother’s milk supply
- Oral intake <10% of daily volume. Oral practice only
- Develop SSB coordination with small volumes (BF/B)
- Focus on quality of feeding, not volume
- Positive experience for infant and caregiver

**Interventions**
- Promote universal interventions
- Minimize stimulating stimuli
- 5–10 minutes oral feeding practice (BF or B)
- Intervene promptly with signs of distress
- Use proactive strategies to prevent distress (optimal positioning, pacing, flow rate)
- Aisle extra swallows and recovery breaths
- Wait for infant to open mouth to invite nipple back in
- Bread or bottle at a feed – not both

**Breastfeeding Practice**
- Position skin to skin. Lower infant to good BF position
- BF practice at appropriately pumped breast
- If disorganized, try NNS first
- Hand express/drip milk onto mother’s nipple to assist with latch
- Use pacing as needed
- Pair tube feeding with BF practice

**Bottle Feeding Practice**
- Swaddle, side lying elevated on pillow
- Start with brief NNS
- Slow flow nipple. Pace as needed. Before feeding, unscrew nipple to relieve pressure and re-tighten
- Never jiggles or rotate nipple to make infant suck

### Nutritive Sucking Stage II

**Infant Characteristics**
- Demonstrates readiness to feed at some but not all feedings
- Physiologic stability and endurance, but not enough for full feeding
- Readiness cues to latch, effective latch, functional NNS coordination with or without pacing

**Goals**
- Increase practice at breast
- Transition to full oral feeding by supporting endurance, skills and physiologic stability

**Interventions**
- Promote universal interventions
- Watch for disengagement/distress cues and assess infant’s readiness to continue
- Use gentle approach to invite infant to feed, e.g., soothing voice, skin-to-skin, soother to lip, etc.
- If still wanting to suck after consuming the top limit of the current stage (IIA, IIB, IIC), offer NNS (breast/soother) with tube feeding
- Consider advancing feeding stage when infant shows consistent feeding competency for a minimum of 24 hours

**Breastfeeding**
- Facilitate BF as often as possible at appropriately pumped breast
- Teach optimal BF position
- Pacing as needed
- Re-assess Mom’s milk supply. Consider test weighing

**Bottle feeding**
- Swaddle, side lying elevated on pillow
- Start with brief NNS
- Slow flow nipple. Pace as needed. Before feeding, unscrew nipple to relieve pressure and re-tighten
- Never jiggles or rotate nipple to make infant suck

Stage IIA: 10% to <25% of daily volume
- Maximum 15 minutes BF or 10 minutes B
- Slow down intake
- Feedings practice when cueing
- Top-ups are needed after BF, transition to topups by B rather than NG with max 30 minute total feeding time

Stage IIB: 25% to <50% of daily volume
- 20 minutes oral feeding time (BF or B)
- Avoid BF and B practice at same feeding. Top up with NG

Stage IIC: 50% to <80% of daily volume
- Maximum 30 minutes oral feeding time (BF and/or B)
- Offer burp break
- Offer BF/B opportunities every time infant cues
- Consider test weighing pre/post BF. May or may not need supplementation after BF/B

* Infants who meet SINC eligibility refer to SINC Algorithm

### Nutritive Sucking Stage III

**Infant Characteristics**
- Sufficient SSB with or without pacing
- Oral intake ≥80% of daily volume
- Hunger and satiation cues more consistent

**Goals**
- Parents achieve confidence and competence feeding their infant
- Feeding skills and intake support growth
- Feeding experience positive for infant and caregiver
- Transition to twice weekly weights

**Interventions**
- Promote universal interventions
- Encourage caregivers to spend long blocks of time in NICU to understand infant feeding cues and transition to semi-demand feedings
- Optimal positioning
- Pacing as needed
- Offer burp break
- Transition to semi-demand cue-based feedings (max 3.5 hours); volume and frequency vary.

Trial full oral by not topping up if infant consumes >80% of feed, or temporarily lowering TFI goals, or monitor semi-demand intake for 12 hour periods.

- If unsuccessful, repeat trial every 2–3 days.
- Discuss feeding expectations and community followup with caregivers

**Breastfeeding**
- Nipple shield teaching and plan for weaning
- Discuss pumping strategies for home
- Transition off test weighing to mother’s own estimations
- If topups are needed after BF, transition to topups by B rather than NG with max 30 minute total feeding time

**Bottle feeding**
- Transition to commercial single hole, slow flow, straight nipple prior to discharge
- Continue side lying elevated position as needed

### Across all stages, universal interventions are to PROMOTE:
- parent feeding goals & realistic feeding expectations
- breastfeeding. Support lactation
- co-regulation relationship
- age-appropriate care
- parent access to breastfeeding/oral feeding educational resources/videos

### Abbreviations:
- B - bottle BF
- NNS - non-nutritive sucking
- NS - nutritive sucking
- OG/NG - orogastric/nasogastric
- OIT - oral immune therapy
- SSB - suck-swallow-breathe
- WOB - work of breathing