



**From “Start PO” to “Ad Lib”:
The Science Guiding Oral Feeding Decisions**

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Tuesday, December 8th, 12:15 pm - 1:15 pm
Chesapeake DEF

Register Here:

<https://www.surveymonkey.com/r/DBMHotTopics>

When should an infant in the NICU start oral feeding?
How quickly should volumes advance? When is an infant ready to move to ad lib feeding?
These decisions are often made during rounds, but what happens after the order is written
can have a significant impact on the infant's oral feeding trajectory.
Through an interactive case of one preterm infant experiencing two different systems of
care, participants will follow how differences in clinical decision-making create two very
different feeding pathways. Along the way, participants will consider decisions
surrounding oral feeding readiness, volume advancement, feeding frequency,
progression to ad lib feeding, and how medical orders translate
into feeding practice at the bedside.

As the two pathways unfold, the session will examine how differences in clinical
decision-making, feeding approaches, order interpretation, and communication across
the neonatal team can introduce unintended variations in care. While individualized care
is essential, individualization without a consistent, evidence-based framework can lead
to variation that may affect feeding safety, efficiency, progression, and outcomes.
This case-based session will challenge participants to consider not only what feeding
decisions are made, but *how* those decisions are communicated and carried out across
the care team.

Using current evidence and the unfolding case, participants will explore how
neonatologists and neonatal teams can establish shared clinical criteria to support safer,
more consistent, and still highly individualized oral feeding pathways.

The goal is not to make every infant feed the same. It is to ensure that **the decisions
guiding progression from Start PO to Ad Lib are grounded in evidence, aligned
across the team, and responsive to what the infant is demonstrating.**