Case: Jason

Things you might be considering at this point
- Nipple flow rate
- Feeding position
- Why the changes we see are happening at the end of the feeding

The timing of the breathing problems is important in this case. Jason did not have his problems during the active part of his feeding, but while falling asleep with the bottle still in his mouth. Former premature infants are prone to having immaturities and irregularities in breathing patterns, which may or may not be significant. They often are seen as the baby changes sleep states. They might have been exacerbated by milk dripping into his mouth from the bottle.

The other consideration is GER. This event occurred at the end of a feeding (stomach full) and squirming accompanied the changes in breathing pattern and desaturation. This could suggest a reflux event.

Additional tests ordered by his care team
- Sleep Study: to look for central vs obstructive apnea with these events. It was positive for both central and obstructive apnea. Central apnea is common in premature babies (apnea of prematurity). The finding of obstructive apnea is suggestive of GER
- Upper GI: positive for 2 episodes of reflux – one up to the level of the UES

Medical Management:
- Caffeine to improve respiratory control and reduce central apnea
- Pepsid (famotidine) for GER

(note: these medical management strategies can be controversial and may not be standard practice in some locations)

Questions:

1. What is your understanding of the feeding problem at this point?

2. Would you suggest any other tests or consultations? If so, what and why?

3. Should he have had a VFSS? Why or why not?

4. Are there any other treatment/management strategies that you as a feeding therapist would implement at this time?