



SPEECH AND LANGUAGE THERAPISTS IN NEONATAL CARE

Cermongi! gofar a datidygiadol, teri man o'r trin
ml-diddisgyblaeith ehangach i gefnogir!
iwiroddabylgiaid gorau ar gyfer babanod a
nwyd ym gydnar yn yr uned.

- Cefnogi teuluodedd i gyrryddu potensial datblygiu iaith drwy ddeall cyfarthrebu cynnar y babaen a dod yn bartneriaid cyfarthrebu hydurus, gan gyfeithogir amgylchedd cyfarthrebu a defnyddio strategaeithau rhwngweithio sy'n cefnogi datblygiad iaith.
 - Cefnogi teuluodedd i gyrryddu potensial datblygiu baban a'r teulu ar gyfer yr anawsiterau hydurus. Darparu asesiaid clinicol datblygiadol broiadol o'r bwydo a/neu lynnau a chyfarthrebu. Adhabod babanod sydd mewn risg o anawsiterau Helpu babanod i sefydlu bwydo drwy gerg.

Fel y cefnogaig gan gyhoeddwyd **Service Standards for Hospitals Providing Neonatal Care**, a gyhoeddwyd gan Gymdeithas Brydeiniog Meddygol Ameneidiol (BAPM), mae gan y therapydd llaferydd ac iachol bwybig yn wrthneud newyddion i ddilys.

ROL THERAPYDDION LLEFERYDD AC IALFI

chwung nhanit a baban, ac mae babanod a gaifft eu geni
an gynddar mewni nsg uchel o ddatblygu anghenion
defferydd, iaiith, a chyfarthrebu (Rabbi et al, 2015).

- Mae nifer y babanod a gairf eu derbyn i unedau newyddnenedigol wedi cyrraedd oherwydd datblygiadau mewm arbenigedd a thecnoleg gofal iechyd (RCPCH, 2010).
 - Mae angen i gapasiti gofal arbenigol a oed a awydd yn gyrrunar (<37/40) (Pados et al. 2021).

SEFYLLƏ

Maé therapyddiōn lleferydd ac iâith yn aelodau allweddol o'r trin amlddisgyblaeith newyddenedigol ynghyd â fisiotherapyddiōn. Mae therapyddiōn lleferydd ac iâith babanod sydd ag anawsterau cyfarthrebu a bwydo. therapydd lleferydd ac iâith helpu gydag andebiaddieth gynnar a wedi'u sefydlu mewn gofal newyddenedigol, gall gwyoeddieth a sgiliau chefnogi babanod sydd ag anawsterau cyfarthrebu a bwydo.



THE RAPYDDION LLEFERYD AG LAITH MEWN GOFAL NEWYDDENEDIGOL

Speech and language therapists (SLTs) are key member of the neonatal multidisciplinary team (MDT) alongside physiotherapists, occupational therapists, psychologists and dieticians. When embedded in neonatal care, a SLT's knowledge and skills can help with early identification and support of infants with communication and feeding difficulties.



THE SITUATION

- The number of babies admitted to neonatal units has increased due to advances in health care expertise and technology (RCPCH, 2015).
 - Specialist neonatal care capacity needs to keep pace with these advances to improve short and long-term outcomes for these babies (NICE, 2017).
 - Premature infants are at high risk of developing feeding and swallowing problems (Lee, 2011, Uhm, 2015). Recent studies suggest that feeding difficulties occur in approximately 42% of children under 4 years of age who were born prematurely (<37/40) (Pados et al. 2021).
 - Typical parent-infant interaction can be impacted by long hospital stays, and infants born early are at high risk of developing speech, language and communication needs (Rabie et al, 2015).

THE ROLE OF SPEECH AND LANGUAGE THERAPISTS

As supported by the British Association of Perinatal Medicine's (BAPM) publication '**Service Standards for Hospitals Providing Neonatal Care**', the speech and language therapist (SLT) plays an important role on the neonatal unit in:

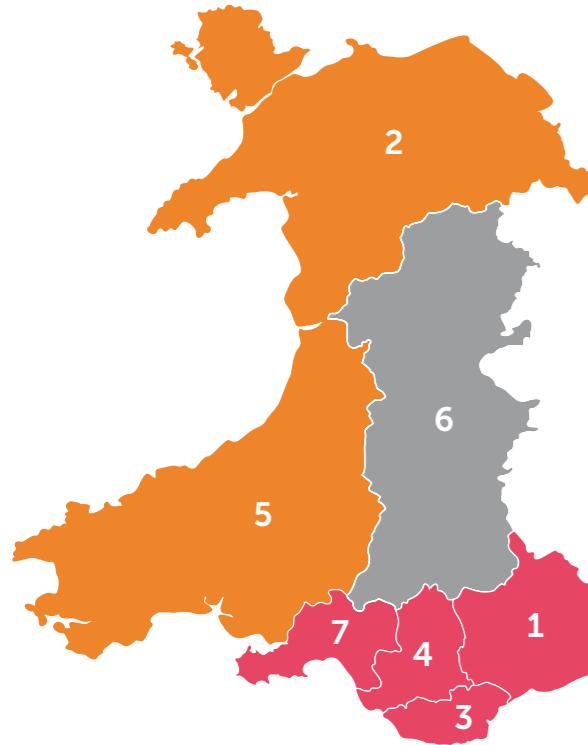
- Identifying infants who are at risk of feeding and/or swallowing and communication difficulties.
 - Providing developmentally appropriate clinical assessment of the infant and family for these difficulties.
 - Helping infants to establish safe and positive oral feeding. Babies with feeding difficulties are at risk of aspirating; this is when milk penetrates their airway and goes onto their lungs, which can lead to pneumonia and the need for continued breathing support. Speech and language therapy input includes providing assessment and treatment for babies who have difficulties suck feeding and transitioning from tube feeding and supporting caregivers and the nursing team with the skills and knowledge of how to optimise the baby's oral motor co-ordination and development, needed for safe feeding.
 - Supporting families to maximise language development potential through understanding the infant's early communication and becoming confident communication partners, enriching the communication environment, and using interaction strategies that support language development.
 - Supporting developmental care, as part of the wider multidisciplinary team (MDT) to support optimal neurodevelopment of the preterm infants on the unit.



SPEECH AND LANGUAGE THERAPY NEONATAL PROVISION IN WALES

KEY TO MAP

	Does not meet the BAPM standards		Meets BAPM standards
	Partially meets BAPM standards		No neonatal units



IMPACT OF NEONATAL SPEECH AND LANGUAGE THERAPISTS

'As a parent of a very premature baby, I value the input off the Speech and Language Therapy team that we currently receive. The help and support is invaluable, however, I feel that had SALT input been readily available on the Neonatal Intensive Care Unit we could have made a start on helping my daughter and been assisted on what to look out for regarding

my daughter's feeding, swallowing, choking and gagging and more importantly how to deal with it. Early intervention and collaborative treatment on the ward for pre term infants is key. As a parent, I would like to see more Speech and Language Therapy involved on Neonatal Intensive Care Unit.'

Lyndsay, Mum of Thora



RCSLT WALES RECOMMENDS

- Speech and Language Therapists are embedded in all neonatal units in Wales and AHP provision, highlighted within the Welsh Health Specialised Services Committee cot service review, fully funded.
 - Health Education and Improvement Wales Education and Training plan 2024/25 takes account of the need to grow the number of neonatal SLTs and other AHPs.
 - Health Education Improvement Wales commits to developing an AHP workforce plan to ensure there are enough AHPs to meet the needs of the population.

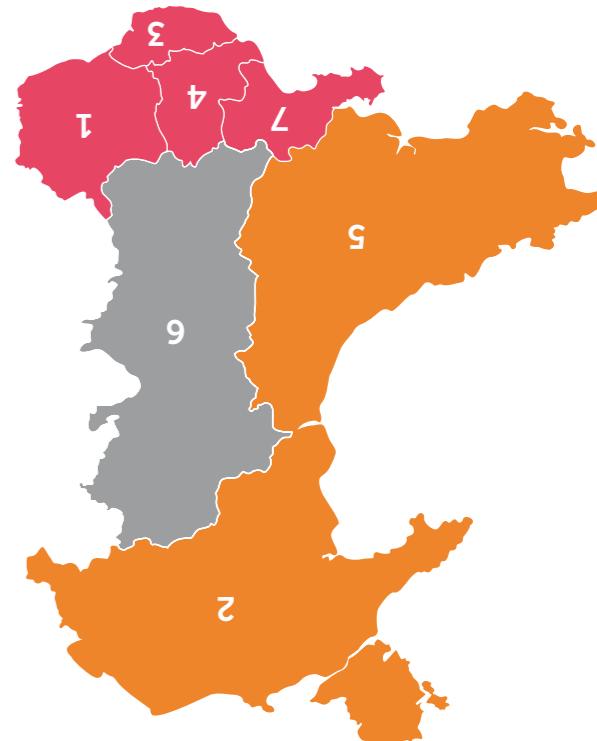
	Local Health Board	Speech and Language Therapy Provision in neonatal units	Neonatal Speech and Language Therapy community/ follow up provision	Does the provision meet BAPM standards?
1	Aneurin Bevan University Health Board	0.2 full-time equivalent in reach into the Grange Hospital	No	No
2	Betsi Cadwaladr University Health Board	In-reach service at three units	Community follow up of babies with ongoing feeding difficulties post discharge home – currently frozen due to staffing challenges	Yes but vacancy challenges
3	Cardiff and Vale University Health Board	0.6 full-time equivalent post for inpatient Neonatal work	No	No
4	Cwm Taf Morgannwg University Health Board	No	No	No
5	Hywel Dda University Health Board	0.46 full time equivalent in Glangwili Hospital, Carmarthen	Virtual MDT at 12 weeks and developmental assessment at 2 years	No
6	Powys Teaching Health Board	No neonatal units	–	No service as no District General Hospital
7	Swansea Bay University Health Board	0.5 full time equivalent	No specified time	No

MAE RCSLT CYMRU YN ARGYMLL

- Cynllun Addysg a Hyfforddiant Addysg a Gwella lechyd Cymrug 2024/25 yn rhoi ystyriadaeth i'r angen i gynguddu nifer y therapydoliwn llefyriadol ac iach ac AHP newyddenedigol.
- Addysg a Gwella lechyd Cymrug yn ymrwymo i addatblygu cynllun gwethlu AHP i sicrhau fod diogon weithwyr AHP i ateb anghenion y boblogaeth.

A cartoon illustration of a person with dark brown hair and a beard, wearing a light blue shirt. They are shown from the chest up, with their arms crossed over their head and their eyes closed, suggesting exhaustion or despair. The background is a solid blue color.

EFFAITH THERAPYDDION LLERFEDD AC IATH NEWYDDEN DENGOL



DARPARIAETH THERAPI LLEFERYDD AC IALITH NEWYDDENEDIGOL YNG NGHYMRU