

Today's Speakers • Lisa Kleinz, MA, SLP/L, CNT, CLC, Dr. Brown's® Medical, Director of Education Kelly Fill, MOTR/L, Children's Hospital of Pittsburgh of UPMC • Mary Beth Lohman, Summerlin Medical Center, Las Vegas • Elizabeth Jeanson, DPT, Sanford Health, Sioux Falls SD

Assumptions if you are here:

- The traditional feeding model doesn't work
- Feeding practices vary from nursery to nursery, and even caregiver to caregiver (McGrath et al., 2010)
- A relationship exists between the consistency and continuity of feeding management practices and improved performance (NANN 2013)
- Consistency allows for skill building and predictability (Shaker 2013)

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- · Decrease in time to full oral feeds
- · Decrease in length of stay
- · Reduced hospital costs

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- Increased parent/staff satisfaction and confidence
- Increased Kangaroo Care time and increased Breastfeeding rates (Brar 2018, Cleveland Clinic 2018, Pham 2018)



How is the Infant-Driven Feeding™ Program different from other programs?

Why IDF™?

Provides comprehensive education on the importance of a neurodevelopmental approach to feeding

Includes permission to use the Infant-Driven Feeding™ Scales in your NICU, including breastfeeding supplementation algorithm

Research supports many benefits for infants, staff, and families

 NICU specific feeding course video training for unit-wide education First and ONLY scalable neonatal feeding courseware created for hospital staff

- · Identifies a process for consistent implementation
- · Includes a neurodevelopmental foundation
- · Includes families
- Is breastfeeding AND bottlefeeding

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- Includes a component on systems change
- Includes use of the Scales
- Coming soon (late Fall) unit purchase includes an Implementation Program



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