

Barriers to the early identification of refeeding syndrome in hospitalised children with severe acute malnutrition: Perspectives of healthcare practitioners

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Background: Addressing severe acute malnutrition in children is central to the Sustainable Development Goals, yet it remains a leading cause of childhood mortality in many low- and middle-income countries. In this context, refeeding syndrome in children with severe acute malnutrition is a poorly understood yet potentially fatal complication during stabilisation in hospitalised children under five. Early detection and prompt management of refeeding syndrome are, therefore, essential to prevent adverse outcomes. However, recognition by frontline staff remains inconsistent, particularly in resource-limited public hospitals across Sub-Saharan Africa, where severe acute malnutrition is common and refeeding syndrome is under-researched. The objective of this study was to explore and describe healthcare practitioners' experiences of assessing and identifying refeeding syndrome among hospitalised children aged 6 to 59 months with severe acute malnutrition in public hospitals in the City of Tshwane, Gauteng.

Methods: A qualitative descriptive study was used. Through purposive sampling, 20 healthcare practitioners (paediatricians, medical doctors, nurses, dieticians) from paediatric wards at public hospitals in the City of Tshwane Metropolitan Municipality were included. Semi-structured face-to-face interviews were audio-recorded, transcribed verbatim, anonymised and analysed using reflexive thematic analysis with NVivo 15. Trustworthiness was ensured through credibility, dependability and confirmability strategies.

Results: Three key themes emerged: (1) limited awareness and clinical training related to refeeding syndrome; (2) diagnostic uncertainty when distinguishing refeeding syndrome from other complications of severe acute malnutrition; and (3) structural and resource constraints influencing monitoring practices. Participants emphasised the need for clearer clinical guidance and strengthened multidisciplinary collaboration.

Conclusion: These findings highlight important health system and knowledge gaps that may hinder early recognition of refeeding syndrome in children with severe acute malnutrition. Strengthening training and improving guideline implementation could support earlier detection and management of refeeding syndrome in resource-limited settings.

Keywords: Severe acute malnutrition, Refeeding syndrome, Clinical nutrition, Paediatric nutrition, Qualitative research, Health systems