

Abstract

A delay in achieving the ability to oral feed is one of the major reasons for the delay in hospital discharges and increase in financial cost for otherwise physiological stable infants. Oral feeding starts at around 32 to 35 weeks of gestation and infants stay in the Neonatal Intensive Care Unit (NICU) until all required feedings can be nipped before discharged to home. The project question is “Will a change in the cue-based feeding protocol directed at utilizing a tool that will grade the readiness of the infant to feed at a NICU by its nursing staff increase the identification of the infant to feed?”

An Infant-Driven feeding scale and protocol was developed to guide the nurses on when to initiate oral feeding on premature infants. The scale is from 1 to 5 with a score of 1 or 2 signifying readiness to oral feed. The infant can start oral feeding if the infant consistently scores a 1 or 2, at least three times. 30 charts were reviewed to compare the pre- and post-implementation of the cue-based feeding protocol. As a result, the use of infant-driven scale tool by nurses contributed to the decreased length of stay of premature infants in the NICU.