

Premature Infant Oral Motor Intervention Background & Continued Evidence

LLINOIS UNIVERSITY

International PIOMI Implementation

PIOMI Training provided via Dr Lessen Knoll to 46 NICUs in 14 countries Research sites

PIOMI as an Oral Motor Program offers...

✓ Evidence to Support faster feeding transition and decreased LOS

✓ Four Systematic Reviews on oral motor programs included PIOMI

- Continued fidelity of the intervention (validity/reliability of use)

Training Program

✓ Intervention Fidelity formally tested and published

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Premature Infant Oral Motor Intervention



•Provides assisted movement to activate muscle contraction Provides movement against resistance to build strength

•Focus is to increase functional response to pressure and to movement, and control of movement for the lips, cheeks, jaw, and tongue

 Cheeks, lips, gums, tongue and palate are targeted per specific techniques for 3 minutes > 5 mins

Ends with non-nutritive sucking for 2 minutes







Feeding Difficulties in Preterm Infants

Functional and neurologic immaturity of the oral motor structures

Immature sucking skills

Lack of coordination of suck, swallow & breathe

oral stimuli

physiologic stability & weight during oral feeding progression

Feeding difficulty & prolonged length of hospital stay

Exposure to negative Inability to maintain

Preterm Oral Musculature

Preterm infants have poor oral-motor control related to:

Weaker muscle tone around mouth

Less sensation

Decreased lip strength and lip seal Less tongue strength

Decreased sucking strength & endurance



Intervention Fidelity is VITAL

"The competent & reliability delivery of an intervention or treatment by the interventionist."

It means that an intervention...

- ✓ Has a clear, accurate TRAINING PROGRAM
- Can be **CONSISTENTLY PERFORMED** across sites
- Provides INTERNAL VALIDITY to the global studies
- ✓ Allows ACCURATE REPLICATION in global studies

Standardized Training is KEY!





The PIOMI has established Intervention Fidelity Lessen, Morello & Williams, 2015

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	Correct Order	Correct Technique	Correct Timing	TOTAL RELIABILITY
Interobserver	100%	97.20%	95.52%	97.57%
Interuser				97.59%
RN A and RN B	100%	95.83%	93.33%	96.39%
RN A and RN C	100%	97.87%	97.87%	98.58%
RN B and RN C	100%	97.92%	95.45%	97.79%
Test-Retest				97.58%
RN A	100%	100%	95.65%	98.55%
RN B	100%	100%	95.35%	98.45%
RN C	100%	100%	87.23%	95.74%

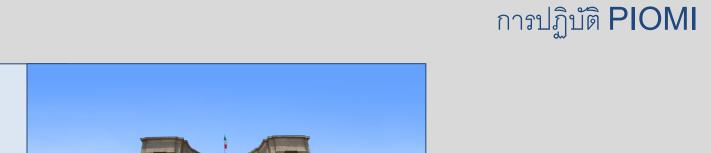
Comparative International Studies

Sample Size: 19 1x day 7 days PIOMI vs control

- PMA (At Birth): 26-29 weeks
- PMA (At PIOMI Start): 29 weeks
- PMA at first bottle feed: Mean = 31.4 weeks
- Results: Transitioned to total feed 5 days sooner, LOS
- P = 0.043







Mahmoodi et a (2013)Tehran, Iran

Lessen

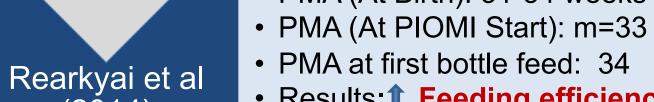
(2011)

IL, USA

• Sample Size: 50 1x day 7 days PIOMI vs control

- GA (At Birth): 28-32 weeks
- GA (At PIOMI Start): 29-32
- GA at first bottle feed: Mean = 33 weeks
- Results: Earlier first bottle feed, % of total feed, LOS
- P = 0.034, P < 0.0001, P = 0.027





(2014)Bangkok, Thailand

Osman, et al

(2016)

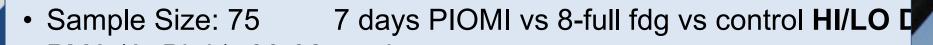
Assuit, Egypt

• Sample Size: 30 7 days PIOMI vs control

- PMA (At Birth): 31-34 weeks
- Results: Feeding efficiency days 1,3,5
- P < 0.001







- PMA (At Birth): 30-32 weeks
- PMA (At PIOMI Start): 30-32 weeks
- PMA at first bottle feed: Mean = 33 weeks
- Results: High dose PIOMI = better transition time and LOS
- P < 0.0001



Arora, et al

NOMAS/Wati Spoor

(2018)



Global Map of

PIOMI

Practice

ทั่วโลก แผนที่ ของ

✓ Randomized Controlled Trials

- Consistency of training

√ Training Bundle (per order)

Quick Reference Guide

Reliability Rating Tool

✓ Published Training Program available

13 min DVD with live demonstration

PIOMI Tool/Illustrated version

ID Badge size Quick Guide

- Continuity among providers

√ Streaming capable flashdrive for install (Healthstream, etc)



Thakker, et al (2018)Vadodara, India (NOT Prefeeding-DURING feeding

XIAO-li et al, (2014)Better NOMAS

> Zhang, et al (2018)Better NNS Score

Lessen Knoll, et al (2019)Exponential improvement

LinLin, et al

Breastfeeding

(2016)

Mahmoodi, et al (2019)Feeding Readiness (PTOFRAS)

Kamiitsuka, et al

(2017)

Ghomi, et al (2019)Earlier/Longer = better

Meta-Analysis including PIOMI 2013, 2015, 2016 (Cochrane), 2017

Lessen, B.S. (2011). Effect of the Premature Infant Oral Motor Intervention on Feeding Progression and Length of Stay in Preterm Infants. Advances in Neonatal Care, 11(2), 129-139.
Lessen, B, Morello C., & Williams, L. (2015). Establishing Intervention Fidelity of an Oral Motor Intervention for Preterm Infants. Neonatal Network, 34(2), 72-82.
Rearkyai, S, Daramas, T, Kongsaktrakul, C. (2014). Effect of Oral Stimulation on Feeding Efficiency in Preterm Infants. Thai Pediatric Journal, 21(3), 17-24. •Mahmoodi, N, et al. (2013). Evaluation of the Effect of the Oral Motor Interventions on Reducing Hospital Stay in Infants. Alborz University Medical Journal 2(3), 163-166.

نقشه جهانی از

تمرین PIOMI

Mapa Global

das PIOMI

Practice