

BREASTFEEDING VS. BOTTLEFEEDING: THE QUALITY OF LIFE FOR AN INFANT

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Feeding development is based on neurological maturity and nowadays feeding development is well known. The infant sucks, swallows and breathes in a rhythmical pattern that he repeats between pauses as long as he is hungry. Preterm infants start to suck milk at very early age compared to full-term infants. A preterm infant has readiness for oral feeding approximately at 34 weeks of gestational age, but the feeding pattern is usually immature before term age. The feeder has to be aware of the preterm infant's level of development in order to feed him according to his maturity. Breastfeeding is much gentler for the child than bottle feeding, preterm infants, however; also have to learn to suck from a bottle. A preterm infant is immature. In general, he does not have a feeding problem despite prematurity is commonly connected to feeding problems in children, even later in life. Cue based feeding takes the state of the infant into account during feeding and baby's cues direct feeder's actions. During feeding, the infant must control his vital functions, be alert and oriented towards oral feeding. A preterm infant is unable to coordinate swallowing and breathing, which is why the feeder has to give him breathing pauses when needed. Feeding experiences have an influence on the infant's attitude towards eating even in the future. The parents need a lot of support, when they are learning how to feed their child. At neonatal wards, both nurses and speech therapists are professionals in feeding and they guide parents to make feeding a relaxed and positive experience both for the child and themselves. Successful feeding strengthens the bonding between parent and child and supports positive development. The other way around, a feeding problem leads to challenges of interaction between the infant and the parents.

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