

Tube Feeding and Feed Transition Practice in Special Care Nurseries (SCNs): A Need for a Consistent Approach

Spence K^{2,1}, Foster J¹, Wright I³, Badawi N², Buckmaster A^{4,5}, Taylor C¹, Sinclair L^{6,7}, Lees S³, Morris S⁸, Peters K⁸, Coles R⁸.

¹Western Sydney University, ²Sydney Children's Hospitals Network (Westmead), ³Wollongong Hospital & University, ⁴Central Coast Health District (Gosford), ⁵University of Newcastle, ⁶Perinatal Services Network, ⁷University of Technology, Sydney, ⁸Life's Little Treasures Foundation.

Background

Parents have reported that inconsistencies in practices, for transitioning infants from tube to sucking feeds in preparation for home, are a major cause for concern.

Aim

We surveyed SCNs in Australia to determine the extent to which variation in tube feeding and transitioning practices exists.

Method

An online survey was distributed to 127 SCNs in all states and territories of Australia between April and June 2016 inclusive.

Results

- Responses were received from 49 (38.5%) SCNs from 6 states and territories NSW, Victoria, QLD, WA, NT, SA & Tas: 30 (61%) were public hospitals, 23 (47%) were in metropolitan areas, 23 (47%) regional, and 3 (6%) rural.
- The number of infants less than 37 weeks admitted to SCNs annually varied and ranged from more than 300 (9%) to less than 30 infants (9%) with the majority 38% of SCNs, admitting between 31 and 100 infants and 15% were unsure. (Figure 1)
- The vast majority of centres, 47 (96%), use tube feeds with intervals ranging from continuous, 17 (36%), to 4th hourly. (Figure 2)
- Written guidelines for readiness to suck existed in 12 (25%) and transition practices in 14 (27%).
- 25% of respondents use a time based schedule rather than cues to indicate readiness for suck feeds. (Figure 3)
- 50% indicated they had a consistent approach to transferring to suck feeds, and 50% used a variety of practices that included gradual sucking, suck:tube ratio, alternate suck tube, when interested, top-ups, teat choice, nurse/midwife or parent preference.
- Multiple types of teats were in use across the SCNs, comments indicated a lack of understanding of their different purpose and uses.
- 14 (30%) discharged infants home on tube feeds, most commonly in NSW and Victoria.
- 16 (55%) had no follow-up program to support parents with feeding issues.
- 28 (58%) stated they had a feeding clinic, (mostly Lactation Consultants either in community centres or private practice).
- Inconsistencies in follow-up were reported; most related to tube replacement.
- Access to State-wide services such a community programs and Hospital in the Home varied across states.



Photograph of Flynn used with permission

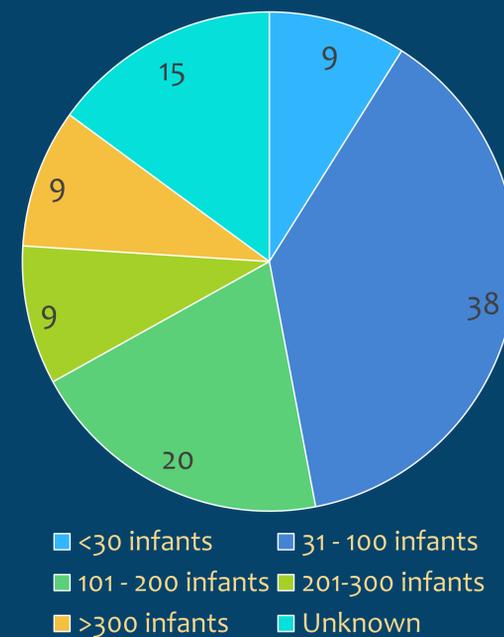


Figure 1: Numbers infants less than 37 weeks and percentage of SCNs admitting each group.

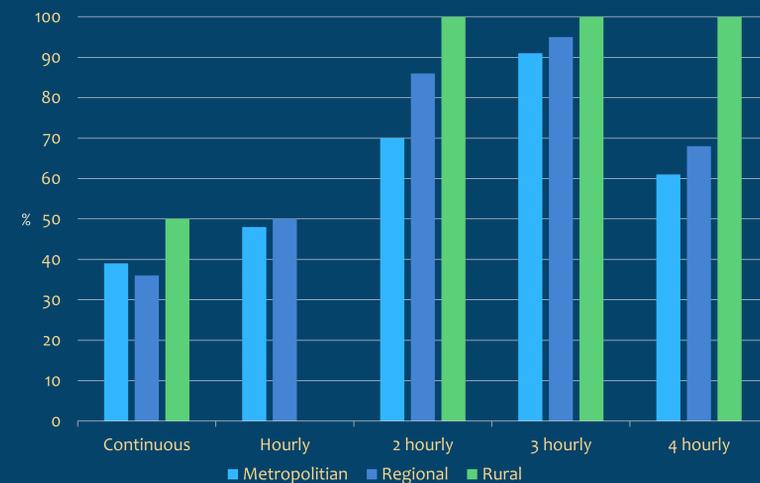


Figure 2: Percent of frequencies of tube feedings by hospital location

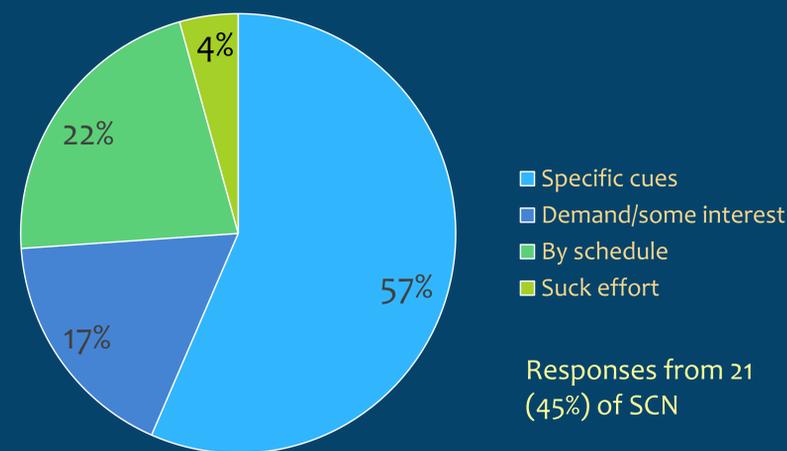


Figure 3: Indicators used to determine readiness to feed in SCNs

Conclusion

Conclusion: Our survey has shown that feeding practices in SCNs for infants on tube feeds transitioning to suck feeds vary widely. We recommend a standardised guideline for the transition process be developed, using best available evidence, and trialled in randomly selected SCNs. Providing a consistent approach may assist parents who have an infant requiring tube feeds in an SCN and the community.