



## A fresh look at today's nutritional interventions for infants with malnutrition or failure to thrive – trends and concerns



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Recording on <u>NutriciaLearningCenter.com</u> within 2 weeks of live event

#### **Learning Objectives:**

- Explain how undernutrition / failure to thrive (FTT) impacts hospitalized infants
- Describe current practice for feeding hospitalized infants with FTT, based on a recent US research survey
- List shortcomings and barriers to optimal nutritional intervention for hospitalized infants with FTT

Notes:	

## Disclosures

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The opinions reflected in this presentation are those of the speaker and independent of Nutricia North America

## Importance of nutrition in infancy

- The first 1000 days (conception to 2 years old) is a critical time
- Brain grows the most during this stage of life
- Vulnerable to poor nutrition
- Process of becoming malnourished often starts in utero
- Consequences of undernutrition extend across the life cycle and into future generations

Williams et al. Pediatr Clin N Am. 2017;64:755-68.

## How common is pediatric malnutrition?

- Worldwide, half of childhood deaths are caused either directly or indirectly from malnutrition<sup>1</sup>
- In the United States, up to ~10% in community<sup>2</sup> may be more common than reported
- In 2018, study published in Journal of the AND by Carvalho-Salemi, et al.
  - 4.1% of hospitalized infants with malnutrition<sup>3</sup>
  - Similar to previous findings of 3.9%4
- Malnutrition in inpatient settings is currently underdiagnosed, may underestimate true prevalence<sup>3</sup>

Williams et al. Pediatr Clin N Am. 2017;64:755-68.
 Daymont C, et al. Acad Pediatr. 2020;20:405-12.
 Carvalho-Salemi, et al. J Acad Nutr Diet. 2018;118:40-51.e7.
 Schwartz. Pediatr Rev. 2000;21:257-64; quiz 64.

#### Infants with malnutrition have worse outcome during hospitalizations • Higher rates of medical complications 1,2 Worse surgical outcomes<sup>1,3,4</sup> Higher rates of post-operative infection<sup>1,4</sup> Poor wound healing with severe malnutrition<sup>5,6</sup> More complex hospitalizations<sup>1,2</sup> What are the Increased time on mechanical ventilation<sup>1</sup> outcomes associated with **Financial** malnutrition/FTT? Higher health care costs 1.7 x longer length-of stay vs. normal weight infants<sup>3</sup> · increased readmissions Family stress/financial burden Williams et al. Pediatr Clin N Am. 2017;64:7-768. Corkins et al. Nutr Clin Pract. 2017;32(1):15-8. Guenter et al. J Qual Patient Saf. 2015;41(10):469-73. 1. Bechard, et al. Crit Care Med. 2016;44:1530-7. 2. Valla, et al. Eur J Pediatr. 2018;177:345-53. 3. Marino, et al. Cardiol Young. 2016;26:787-9. 4. Anderson, et al. Ann Thorac Surg. 2011;91:1460-6. 5. Mehta, et al. Crit Care Med. 2012;40:204-11. 6. Becker, et al. Nutr Clin Pract. 2015;30:147-51

# What are our nutrition interventions?

- Lack of evidence for hospitalized infants with malnutrition/FTT in the US
- Highlights from literature search:
  - USA report on children hospitalized with FTT limited data on nutrition interventions<sup>1</sup>
  - USA survey of nutrition practices for single ventricle CHD<sup>2</sup>
  - USA study of nutrition goals after neonatal CHD surgery<sup>3</sup>
  - UK study of consensus pathway, feeding infants with CHD<sup>4</sup>
  - Global survey of PICU enteral feeding practices<sup>5</sup>
  - Brazil study of PICU enteral feeding practices<sup>6</sup>

1. Larson-Nath, et al. Clin Pediatr (Phila). 2018;57:212-9. 2. Slicker J, et al. Congenit Heart Dis. 2016;11:707-15. 3. Schwalbe-Terilli CR, et al. Am J Crit Care. 2009;18:52-7. 4. Marino LV, et al. Clin Nutr. 2020;39:2455-62. 5. Kerklaan D, et al. Pediatr Crit Care Med. 2016;17:10-8. 6. Moreno YM, et al. Nutr Clin Pract. 2016;31:673-80

#### Survey: Current Nutritional Management of Hospitalized Infants with Failure to Thrive 25 question survey, Intended for pediatric provided as multiple Voluntary and dietitians who practice choice, ranking and anonymous at least part time open text inpatient Focus: term infants with Sent out on variety of or at risk for poor Open from June 2020 platforms (i.e. Email list growth, increase energy January 2021 servs, professional requirements and/or groups, social media) fluid restrictions Unpublished full results of a survey of current practice - Preliminary results presented at NASPGHAN Annual Meeting, 2020: Simental S. November 1-7. J Pediatr Gastroenterol Nutr. 2020;71:S453(684).

### **Five Domains**

- Respondent characteristics
- Population of characteristics infants with malnutrition/FTT
- ❖ Nutrition intervention and methods
- **❖**Goals
- ❖Shortcomings and barriers

## Survey: Current Nutritional Management of Hospitalized Infants with Failure to Thrive

Slides with full research results that have not been published not included in handouts

#### **Preliminary results:**

- Presented at NASPGHAN Annual Meeting, 2020:
  Simental S. November 1-7. J Pediatr Gastroenterol Nutr. 2020;71:S453(684).
- Accessible at: <u>https://journals.lww.com/jpgn/toc/2020/11001</u>
   or

https://journals.lww.com/jpgn/Documents/NASPGHAN 2020.pdf

•	Notes:

## Summary

- Malnutrition/failure to thrive in the hospitalized infants can be complex
- Requires expertise of RDN
- Some significant variations in practice
- Even without standardized practice some consistency exists between practice
- More research to be done!

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