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Do Premature Babies who are fed Thickened Liquids, versus those fed standard feeds, transition more quickly to full oral feeds?

A Review of Current Research and Evidence Based Practice

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Background/literature: Babies born prematurely (prior to 37 weeks gestational age) experience a greater percentage of medical complications than full term babies. Chronic lung disease and gastroesophageal reflux are particularly prevalent in this population and can contribute to delays and difficulties in learning to orally feed. Inability to efficiently and safely feed orally frequently contributes to prolonged hospital stays. Efforts to manage feeding difficulties in preemies (and in older babies) have led many practitioners to introduce thickened feeds. This review of the research will highlight some of the issues and challenges in implementing thickened feeds, as well as whether thickening feeds does, indeed, contributing to more timely transition to full oral feeds. Gaps in the research and suggestions for further efforts will also be offered.

Purpose: To explore practices and evidence in support of feeding practices involving thickening of infant bottle feeds. To use available evidence to develop best practice guidelines and/or decision matrix in appropriate infants.

Results: little evidence to support thickening feeds in infants; however, *practice does exist* and with *wide variety* of interpretation and protocol across facilities

There is Evidence to contraindicate thickened feeds in premature infants prior to 37 weeks.

There is limited evidence to support thickening feeds in certain populations

A Cochran meta analysis suggested **Thickened feeds only moderately effective** in **treating reflux in healthy infants**

Recommendations:

MMC does not have a policy/procedure or protocol for thickening infant feeds, either in the premature/newborn population or with infants admitted from the community

The practice does exist, and with variability.

Consideration should be given to developing a practice guideline or protocol.