

Conclusion / Relevance to NIDCAP

Collaboration with the administration is the way to consolidate the model in all ICS hospitals. Together with the Sant Joan de Deu group of hospitals, we provide care for over 70% of very premature babies in the Catalan health system. Our goal is to improve communication with the administration to establish NIDCAP as a standardized model across all units in Catalonia, and hopefully Spain.

Collaboration with the administration facilitates conducting research studies on the implementation of the model. This collaboration also supports initiatives aimed at improving training skills. We believe that sharing our experience with other regions of the state can serve as an example and an encouragement to promote similar programs.

NIDCAP Implementation in Neonatal Units and Breast Milk Feeding at Discharge: the EPIPAGE-2 Cohort Study

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The impact of neurodevelopmental observations of preterm infants such as those offered in the NIDCAP program is still debated. By supporting oral feeding development, NIDCAP observations could enhance breast milk feeding at discharge of very preterm infants.

Aim

To describe breast milk feeding at discharge among very preterm infants according to the level of NIDCAP implementation in neonatal units.

Materials and Methods

Using the French national population-based EPIPAGE-2 cohort, implementation of NIDCAP in each of 11 NIDCAP neonatal units was defined as the proportion of very preterm infants (< 32 weeks' gestation) who had at least one NIDCAP observation during hospitalization. Breast milk feeding at discharge -partial, breast/bottle exclusive, and breast only exclusive- was evaluated after adjustment on maternal and neonatal characteristics, and unit policies to support lactating mothers.

Results

Among 569 very preterm infants included, 14% (78/569) had at least one observation during hospitalization. Implementation was defined as low in nine units and high in two units, with 7% (extremes: 0-13%) and 86% (75 and 100%) of infants

having at least one observation, respectively. Breast milk feeding at discharge was reported in 55% of infants. In neonatal units with low NIDCAP implementation vs high, we observed 25%/6% of partial breast milk feeding at discharge, 16%/24% of breast/bottle exclusive, and 14%/28% of breast only exclusive. High NIDCAP implementation was associated with higher proportions of exclusive - only breast- breast milk feeding at discharge: adjusted odds ratio 4.72 (95% CI 2.79-7.99).

Conclusion/Relevance for NIDCAP

The level of NIDCAP implementation was associated with higher rates of breast milk feeding at discharge exclusively at breast. Investment of professionals and families in very preterm infants' observation could be an effective strategy to support exclusive breast milk feeding at discharge in this vulnerable population.