

IN THE NAME OF GOD P 24. KANGAROO FEEDING AND NUTRITION

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When the mother holds her baby in the Kangaroo Position, the moments during which the baby is alert are used to apply the so-called non-nutritious suction. The baby usually has a nasogastric or oral feeding tube. The aim of non-nutritious suction is to establish the coordination among suction, breathing and swallowing. Early training may foster quicker maturation of suction skills in more immature preterm infants (29-32 weeks).

While using gavages, the nipple or a gloved finger is introduced in the kangaroo baby's mouth; it should be moistened in milk, and every three to four suctions it is removed to enable the breathing pause. At the beginning the number of suctions is minimal to avoid exhausting the baby, resulting gradually in a pattern of eight to ten suctions and a spontaneous breathing pause. This way quality and maturation of suction are assessed: suction/ breathing/swallowing coordination, oral motor system, breathing pattern, absence of fatigue or stress signs.

This suction training is better achieved if the mother's nipples are used, and this training is comforting both the baby and the mother,

Daily weight gain is monitored. An extremely fast training is not useful, in spite of a successful suction and suction/swallowing coordination; some infants lose when engaged in the suction activity.

Once the baby can suck from the mother's breast adequately, the coordination is adequate, the volume received by gavages is about 100 ml/ Kg/d a few days, and is maintained or more is gained, the tube is withdrawn leaving the baby with directly sucked breast milk alone.

Absence of mothers in neonatal units and the need to feed the baby by suction fostered the use of baby bottles or teats. Type of suction differs greatly from the suction straight the breast, and interferes adequate suction stimuli making the baby suck adequately the nipple and favoring appropriate milk production. absence of the mother longer periods together the use of baby bottles or teats are the major reasons failure in breastfeeding among these fragile baby, who require more milk their mothers.

The trials where milk is administered using a cup, a glass or syringe show that, given the proper training, these techniques do not take more time and result in a better adaptation of tube to direct breast suction. However,

prolonged using a container without appropriate suction stimulation may also be inconvenient since it delays the maturation of suction/swallowing coordination.

The ideal mode of administration is passing enteric by a tube directly to breastfeeding by direct suction and intercalating feeds using a glass or cup in case of mother's absence.