

Novel Approaches to Oral Feeding Readiness Assessment in the Newborn

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Case Presentation

At 35 weeks postconceptual age, efforts are made to transition a 2300-g, 42-cm preterm female infant from well-tolerated enteral feeding to breastfeeding. The infant does not wake independently for feeding, but grows briefly alert with care and handling. There is no change in her tone with waking, and she exhibits no hunger behaviors such as bringing hands to mouth or taking a pacifier. Once feeding starts, she nipples with a weak, inconsistent suck.

Discussion Items

- Would you consider this infant ready for oral feeding? What signs would indicate yes or no?
- What subjective signs do you use to assess infant readiness for oral feeding?
- How do you transition infants from enteral to oral feedings? Is there a protocol or algorithm in use at your institution?
- How do you approach infants who are at an appropriate age for oral feeding but cannot take full oral feedings?
- Do you use saliva-based biomarkers for other assessments? If so, how do you collect it?
- What are the obstacles to widespread use of saliva-based biomarkers?
- Do you agree that there is a need for objective markers of infant readiness to feed orally?
- Does your institution use any objective markers to determine infant readiness to feed orally?
- Are you familiar with the research into using genetic biomarkers for assessing infant readiness to feed orally?
- What are the obstacles to identifying and using objective markers of infant readiness to feed orally?

Suggested Readings and Resources

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