Dr. Brown's Medical Webinar

2.29.24
Anjanette Lee, MS, CCC/SLP, NTMTC
Breathing & Eating - Understanding Neonatal Respiratory Comorbidity and Supporting Smooth Transitions to Oral Feeding

Q and A

Q: What are the different positioning aides do you use?

A: We use numerous positioning aides, depending on what the infant's needs are. We use fluidized positioners of various sizes, manufactured swaddles (some close fitting and stretchy, some loose fitting and gown-like), bean/bead filled boundaries of various sizes (some manufactured and some volunteer made), and unit made rolls and head stabilizers. It is important that units have access to multiple types of positioners, just as they have access to multiple types of lines, medications, and feeding substrates. Infants have different needs amongst them and also at various points in their NICU course.

Q: You mentioned the importance of the infant lying on each side. Can you speak about any importance of infants being fed on both sides?

A: If we consider feeding at the breast, we see that infants most often will change the side they are laying on when they switch breasts. This affords their developing sensory system a chance to perceive their world from varying perspectives. Sounds come from a different direction, sights come from a different direction, sensations (both externally and internally) come from a different direction. These types of experiences are very important for brain wiring. There are of course also musculoskeletal affordances. Posture and movement are affected by the biotensegrity of the infant's positioning.

With our preterm infant, however, we do need to take into consideration that a good many of them struggle with GE reflux. Because of this, left sidelying is often a better position for them, as the evidence base has shown left sidelying to reduce episodes of GE reflux.

Q: What was the recommendation for CIMI? world institute of.....

A: International Loving Touch Foundation offers the Certified Infant Massage Instructor (CIMI) course.

Q: In the Ferrara study, what type of bottle and nipple flow was used?

A: It appears that each infant used their own previously established bottle and nipple.

Q: Do you have any additional information on starting PO trials with infants with a trach & vent (cpap)? I'm an EI provider working with an infant/family who has been cleared by hospital feeding & Swallowing team for exploring purees and tastes to get ready for an MBSS.

A: It's great that attention is being given to preparing the infant for the instrumental swallowing study, Going in for the study cold turkey can often yield poor results for infants with little to no PO experiences. This is especially so for infants with tracheostomy. Rather than focusing on volume, the goal of preparatory sessions is typically to expose the infant to the sensory experiences of tastes and consistencies and

establish oral motor skills surrounding bolus management so that once in the radiology suite the infant is able to accept the boluses needed for assessment of swallowing function. For infants with tracheostomy tubes, and those with tracheostomy tubes on the vent, there are so many variables to consider. There is a wonderful webinar by Holly Schifsky in Dr. Brown's Webinar Library titled "From Feeding to Eating: Assessment and Oral Feeding Intervention for Infants with Tracheostomy Tubes." It gives a thorough overview of all of the components important in the progression to oral feeding for this population, and I highly recommend viewing it.

Q: Excellent presentation! What are your thoughts about MBS vs. FEES on infants on HFNC?

A: Both of these instrumental assessments have their benefits. Modified Barium Swallow Studies allow visualization of all phases of the swallow and give a view of the bony structures of the head and neck as well as a continuous view of bolus transport and timing. Over the past decade, FEES utilization has become increasingly more common in the NICU population. It uses an infant's customary nutritional substrate (formula or breastmilk). It is able to be performed during breastfeeding and is performed at the bedside. It offers a full color view of the pharyngeal and laryngeal soft tissue structures, giving a clear view of the impact of edema and/or abnormal structures. And it prevents additional infant exposure to radiation. If both assessments are available at your facility, the decision of which assessment to use with the HFNC population just depends on what aspects of the swallow you are most needing to assess.

Q: Are there any concerns with using milk drops of EBM or formula while on CPAP or HFNC?

A: The biggest concern typically is that caregivers providing the drops (whether professional or family) might give more than just drops and the infant be subject to airway invasion. Small drops, similar in size to normal saliva amounts are typically tolerated well. Occasionally, milk drops can stimulate saliva production that may be in excess of what the infant can manage, so that is something to be mindful of.