

# Supporting your G-tube fed child

**The decision to have a G-tube (or NG tube) placed for your child is not one that you have made without a great deal of thought and consideration.** We understand the fear of thinking your child will either stop eating by mouth or may never learn to eat by mouth. The good news is that there are many things you can do as a parent from the very first day the G-tube is placed to help support your child's oral feeding skills and to best ensure that he or she will someday be able to eat without a tube. This handout has been designed to help you carry out a program that will give your child the best chance of eliminating their need for their tube at some point in the future.

## Recommendations

- The most important thing that you as parents need to do for your G-tube fed child is to make sure that there continues to be a connection between their mouths being used and their stomachs getting full. Without this connection, it is very difficult to undo the dependence on the tube, which these children can develop.
- There are two ways to feed children through their G-tubes, either through a syringe and a gravity controlled bolus or via a pump controlled bolus.
  - When using a pump, a parent's hands can be freed of equipment allowing the parent to interact with their child and model eating.
  - The pump can be placed behind the child while they are eating so the "pump is out of sight, out of mind". This allows the child to focus on learning to eat by mouth rather than focusing on the G-tube feeding.
- Begin adding calories to your child's diet by the tube in a somewhat slow fashion. When we increase a child's calories dramatically by the tube in a short amount of time, their bodies often times think they are being overfed and their appetite drops out. Their eating by mouth also drops out with their appetite.
- The rate at which you bolus or drip feed your child is also important – that is – how fast does the food go into their tummy through the tube.
- The volume of food going into your child's stomach at any one time is also important. We do not want to over-fill the child's stomach. This creates an unpleasant sensation which becomes connected to feeding, food and satiation (fullness). For any child, if they are gagging and retching during a tube feeding they are indicating that they are not handling the rate, volume and/or formula used during feeding.
- Position for a young infant = tube feed while child is being held in the arms of an adult, facing the adult who holds the child in a semi-reclining position. It is preferred to not have the child fed completely horizontally as this frequently leads to more gagging, retching and/or vomiting.
- Position for a spoon-fed aged infant, toddlers or older child = tube feed while child is sitting upright (or semi-upright) in a high chair type of seat.
- We would recommend that at every feeding time, you first offer the child some form of a feeding by mouth. When they begin to show disinterest in the mouth feeding, start the tube feeding but also continue gently attempting feeding or exploration.
- Do not force feed your child by mouth! This leads to further rejection of eating by mouth. The goal is to create a positive situation that is as close to a normal feeding during a tube feeding as your child can handle.

The following information was created based on the work of: Toomey, K. (2010). *How to support your child learning to eat by mouth with a G-tube*. The Sequential Oral Sensory (SOS) Feeding Approach.