

term newborns. The use of gentle cheek and jaw support for preterm infants has been shown to facilitate feedings. Stroking the infant's lips, cheeks, and tongue before feeding helps promote oral sensitivity. Inward and upward support to the infant's cheeks and a slightly upward lift to the chin are provided by the fingers to assist nipple compression during feeding.



FIG 8-8 Nipple feeding the preterm infant. **A**, The infant is first brought to a quiet alert state in preparation for feeding. **B**, After readiness is demonstrated, the infant is nipple fed. (Courtesy of Jeff Barnes, Education and Eastern Oklahoma Perinatal Center, St. Francis Hospital, Tulsa, OK.)

Bottle feedings are continued if infants are able to tolerate the feedings and take the required amount. Some preterm infants respond more slowly than full-term infants; therefore, the feeding interval and the amount of the feeding are individualized. Preterm infants are often slow feeders and require patience, frequent rest periods, and burping (or bubbling).

Gavage Feeding

Gavage feeding is a safe means of meeting the nutritional requirements of infants who are unable to feed orally. These infants are usually too weak to suck effectively, are unable to coordinate swallowing, and lack a gag reflex. Gavage feedings may be provided by continuous drip regulated via infusion pump or by intermittent bolus feedings. Studies have demonstrated an overall