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Novel approaches for individualized oral feeding management care of preterm infants

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Preterm infants' ability to transition from tube to independent oral feeding is a function of their physiologic functions, stability of their behavioral state/organization. Neverthal the control of their physiologic functions, stability of their behavioral state/organization, Neonatal Intensive Care Unit (NICU) environment, and/or caregivers' feeding approach. There are no general guidelines on how best to introduce and advance oral feeding. Current clinical evaluations of infants' oral feeding aptitude lack support from multi-disciplinary health providers due to their lack of evidence-based justification. This presentation introduces two quantitative monitoring methods of infants' oral feeding skills and nutritive sucking patterns: the Oral Feeding Skills Scale (OFS) for routine clinical use and the oral motor kinetic (OMK) device for monitoring the two components of sucking, namely suction and expression. It is advanced that the OFS scale, if used along with current clinical practice, would facilitate healthcare providers in the development of infant individualized management plans. When needed, the OMK device allows for the monitoring of the maturity levels of infants nutritive sucking skills, e.g., presence/absence of suction and expression, coordination of suction/expression, suction force (mmHg). Additionally, the ability to simultaneously monitor infants' sucking along with their swallowing, respiration, heart rate, oxygen saturation, further offers a unique integrated profile of infants' vital functions during oral feeding. It is advanced that the use of these two approaches during the clinical appraisal of infants' oral feeding performance will offer caregivers objective validation of their proposed management plan. The combination of a quantitative evaluation with the clinical approaches currently in use will help differentiate problems arising from inadequate skills, fatigue, or other risk factors. With such approach, it is expected that the management of preterm infants with oral feeding difficulties will become more individualized, better received by staff members, and thus more efficacious.

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