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The effect of oromotor therapy on the suction reflex in low birth weight infants and mother's self-efficacy

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Abstract

Background: Low birth weight (LBW) infants are at risk of impaired sucking reflexes due to the immaturity of the oromotor system, which can affect nutritional intake and increase morbidity. Maternal involvement in the care of LBW infants is strongly influenced by maternal self-efficacy. One intervention that can be applied is oromotor therapy using the Premature Infant Oral Motor Intervention (PIOMI) method.

Purpose: To analyze the effect of oromotor therapy on the sucking reflex of LBW infants and maternal self-efficacy.

Method: This study employed a quantitative pre-experimental design with a one-group pretest–posttest without control approach. The sample consisted of 17 mother–infant dyads of LBW infants treated in the NICU of Dr. Kariadi General Hospital, Semarang, selected using purposive sampling. The PIOMI intervention was administered for 7 days. Infant sucking reflex was measured using the Neonatal Oral-Motor Assessment Scale (NOMAS), while maternal self-efficacy was assessed using the Perceived Maternal Parenting Self-Efficacy (PMP-SE) questionnaire. Data were analyzed using the Wilcoxon test.

Results: The results demonstrated a significant improvement in infant sucking reflex and maternal self-efficacy after the PIOMI intervention, with statistically significant differences ($p < 0.05$).

Conclusion: PIOMI oromotor therapy is effective in improving the oromotor function of LBW infants and enhancing maternal confidence in infant care.

Keywords: Low Birth Weight Infants; Maternal Self-Efficacy; Oromotor Therapy; PIOMI; Sucking Reflex.

INTRODUCTION

Low birth weight (LBW) is a condition in which a baby is born weighing less than 2500 grams regardless of gestational age or pregnancy age. LBW is not always caused by prematurity but can also be caused by fetal growth restriction. LBW with prematurity or fetal growth restriction has clinical features of thin, shiny skin, very soft ear cartilage, frequent lanugo or fine hair on the back, nipples that are still just dots, no breast tissue, labia majora that do not yet cover the labia minora in female infants, scrotum that does not yet have many folds in male infants and sometimes undescended testicles, sometimes irregular breathing, weak crying and activity, weak swallowing reflexes, and weak sucking

reflexes. LBW significantly affects mortality and morbidity rates in neonates and can also cause growth and developmental disorders in neonates. These growth and developmental problems include delayed physical growth low IQ development, and susceptibility to health problems such as diabetes and obesity in adulthood (Yulianti & Hasanah, 2024).

Data from the Ministry of Health referring to the 2022 Indonesian Nutrition Status Survey shows that the prevalence of LBW in Indonesia is 6.00% (Ministry of Health of the Republic of Indonesia, 2023). According to the Central Java Provincial Statistics Agency, in 2021 there were 22.240 LBW births out of a total of 508.062 births, or around 4.43%

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of all births. This figure increased in 2022, with 22.328 LBW births out of a total of 483.027 births, or around 4.62% of all babies born. In 2023, the number of LBW births also increased, with 25,121 LBW births out of a total of 460,855 births, or around 5.45% of all babies born (Central Java Provincial Statistics Agency, 2024).

LBW infants experience respiratory problems due to incomplete surfactant production, resulting in immature lungs and potentially causing respiratory distress syndrome (RDS). This condition requires appropriate positioning of the infant, airway clearance, tactile stimulation, and oxygen support. Another issue is impaired thermoregulation due to thin skin and low subcutaneous fat, necessitating measures to maintain body temperature such as kangaroo mother care, incubator use, and warm light therapy. A further concern is susceptibility to infection, requiring preventive measures. Infection prevention can be achieved by maintaining hygiene for anyone in contact with the infant, providing exclusive breastfeeding, sterilizing equipment that comes into contact with the infant, and caring for the umbilical cord. Another issue is the immature ingestion and digestion mechanisms in LBW infants, resulting in suboptimal nutritional intake. Nutritional needs can be met through parenteral, enteral, or oral feeding.

The sucking and swallowing reflexes in premature LBW infants can also be problematic because they are not yet fully developed (Agustina, Rosita, Pani, Silfia, Fadliyah, Kusika, & Judijanto, 2024). This occurs because the sucking reflex develops fully at 34 to 37 weeks of gestation (Duhita, Sari, & Kartikasari, 2024). One of the measures to improve swallowing and sucking abilities in LBW infants is to train the infant's oromotor skills. Infant oromotor skills can be trained by nurses or the infant's mother. The infant's mother can be taught to improve the infant's oromotor skills by demonstrating directly to the infant's mother (Amaliya, Kapti, Astari, Yuliatun, & Azizah, 2023).

The results of a preliminary study conducted at Dr. Kariadi General Hospital's NICU ward, which has a capacity of 32 infants, show that there are four sections for caring for infants with various conditions. Team A specializes in caring for infants with infections and without the use of ventilators, with a capacity of 10 infants. Team B specializes in caring for infants with infections and with the use of

ventilators, with a capacity of 10 infants. Team C specializes in caring for infants without infections and using ventilators, with a capacity of 8 infants. Team D specializes in caring for infants without infections and without ventilators, with a capacity of 7 infants. In one month, there is an average of 30 infants undergoing treatment. Infants treated by Team D usually consist of LBW infants who do not have infections and do not use ventilators but have problems with sucking and swallowing reflexes. Infants treated by Team D require care that involves the infant's family, especially the infant's mother. This is necessary so that when the infant is stable and can "leave the treatment room," the parents can provide proper care at home.

Research conducted states that oral motor exercises can improve the sucking reflex in preterm LBW infants. Oral motor exercises were performed for 3 days (Shafa & Triana, 2022). A literature study conducted also states that providing oromotor stimulation can improve the sucking reflex in premature infants. The results show that oromotor stimulation can significantly improve the ability to breastfeed in premature infants and shorten the transition from drinking milk through an orogastric tube to per oral (Juliawan, Kristianto, & Apriastini, 2023). An infant's sucking ability can be measured using the Neonatal Oral Motor Assessment Scale (NOMAS) questionnaire (Griyaningsih & Prasetyorini, 2025).

On the other hand, research conducted explains that providing direct education through booklets to individuals can increase postpartum self-efficacy in caring for LBW babies. This is because direct education provides mothers with the opportunity to hear the information provided directly and ask questions directly. Mothers of infants can discuss and practice caring for LBW infants directly, which leads to better absorption of the material. Based on Edgar Dale's Learning Pyramid, material absorption in individual guidance methods is 30%, involvement in discussions is 50%, and practicing how to care for babies is 75% (Prayeti, 2024).

RESEARCH METHOD

This study used a quantitative approach with a pre-experimental one-group pretest–posttest design without a control group. PIOMI was administered for 7 consecutive days with a duration of 5 minutes per session, conducted 15 minutes before oral feeding,

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and accompanied by education for mothers in three sessions covering material delivery, demonstrations, guided practice, and independent practice with a sample size of 17 respondents. The study was conducted from October to December 2025. Data collection instruments included questionnaires on basic data on mothers and babies, the Neonatal Oral-Motor Assessment Scale (NOMAS) to assess the

baby's sucking reflex, and the Perceived Maternal Parenting Self-Efficacy (PMP-SE) to measure maternal self-efficacy, which have been proven to be valid and reliable. Additional supporting instruments were the PIOMI SOP and a checklist for PIOMI implementation by mothers. This study was conducted after obtaining ethical approval (No. 16635/EC/KEPK-RSDK/202).

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RESEARCH RESULTS**Table Characteristics of Respondents (N=17)**

Variable	Results
Mother's Education (n/%)	
Elementary	1/6.0
Junior High School	2/12.0
Senior High School	8/47.0
Bachelor	6/35.2
Previous Baby History (n/%)	
Never	3/17.6
Has Had Normal Birth Weight	11/64.7
Ever Had Low Body Weight	3/17.6
Family Support (n/%)	
Yes	17/100
No	0/0
Sucking reflex in LBW infants before intervention (n/%)	
Normal	0/0
Disorganization	8/53.0
Dysfunction	9/47.0
Sucking reflex in LBW infants After intervention (n/%)	
Normal	14/83.0
Disorganization	3/17.0
Dysfunction	0.0
Mothers' Self-Efficacy Before Intervention (n/%)	
Low	4/23.5
Moderate	13/76.5
Good	0/0
Mothers' Self-Efficacy After Intervention	
Low	0/0
Moderate	2/11.8
Good	15/88.2

Table 1 shows that the majority of mothers had a high school/vocational school education, namely 8 people (47.1%), while 11 people (64.7%) had previously had children but with normal weight. All mothers received support from their families. Before the oromotor intervention, the infants' sucking reflexes were all abnormal, with 9 children (52.9%) experiencing disorganized sucking reflexes and 8 children (47.1%) experiencing dysfunction and after the oromotor sucking reflex intervention, all abnormal cases improved to normal, with 14 children having a normal sucking reflex and only 3 children who initially had dysfunction improving to disorganization. Before the oromotor

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The effect of oromotor therapy on the suction reflex in low birth weight infants and mother's self-efficacy self-efficacy intervention, 76.5% (13 people) of mothers had moderate self-efficacy and 4 others had low self-efficacy and after the oromotor self-efficacy intervention, 88.2% (15 people) of mothers had good self-efficacy and 2 others had moderate self-efficacy.

Table 2. Characteristics of Respondents (Mothers and Infants)

Variable	Mean	Standard Deviation	Minimum	Maximum
Mother's Age	33.71	5.818	23	43
Infant Age	33.88	2.176	31	39
Birth Weight	1833.24	434,946	1000	2660
APGAR SCORE 1	6	2	2	9
APGAR SCORE 2	6.88	2.058	3	10
APGAR SCORE 3	7.71	1.896	4	10

Table 2 shows that the average age of the mothers was 33.71 years. The average gestational age of the baby was 33.88 weeks with an average birth weight of 1833.24 grams. The average APGAR Score 1 was 6, the average APGAR Score 2 was 6.88 (7), and the average APGAR Score 3 was 7.71 (8).

Table 3. Differences in Sucking Reflex Ability in LBW Infants Before and After Oromotor Intervention

Measurement time	Normal	Disorganized	Dysfunction	p-value	Rank
Before intervention	0	9	8		0.001*
After action	14	3	0		

Table 3. shows that the Wilcoxon test value for Nomas results before and after the intervention is p value 0.000. The results show a p value of less than 0.05, leading to the conclusion that there is a difference before

Table 4. Differences in Mothers' Self-Efficacy in Caring for Infants Before and After Oromotor Intervention

Measurement time	Low	Moderate	Good	p-value	Rank
Before Action	4	13	0	0.000*	0 ^a
After the procedure	0	2	15		17 ^b

Table 4. shows that the Wilcoxon test value for the results of mothers' self-efficacy in caring for babies before and after the intervention is p value 0.000. The results show a p value of less than 0.05, so it can be concluded that there is a difference before and after the intervention. This shows that there is an effect of the oromotor intervention, namely PIOMI, on mothers' self-efficacy in caring for babies.

DISCUSSION

The results of the study show that the average gestational age of the babies was 33.88 weeks, with the lowest gestational age being 31 weeks and the highest being 39 weeks. Babies with a gestational age of 31–33 weeks are classified as moderately premature, in which the sucking reflex is not yet fully developed physiologically and is still unstable. At this

gestational age, the coordination between the sucking, swallowing, and breathing reflexes is still immature, so infants often have difficulty breastfeeding effectively. These findings reinforce the need for intervention in the form of oromotor therapy to help mature oral function and improve the infant's sucking reflex (Greene, O'Donnell, & Walshe,

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2023).

The gestational age and average birth weight of infants in this study was 1833.24 grams, with the lowest birth weight being 1000 grams and the highest being 2660 grams. Although the average value was slightly above 1800 grams, there were still infants with a birth weight of <1800 grams, who were clinically at risk of developing sucking reflex disorders. Infants with low birth weight generally have weak muscle tone, including orofacial muscles, resulting in ineffective sucking strength and coordination. This condition can cause infants to tire easily while feeding and be at risk of nutritional deficiencies (Syaiful, Fatmawati, & Sholichah, 2019).

The results also showed that the APGAR score for infants at one minute had an average of 6, indicating that the infant's initial adaptation was not optimal. The APGAR scores at five and ten minutes increased to an average of 6.88 (≈ 7) and 7.71 (≈ 8), indicating an improvement in the infant's physiological condition. However, suboptimal initial APGAR scores may reflect neurological and respiratory adaptation disorders, which affect oral reflexes, including the sucking reflex. Oxygenation disorders and central nervous system dysfunction in the early stages of life can cause the infant's sucking reflex to be weak or poorly coordinated (Simon, Shah, & Bragg, 2024).

Babies with low birth weight have several problems, including temperature instability, breathing difficulties, liver immaturity, kidney immaturity, neurological disorders, and gastrointestinal disorders, one of which is an incomplete sucking and swallowing reflex. Low birth weight in infants is caused by several factors, including maternal factors such as age, parity, previous pregnancy history, nutrition, maternal illness, and complications during pregnancy. Other risk factors include placental factors (abnormalities in the placenta such as tumors, multiple pregnancies, and TORCH infections). The third risk factor is fetal factors, namely congenital infections and chromosomal abnormalities. The final factor is environmental factors (Suherlin, Yulianingsih, & Porouw, 2024).

The inability to drink in infants is caused by weak sucking muscles, unstable mouth capacity, and problems related to neurological disorders. The effectiveness of coordination between the sucking, swallowing, and breathing reflexes in infants is influenced by the maturity of the brain and cranial

nerve structures. Infants will experience difficulties in coordinating sucking, swallowing, and breathing, resulting in apnea, bradycardia, and decreased oxygen saturation. In infants with poor sucking and swallowing reflexes, nutrition can be administered through a tube into the stomach. The capacity of an infant's stomach is very limited and prone to abdominal distension, which can affect breathing (Wahyuningsih, Perbawati, Herliawati, & Puspitasari, 2025).

Weak sucking reflexes in infants occur because they are born prematurely, and in premature infants, many of the ligaments and tendons in the face and around the mouth are not yet fully developed. A decrease in fat mass affects the weakening of the sucking reflex in the infant's mouth. Premature infants also have weaker oral motor control compared to full-term infants because the muscles around the mouth and tongue are underdeveloped (Wahyuningsih, et al., 2025).

The benefits of oral sensorimotor therapy include improving sucking ability, helping to establish a connection between feelings of fullness and satisfaction with mouth movements, and helping to establish oral motor patterns. The sucking reflex tends to be related to nerve maturity, because the sucking reflex is triggered by cranial nerve stimulation consisting of the trigeminal, facial, glossopharyngeal, and vagus nerves. Premature infants have immature nerves, resulting in weak sucking reflexes. Oral motor stimulation in LBW infants is expected to strengthen the sucking reflex (Griyaningsih & Prasetyorini, 2025).

The infant's reflex ability improves after PIOMI intervention. Consistent with research conducted, which states that PIOMI and oral motor stimulation can improve feeding readiness, feeding habits, and weight gain, accelerating the transition from feeding via feeding aids to oral feeding (Shah, Chanageri, Patil, Sukey, Padhi, 2025).

PIOMI can increase oral muscle strength and improve coordination of sucking, swallowing, and breathing. More frequent stimulation strengthens the baby's development, allowing them to transition to independent feeding more quickly. PIOMI improves sensorimotor learning and eating endurance while reducing feeding-related distress. PIOMI is a gentle and non-invasive intervention, so increasing its frequency can maximize benefits without causing harm, potentially leading to shorter hospital stays and

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better long-term feeding outcomes. More frequent PIOMI can improve digestion and nutrient absorption by encouraging earlier and more efficient oral feeding, reducing dependence on tube feeding. This can lead to increased weight gain and overall growth in infants. Repeated stimulation helps maintain consistency in feeding training, reinforces oral skills, and prevents regression. Continuous reinforcement ensures that infants maintain and strengthen their feeding abilities, resulting in a smoother transition to full oral feeding (Shah et al., 2025).

Orofacial techniques are a form of stimulation targeting oral motor structures and functions, such as the lips, cheeks, tongue, gums, and jaw. In premature infants or infants with low birth weight (LBW), the sucking reflex is often not optimally developed due to the immaturity of the central nervous system and oromotor muscles. This immaturity causes poor coordination between sucking, swallowing, and breathing (Cakirli, Bayat, & Tekin, (2025).

The administration of Premature Infant Oral Motor Intervention (PMT/PIOMI) in this study has similarities and differences with several previous studies. In this study, PIOMI intervention was given for 7 consecutive days, with direct stimulation of the infant performed once a day for approximately 5 minutes. In addition, education for mothers was provided 3 times a week, on Mondays, Wednesdays, and Fridays, with each education session lasting approximately 10 minutes, consisting of explanations and hands-on practice. In a previous study the PIOMI intervention was given for 6 days, with a frequency of twice a day, and each session lasted approximately 5 minutes. Thus, the total frequency of stimulation in the Samawati et al. study was more frequent than in this study, although the duration of each session was relatively the same. This difference in frequency may affect the speed and extent of improvement in infants' oral motor skills or feeding skills (Samawati, Mangunsong, & Sutanto, 2025).

Oral stimulation with massage of the vagus nerve (Xth nerve) increases the absorption of gastrin and insulin, resulting in better food absorption and faster weight gain. Increased vagus nerve activity will make the infant hungry quickly, stimulating the sucking reflex and causing the infant to breastfeed more frequently. The sucking process involves structures and functions in the oral cavity, lips, tongue, soft and hard palate, and jaw (Wahyuni et al., 2023).

The average gestational age of babies is 33.88

weeks. Premature babies, especially those with low birth weight (LBW), have more complex care needs than full-term babies. The immaturity of their organ systems, particularly the neurological and gastrointestinal systems, causes premature babies to often experience difficulties in breastfeeding, including suboptimal sucking reflexes. This condition requires special attention and skills from mothers in providing daily care for their babies.

The complexity of caring for premature babies can affect mothers' levels of self-efficacy. Mothers who care for premature babies often experience anxiety, fear, and a lack of confidence in providing care, especially mothers who are first-time mothers or who do not have experience caring for babies with special conditions. The instability of the baby's condition and the need for intensive monitoring can also cause mothers to doubt their own abilities.

Self-efficacy in mothers with babies can be supported by several factors, namely access to health workers, where mothers can access health workers to help them overcome problems they face, thereby supporting their needs in caring for their babies. The second factor is experience, where mothers who have had previous experience in caring for babies differ from mothers who have never had babies. Third is the reinforcing or motivating factor of self-efficacy in mothers, namely the support of healthcare workers, husbands, and families, all of whom provide support to mothers in caring for their babies independently and without being influenced by others. Changes in self-efficacy levels occurred because respondents were directly exposed to clear information related to LBW care at home and the process during health education in the form of individual guidance showed that respondents understood the information provided (Prayeti et al., 2024). Self-efficacy in caring for babies is necessary for primiparous mothers so that they can adapt well to their role as parents and facilitate a positive relationship between mother and baby (Permatasari, Hapsari, & Lismidiati, 2021).

The results of the study indicate that there is an effect of oromotor intervention, namely PIOMI, on mothers' self-efficacy in caring for their babies. Mothers' self-efficacy in caring for their babies increased after PIOMI was implemented. This is in line with the research conducted states that the p-value before and after health education was < 0.05 , which means that there is an effect of education on

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mothers' self-efficacy in caring for LBW infants (Amaliya, Kapti, Astari, Yuliatun, & Azizah, 2023).

Health education for mothers as part of hospital discharge planning is an important part of hospital care for infants and increases awareness and care practices for LBW infants. The components of this education include nutrition, kangaroo care, infant hygiene, umbilical cord care, skin care, and recognition of signs of infection. This is in line with the components of LBW care recommended by the World Health Organization (WHO) (Amaliya, et al., 2023).

Social support among mothers is one of the important factors that can influence the success of premature infant care, especially for infants with low birth weight (LBW). Mothers who have infants with special conditions often experience emotional stress, anxiety, and lack of confidence in carrying out their parenting roles. In such circumstances, support from other mothers with similar experiences can be a source of strength and motivation (Alinejad-Naeini, Razavi, Sohrabi, & Heidari-Beni, 2021). The support provided by other mothers can take the form of emotional support, information, or practical experience in caring for LBW babies. Through interaction and communication between mothers, they can share experiences, share strategies for dealing with care difficulties, and provide reinforcement to one another. This process of sharing experiences helps mothers feel that they are not alone in facing the challenges of caring for premature babies (Pascual, Wielenga, Ruhe, Kaam, Denswil, & Maaskant, 2024).

Nurses play an important role in supporting the successful care of premature babies, especially those with low birth weight (LBW). In addition to providing direct nursing care to babies, nurses also act as educators and motivators for mothers, helping to improve their knowledge and skills in caring for their babies. The Family-Centered Care approach implemented by nurses includes health education, active communication, and direct skill development, enabling mothers to actively participate in daily care and feel more confident in caring for their premature infants after discharge from the hospital (Shahraki, Bazayr, Nematollahi, Emadi, & Tavan, 2025).

CONCLUSION

The Wilcoxon test results showed a significant difference in sucking reflex ability before and after the

intervention ($p < 0.05$). In terms of self-efficacy, before the intervention, most mothers were in the moderate (76.5%) and poor categories, while after the intervention, 88.2% of mothers improved to the good category. The Wilcoxon test also showed a significant difference in maternal self-efficacy before and after the intervention ($p < 0.05$), thus it can be concluded that PIOMI oromotor therapy has a significant effect on improving the sucking reflex of LBW infants and maternal self-efficacy.

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