

Open Access

Exploring the Impact of Prefeeding Oral Motor Therapy on Feeding Advancement in a Thai Neonatal Intensive Care Unit: A Randomized Controlled Examination

Giulia Brovero*

Department of Translational Medicine, University of Piemonte Orientale, Italy

Abstract

Neonatal feeding difficulties are common in neonatal intensive care units (NICUs) and can pose significant challenges, particularly among preterm infants. Prefeeding oral motor therapy has emerged as a potential intervention to address these challenges by enhancing oral motor skills and facilitating feeding progression. However, empirical evidence within the context of Thai NICUs remains limited. This randomized controlled examination aimed to explore the impact of prefeeding oral motor therapy on feeding advancement among preterm infants in a Thai NICU setting. A randomized controlled trial design was employed, with preterm infants (gestational age < 37 weeks) randomized to receive either prefeeding oral motor therapy in addition to standard care or standard care alone. The therapy involved structured exercises targeting oral motor skills and coordination, administered by trained therapists. Feeding progression metrics, including suck-swallow-breathe coordination, feeding duration, and weight gain, were assessed at regular intervals. Preliminary results suggest a significant improvement in feeding duration, and improved weight gain trajectories. These findings highlight the potential of prefeeding oral motor therapy as an effective intervention for promoting feeding advancement in preterm infants in Thai NICU settings. Further research is warranted to validate these findings and optimize the implementation of prefeeding oral motor therapy in a structure.

Keywords: Neonatal feeding; Oral motor therapy; Premature infants; Neonatal intensive care unit; Feeding advancement; Randomized controlled trial; Neonatal care

Introduction

Neonatal feeding difficulties pose significant challenges in neonatal intensive care units (NICUs) worldwide, particularly in regions like Thailand where access to specialized care and resources may vary [1]. Preterm infants, in particular, often encounter feeding issues due to immature oral motor skills, necessitating interventions to support their feeding development. In this study, we delve into the efficacy of prefeeding oral motor therapy in enhancing feeding progression among preterm infants in a Thai NICU setting. Neonatal feeding difficulties represent a significant concern in neonatal intensive care units (NICUs) worldwide, particularly among preterm infants. The ability to feed effectively is a critical milestone in neonatal development, influencing overall growth, nutrition, and long-term outcomes [2,3]. However, preterm infants often encounter challenges such as weak sucking reflexes, poor coordination, and oral motor dysfunction, which can impede successful feeding and contribute to complications such as aspiration, poor weight gain, and prolonged hospital stays. In recent years, prefeeding oral motor therapy has emerged as a promising intervention aimed at addressing these challenges and promoting feeding advancement in preterm infants [4,5]. This therapeutic approach involves structured exercises and techniques designed to improve oral motor skills, coordination, and sucking abilities, with the ultimate goal of facilitating successful feeding and enhancing nutritional intake. While prefeeding oral motor therapy has shown promise in various clinical settings, including NICUs, its efficacy within specific contexts such as Thai NICUs remains relatively unexplored. Thailand, like many other countries, faces unique challenges in neonatal care, including limited resources, diverse patient populations, and varying healthcare practices [6]. Despite advancements in neonatal medicine, neonatal feeding difficulties continue to present clinical challenges, highlighting the need for evidence-based interventions tailored to local contexts. Against this backdrop, investigating the impact of prefeeding oral motor therapy on feeding advancement in a Thai NICU setting is of paramount importance. This randomized controlled examination seeks to address this gap in the literature by rigorously evaluating the efficacy of prefeeding oral motor therapy in enhancing feeding progression among preterm infants admitted to a Thai NICU [7-9]. By employing a randomized controlled trial design, we aim to provide robust empirical evidence regarding the effectiveness of this intervention within the Thai healthcare context. Through comprehensive assessment and analysis, we endeavor to elucidate the potential benefits of prefeeding oral motor therapy in improving feeding outcomes and optimizing neonatal care practices in Thailand [10].

Objective

The primary objective of this randomized controlled examination is to evaluate the impact of prefeeding oral motor therapy on feeding advancement among preterm infants admitted to a Thai NICU. By rigorously assessing the efficacy of this intervention, we aim to provide valuable insights into its potential as a standard practice in neonatal care settings.

*Corresponding author: Giulia Brovero, Department of Translational Medicine, University of Piemonte Orientale, Italy, E-mail: giuliabrovero@gmail.com

Received: 01-May-2024, Manuscript No: jspt-24-137722; Editor assigned: 04-May-2024, PreQC No. jspt-24-137722 (PQ); Reviewed: 18-May-2024, QC No-jspt-24-137722; Revised: 25-May-2024, Manuscript No. jspt-24-137722(R); Published: 31-May-2024, DOI: 10.4172/2472-5005.1000241

Citation: Brovero G (2024) Exploring the Impact of Prefeeding Oral Motor Therapy on Feeding Advancement in a Thai Neonatal Intensive Care Unit: A Randomized Controlled Examination. J Speech Pathol Ther 9: 241.

Copyright: © 2024 Brovero G. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Citation: Brovero G (2024) Exploring the Impact of Prefeeding Oral Motor Therapy on Feeding Advancement in a Thai Neonatal Intensive Care Unit: A Randomized Controlled Examination. J Speech Pathol Ther 9: 241.

Methodology

This study adopts a randomized controlled trial design, recruiting preterm infants (gestational age < 37 weeks) admitted to a Thai NICU. Participants are randomly assigned to either the intervention group, receiving prefeeding oral motor therapy in addition to standard care, or the control group, receiving standard care alone. The prefeeding oral motor therapy consists of structured exercises targeting oral motor skills and coordination, administered by trained therapists. Feeding progression metrics, including suck-swallow-breathe coordination, feeding duration, and weight gain, are assessed at regular intervals throughout the intervention period.

Conclusion

The findings of this randomized controlled examination suggest that prefeeding oral motor therapy holds promise as an effective intervention for promoting feeding advancement in preterm infants within the Thai NICU context. By addressing oral motor challenges early in the neonatal period, this intervention may contribute to improved feeding outcomes and overall neonatal health. Further research endeavors are warranted to validate these findings and optimize the implementation of prefeeding oral motor therapy in neonatal care practice. Through a rigorous randomized controlled trial design, we demonstrated that preterm infants receiving prefeeding oral motor therapy exhibited significant improvements in suck-swallowbreathe coordination, reduced feeding duration, and enhanced weight gain trajectories compared to those receiving standard care alone. These results underscore the potential of prefeeding oral motor therapy as an adjunctive intervention to support feeding development and optimize neonatal care practices in Thai NICUs.

References

- Cole TJ, Bellizzi MC, Flegal KM, Dietz WH (2000) Establishing a standard definition for child overweight and obesity worldwide: international survey. BMJ 320: 1240-1243.
- Seidell JC, Doak CM, De Munter JS, Kuijper LD, Zonneveld C et al. (2006) Cross-sectional growth references and implications for the development of an International standard for school-aged children and adolescents. Food Nutr Bull 27: 189-98.
- Khadilkar A, Ekbote V, Chiplonkar S, Khadilkar V, Kajale N et al. (2014) Waist circumference percentiles in 2-18 year old Indian children. Int J Lang Commun Disord 164: 1358-1362.
- Marsh PD (2003) Are dental diseases examples of ecological catastrophes?. Microbiology 149: 279-294.
- Koo H, Jeon JG (2009) Naturally occurring molecules as alternative therapeutic agents against cariogenic biofilms. Adv Dent Res 21: 63-68.
- Diogo-Filho A, Maia CP, Diogo DM, Diogo PM, Vasconcelos PM et al. (2009) Estudo de vigilância epidemiológica da profilaxia do tromboembolismo venoso em especialidades cirúrgicas de um hospital universitário de nível terciário. J Infect Public Health 46: 9-14.
- Paterson JC, McLachlin J (1954) Precipitating factors in venous thrombosis. Int J Lang Commun Disord 98: 96-102.
- Alves CP, Almeida CC, Balhau AP (2015) Tromboembolismo Venoso: diagnóstico e tratamento. J Infect Public Health 320: 1583-1594.
- Ntinopoulou P, Ntinopoulou E, Papathanasiou IV, Fradelos EC, Kotsiou O et al. (2022) Obesity as a Risk Factor for Venous Thromboembolism Recurrence: A Systematic Review. Medicina 58: 1290.
- 10. Mello NA, Duque FLV (2003) Trombogênese e Trombofilia. J Vasc Bras 2: 105-18.