Evidence was obtained from:
- Pub Med
- Cumulative Index to Nursing and Allied Health
- Cochrane Review
- National Clearinghouse for Clinical Guidelines
- Professional organizations from entire team

Articles: 28 articles and 16 were appraised

Key words: case-based, infant-driven, feeding cues, feeding readiness, behavioral hunger cues, demand-feeds, with related words neonatal and preterm.

Level - Articles - Summary Findings - Quality
I - RCT - • Behavioral hunger cues can guide feedings progression without negative outcomes. • In the RCT, they initiated assessing cues at 32 weeks. • Using cues to guide feedings decreases the number of days to all nipple feeding. • One study noted a 50% reduction in the number of days to achieve all nipple feedings, which can potentially decrease length-of-stay & cost associated with hospitalization. • Two studies included infants with chronic lung disease (CLD) in their population. The authors recommended waiting to initiate nipple feeding until 34-35 weeks in the CLD group.

II - 0 - Delphi study validated the Infant-Driven Feeding Scales®, which identify and rates feeding readiness, the quality of nipple feeding attempts, standardizes feeding interventions, and documentation.

III - 1 - • Recommends feedings are to be safe, pleasurable, developmentally appropriate, and allows the infant to drive the feeding. • Utilizes standardized tools or algorithm to assess feeding readiness, promotes consistency in practice, & teaches staff and parents about the method.

IV - 4 - A breastfeeding quality tool can be used to rate breastfeeding attempts.

V - 7 - A breast feeding readiness scale that promotes infant suck behaviors, and signs for disengagement cues.

Recommendations
- Initiate assessments for feeding cues at 33 weeks, 34 weeks for infants with CLD, & develop algorithm
- Standardize the use of slow-flow nipples
- Use side lying position, external pacing, and swaddling infant
- Remove infant from incubator for nipple and gavage feedings to promote nurturing
- Use rating tools to score the quality of breastfeeding and bottle feeding attempts

Practice Question
What is the best evidence-based case-based feeding model that supports the infant’s neurological development and is easily translatable to staff and parents?

References