

Feeding difficulties in the infant

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Feeding difficulties are a common problem in infants and can cause a lot of concern for new parents who often present to the Emergency Department or their GP for help. In this podcast, Karly Casamento and Chris Elliot discuss an approach to early evaluation and management of feeding difficulties as well as how to reassure new parents.

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About Dr Chris Elliot

Chris is a Consultant Paediatrician who works in a teaching hospital in Sydney and in private rooms. As well as clinical medicine he is enthusiastic about health [communication](#) and teaching. Chris is a Conjoint Lecturer for the University of New South Wales and writes the occasional article on child health for mainstream media. He also teaches Advanced Paediatric Life Support and sits on the Editorial Board of the [Journal of Paediatrics and Child Health](#). Chris completed his Internship at Bankstown Hospital and Paediatric training through the Sydney Children's Hospitals Network. On the days when he is not at work he enjoys playing with his children, and also when they play by themselves.

About Dr Karly Casamento

Karly Casamento is an Advanced Trainee in General Paediatrics based out of [Sydney Children's Hospital, Randwick](#). She is passionate about anything to do with the [health of babies](#) and children and is committed to improving junior doctor education, [mental health and wellbeing](#). She is currently undertaking a research project on virtual learning environments with the University of NSW. She dedicates most of her time to chasing around her two energetic young boys and trying to get them to bed on time.

Feeding difficulties in the infant

With Dr Chris Elliot, General and Developmental Paediatrician, Paediatric Multidisciplinary Feeding Clinic, St George Hospital, New South Wales, Australia

Introduction

Feeding difficulties are very common in infants, especially those with disabilities. Babies who struggle to feed are a cause of significant concern for new parents, who often take them to

the GP or Emergency Department. Karly Casamento and Chris Elliot discuss the early evaluation and management of this common presentation.

Case

A three-week-old neonate is referred to the Emergency Department by her GP because she has not regained her birth weight. There is concern that her mother is not coping well. She has mastitis with cracked nipples, and is exclusively breastfeeding.

1. Red flags and common causes

- Red flag conditions: serious bacterial infection (SBI), neurological disorders, metabolic conditions, congenital cardiac defects, pyloric stenosis
- Common causes:
 - feeding skills
 - parent skills
 - reflux
 - constipation
 - parental mental health
 - social issues

2. Assessment approach by the bedside

- A good history and exam will help exclude red flags and build trust between you and the baby's parents.
- History:
 - Screen for red flags
 - Feeding:
 - Breast or bottle, frequency, amount.
 - In the first six months, roughly six feeds per day with a wet nappy with every feed, if breast fed.
 - Ask about behaviour surrounding feeds - do they settle afterwards?
 - Growth:
 - Normal growth is very reassuring in presentations for feeding issues.
 - Birth weight should be regained by two weeks.
 - Growth should be plotted on a growth chart.
 - Make your assessment of parenting skills and coping. If you don't know any parenting skills yourself, assess parenting *confidence* (you can be tricked by confident, unskilled parents but it's a useful surrogate marker for the majority).

- Examination:
 - End of bed assessment and escalate immediately if any concerns.
 - Top to toe: thorough paediatric examination.

3. Investigations

- Guided by clinical situation - it would be reasonable not to order any investigations if the history and examination are reassuring.
- Common investigations are:
 - BGL
 - FBC
 - EUC
 - urine culture

4. Management

- Some presentations will simply require reassurance. Ensure safety netting in place so that the parents understand they are always welcome to return. Reassure them that they have done the right thing by bringing the infant in.
- Parental support may be required, e.g. in cases of postnatal depression or social issues.
- In this case, admission would be considered. Admit if there is inadequate information to make an assessment and confidently reassure the parents.
- Proton pump inhibitors are commonly prescribed for reflux, however reflux is over-diagnosed and PPIs should be discussed with a paediatrician before prescribing.
- Women with mastitis can be encouraged to breastfeed if tolerated.

5. Take home messages

- It is common to feel uncomfortable assessing neonates with feeding difficulties, but a systematic approach and thorough assessment should allow you to feel confident making an assessment.
- Remember that parents are commonly very worried and might be expecting the worst. It is important to take the time to listen to their concerns and provide reassurance.

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