ORAL FEEDING BEHAVIOUR FOLLOWING CONGENITAL DIAPHRAGMATIC HERNIA REPAIR

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Background and aims: Feeding difficulties and nutritional compromise are recognised sequelae in survivors following congenital diaphragmatic hernia (CDH) repair. This study aims to investigate factors which may influence oral feeding behaviour in this complex group.

Methods: Data analysis on 35 survivors of 61 CDH patients between 2007 and 2010.

Results: 16 (46%) of 35 patients had oral feeding problems (OFP) and had a speech and language therapy (SALT) assessment. (table 1)

6 (38%) of those required a gastrostomy.

Ventilator days for patients with oral aversion was 26.5 versus 19 days in those without ($P < 0.01$). (table 2)

21 patients had had antenatal fetal endoscopic tracheal occlusion (FETO) of whom 11(52%) had OFP.

12 (75%) of the OFP group had a patch repair versus 10 (53%) in the non OFP group.

Gastrostomy	Oro-facial Hypersensitivity	Oral Aversion	Food Refusal	Disorganised Suck
No (n=10)	0	0	0	10 (100%)
Yes (n=6)	5/6 (83%)	5/6 (83%)	5/6 (83%)	6/6 (100%)

[Table 1 SALT Assessment]

Gastrostomy	Gestation at birth	Birth centile	FETO	Patch repair	Ventilator days	Weight centile at discharge
No (n=10)	37 (35-41)	25th (0.4-75)	7/10 (70%)	7/10 (70%)	15 (12-47)	2nd (0.4-25)
Yes (n=6)	34 (33-38)	25th (2-75)	4/6 (67%)	5/6 (83%)	22 (6-55)	0.4th (0.4-2)

[Table 2 Abnormal feeding behaviour group]

Conclusion: In our study, almost half of the survivors had OFP, particularly those with a prolonged ventilatory course. Many required long term input in specialist feeding clinics. This information is important for counselling and suggests that early SALT and nutritional assessment and intervention are essential.