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Infant Driven feeding

Objectives:

- 1) Participants will define *Infant Driven Feeding*.
- 2) Participants will briefly describe the strategies and techniques utilized to feed a neonate using *Infant Driven Feeding* methodology.
- 3) Participants will describe the potential long-term effects of negative feeding experiences on premature babies
- 4) Participants will describe strategies to implement and sustain *Infant Driven Feeding* practices within their facilities

Inside the Womb

- Dark
- Warm
- Postural support- flexion
- Containment- provided by the uterus and amniotic fluid
- Gravity eliminated
- Muted sound
- Protected sleep
- Generally *happy and calm* place!!



Outside the Womb

- Preemies are overloaded with negative stimuli in the environment of the NICU
 - Daily heel sticks
 - Ventilator, CPAP, NC
 - Gavage tube (and the tape)
 - Alarms/Noise
 - Lights
 - Stimulation from general caregiving
 - Feeding
 - Maternal separation
 - Fragmented sleep



Can you say *noxious* stimuli?

What is Infant Driven Feeding?

- Infant Driven Feeding is a relationship based, developmental focused feeding
- When a baby's unique behavior is understood by caregivers, feedings are more successful and less stressful (for baby and parent) and parent-baby bonding is enhanced
- Includes consistent monitoring of the infant's physiological stability, state regulation, and organization
- Infant Driven feeding refers to BOTH bottle and breastfeeding

- **GOAL** is to set the stage for feeds that are **SAFE, FUNCTIONAL, NUTURING, and INDIVIDUALLY APPROPRIATE** for each infant's needs

Infant Driven Feeding

- Ross and Philbin (2001) found that "if the quality of feeding take priority of quantity ingested, feeding skills develop pleasurable and at the infant's own pace"
- Requires sensitive, ongoing assessment of the infant's physiology and behavior during the feeding
- Includes knowledgeable decisions that support immediate and long term enjoyment of food
- Requires competent skills in feeding



Infant driven feeding

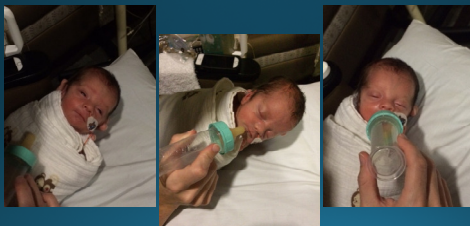


- Ross (2009) found that adverse stressful experiences during the feeding may lay down altered sensory-motor pathways in the brain, and affect the ability and desire to eat both in the NICU and after discharge
- Ross (2009) also found while most infants discharge taking full breast or bottle feeding, many of these infants over time show negative feeding behaviors and slow velocity in their growth
 - Sweet et al (2003) found that 62% of ELBW infant born at 600 gms or less continued to have feeding issues at age 2 years corrected

What *infant driven feeding* looks like:

- Feeding swaddled to support trunk and pharyngeal structures as well as provide containment during the feeding
- Feeding in sidelying position to prevent pooling in the pharynx, execute ease of external pacing, and allow caregiver assessment of respiratory stability
- Provide anticipatory external pacing during the feeding to implement breath pauses for infants with incoordination of suck-swallow-breathe
- Choosing a more controlled/slow flow rate of nipple
- Support state regulation through re-arousal and calming

Infant driven feeding



Infant driven feeding practices

- Assessing for cues
- Feeding in a sidelying position
- Externally pace
- Swaddling with hands midline to mouth during feedings
- Initiate breastfeeding as first nipping experiences if applicable
- Initiate bottle feeding with slow flow nipple
- Parents to initiate **FIRST** bottle feeding
- Oral stimulation briefly prior to feedings (oral cares, NNS, facial massage, taggie blanket)

When to stop feeding me?

- Coughing/choking
- Decreased heart rate (bradycardia)
- Color change/apnea (breath hold)
- Desaturations
- Falling asleep
- Spitting up
- Arching/grunting/excessive wiggling
- Aversion
- Finger splaying
- Hiccups
- Significant anterior loss
- If infant does NOT open her mouth with oral stim

Why does this matter?

<https://www.youtube.com/watch?v=Ed1SI6exCw0>

Question 1-



How was Infant Driven Feeding implemented within your organization? (Why did you implement it? touch on staff and family education)



Question 2



What challenges have you faced with using Infant Driven Feeding in your unit/organization? How have you overcome those challenges?



Question 3-



What are your biggest successes related to Infant Driven Feeding in your unit/organization?



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