

Appendix B

Caregiver Feeding Techniques

Technique	Who	When/Why	How
External Pacing	Infants who have difficulty coordinating suck-swallow-breathe or who are overwhelmed by fluid volume.	Cues signaling a need are eyebrow raising, eye widening, head pulling back, or anterior spillage. Pacing gives the infant a chance to breathe or swallow.	Tip the bottle downward to empty milk out of the nipple and back into the bottle. Keep nipple in the mouth if possible. Allow time to breathe and/or swallow. May need to remove nipple if not recovering.
Modified Sidelying	Specific conditions that may benefit: prematurity, tracheomalacia, laryngomalacia, micrognathia, posterior tongue placement.	Imitates breastfeeding position and is generally preferred for preemies. Increases infant's control with the fluid bolus and decreases choking.	Hold infant in flexion on side with the head slightly higher than the feet.
Chin Support	Infants who nipple with a smacking sound, release nipple with each suck, or exhibit jaw excursion.	Stabilizes the mandible to prevent release of the nipple and encourages better stripping of the nipple. Inhibits jaw excursion.	Caregiver's finger is placed under the chin and provides firm upward pressure.
Cheek Support	Infants who have poor suction and pressure, low tone, or fatigue quickly.	Improves suction and pressure by decreasing the intraoral space.	Caregiver places fingers on the outside of the cheeks and applies firm inward pressure. May be done unilaterally or bilaterally.
Oral Stimulation	Infants who have difficulty establishing a suck or have oral aversion.	May help desensitize and encourage non-nutritive and nutritive sucking.	Caregiver uses (gloved) finger to provide stimulation to lips, gums, insides of cheeks, tongue, and hard palate. May then introduce pacifier and, when ready, milk/formula on the finger or pacifier.