

Feeding Resistance

Any feeding technique that bypasses the mouth precludes the opportunity for the infant to practice sucking and swallowing or to experience normal hunger and satiation cycles. Infants may demonstrate aversion to oral feedings by such behaviors as averting the head to the presentation of the nipple, extruding the nipple by tongue thrust, gagging, or even vomiting.

Other observations include disinterest in or active resistance to oral play, diminished spontaneity and motivation, and shallow interpersonal relationships, probably related to the absence of some early incorporative patterns of normal oral experiences. The longer the period of nonoral feeding, the more severe the feeding problems, especially if this period occurs during a time when the infant progresses from reflexive to learned and voluntary feeding actions. Infancy is the period during which the mouth is the primary instrument for reception of stimulation and pleasure.

Infants identified as being at risk for feeding resistance should be provided with regular oral stimulation, such as stroking the oral area from the cheeks to the lips, touching the tongue, placing some of the feeding on the lips and tongue, and associating feeding with pleasurable activities (holding, talking, making eye contact) based on the child's developmental level. Those who exhibit feeding aversion should begin a stimulation program to overcome resistance and acquire the ability to take nourishment by the oral route. Because management requires long-term commitment, successful implementation of a plan for oral stimulation depends on maximum parental involvement and a multidisciplinary team approach.

Energy Conservation

One of the major goals of care for the high-risk infant is conservation of energy. Much of the care described in this section is directed toward this end (e.g., disturbing the infant as little as possible, maintaining a neutral thermal environment, gavage feeding as appropriate, promoting oxygenation, and judiciously implementing any caregiving activities that increase oxygen intake and caloric consumption). An infant who is not required to expend excess energy to breathe, eat, or alter body temperature can use this