Predicting Feeding Difficulties on a Level 3 Neonatal Unit

over to you

Research project

RCSLT RESEARCH CHAMPION

Background

The incidence of feeding problems is high in neonatal populations. Many studies exclude non-preterms and infants with conditions that could be considered confounding variables. This exclusion of subpopulations may result in a disproportionate emphasis on prematurity.

This study aims to answer the question 'Is gestational age or medical status the better indicator of risk for slow attainment of full oral feeding and feeding difficulties?'

Method

A retrospective data analysis was undertaken for all infants admitted to a Level 3 Neonatal Unit over a six-month period.

Infants were categorised by gestational age at birth and number of medical conditions (medical complexity).

Statistical analysis was undertaken to determine if gestational age or medical complexity best predicts feeding outcomes.

Next steps

What do parents view as an important outcome measure?

Is age at attainment of full oral feeding related to future development of feeding aversions and oral motor skills?

Which neonatal babies receive most benefit from specialist feeding and swallowing interventions?

Which feeding interventions are most effective?

Results

Based on this data, medical complexity is a more effective method of targeting feeding therapies and resources than degree of prematurity.

For term and preterm infants, the presence of medical conditions involving two or more body systems has high sensitivity (84.6%) and specificity (87.9%) when used as a means of identifying those who will not achieve full oral feeding by 40 weeks gestational age

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Figure 1: Baby Noah

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