

When Preterm Infants Struggle to Feed

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The National Coalition for Infant Health is a collaborative of more than 200 professional, clinical, community health, and family support organizations focused on improving the lives of premature infants through age two and their families. NCfIH's mission is to promote lifelong clinical, health, education, and supportive services needed by premature infants and their families. NCfIH prioritizes safety of this vulnerable population and access to approved therapies.

Working in the NICU, I have observed a wide range of challenges affecting late preterm infants. But perhaps the most concerning is difficulty eating.

Late preterm babies, born between 34 and 37 weeks gestation, may look as healthy as term babies. Yet, they lack the physical maturity and developmental skills needed for their tiny bodies to function properly. They may have underdeveloped lungs, low muscle tone, difficulty regulating their body temperature – and feeding issues.

Late preterm babies may experience similar challenges as early preterm babies. They may look bigger or healthier than fragile preemies born earlier, but these late-preterm infants are struggling too. And these feeding problems may continue after the baby goes home. Preterm babies often are not interested in eat-

ing and may avoid eating foods that are higher in nutrition, such as vegetables.

Feeding is a learned ability, not a function of the body such as breathing. Furthermore, for late preterm infants, learning the skill of feeding is critical. Only with proper feeding skills can a preterm infant continue maturing and developing. Lack of optimal nutrition, on the other hand, can lead to a downward health spiral.

Perhaps that is why feeding challenges are particularly stressful for the parents of late preterm babies. They agonize – and understandably so – about their little one's struggle. Mounting stress and concern can cause a hyper-focus on intake and food. This may lead to force-feeding, which can have adverse effects on the baby.

“The babies in this study receive exclusive human milk diets. The milk is from their own mother or pasteurized donor human milk. All babies in the study also receive a human-milk-based fortifier to provide the additional calories and protein they need.”

NICU staff are committed to helping infants and families facing feeding challenges. The necessary tools, however, are not always available. Educational information, **questionnaires**, specialists, and early intervention services can make a significant difference. However, these solutions are not always readily accessible or affordable.



Developmental delays are hard to identify. Many insurance providers refuse to cover the cost of feeding therapy, arguing that not enough “research” exists to justify coverage for the intervention. That is why recognizing infant feeding challenges as a critical developmental delay is so important.

Through increased awareness, research and education, and improved health plan coverage, we can bring about changes that help preterm infants master the most fundamental skills – feeding.

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ounder of Feeding Fundamentals, LLC.*

National Coalition for Infant Health Values (SANE)

Safety. Premature infants are born vulnerable. Products, treatments and related public policies should prioritize these fragile infants’ safety.

Access. Budget-driven health care policies should not preclude premature infants’ access to preventative or necessary therapies.

Nutrition. Proper nutrition and full access to health care keep premature infants healthy after discharge from the NICU.

Equality. Prematurity and related vulnerabilities disproportionately impact minority and economically disadvantaged families. Restrictions on care and treatment should not worsen inherent disparities.