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Factors contributing to paediatric tube feeding dependence in New Zealand:
The Speech-language therapy perspective.

A thesis presented in partial fulfilment of the requirements for the degree of

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Abstract

Tube feeding dependency can have serious repercussions for children and their families. Most research relates to intervention programmes for tube withdrawal/weaning onto oral feeding. However, there is limited research into factors contributing to tube feeding dependency. Researchers have found failed or slow weaning/transitioning from tube to oral feeding is more likely after the age of five. In New Zealand the highest number of children who remain tube dependent but could transition to oral feeding are over five years of age. Speech–language therapists (SLTs) are one of the main professions involved in managing these children.

This two-phase study aimed to determine the SLTs’ perspective of factors contributing to feeding tube dependency in children. This study used a mixed method approach. Forty-three SLTs participated in an online survey and ten of these participants were interviewed.

Two interlinking themes were found as contributing factors to tube feeding dependency in children. They were: (1) *Medicalisation of tube fed children in infancy as a root cause of tube feeding dependency*. Sub themes included the following: Medical emphasis on weight gain; parents and caregivers influence whether a child remains tube dependent; parents giving misleading information to maintain tube feeding and prolonged NGT feeding. (2) *Fragmentation of the tube fed child’s continuity of care*. Sub-themes include the following: The need for planning tube withdrawal at the time of insertion, insufficient clinical time, funding issues, the need for intensive service at the time of tube weaning, clinician confidence in the education setting and the normalisation of tube feeding by school age. These themes and sub-themes influence tube feeding dependency in New Zealand, according to the perspective of SLTs.

This research highlights the need for further exploration of these factors when the tube is first inserted to prevent dependency and allow the transitioning of children to oral foods as early as possible.
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