# Reflections on Infant Feeding

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DOI: 10.14434/do.v13i2.31059

In May 2020, I graduated from the Family and Infant Neurodevelopmental Education – Level 2 (FINE 2) course. In Australia, the FINE program is a precursor to NIDCAP Training. This course enabled me to improve my knowledge and practical experience when working with preterm and critically ill newborns. I found FINE 2 challenged me, both as an observer and in a hands-on role, to look for and respond to the cues expressed by preterm babies. I learned to provide more individualized care to babies based on my observations of their cues and improved my ability to educate my colleagues and the families. As a physiotherapist my experience undertaking the Infant Feeding Module was particularly valuable. Feeding is not typically part of my role, so through FINE 2 I was able to observe babies feeding. I learned a lot about how challenging feeding can be for preterm infants. I would like to share my experience with infant feeding in the following observation and reflections.

## Reflections of a tube feeding

I observed Mia for a tube feeding as part of my FINE 2 program. Mia, daughter of Katherine, was born at 25+4 weeks gestation and was 36+4 weeks corrected age when I observed her. Mia weighed 480 grams at birth and weighed 1758 grams at 36 weeks corrected age. I observed Mia in the afternoon. At the time of her feeding Mia was not rousing enough to try an oral feeding. As a result, Mia had a gravity tube feeding.

Reflecting on Mia's feeding, I felt quite comfortable watching her and this was no doubt reflected by her stable state and minimal signs of distress. In thinking about how this feeding could have been improved, prone positioning appeared as a strength for Mia in helping her settle, digest and maintain a flexed position with her hand up so she could self-soothe. Obviously being in this position (or full prone) on her mother, Katherine's, chest would have been preferable and I felt this was something that could be encouraged with Katherine when she was present. The use of a pacifier could be something to consider, however I appreciate that Mia was largely in a sleep state.

However, the way her nurse prepared her position and immediate environment within her cot, really assisted Mia to maintain a relaxed state and tolerate her feeding well. I also reflected on how I contributed to the noise around Mia when I was conversing with her nurse. This was something I wish I hadn't done, and highlighted to me how easy it is to become a bit complacent in these situations. I have found since beginning this course that I am much more aware of my speaking volume and those of my colleagues. I also try and move conversations away from the baby and demonstrate hushed talking.

## Reflection of an oral feeding

I observed a second baby, Max, during an oral feeding to contrast difference in responses and behaviours between tube and oral feeding. Max was born at 23+0 gestation and was 41+0 at the time of my observation. He was being nursed in the special care nursery in an open cot and still requiring High Flow Nasal Pressure (HFNP) at 5L/min in 0.25 FiO2 at baseline. Max's feeding regime at the time was demand feeding (roughly four hourly). I observed Max for a bottle feed.

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*Tube feeding a newborn infant.*

Reflecting on Max's feeding, I felt it could have gone smoother and reminded me how complex feeding is and how challenging it can be for a baby with existing vulnerabilities. I felt that in terms of preparation, although Max was demand feeding, the timing of the feeding delivered was probably slightly overdue. Max was clearly hungry and some of the energy and stress he spent prior to feeding may have been better utilized during his feeding, had it been given slightly earlier. The environment for Max's feeding, like Mia's, was busy. A quieter setting, with lightening reduced, may have also helped minimize Max's energy expenditure and stress prior to, and during his feed. I found that Max tended to pace himself, something he clearly needed to do to satisfy both his feeding and breathing requirements. This was interesting to see, but also made me realise how much energy goes into feeding for a baby with chronic neonatal lung disease (CNLD), such as Max, and also how challenging it can be to feed to a baby like Max. I did feel some concern regarding how his mother would cope with feeding, considering

how little opportunity she had had to feed Max. It definitely highlighted the need to ensure that parents feel well-supported and comfortable with feeding, prior to taking babies home.

I found this course module to be one of the more challenging for me. I took the opportunity to get a deeper understanding to observe how Max handled his feeding. As with previous modules, a nice opportunity for contrast came out of my two observations, not only the way in which Mia and Max differed in their type of feeding, but also in how well each coped. Mia obviously had less of a challenge (and challenging time) with her tube feeding, compared to Max who had to work very hard to simply breathe and suck effectively. Both Max and Mia had significant challenges related to their prematurity and extremely low birth weight and unfortunately both babies were in a situation where access to their mother was limited. I took from the comparison the importance of getting Mia's mother involved in her oral feeding as soon as Mia was ready, to avoid the same difficulties that Max's mother was likely to have at the time of her discharge. I think from now on I will include feeding more readily into my education with parents from an early stage. By using some of the observations and reflections I have made in this module, I may be able to help parents become aware of signs of feeding readiness and intolerance. Hopefully this will give my sessions a more well-rounded approach in the future.

Although I found it less comfortable than other modules I'm glad I had taken the opportunity to observe feeding. A feeding (tube or bottle/ breast) is usually what comes after I see the baby in my role as a physiotherapist. I am very rarely present for the duration of a feeding, having moved on to other tasks and seeing other babies. Seeing how Max and Mia responded to feeding, a basic survival and key developmental skill, was really interesting and gave me a much better understanding of how challenging this can be for both parent and baby. This course definitely helped me gain better insight into the challenges and how a baby's stability and robustness during feeding can indicate a lot about how mature they are, thus adding another layer to my understanding of the impact of feeding on overall development and vice versa.

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*Mother bottle feeding her newborn.*

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The NFI promotes the advancement of the philosophy and science of NIDCAP care and assures the quality of NIDCAP education, training, mentoring and certification for professionals, and hospital systems.

*Adopted by the NFI Board, July 1, 2019*

## Vision

The NFI envisions a global society in which all hospitalized newborns and their families receive care in the evidence-based NIDCAP model. NIDCAP supports development, enhances strengths and minimizes stress for infants, family and staff who care for them. It is individualized and uses a relationship-based, family-integrated approach that yields measurable outcomes.

*Adopted by the NFI Board, October 20, 2017*