Wrightington, Wigan and Leigh Teaching Hospitals
NHS Foundation Trust

Introducing Oral Feeds on the Neonatal Unit

Version number: **3**
Last modified date: **12th November 2026**

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Patient Information

Infant Feeding Service

- Author ID: KA
- Leaflet ref: CH 006
- Version: 3
- Leaflet title: Introducing Oral Feeds on the NNU
- Last review: October 2022
- Expiry date: October 2024

Hunger cues and readiness

Before moving from tube to oral feeds, your baby should be:

- At least 32 weeks gestational age and show hunger cues or readiness. These include:
  - Waking and/or crying when hungry
  - Demonstrating rooting or sucking behaviours
  - Being able to suck on a dummy, a finger or on mother's breast immediately after expressing (non-nutritive sucking).
  - Having stable respiratory and heart rates
  - Being able to maintain a quiet and alert state for at least 5 minutes each day.

(Some babies are ready for oral experience much earlier than 32 weeks, but are unlikely to be able to co-ordinate their sucking and swallowing to be able to feed safely before this time – ask your nurse or speech and language therapist about 'non-nutritive sucking').

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Remember to **"HOLD ME"**

- **H**unger cues and readiness
- **O**ptimal positioning
- **L**ed by baby
- **D**isengagement cues
- **M**inimal cares prior to feed
- **E**mphasis on quality not quantity

Optimal positioning

Your baby's position for feeding should encourage midline positioning of arms, legs, head and neck. Swaddling can help your baby to maintain a calm state by providing postural support. An elevated side-lying position is supportive and similar to the position achieved when breastfeeding. Your nurse or speech and language therapist will be able to show you these methods of positioning.

Led by baby

Use co-regulated pacing. This is where your baby's communication tells you when to continue offering the feed and when to rest after each sucking burst. Do not wriggle the teat/nipple to restart the feed if your baby stops sucking. Use developmentally supportive techniques to promote feed engagement such as repositioning or sufficient rest breaks.

Disengagement cues

These cues indicate stress. The feed should be stopped or paused if any of the following changes are observed:

- Changes in postural control or tone (i.e. baby becomes more stiff or more floppy)
- Colour change (e.g., mottling, blanching)
- Nasal flaring
- Unstable saturations, respiratory and/or cardiac changes
- Finger splaying
- Frowning
- Coughing, choking, gagging
- Fatigue

Minimal cares prior to feed

Cares such as nappy changing or interventions such as taking blood should not be done just before the feed where possible. This will help your baby to conserve energy for the feed.

Emphasis placed on quality not quantity

Development of oral feeding can be a sign that your baby may soon be ready for discharge. This can lead us to focus on volume-led feeding, where we strive to get a baby to take a certain volume of milk no matter what. However, research indicates that following a volume-led and not an infant-led approach can lead to later feeding difficulties from weaning age (6 months) and beyond. It is essential that a pre-term baby's feeding experience is positive and pleasurable with the emphasis on quality not quantity as this can help to improve long term outcomes.

If you have any questions, please do not hesitate to talk to a member of the neonatal staff or the Speech & Language Therapist.

With thanks to the Paediatric Dysphagia Speech & Language Therapy Service, ALTI Team, Bolton NHSFT



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