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Linking evidence and practice: Occupational therapy and oral stimulation for tube fed infants

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Introduction

Evidence-based practice combines information from research, clinical experience, and the client and their family to determine the best course of action in a specific situation. For infants who are tube fed at home and receiving occupational therapy services, there is limited empirical evidence to guide day-to-day practice. It is not clear how therapists support the occupation of feeding for these children and families.

Objectives

- 1) Summarize our systematic literature review
- 2) Describe current practice for infants from a survey of Canadian pediatric occupational therapists
- 3) Compare evidence and practice to better understand knowledge translation

Methods

A systematic review of the literature since 1983 revealed five peer-reviewed publications describing four randomized controlled trials conducted in the United States, France, and Brazil. Study quality was assessed by two reviewers and the evidence summarized. Twenty occupational therapists specializing in services for tube fed infants from across Canada completed a 34 item web-based survey.

Results

Research is limited to healthy newborn preterm infants and indicates that oral stimulation programs decrease length of hospital stay along with other effects. Professionals provided stimulation for 10 to 14 days, once per day. From the survey, therapists see infants with cardiac, neurological, or gastrointestinal conditions. Parents were asked to provide oral stimulation before/ during each tube feed with no defined number of days/weeks. Intervention goals were increasing positive oral experiences, developing positive feeding relationships, and developing oral motor skills. Therapists were guided by other clinicians, workshops, and textbooks and did not cite occupational therapy theories as guiding practice. They viewed their intervention as effective.

Conclusion

There is limited research to guide therapists who are enabling the occupation of feeding for tube fed infants and their families. Therapists turn to other clinicians and textbooks and use oral stimulation procedures modified for the home and older infants. Therapists can consider letting parents choose the frequency of stimulation and need to reflect on whether oral stimulation is the best method for promoting positive feeding relationships.

Contribution to practice/evidence base

Clear gaps in the evidence base indicate directions for research. Current practice and the linkage to evidence is better understood.