



**KATORI - SPOON  
OR  
PALADAI FEEDING**





## Introduction

Feeding in a normal newborn is natural when we think about breastfeeding where the feed is ready at birth. But in some special cases where the baby is unable to feed directly on the breast can be fed with expressed breast milk, or newborns who need long term neonatal ICU stay due to clinical reasons calls for meeting the feeding needs with the help of naso / oro - gastric tube or simply with a katori & spoon or Paladai.

## Indications

- Small for gestational age infants
- Premature babies who have good swallowing reflex but poor sucking reflex
- Low birth weight baby



## Contraindications

- Congenital anomalies - cleft lip or cleft palate
- Extremely low birth weight below 1000 grams
- Absence of sucking / swallowing reflex
- Semi conscious unconscious baby
- Incubator or ventilator baby





## **Preparation of the articles**

- Sterile tray containing
- Sterile steel bowl / katori (medium size)
- steel Teaspoon / paladai
- sterile glass or cup for collecting EBM
- Bib or disposable paper towel
- clean face towel (not needed if using disposable paper towel)
- measuring cup



## **Preparation of the baby**

- Explain the mother why we need to feed with spoon or paladai
- Assist the mother in expression of breastmilk
- If possible let the mother sit near the baby while expressing the milk
- Check the physician order for feeding amount, frequency, precautions



## Procedure

- Arrange all articles near the baby unit
- Perform hand hygiene
- Put on disposable gloves
- If fed by the nurse:
  - Hold baby in a right or sitting position with the help of the non dominant hand across the back of neck keeping paper towel folded in front or use a bib
  - Measure required amount of feed into paladai



- Place the spike of the paladai at the corner of the baby mouth and milk is allowed to flow in slowly with minimum spillage
- If fed by mother
  - Assist mother to hold baby in lap or baby bed as comfortable for her
  - Same steps for paladai to follow
  - If katori – spoon, measure amount and pour in katori, assist to feed with spoon



- Baby should be actively swallowing
- Process repeated until desired amount fed
- If any vomiting occurs, stop, burp adequately and report
- Monitor intake - output

A newborn baby is lying in a medical warmer, likely in a NICU. The baby is positioned on its back, and several medical sensors and wires are visible on its chest and head. The warmer has a pink and white patterned blanket. The background is a soft, out-of-focus pink and white.

## Post procedure care

- Remove the articles from the baby surrounding
- Wipe the face and mouth with disposable paper towel or face towel
- Burp the baby effectively
- Make the way we lie down in prone position for sometime
- Check the warmer and other attachments in the NICU unit
- Documents the procedure in the sheet, amount of feed, any observation- vomiting

## Advantages


- This mode of feeding is a bridge between gavage feeding and direct breastfeeding
- Chances for transmission of infections associated with feeding is less when compared to bottle feeding
- Best method for stable premature and low birth weight babies



## Disadvantages

- Cannot replace direct breastfeeding advantages
- Delay in development of sucking reflex
- Poor bonding between child and mother
- Oral trauma
- Respiratory distress syndrome in few cases





## Special Nursing Considerations

- If infant not swallowing actively, gentle tactile stimulation can be done to keep baby awake
- If baby continues to be sluggish, do not attempt; report and consider gavage feeding until baby is ready
- Facilitate neuro developmental physiotherapy to improve reflex activity