

GUIDELINES FOR HEALTHCARE PROFESSIONALS

IDENTIFYING FEEDING DIFFICULTIES IN INFANTS

FEEDING DIFFICULTIES IN INFANCY

Infancy is a critical time of growth and development. Poor feeding can lead to missing key nutrients that affect the infant long-term. It is important not to dismiss feeding difficulties as something that will improve over time.

Starting at birth, infants are learning important skills that serve as the foundation for life-long feeding skills. As they grow, they need to develop safe and efficient feeding skills in order to keep up with the body's demand for adequate nutrition to support healthy growth and development.

WHICH INFANTS ARE AT RISK FOR FEEDING DIFFICULTIES?

Feeding difficulties are common among infants born prematurely. Infants born preterm often have not yet developed the skills needed to coordinate sucking, swallowing, and breathing and may have other medical complications that impact feeding.

A number of medical conditions may also place an infant at higher risk for feeding difficulties including respiratory conditions, cardiovascular disorders, gastrointestinal conditions, neurologic disorders, various genetic syndromes, cleft lip and/or palate, or Down syndrome.

However, even infants born full-term may have feeding difficulties due to immature feeding skills, lack of responsive feeding practices, interruptions in typical development, or other complex medical conditions or complications.

SIGNS OF FEEDING DIFFICULTIES FOR INFANTS

Severity and complexity of feeding difficulties can vary widely. Infants may give signs during feeding that can alert the feeder that they are having difficulty. Knowing what to look for will help you identify when they are at risk for feeding difficulties.

Feeding difficulties in infancy include a wide range of delays or problems with feeding skills such as:

- Difficulty latching
- Poor lip closure around the breast or bottle nipple
- Wide-open jaw movements while feeding
- Weak suck
- Requiring more breaks while feeding
- Poor endurance or prolonged feedings
- Difficulty coordinating sucking, swallowing, and breathing.

Well-coordinated Feeding

Efficient feeding requires the infant to synchronize sucking, swallowing, and breathing using a rhythmic pattern with a ratio of 1:1:1. Feedings should begin with consistent bursts of the suck, swallow, breathe pattern with pauses to breathe. The length of the burst will depend on the infant's age and stage of development. Over the course of the feeding, the pattern may become more intermittent with longer or more frequent pauses.

Signs of stress or difficulty feeding for infants may include:

- coughing and/or choking
- frequent congestion
- chronic colds or respiratory illness
- poor weight gain
- loss of milk
- increased respiratory rate
- gulping
- fatigue or falling asleep while feeding
- difficulty finishing an adequate amount
- feedings lasting more than 30 minutes

GUIDELINES FOR HEALTHCARE PROVIDERS TO EVALUATE INFANT FEEDING

When an infant is at risk for feeding difficulties, healthcare providers may complete further assessment to ensure feeding has minimal risk for aspiration, provides sufficient nutrition, and is pleasurable. The following key components of infant feeding can help healthcare providers assess an infant's feeding skills to intervene early and address possible feeding difficulties. Observe the infant feeding for at least 15-20 minutes, and note:

- Latch
 - Infant able to maintain a latch against gentle resistance and independently across sucking bursts
- Non-nutritive suck
 - Infant demonstrates well-coordinated, non-nutritive sucking on a pacifier or gloved finger across >3 sucking bursts.
- State Control
 - Infant maintains an appropriate, quiet, alert state for feeding throughout the feeding
- Nutritive suck coordination
 - 1:1:1 suck-swallow-breathe coordination
 - Bursts of about 10-30 sucks in length
 - No change in the infant's baseline respiration
- Feeding duration
 - Infant meets caloric need in less than 30 minutes
- Signs or symptoms of aspiration
 - No signs or symptoms of aspiration observed



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