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 NHSCT
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 at 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.”
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 teether.
  - 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 9th percentile / length 25th 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
You never really understand a person until you consider things from his point of view until you climb into his skin and walk around in it

- Atticus Finch - To Kill a Mockingbird
Paula Hasson

Clinical Lead Speech and Language Therapist

Children with Disabilities Team

Northern Trust

paula.hasson@northerntrust.hscni.net

Tel: 02827669683 / 07824326541