



**NCCU CLINICAL GUIDELINES**  
**SECTION: 7**

**BREAST FEEDING**

Section: 7 Breast feeding  
Nutritive, non-nutritive sucking and gastric tube top-ups  
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## **NUTRITIVE, NON-NUTRITIVE SUCKING AND GASTRIC TUBE TOP-UPS**

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Ensure that the mother is familiar with signs of nutritive and non-nutritive sucking, and involve her in the assessment of breastfeeds. Observe the infant breastfeeding to assess how long and how effectively he/she has sucked; this will determine if a gastric tube top-up is needed and how much to give.

**NON-NUTRITIVE SUCKING:** infants change the way they suck at the breast during a breast feed. Initially they suck rapidly to stimulate the milk ejection reflex. This is termed Non-Nutritive Sucking (NNS). The infant receives only small volumes of breast milk with NNS.

**NUTRITIVE SUCKING:** After NNS the infant then changes to a slower, more rhythmical pattern once the milk starts flowing. This is termed Nutritive Sucking (NS).

Infants display two distinct phases of feeding; an initial run of continuous sucking/swallowing followed by intermittent bursts of sucking/swallowing separated by a rest period. The rest periods are particularly important as preterm infants have been found to compromise their breathing by up to 35% in both the continuous and intermittent runs. Therefore there is no benefit in stimulating the infant to continue to suck during these rest periods.

### **SIGNS OF NUTRITIVE SUCKING INCLUDE:**

- movement of the whole jaw
- the breast being drawn into infant's mouth
- swallowing seen (and sometimes heard if let-down has occurred)
- tugging, but no pain felt by the mother

### **GASTRIC TUBE TOP-UPS FOLLOWING BREAST FEEDS**

It is preferable for infants receiving some tube feeds to be tube fed for 1 - 2 feeds prior to being breastfed as preterm infants have limited energy levels. This enables the infant to conserve energy, allowing greater opportunity for a successful breastfeed.

### **POINTS TO CONSIDER IN ASSESSING MILK INTAKE INCLUDE:**

1. If little or no NS is observed the infant is likely to need a full top-up feed. If some NS is observed the infant may need less of the prescribed volume as a top-up feed.
2. If the infant had several episodes of NS and appears satisfied, and the mother has an adequate supply; consider withholding a top-up. In this case it is useful for the mother to be available to feed if the infant wakes or shows signs of hunger before the next scheduled feed (consider test weighing with guidance from Lactation Consultant).

3. Whether the mother feels a difference in breast fullness after the feed.
4. The mother's milk supply and time since she last expressed
5. Amount of NS time
6. The infant's weight gain
7. The infant's urinary output; ideally  $\geq 5$  wet nappies of pale clear urine a day

**OUR AIM IS TO MAXIMISE BREASTFEEDING OUTCOMES BY PROMOTING CONSISTENCY IN CARE AND INFORMATION FOR MOTHERS WHO INTEND TO BREASTFEED THEIR INFANTS, BOTH PRETERM AND TERM.**

**All staff should complete BFHI eLearning packages: Module 1 – 4**

**[Baby Friendly Health Initiative \(BFHI\) Educational Tools](#)**

## **RECOMMENDED FURTHER READING**

- J. Riordan, K. Wambach. Breastfeeding and Human Lactation 4th Edition 2009
- R. Mannel, P.J. Martens, M. Walker (Eds). Core Curriculum for Lactation Consultant Practice. 3rd Edition 2012
- W. Brodribb (Ed). Breastfeeding Management, 4th Edition 2012.
- R. Lawrence, R. Lawrence. Breastfeeding: A Guide for the Medical Profession 7th Edition, 2010