

## Feeding preterm babies in a semi-elevated side-lying position

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### Abstract

Developmental physical therapy is an integral part of the multidisciplinary treatment of preterm babies born before the 37<sup>th</sup> week of pregnancy. The ability to suck and swallow in coordination with breathing develops and matures between weeks 32-34 of gestation.

The guiding considerations in deciding whether to switch from nasogastric tube feeding to oral feeding are complex and depend on the baby's readiness for the transition, the rate of transition, the effect of the transition on nutritional intake, and the resulting weight gain. Due to their knowledge and experience in the field of infant development, physical therapists in the pediatric intensive care unit are often called on to assist in the feeding of premature babies with feeding difficulties.

This article reviews the factors that contribute to the feeding difficulties of premature babies and the principles and advantages of feeding in a semi-elevated side-lying position. This method provides an optimal solution to common problems among premature babies when transitioning from tube feeding to oral feeding. The article also reviews initial research findings that support an elevated side-lying position during the transition from tube feeding to bottle/breast feeding. Implementing this method can improve the eating quality of premature babies and hasten their release from the hospital. It may also improve the experience of

the parents and nursing staff involved in their feeding.

Feeding in an optimal manner requires an in-depth understanding of baby development. The purpose of the article is to encourage physical therapists and medical teams to examine whether side-lying feeding is appropriate for premature babies as well as for babies with feeding problems under their care, in order to maximize their ability to meet their nutritional needs.

**Key words:** premature baby, feeding difficulties, position, semi-elevated side-lying position