Tubefeeding Newborn Babies at Home

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SUMMARY: Nine term and premature infants were discharged home while still being partly tubefed, and were successfully weaned onto full bottle or breast feeds by their mothers under minimal supervision.

Introduction

Neonates, including premature infants, can be safely discharged from hospital when they are healthy and gaining weight adequately on breast or bottle feeds, when they can maintain stable body temperature in a cot at room temperature, and when home conditions are satisfactory1,2,3. A small number of premature and term infants are, however, not entirely breast or bottle fed by the time they are otherwise ready for discharge.

Patients and Methods

Healthy, partly tubefed infants were discharged home if their weight gain was satisfactory, if body temperature was stable and if their mothers were capable of tube feeding them at home (and wished to do so). Families whose circumstances might have prejudiced the success of tubefeeding at home were excluded. The mothers were given instruction in tubefeeding and in changing the nasogastric tube, and were asked to phone for advice and to bring their babies back to hospital at any time if necessary. The adequacy of milk intake at home was assessed by monitoring the children's weight gain weekly. The nasogastric tubes were changed every 2-7 days.

Results

The nine infants were born between 29 and 40 weeks' gestation (mean 33 weeks) with birth weights of between 1299 and 2400 grams (mean 1953 grams). They were discharged home at "gestational ages" of 35-42 weeks (mean 37 weeks) at chronological ages of between 12 and 71 days (mean 26 days). At time of discharge the 7 bottle fed babies were receiving from 25%-70% (mean 43) of their feeds by tube and their weights ranged from 1975 to 2565 grams (mean 2023 grams). Tube-feeding continued at home for 9-65 (mean 24 days) and the babies' weights on discontinuing tubefeeds varied from 2500 to 3950 (mean 3100 grams). Weight gain at home while being partly tubefed ranged from 20 to 61 grams (mean 40 grams).

Four mothers initially experienced anxiety about tubefeeding their babies at home; one opted to have the tube changed weekly at the hospital, and two found changing the tube distressing. All were glad, however, that they could take their babies home earlier than would otherwise have been possible. None had regrets later and none contacted hospital or health visitor for advice, apart from at clinic visits. All babies gained weight normally and none were readmitted.

Discussion

Dillard et al1 described a controlled trial of the successful discharge of low-birthweight babies at weights of between 2000 and 2100 grams and in 1982 Lefebvre et al2 demonstrated that, provided babies were healthy, were gaining weight well, could maintain their body temperature, were feeding satisfactorily and maternal care was adequate, they could be discharged safely at weights of 1900 grams and above. Derbyshire and his co-workers3 described similar success in discharging babies whose weights were as low as 1300 grams.

The early discharge of babies has certain advantages. It shortens the hospital stay and this reduces costs and nursing time. It also reduces travel costs and the inconvenience experienced by the parents visiting the hospital, a particular advantage in BAOR where families may live some distance away. The babies themselves are exposed for a shorter time to the risk of hospital-acquired infection, and maternal stress, caused by separation from the rest of their families if the mothers stay in the hospital, or caused by separation from their babies if they live at home and visit their babies, is reduced. Most mothers find waiting for full breast or bottle feeds to be established before discharge to be frustrating because their babies usually make slow progress.

There are also possible disadvantages. Mothers may find the procedure too stressful and may worry about the adequacy of milk intake. Other family commitments, such as slightly older children, may be so time consuming that the mother becomes unable to find the extra time needed to tubefeed her baby properly, and this may result in inadequate milk intake and weight gain.

This small series shows that it is not always necessary to wait until full breast or bottle feeds are established before discharging newborn babies from hospital, because some mothers can successfully tubefeed their babies at home with only minimal support from the medical services and without encountering major problems. Indeed, these early discharges appeared to produce greater happiness and satisfaction for parents.
because families were able to be together as units earlier than would otherwise have been the case.

REFERENCES

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