

A Cue Based Feeding Protocol in the Neonatal Intensive Care Unit

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Historically, preterm or sick babies cared for in Neonatal Intensive Care Units (NICUs) were given strictly controlled feedings. At the daily physical exam, the medical care provider prescribed when the baby was to begin enteral feedings, the exact volume, when the feeding was to be given by tube, and when the baby was to be offered opportunities for oral (PO) feeding. The orders dictated the feeding schedule, when the baby was to be offered increasing number of PO feedings, the exact amounts, and even sometimes what time of day the PO feedings were to be offered.

Effective oral feeding is often the last challenge babies must master in order to go home. NICU nurses have developed a variety of techniques to ensure that the babies receive the prescribed volumes of oral intake. Sometimes this has been accomplished despite mismatch between what the orders dictated and a baby's readiness. As a result, practices have been used that were not contingent with the baby's cues, not developmentally supportive, and that were potentially unsafe. This type of care did not take advantage of when the baby was most alert and active. Babies were sometimes being forced to feed when they were clearly tired or uninterested. On the other hand, feedings were sometimes limited or restricted, even though the baby showed more interest. The feeding was not under the control of the individual baby. Feedings often continued to be a major challenge for babies in the first weeks at home. These prescriptive practices also generally eliminated the possibility of breastfeeding, since breastfeeding requires the active and willing participation of the baby.

While careful attention to the volume, caloric and nutrient intake, and feeding patterns of babies in NICU is critical to their recovery, a new model of more individualized, developmentally supportive, flexible feeding patterns is being implemented in our NICU as a way to improve the feeding quality, developmental support, and perhaps even facilitate the progression of feedings for these babies.

A review of the literature and discussions in a multidisciplinary work group (nurses, lactation, speech) began this change process. A cue based feeding protocol was developed, which includes a feeding progression algorithm and an explanation page with reminders of stress and readiness cues, developmentally supportive ways to assist, and expected weight gains. In collaboration with our leadership group, unit coordinating council, and unit based education committee, an education process has occurred, and the protocol was implemented. A parent education element was added, initial implementation has been monitored, and minor adjustments were made. This poster will share development of a Performance Improvement to evaluate the results of the protocol.