Doctor

PEARLS



Practical Evidence About Real Life Situations

Limited evidence for benefits of ad libitum feeding for preterm infants

Clinical question

How effective is ad libitum or demand/semi-demand feeding for preterm infants in the transition phase from intragastric tube to oral feeding?

Bottom line

Three trials reported that, compared with scheduled interval feeding, an ad libitum or demand/semi-demand feeding regimen for preterm infants allowed earlier attainment of full oral feeding and earlier hospital discharge (by about 2 to 4 days). Other trials did not confirm this finding.

Caveat

The trials were generally small and of variable methodological quality. The duration of the intervention and the duration of data collection and follow-up in most of the trials were not likely to have allowed detection of measurable effects on growth.

Context

Scheduled interval feeding of prescribed enteral volumes is current standard practice for preterm infants. Feeding preterm infants in response to their hunger and satiation cues (ad libitum or demand/semi demand) rather than at scheduled intervals might help in the establishment of independent oral feeding, increase nutrient intake and growth rates, and allow earlier hospital discharge.

Cochrane Systematic Review

McCormick FM et al. Ad libitum or demand/semi-demand feeding versus scheduled interval feeding for preterm infants. Cochrane Reviews 2010, Issue 2. Article No. CD005255. DOI: 10.1002/14651858.CD005255.pub3.

This review contains 8 studies involving 496 participants.

PEARLS No. 259, May 2010, written by Brian R McAvoy

PEARLS are succinct summaries of Cochrane Systematic Reviews for primary care practitioners – developed by the Cochrane Primary Care Field, New Zealand Branch of the Australasian Cochrane Centre at the Department of General Practice and Primary Health Care, University of Auckland and funded by the New Zealand Guidelines Group. New Zealanders can access the Cochrane Library free via www.nzgg.org.nz

PEARLS provide guidance on whether a treatment is effective or ineffective. PEARLS are prepared as an educational resource and do not replace clinician judgement in the management of individual cases. View PEARLS online at: www.nzdoctor.co.nz; www.nzgg.org.nz; www.cochraneprimarycare.org



