

# Paula Hasson

**Supporting complex babies to  
develop oral feeding skills  
- parent experience**



# SLT makes a difference to children's lives

Helping support a medically complex  
child to develop oral feeding skills.

Paula Hasson- Clinical Lead SLT NHSCCT



To deliver excellent integrated  
with our commu

*"To deliver excellent integrated services in  
partnership with our community"*



## Background

- Referred to local SLT by SLT in RBHSC on 16.10.2020
- Complex congenital heart disease: VSD's repaired on 01.10.2021 in Crumlin
- Fully NG tube fed - difficulty establishing volume for oral feeding
- History of Reflux and regular vomiting episodes
- Slow to gain weight
- Concerns re: swallow safety, oral-pharyngeal incoordination
- Difficulties establishing oral feeding and query aversion to oral feeding.

## What do we know?

- “Infants and children who require tube feeds because of complex needs are at a risk of developing oral hypersensitivities due to prolonged tube feeding.”  
*(Hawden et al 2000)*
- “Consequently these children are highly likely to develop significant difficulties in learning to tolerate eating orally. This may have an impact on the child’s social and emotional development.”  
*(Harding C, Faiman A and Wright J 2010. International Journal of evidence based Health care.)*

## What did we do?

- Linked with SLT in RBHSC
- Follow up phone call and F2F appointment with child and her Mother
- Advised on;
- Positive oral experiences with finger massage, using child's own fingers, toys and teethers.
- Continue NNS during tube feeding and water sips.
- Messy play activities to be completed daily.
- Developing oral tastes (spoon and bottle) and monitoring swallow safety for clinical signs of aspiration.

## What was the outcome?

- Child's Mother worked through the advice and personalised it to suit her child.
- Mother was consistent implementing all advice and worked in close collaboration with MDT including Paediatricians and Dieticians in RBHSC and locally.
- By May 2021 A's NG tube was removed and she was fully orally fed on a mixture of Bottle feeds morning and night with 3 spoon feeds per day and developing her tolerance for textures
- Her weight had improved and is now static and tracking the 9<sup>th</sup> percentile / length 25<sup>th</sup> percentile.

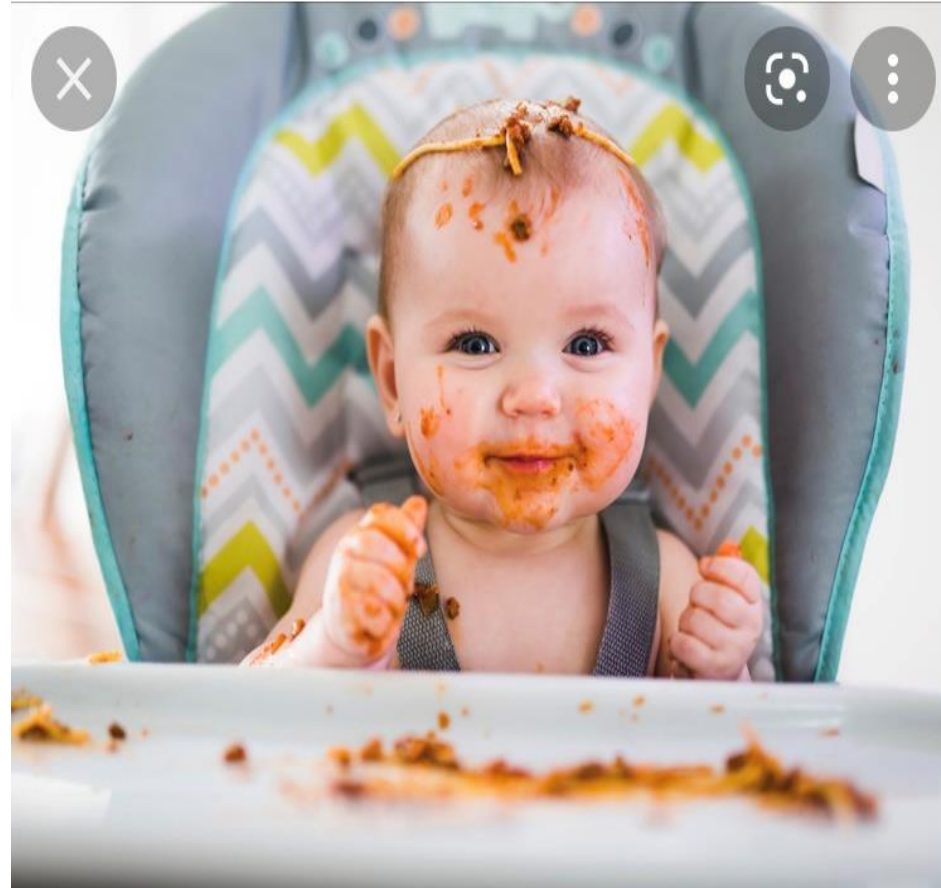
## Factors for success

- ✓ Early introduction of oral de-sensitization and NNS whilst tube feeding by SLT in RBHSC.
- ✓ Good liaison and hand over between SLT in RBHSC and local SLT.
- ✓ Resolution of the original problem- cardiac surgery and GOR had reduced.
- ✓ Monitoring of swallow safety and signs of aspiration as feeding progressed. Swallow was safe.
- ✓ Working with MDT/Dietician to adjust feeds when oral feeding progressed to help create hunger.
- ✓ Child readiness and acceptance.
- ✓ EXCELLENT motivation, perseverance and consistency from Mother and family circle implementing and personalising advice given.

## One Parents top 5 tips to another:

- **Tip 1:**

Do messy play and  
Do it every day!





- **Tip 2:**

Change Tube  
feeding times to  
after mealtimes



- **Tip 3:**

Involve your  
child in family  
mealtimes



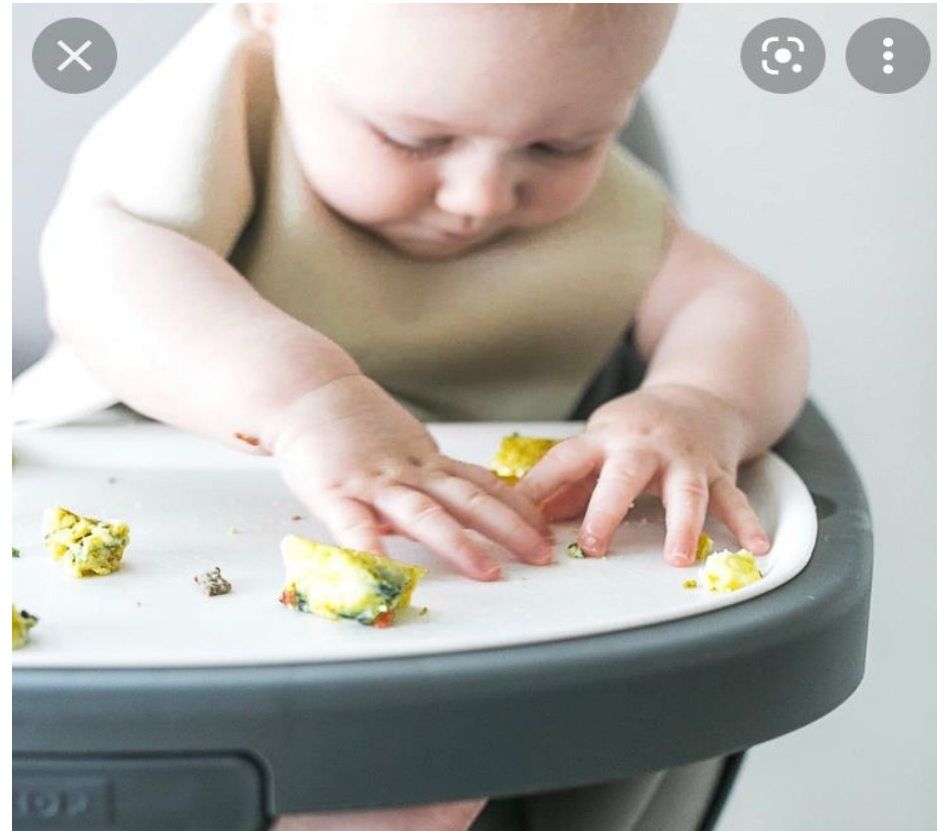
- **Tip 4:**

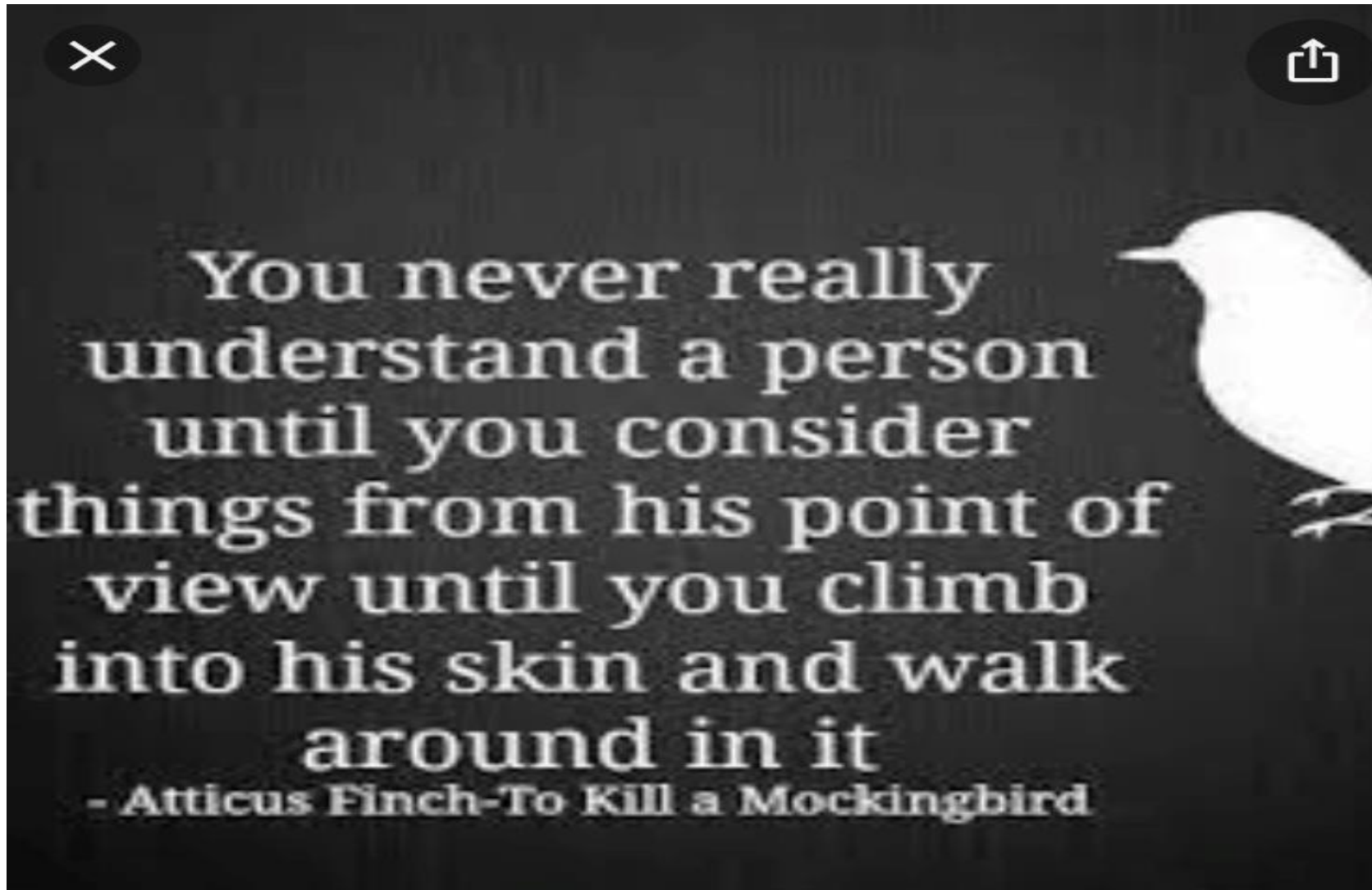
Do not force it – if  
your child ever  
refuses, do not  
push it



- **Tip 5**

Let your child lead







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