



Newborn Care Series

Inserting a Gastric Tube

A gastric tube is a way to feed babies who are not able to effectively suck or swallow enough milk to thrive.

They may be too sick or born too early to be able to coordinate the complex skills of sucking, swallowing, and breathing that breastfeeding requires.

This video shows how to determine if a gastric tube is needed and how to safely insert one.

How do we decide if a gastric tube is needed?

First determine if the baby can breastfeed adequately. Look for good attachment and if the baby can suck well for at least 10 minutes.

This baby is not able to attach well and cannot suck effectively.

If the baby is not able to breastfeed adequately, try cup feeding next. If the baby cannot take enough milk due to coughing and spilling, he's not swallowing effectively.

Now feeding by gastric tube is needed.

The tube is passed through the nose or mouth, down the back of the throat and into the stomach.

Put it in a nostril if the baby is breathing easily. Put it in the mouth if he has breathing problems, if the stomach needs to be drained, or if you don't have a very narrow tube.

This small baby was born too early. He's not yet able to breast or cup feed effectively. A gastric tube is needed until he's grown enough to suck and swallow on his own.

Take the time to talk with the mother about the procedure and need for it. Reassure her that this is safe and will not hurt the baby.

To start, gather the gastric tube, a 5-milliliter syringe, a feeding syringe, a marker, tape, and a stethoscope. Gloves are optional.

An 8 french gastric tube is a good size for a normal newborn, and 5 french is best for a small baby.



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Now wash your hands and put on gloves.

Next, measure the length of tube to be inserted. Put the end of the tube on the baby's nose. Stretch it to the earlobe -- then to the base of the sternum.

Mark the length.

Hold the baby's head still, and flex his neck forward slightly.

Gently insert the tube slowly and steadily. Aim toward the back of the head, until you've reached your mark. The tube is uncomfortable for the baby as it's inserted but painless once it's in place.

Never force the tube: if it doesn't slide easily, stop, and try the other nostril or the mouth.

Very rarely the tube may try to go into the trachea leading to the lungs. This is rare but serious. A feeding that goes into the lungs can possibly be fatal.

Always check for correct placement. Here's how:

Fill a syringe with 2 milliliters of air. Connect it to the tube. Inject the air quickly while you listen over the stomach. A whooshing sound tells you that the air has entered the stomach. If not, remove the tube and repeat the procedure.

When the tube is in the right place, tape it securely close to the nose or mouth to prevent it from sliding. Avoid pulling the tube tight against the nostril.

Here is an alternate taping method. Note that the mark is left visible to easily check for placement before each feed.

Remember:

- Measure the tube from nose, to ear lobe, to base of the sternum
- Confirm placement by listening at the stomach as you push air through the syringe
- Tape the tube securely near the nose or mouth.