

Dr. Brown's Medical Webinar Q and A

The Infant-Driven Feeding™ Program: The Evidence that will Change your Feeding Practice

12.14.22

Shelly Frisco (SF), Amanda Geringer(AG), Renee Bloom (RB), Lisa Kleinz-Dr. Brown's Medical (LK)

1. What is your biggest challenge with implementing IDF™?

SF: The biggest challenge with implementing IDF™ is sustainability of the practice, which has been affected by resistance to changing the feeding culture and nurse staffing shortages. Our unit is now relying on many float and travel nurses and this has complicated consistent adherence to the IDF practice.

AG: In my unit our biggest challenge was the culture shift that had to take place, we needed to have buy in. After a few months the nurses really could see how much IDF™ feedings were easier for the babies and easier for the families.



Dr. Brown's Medical Highlight: In order to address staffing shortages and travel nurses, some units are requiring travel nursing agencies to provide nurses certified in IDF™. The agency can purchase licenses or require their staff to purchase a license and then request reimbursement.

2. How do you get provider support for IDF™?

SF: I presented the IDF™ program to our unit quality council, advanced practice nurses, developmental care, and unit practice council committees prior to implementation. This facilitated provider buy-in of the new feeding practice. My nursing management team also helped me with recruiting nursing champions to educate our staff before and during implementation.

AG: If you present evidence-based articles and research, which there is a ton of, it really supports itself.



DBM Highlight – Dr. Brown's Medical can provide a list of reference articles and research.

3. In times now where staffing is difficult, how does this work when infants are to be fed by cues and not on a tight schedule?

SF: This is a current issue that my unit is dealing with. Infants on IDF™ in my unit are still on a feeding schedule, until they are PO AD LIB. Our wonderful occupational therapists and lactation consultants assist our staff with our patients' feeding regimens.

AG: You might spend more time at the start of implementation, but once you teach families it will actually save you time closer to the end of the stay.

4. How about getting bedside RN input. I am referring to the tenured nurse who has always done it this way and doesn't want to change or understand why it's necessary?

SF: Our unit experienced these issues with some nurses and continues to. I strongly believe that the online educational module is extremely important to providing an evidence-based foundation for feeding practice. Sharing pertinent literature on the short and long-term consequences of early adverse feeding experiences for neonates is also helpful to educating staff on why evidence-based feeding practice is best for patient outcomes. We also made bedside copies of the IDF™ reference cards and breastfeeding sliding scale for each nurse's wireless computer so nurses could easily refer to it for questions on the practice.

AG: We had some of that mindset as well. After doing the modules and practicing with IDF™ for a few months, it will be clear that it is easier to let the infant drive the feedings instead of the medical team.

5. How long is the updated IDF™ module?

LK: Chapter 8, Promoting Breastfeeding Success, is an additional 20-30 minutes.

6. You mentioned that breastfeeding is a big hurdle. Does this program recommend pre and post weights or use a timing at the breast method to determine supplementation amounts?

LK: With the addition of Chapter 8, IDF™ speaks to a combination of test weights and the Breastfeeding Algorithm. It should be noted that the algorithm is not a recipe so to speak, but in order to use it correctly, the caregiver must consider other factors, such as mom's milk supply, and infant's overall skills. These are explained more thoroughly in the new breastfeeding chapter.

7. About how many hospitals have this program going? I think I could use that information for talking to providers about starting it.

LK: Since Dr. Brown's Medical acquired IDF™ in 2018, there have been over 300 hospitals that have purchased the training, in addition to several full hospital SYSTEMS. If you reach out to an Account Manager, we can provide contacts at specific hospitals who have provided us permission to share their email for discussions with potential healthcare providers.