



Topic Expert Group: Nutrition

Family education and training on infant feeding in the unit and after discharge

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Target group

Infants and parents

User group

Healthcare professionals, neonatal units, hospitals, and health services

Statement of standard

Parents develop appropriate knowledge and skills in feeding their preterm infant.

Rationale

To sustain life, growth, and be discharged from the hospital, an infant must be adequately nourished. (1) Parents are encouraged to feed their infant, even though most of them are not knowledgeable about the care of preterm or ill infants in general and about determining preterm infant readiness or tolerance of oral feeding. For the parent who is eager to provide direct care and nurturing to her or his infant, feeding can be an especially rewarding caregiving activity. However, feeding difficulties may occur and mothers often report that these persist or start after discharge from hospital. (2) Oral feeding may take time to develop after birth and parents should be provided with information and support during this period. They may struggle with infant feeding in the first weeks and experience a period of transition before comfort develops. (3) For the preterm infant, oral feeding can be exhausting and potentially risky, leading to poor weight gain, delayed oral feeding development, and physiologic decompensation with apnoea, bradycardia, oxygen desaturation and aspiration. (4,5) Parents should be educated on how to feed a preterm or ill infant who is likely to fatigue easily and demonstrate feeding behaviours such as long breathing pauses, long sucking pauses and significant oxygen desaturations. Caregivers and especially nurses and the nutrition support team play a central role in supporting parents to feed their preterm or ill infant, including identifying infant feeding cues, and supporting the transition from hospital to home. (6,7) (see TEG Education & training and TEG Follow-up & continuing care)

Benefits

- Improved nutritional care of preterm and ill infants (consensus)
- Decreased postnatal growth faltering (consensus)
- Improved parent-infant interaction (consensus)



Components of the standard

Component	Grading of evidence	Indicator of meeting the standard
For parents and family		
1. Parents are informed by healthcare professionals about infant feeding challenges.	B (High quality)	Patient information sheet ¹
For healthcare professionals		
2. A unit guideline on parental feeding techniques to improve oral infant feeding behaviours is adhered to by all healthcare professionals.	B (High quality)	Guideline
3. Training on possible feeding difficulties and on the educational and support needs of parents is attended by all responsible healthcare professionals.	B (High quality)	Training documentation
For neonatal unit		
4. A unit guideline on parental feeding techniques to improve oral infant feeding behaviours is available and regularly updated.	B (High quality)	Guideline
5. Educational programmes (parental feeding techniques to improve oral infant feeding behaviours) are provided by a multidisciplinary infant nutrition team.	A (Low quality)	Training documentation
6. Opportunities for skin-to-skin care and comfort holding of the preterm infant prior to and during the feeding are provided.	B (Moderate quality)	Parent feedback
For hospital		
7. Training on techniques to improve oral infant feeding behaviours and parental feeding techniques is ensured.	B (High quality)	Training documentation

¹ The TEG Nutrition very much supports the need of good communication with families and regular sharing of key information, but it is not in favour of sharing information on each standard by a „parent information sheet“, which is term chosen by the Chair Committee. In our view, sharing multiple parent information sheets bears the risk of overloading families with a plethora of written information during a stressful time period, which may not be very helpful. We suggest to consider other means of sharing information.



For health service		
8. Outpatient or community-based support and networks for feeding difficulties are provided.	B (Moderate quality)	Audit report, parent feedback

Where to go - further development

Further development	Grading of evidence
For parents and family	
N/A	
For healthcare professionals	
N/A	
For neonatal unit	
<ul style="list-style-type: none">Develop networks for feeding support across regions.	B (Moderate quality)
For hospital	
N/A	
For health service	
<ul style="list-style-type: none">Examine the effectiveness of different programmes to educate and support parents of preterm and ill infants.	B (Moderate quality)
<ul style="list-style-type: none">Consider covering costs of feeding support.	B (Moderate quality)

Getting started

Initial steps
For parents and family
<ul style="list-style-type: none">Parents are verbally informed about oral feeding of their preterm or ill infant and feeding challenges by healthcare professionals.
For healthcare professionals
<ul style="list-style-type: none">Attend training on preterm or ill infant feeding techniques.
For neonatal unit and hospital
<ul style="list-style-type: none">Develop and implement a unit guideline on feeding techniques to improve oral feeding behaviours and parental feeding techniques.Support healthcare professionals to participate in training on the difficulties of oral feeding.Provide room with appropriate privacy for oral feeding.
For health service
<ul style="list-style-type: none">Establish outpatient or community-based follow-up.

Source

1. Koletzko B, Poindexter B, Uauy R, editors. Nutritional care of preterm infants: scientific basis and practical guidelines. Basel: Karger; 2014. 314 p. (World review of nutrition and dietetics).



2. Thoyre SM. Mothers' ideas about their role in feeding their high-risk infants. *J Obstet Gynecol Neonatal Nurs JOGNN*. 2000 Dec;29(6):613–24.
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4. Pridham K, Bhattacharya A, Thoyre S, Steward D, Bamberger J, Wells J, et al. Exploration of the contribution of biobehavioral variables to the energy expenditure of preterm infants. *Biol Res Nurs*. 2005 Jan;6(3):216–29.
5. Stevens EE, Gazza E, Pickler R. Parental experience learning to feed their preterm infants. *Adv Neonatal Care Off J Natl Assoc Neonatal Nurses*. 2014 Oct;14(5):354–61.
6. Brown LF, Griffin J, Reyna B, Lewis M. The development of a mother's internal working model of feeding. *J Spec Pediatr Nurs JSPN*. 2013 Jan;18(1):54–64.
7. Swanson V, Nicol H, McInnes R, Cheyne H, Mactier H, Callander E. Developing maternal self-efficacy for feeding preterm babies in the neonatal unit. *Qual Health Res*. 2012 Oct;22(10):1369–82.

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Lifecycle

5 years/next revision: 2023

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