

Supporting infants, children and young people with feeding and swallowing difficulties

Speech and language therapists play an important role in evaluating and supporting infants, children and young people who have feeding and swallowing difficulties (dysphagia). They may have:

- problems with sucking, chewing or swallowing effectively and safely;
- difficulties developing their feeding skills;
- aversions to a particular taste, texture or method of feeding;
- behavioural difficulties associated with eating, drinking and mealtimes.

A serious issue

Difficulties with swallowing can cause chest infections, pneumonia, choking, dehydration, malnutrition and weight loss, all of which can impact on a child's health and quality of life.

Feeding difficulties can be particularly stressful for parents and carers as they can have a negative impact on communication and interaction that typically occurs during mealtimes. They can make eating unenjoyable and disrupt families and their parenting roles. Parents report that they often feel isolated, as a significant amount of time during the day can be spent feeding a child with these problems.



Simon's story

After Simon was born he had difficulties with his breathing and muscle control, making swallowing milk difficult. When he was discharged from hospital, he was fed through a tube that went from his nose to his stomach. Simon's mother was worried about whether he would be able to feed via his mouth in the future. He was supported by a speech and language therapist who worked with his family to position him safely for eating and drinking, and provided advice on how to recognise when he was struggling to swallow and how to help him. Simon began by having small amounts of milk from a bottle, which were gradually increased, supported by the techniques and strategies provided by his speech and language therapist. Simon is now nine months old and enjoys drinking milk and eating a range of purees. He no longer needs a tube and his family are delighted with his progress.

What support is available?

Speech and language therapists can assess and identify possible causes of eating and drinking difficulties. During feeding and mealtime observations they will be able to assess the nature of the difficulties. They may request specialist assessments such as a videofluoroscopy swallow study to help to understand the problem. They can support parents and carers in using strategies to help infants, children or young people to manage their mealtimes as safely as possible. They may also suggest different feeding equipment, texture changes, positions or techniques to help make eating and drinking easier and safer.

Speech and language therapists work in hospital and community settings, collaborating with other members of the multidisciplinary team, including doctors, nurses, dietitians, physiotherapists, occupational therapists, clinical psychologists, community nurses, paid carers and education professionals.



The size of the problem

Infants, children and young people with neurodisability and those born prematurely are most likely to be at risk of dysphagia, but feeding difficulties also occur in typically developing children. Recent research has found the incidence of feeding difficulties is:

- ▶ between **25%** and **45%** in a typically developing paediatric population¹
- ▶ between **31%** and **99%** for children with cerebral palsy^{2, 3, 4, 5, 6}
- ▶ between **21%** and **44%** for children with general neurodevelopmental disabilities^{7, 8, 9, 10, 11}
- ▶ between **26.8%** and **40%** of infants born prematurely^{12, 13}
- ▶ between **68%** and **72%** of children with acquired conditions during the acute phase of care^{14, 15}

- ▶ For more information, email: info@rcslt.org

REFERENCES AND RESOURCES

- ¹ Bernard-Bonin A. Feeding problems in infants and toddlers. *Canadian Family Physician* 2006; 52(4): 1247-1251.
- ² Calis EAC, Veugelers R, Sheppard JJ, Tibboeli D, Evenhuis HM, Penning C. Dysphagia in children with severe generalized cerebral palsy and intellectual disability. *Developmental Medicine and Child Neurology* 2008; 50(8): 625-630.
- ³ Mirrett PL, Riski JE, Glascott J, Johnson V. Videofluoroscopic assessment of dysphagia in children with severe spastic cerebral palsy. *Dysphagia* 1994; 9(3): 174-179.
- ⁴ Reilly S, Skuse DH, Poblete X. The prevalence of feeding problems and oral motor dysfunction in children with cerebral palsy: a community survey. *Journal of Paediatrics* 1996; 129(6): 877-882.
- ⁵ Waterman ET, Koltai PJ, Downey JC, Cacace AT. Swallowing disorders in a population of children with cerebral palsy. *International Journal of Pediatric Otorhinolaryngology* 1992; 24(1): 63-71.
- ⁶ Wright RER, Wright FR, Carson CA. Videofluoroscopic assessment in children with severe cerebral palsy presenting with dysphagia. *Pediatric Radiology* 1996; 26(10): 720-722.
- ⁷ Arvedson J, Rogers B, Buck G, Smart P, Msall M. Silent aspiration prominent in children with dysphagia. *International Journal of Pediatric Otorhinolaryngology* 1994; 28(1): 173-181.
- ⁸ Morton R, Minford J, Ellis R, Pinnington L. Aspiration with dysphagia: The interaction between oropharyngeal and respiratory impairments. *Dysphagia* 2002; 17(3): 192-196.
- ⁹ Taniguchi MH, Moyer RS. Assessment of risk factors for pneumonia in dysphasic children. Significance of videofluoroscopy swallowing evaluation. *Developmental Medicine and Child Neurology* 1994; 36(6): 495-502.
- ¹⁰ Newman LA, Keckley C, Petersen MC, Hamner A. Swallowing function and medical diagnoses in infants suspected of dysphagia. *Pediatrics* 2001; 108(6): e106-e109.
- ¹¹ Weir KA, McMahon S, Taylor S, Chang AB. Oropharyngeal aspiration and silent aspiration in children. *Chest* 2011; 140(3): 589-597.
- ¹² Uhm KE, Yi SH, Chang HJ, Cheon HJ, Kwon JY. Videofluoroscopic swallowing study findings in full-term and preterm infants with dysphagia. *Annals of Rehabilitation Medicine* 2013; 37(2): 175-182.
- ¹³ Lee JH, Chang YS, Yoo HS, Ahn SY, Seo HJ, Choi SH, Jeon GW, Koo SH, Hwang JH, Park WS. 2011. Swallowing dysfunction in very low birth weight infants with oral feeding desaturations. *World Journal of Pediatrics* 2011; 7(4): 337-343.
- ¹⁴ Morgan AT, Ward E, Murdoch BE. Acute clinical characteristics of paediatric dysphagia following traumatic brain injury. *Journal of Head Trauma Rehabilitation* 2004a; 19(3): 226-240.
- ¹⁵ Rogers B, Arvedson J, Buck G, Smart P, Msall M. Characteristics of dysphagia in children with cerebral palsy. *Dysphagia* 1994; 9(1): 69-73.