Health insurance Convention for Severe Pediatric Feeding Disorder: A 15-Year Review of Multidisciplinary Follow-up for Children with Enteral Nutrition

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Background

The convention between the Health Insurance Committee and the Belgian multidisciplinary teams (7 since 2009, 9 since 2021) allows to establish a therapeutic plan and follow-up for children (0 to 12 years) with severe pediatric feeding disorder (PFD) requiring artificial nutrition in present or past. These children present complex underlying conditions (except severe neurological conditions), inadequate feeding skills, nutritional and psychosocial dysfunctions. The aim is to support the child and the family in achieving age-appropriate oral feeding pattern.

Methods

Data were collected from the annual reports of all participating centers. Records were as follows: number of children, medical aspects including underlying conditions and type of oral feeding disorder, nutritional, psychosocial aspects, therapeutic plans and the overall cost of the convention. Indicators included the percentage of children who weaned off enteral nutrition, changes in eating behavior and amount of oral food intake.

Results

Between 2009 and 2023, the total number of patients increased from 163 to 317 per year (increase of 12.9% per year).
The underlying conditions were gastrointestinal (28.3%), genetic (27.5%), cardiac (14.5%), respiratory (9.1%), oro-facial (9.5%), and others (20.6%). These conditions may overlap. Prematurity was persistently present in 25% of cases.
Over the last three years, medical conditions were the predominant cause (61%), followed by inadequate feeding skills (48%), nutritional deficits (46%), and psychosocial problems (31%). The therapeutic plan is tailored to each patient. It includes specialized medical care (66%), nursing (35%), and dietary (72%) care, oral sensorimotor therapy (57%), global body therapy (33%), appetite interventions (43%), psychological support (29%), behavioral therapies (30%), and parental guidance (55%). Nutritional support was weaned off on an average of 40.5% of cases per year. Oral feeding autonomy was achieved in 92% of cases on average per year. Evaluation of the convention's costs showed an annual increase of 12%, proportionally to the increase in patients.

Conclusion

The increase in patients number reflects the evolution of tertiary care for all complex conditions. The individualized plan for each patient based on the multidisciplinary approach has proven effective. It is important to support ongoing follow-up and management downstream, involving various paramedical professionals engaged in the treatment of PFD.