



neonatal perspectives

Neonatal Enteral Feeding Tubes: Part 1

Evi Dewhurst

Enteral feeding for the preterm infant or critically ill neonate is a necessary means of providing nutrition to fragile patients who are otherwise unable to breast or bottle feed. When it comes to tubing used in neonatal enteral feeding, NICU clinicians are understandably concerned in regard to duration of use, materials and safety.

Frequent questions often surface on these topics. Assembled below are three common queries and their answers, based on the nature of our own neonatal enteral feeding products.

How long can a PVC, polyurethane or silicone feeding tube remain in the neonatal patient?

A PVC feeding tube is recommended for use up to three days. Polyurethane and silicone can remain in place for up to thirty days. However, most hospitals have a specific protocol in place and may change every feed or have other mandates for their clinicians. Always be sure to follow your own internal healthcare protocol.

What is the softest material for a neonatal enteral feeding tube?

Out of PVC, polyurethane and silicone, silicone is without a doubt the softest. As a feeding tube with extreme flexibility, it appeals to certain units. However, it is frequently the most expensive due to material costs, and some NICUs find it a bit too pliable for their needs.

If your unit decides silicone is too soft for their requirements, try the polyurethane option. Polyurethane is reasonably soft and is able to remain in the patient for up to thirty days. Polyurethane is the mid-priced material.

PVC is often the least expensive, and is limited to three days insertion. It is the firmest of the three materials.

Most enteral connectors are already non-luer. Why do I need a locking connection?

Most manufacturers have indeed created safety enteral feeding systems, thanks to advances driven largely by organizations such as The Joint Commission, ASPEN and others. A non-locking safety system is a step in the right direction, but even ISO recognizes the need for a locking system, and will be requiring it as a standard as early as 2016. Locking systems not only reinforce the safety component, but also prohibit disconnections. Breast

milk is a precious resource, critical to the health of the pre-term neonate, and its loss due to an unfortunate misconnection would be tragic to say the least.

Neonatal intensive care units perform careful research to determine the needs of their units and patients, and from there make informed decisions about the products they choose. Based on these common questions, important enteral feeding considerations should include, but not be limited to: duration of use per tube, material, and locking connectors. Using this information as a starting point for your product decisions should place you well on your path to a decision that is right for your unit, patients and staff.

Do you have additional neonatal enteral feeding tubing queries you would like more information about? I'd love to hear from you! Send them to: evi.dewhurst@medela.com

Learn more about Medela Enteral Feeding System feeding tubes:

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About the Author



Evi Dewhurst is a Senior Manager, Marketing Communications for Medela, Inc. As a proud mother of two young children, she is passionate about healthcare for youngsters everywhere and has a serious soft spot for babies. She is part of the dedicated team at Medela, who together are committed to designing and manufacturing products to advance human milk healthcare. Have a question? Evi can be reached at evi.dewhurst@medela.com
