

# SHAM FEEDING FOR EA

## Indications

- Sham feeding for esophageal atresia has one main goal:
  - To help develop oral-motor and positive nutritive feeding experiences in babies with an unrepaired long-gap
- Sham feeding may also help enlarge the proximal esophageal pouch in order to facilitate repair (little evidence to support this; theory only)

**\*\* This procedure requires a medical order & OT supervision at beginning\*\***

## Key points

- Ideally, sham feeding should be done by parents. Sham feeding can be done by bottle or by breast.
- Sham feeds will begin once per day with small volumes (1-5 ml), and progress as baby's interest, tolerance and coordination increase.
- It is essential to check patency of Replogle before proceeding with sham feeding. If the Replogle is not patent, then the milk will accumulate in the upper pouch of the esophagus and cause choking and aspiration.
- There are 2 different types of Replogle catheters available (see below). They function equally well when placed on low wall suction, but Vygon Replogles cannot be irrigated with a syringe as it is difficult to get a proper seal. Ensuring patency can be done for both types as described below, but if blockage occurs in Vygon type, tube must be removed and replaced whereas Argyle type can be irrigated.



**Argyle Replogle**



**Vygon Replogle**

## Materials

- Replogle in place (8 or 10 Fr)
- Suction tubing connected to suction manometer & Replogle
- Mucous trap
- Material to irrigate Replogle:
  - 10 cc IV syringe
  - Blunt cannula adapter
  - Small volume of sterile water in oral syringe

## Procedure

1. Ensure that there is a valid medical order for sham feeds. Confirm volume to be given.
2. Ensure parents are at bedside and ready to feed baby. Until they sign off, OT should also be present for sham feeding.
3. Prepare prescribed quantity of milk in a bottle with appropriate nipple OR assist mom to get set up to breastfeed.
4. Empty mucous trap of existing secretions to be able to adequately measure output during sham feed. Note volume in nursing notes.
5. Ensure Replogle patency:
  - Draw up 0.5 ml of water in an oral syringe
  - While the Replogle remains on low wall suction, slowly place drops of the water in baby's mouth and observe for aspiration of volume through Replogle (NOTE: if water is not being aspirated through Replogle, troubleshoot as per usual process and do not continue adding drops)
6. Assist parent to settle the baby in their arms. Allow sufficient time for the baby to settle before offering the bottle or breast
7. Nutritional feed via gastrostomy should be initiated at the same time as sham feed so that baby can associate oral feeds with feeling of satiety
8. Prior to initiating oral sham feed, turn up suction gauge by 20 mm Hg from baseline

### ○ Bottle feeding

9. Ensure that baby is in an upright position
10. Parent to offer bottle as per baby's interest/tolerance and ensure pacing of feed
11. As baby is feeding, observe that milk is being aspirated through Replogle and into the mucous trap
12. At the end of the sham feed, ensure that the whole volume of milk taken by the baby has been aspirated into the mucous trap
13. Ensure ongoing assessment of baby's condition including:
  - Respiratory rate and oxygen saturation
  - Work of breathing
  - Suck, swallow, breathe reflex
  - Capacity to take volume of feed without choking/coughing

### ○ Breast feeding

9. Ideally, lactation consultant should be present for first feeds at breast
10. Ensure that baby is positioned with trunk at a 45-degree angle
11. Initially, it may be beneficial to offer breast for short periods. Consider expression prior to sham feeding depending on mother's production (eg. If high production, may have very high flow). As baby's tolerance and coordination increases, frequency and length of breastfeeding session can be increased in consultation with OT.
12. As baby is feeding, observe that milk is being aspirated through Replogle and into the mucous trap
13. Once baby has learned to latch well, mom may continue to breastfeed as long as baby is interested and is tolerating feeding (respiratory status, choking, etc.)
14. Ensure ongoing assessment of baby's condition including:
  - Respiratory rate and oxygen saturation
  - Work of breathing
  - Suck, swallow, breathe reflex
  - Capacity to take volume of feed without choking/coughing

## Documentation

- Ensure that each sham feed session is documented in nursing notes, including:
  - Volume of feed
  - Level of suction set on suction gauge
  - Patient's tolerance