Thesis title The Relationship between Period of Orogastric Tube Feeding, Rate of Body Weight Change and Sucking Ability in Premature Infant

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ABSTRACT

Preterm infants have handicaps in sucking and swallowing which make it necessary for orogastric tube feeding. There are evidences which showed that prolonged retaining of orogastric tubing may interfere with infants' ability to suck and preterm infants who have more weight gain after birth will have better sucking ability than those who have less postnatal weight gain. These two evidences interest the investigator and make the investigator conduct this study.

The purpose of this study was to investigate the relationship between period of orogastric tube feeding, rate of body weight change and sucking ability in premature infants. The sample was composed of 50 premature, appropriate for gestational age infants with body weight of 1,000 to 2,000 grams. All were free from any congenital defects, respiratory complications and sepsis.

Data collection was obtained by direct observation. The length of orogastric tube feeding, the daily body weight, and complications related to feeding were recorded during the study period. After the pediatrician had allowed the infant to suck, the feeding were administered by the investigator. The amount of milk consumed during the first 3 minutes were recorded. If the infant was unable to finish the formula or any feeds in 24 hours, orogastric tube feedings were resumed. The infant was followed until orogastric tube feedings were discontinued and the infant was able to suck for a 24 hour period. The data was analyzed by using descriptive statistics for means and standard deviations. Pearson's correlation was used to test the relationship between period of tube feeding, change in body weight, and the infants' sucking ability. There was no statistical significally of the relationship between the length of orogastric tube feeding, the change in body weight, and the infants ability to suck at .05 level. (r=0.2511 and 0.0558)