

**Title:** Enhanced Feeding Team Training for Supportive Feeding Approaches to High Risk Infants after Hospital Discharge

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**Background:** Infants born prematurely, with congenital or acquired medical conditions, or who have had extended stays in the NICU are at higher risk of developing feeding and nutrition problems. Estimates of feeding and growth problems in preterm infants range from 30-70%. 80% of extremely low birth weight (ELBW) infants have feeding difficulties at 6 months of age and demonstrate differences in skill performance throughout the first year.

Feeding problems develop through biological, behavioral, and environmental interactions. During the 1<sup>st</sup> year of life, the relational exchanges between caretaker and infant revolve around caregiving. Feeding comprises a major part of an infant's wake time. This relational interaction provides the central context for attachment and the foundation for security and well-being. Quality feeding interactions in the first year of life are positively linked to the child's subsequent cognition, linguistic competence and secure attachment. Problems associated with poor quality feeding interactions include: 1) Inadequate or excessive weight gain. 2) Reliance on tube feeding and difficulty transitioning to oral feeding. 3) Delays in development, cognition, and linguistic competence, and 4) Infant/caregiver mental health.

Through a contract with the University of Washington (UW CSHCN Nutrition Program), DOH supports a network of RD's and 20 interdisciplinary teams available to provide services to children with special health care needs. Members of this network frequently request additional training in the management of young infants with feeding difficulties

**Purpose:** In order to expand workforce capacity with the skills to address feeding difficulties in infancy, further training on developmental, neurophysiologic, and relational aspects unique to the infant is needed. Training and skills development comprise the initial steps necessary to expand capacity. Disseminating knowledge to the existing network members and developing partnerships with hospitals, early learning centers, and home visiting programs comprise the system building steps. The ultimate aim is to have a skilled workforce with the necessary linkages to optimize the relational and neurodevelopmental aspects of feeding and support growth and development

**Project Description:** DOH and UW CSHCN Nutrition program will provide support for 2 of the Network Community based feeding teams to receive intensive training focused on neurodevelopmental aspects of infant feeding. These teams will attend a 4 ½ day evidence based program using concepts adapted from the Synactive Theory, the Newborn Individualized Developmental Care (NIDCAP) and the Family Infant Relationship Support Training (FIRST). The teams will then provide 3 formal presentations to the RD and Feeding Team Networks. They will also collaborate with CSHCN Nutrition Program to create an interface between community and hospital feeding teams/RD, and early learning and home visiting programs to facilitate referrals for support of feeding acquisition of high risk infants after discharge. This collaboration will be based on action plans developed during the training.