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Use of Occupational Therapy to Optimize Feeding in the Transition Home from the NICU

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Background

About 10-15% of all infants born will require specialized care in a neonatal intensive care unit (NICU; OakBend Medical Center, 2021). On many occasions, OTs are not used after NICU discharge, putting numerous infants at risk for falling behind developmentally post-discharge. Literature suggests parents do not feel prepared to care for their infants after NICU discharge, specifically with feeding (Baraldi et al., 2020; Caretto et al., 2000; Franklin & Rodger, 2003). NICU follow-up (NFUs) programs ease the delicate move from the hospital to home. Although these programs have proven beneficial, they are often under-utilized and lack OTs (Clark et al., 2018; Nwabara et al., 2017).

Problem/Justification

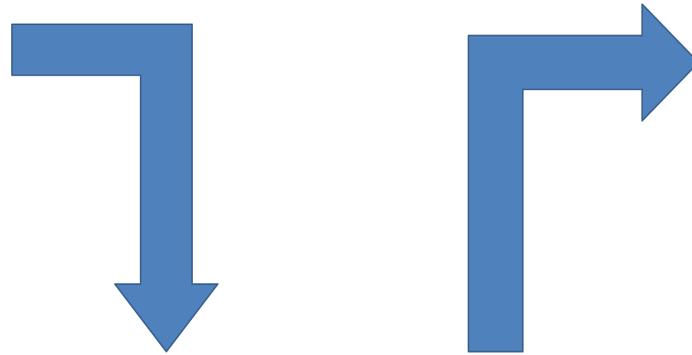
NICU stays are expensive and stressful. OT, PT, and SLPs are common services offered. Feeding concerns are highest priority after medical concerns are abated

Feeding difficulties can impact infant's development and put infant at higher risk to develop failure to thrive resulting in poor health outcomes and potential readmission to the NICU.

Lack of focus on the OTs role in the transitional period between being discharged from the NICU and going home, specifically regarding feeding

Research Question:

How can OTs facilitate feeding interventions and family training post NICU discharge to produce improved health outcomes for infants and increase NICU follow-up program adherence rates?



What is the Role of an OT in Feeding?

- Administer feeding assessments and screenings
- Provide feeding interventions
- Lead caregivers through feeding training and education

Methods

Overview

- 14-week program evaluation research study
- Partnered with NFU to observe where OTs could provide additional services (feeding & otherwise)
- Observed fragile infant specialists (FIS) during routine and NICU discharge planning meetings
- Attended 57 virtual meetings (2 in person)
- 6 meetings held with feeding consult who is also an OT

Participants

- Varied in demographics
- Had child in NICU or recently discharged from NICU
- Previously enrolled in NFU (no researcher influence on participation)
- Provided verbal consent for researcher to observe

Procedure

- Researcher took notes over each meeting
- Common themes/topics of discussion emerged from the FIS meetings
- Created a NICU Parent Resource Packet based on FIS and family feedback and researcher observations

Project Objectives

- To evaluate potential areas for OT's role in feeding interventions post NICU discharge
- To identify specific areas of expansion of the field of OT in transitional services
- To evaluate the effectiveness of the NFU and their approaches to feeding interventions post NICU discharge
- To identify potential barriers to post NICU intervention

Results

The table demonstrates the five themes that emerged from the data collected by the researcher. The frequency was determined by the number of times each theme was discussed in the 34 FIS meetings.

Theme	Frequency
Potential Area for OT Intervention	15
Feeding Difficulties/Concerns	19
Additional Feeding Interventions/Therapies	18
Barriers to Successful NFU Adherence	15
Request of Additional NFU Resources and/or Affiliated Programs	27

Conclusions

THEMES

- Importance of OT's role in feeding interventions post NICU discharge
- OTs can provide crucial additional evidence-based and client-centered services as a member of an NFU
- OTs are useful in improving positive health outcomes for fragile infants with feeding concerns

OT EXPANSION

- Feeding interventions
- NICU, NFUs, Early Intervention
- Postpartum mental health
- Larger role in NICU discharge planning meetings
- Assessments in caregiver mental health, education/training competency, home/environment safety screenings

LIMITATIONS And FUTURE STUDIES

- Virtual aspect of study
- Lack of quantitative data
- Use questionnaires or surveys to evaluate effectiveness of NFU
- Effectiveness of using an OT as NFU feeding consult vs another qualified professional

Acknowledgements

See handout for references of this study.
See handout for NICU Parent Resource Packet.