

Supporting Staff and Caregivers in the NICU through the Development of Supplemental Infant-Driven Feeding Resources

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Introduction

Background

- The occupational therapy team within CHP's Level 4 NICU has worked towards making the shift from a volume-driven feeding culture to an infant-driven feeding (IDF) culture which supports physiological and developmental needs of premature infants

Significance

- IDF includes a neurodevelopmental foundation that is inclusive of families, breastfeeding, bottle-feeding and an in-depth understanding of the impact of feeding readiness, quality, and caregiver techniques on long-term oral feeding success¹
- Achievement of independent oral feedings remains the most common barrier to discharge in preterm infants²
- Infants who were fed according to cues achieved full oral feedings faster and were discharged from the hospital sooner³

Objectives

Objective 1

To create supplemental IDF training modules for NICU staff to assure correct assessment and promotion of proper oral feeding techniques.

Objective 2

To develop educational materials for caregivers in the NICU to increase confidence in feeding, positioning, and environmental concerns related to their infant.

Participants and Methods

Participants:

CHP NICU staff (nurses, OTs, SLPs)

Caregivers of infants in the NICU

Methods:

Administered Qualtrics XM survey to identify prioritized topic areas for staff and caregiver education

Resource Development Phase

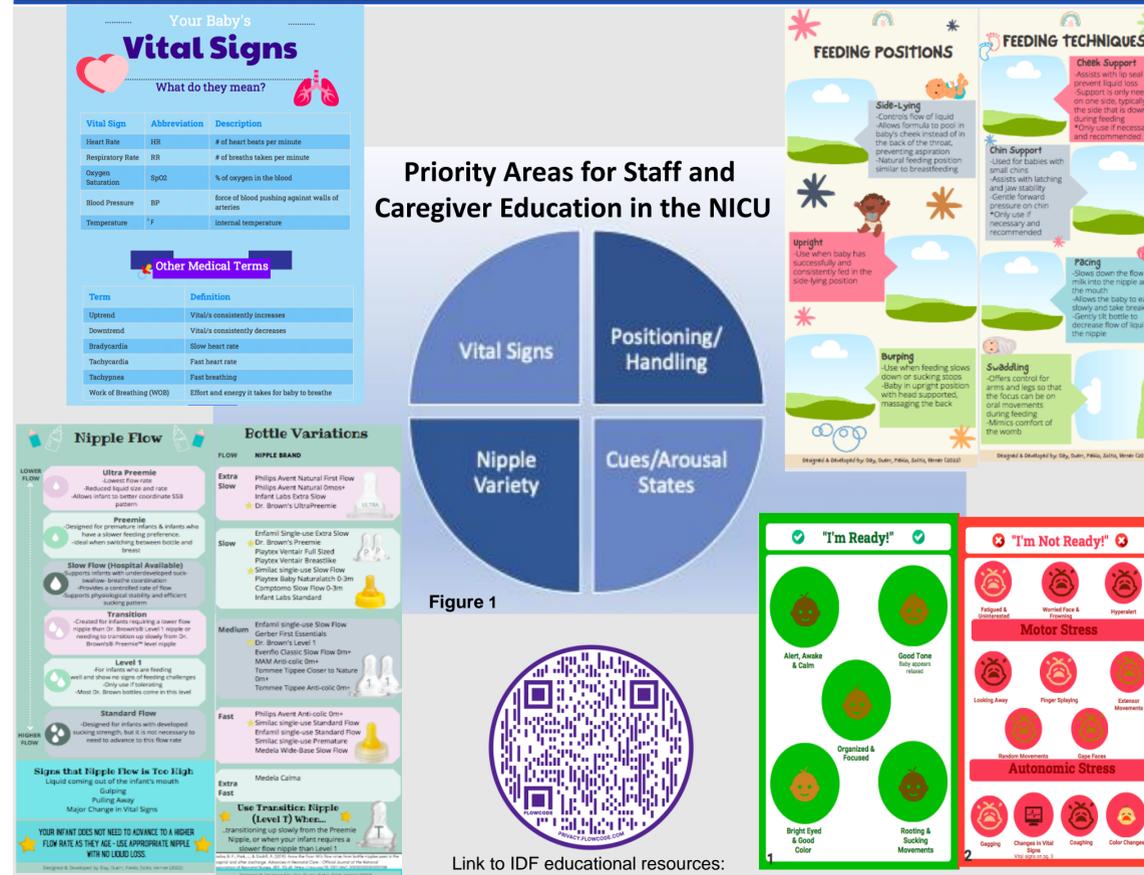
Developed several educational handout resources to align with the prioritized topic areas for staff and caregiver education

Video recorded infants in the NICU with caregiver permission to be used in educational resources

Video/Picture Obtainment Phase

Administered Qualtrics XM survey to gain feedback from caregivers and staff on comfort, satisfaction, and effectiveness levels

Resource Development Data Results



Staff and Caregiver Feedback about Developed Educational Resources

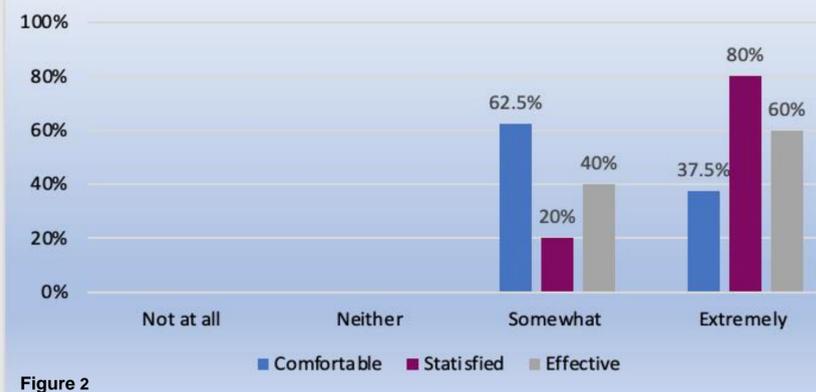


Figure 2 depicts participants responses to the following questions: "After viewing the videos and additional educational materials, how comfortable are you with the IDF topics?", "How satisfied are you with the printed IDF educational materials provided in the packet", and "How effective were the supplemental materials?"

Discussion

General Findings

NICU staff reported overlap in priority areas for staff and caregiver education including vital signs, positioning/handling, nipple variety, and cues/arousal states.

Resources were developed in a variety of formats including decision trees, videos, pictures, and handouts to address the priority areas reported by NICU staff.

NICU staff state that the supplemental videos and case studies were extremely effective when used in the advanced feeding lecture.

NICU staff and caregivers reported that all resources were effective and satisfying, while also allowing them to feel more comfortable with IDF scoring and techniques.

Limitations

- Due to COVID-19 restrictions, on-site resource development containing patient images was limited
- Infrequent caregiver presence limited the number of opportunities to gain infant filming/photo permissions and caregiver feedback on resources

Conclusions

General Conclusions

- Supplemental videos paired with case studies should be utilized in feeding programs to increase staff comfort and application of evidence-based IDF strategies
- Caregiver education and involvement are an integral part of infant-driven feeding to improve health outcomes
- There is a need for ongoing support and resources for staff and caregivers in the NICU

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