OC24 – An algorithm proposal to oral feeding in premature infants

Florbela Neto (Portugal)¹; Ana Paula França (Portugal)²;
Sandra Cruz (Portugal)²

¹ICBAS– Instituto de Ciencias Biomédicas Abel Salazar; ²ESEP– Escola Superior de Enfermagem do Porto

Theme: Transition of care.

Keywords: nursing interventions, premature feeding skills, sucking, swallowing.

Introduction: Oral feeding is one of the hardest steps for premature infants after respiratory independence and is a challenge for nurses in neonatology.

Objectives: To know the characteristics of preterm infants, essential for oral feeding; to know the nurses' opinion on nursing interventions, that promote the transition of gavage feeding for oral feeding in preterm infants.

Methods: An exploratory, descriptive study with a qualitative approach was used. Semi-structured interviews with neonatal nurses were conducted and data was submitted to content analysis.

Results: Weight, gestational age, physiological stability, sucking coordination, swallowing and breathing, and the overall look and feeding involvement are fundamental parameters to begin oral feeding. Positioning the baby, reflexes stimulation, control stress levels, monitoring the temperature and the milk flow are nursing interventions that promote the development of feeding skills.

Conclusion: An algorithm for the oral feeding of preterm infants was developed grounded in the opinions of nurses.

OC25 – Helping parents spot the deteriorating child: co-production of safety-netting interventions

Sarah Neill (United Kingdom)¹; Damian Roland (United Kingdom)²;
Matthew Thompson (United States of America)³;
Juliet Usher-Smith (United Kingdom)⁴; Laura Mullins
(United Kingdom)⁵; Monica Lakhanpaul (United Kingdom)⁶

¹University of Northampton; ²University of Leicester and Univeristy Hospitals Leicester; ³University of Washington; ⁴University of Cambridge; ⁵Lay member;
⁶University College London

Theme: Child protection and managing risk.

Keywords: Acute illness, co-production, patient safety, safety netting.