...FOR PEOPLE WITH SPECIAL COMMUNICATION NEEDS

Feeding and Swallowing Disorders in Infants and Children

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Swallowing allows us to eat and drink to get adequate food and liquid for survival. The infant or child also needs adequate nutrition for growth and development of body and mind. Thus, the inability to swallow can have severe and even fatal consequences in children. As a result, swallowing disorders (also referred to as dysphagia) must be identified accurately and managed aggressively.

Infants and children with swallowing disorders are a diverse group ranging from the very small premature newborn to the full-grown adolescent. Often parents are the first to notice a problem with feeding and swallowing.

Identifying Infants and Children With Swallowing Disorders

A variety of medical conditions, illnesses, and syndromes may affect an infant's ability to swallow. For example, infants born prematurely are at risk of having swallowing difficulties. Neurological disorders such as cerebral palsy have been known to cause swallowing disorders. Children born with abnormalities in the head and neck may also experience swallowing disorders.

The symptoms of swallowing disorders in the infant or child include poor feeding, refusal to take a bottle, or initially taking a bottle or breast and refusing after a few sucks. Other signs that may signal a swallowing problem include apnea (the infant stops breathing and may turn blue), liquid coming out of the nose, choking, gagging, vomiting, and congestion during feeding.

Parents need to be aware of the complications that may result from the inability to swallow. They include respiratory complications, malnutrition, and dehydration. Respiratory complications may include repeated pneumonias, repeated upper respiratory infections, multiple episodes of sinusitis, and middle ear infections. (Sinusitis and middle ear infections may have other causes as well.) Respiratory complications in children with swallowing disorders are most often the result of food and/or liquid going into the lungs when they swallow (also called aspiration). Children who fail to gain weight or who are diagnosed with failure to thrive should also be evaluated for swallowing disorders. Any infant who has been treated for dehydration should be evaluated immediately for a swallowing disorder.

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Evaluation of Swallowing Disorders

If you suspect that your child has a swallowing disorder, you should make an appointment with your pediatrician immediately. He/she knows your child's developmental history, growth, and weight gain. If your pediatrician thinks your child has a swallowing disorder, he/she will probably make a referral to a speech-language pathologist specializing in the evaluation and treatment of swallowing disorders.

The speech-language pathologist will want to talk to you, observe your child, and conduct an instrumental assessment of swallowing function. You will need to provide a thorough history of your child's health, development, and feeding. The speech-language pathologist will then conduct a clinical evaluation to determine your child's level of alertness, posture, breathing, interactive behavior, structure and function of the face and mouth, and feeding behavior. The history and clinical examination give important information that will help the speech-language pathologist assess the swallowing disorder and determine an appropriate treatment plan.

It is not possible to fully diagnose a swallowing disorder by simply watching your child eat; an instrumental assessment that allows the examiner to see inside the head and neck is often performed. Usually this is an x-ray procedure called a modified barium swallow (MBS) or videofluoroscopy, usually conducted by a speech-language pathologist and a radiologist. During this test, your child will be sitting up and given barium liquid (a material that shows up on x-ray) and/or barium pudding by spoon, cup, or bottle depending on your child's needs. Your child should have no adverse reaction to the small amount of barium administered. Some food samples may be mixed with barium and given to your child

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during the MBS. After the study, a videotape of the MBS is reviewed to assess the swallowing disorder, and discuss treatment and options. Another type of instrumental assessment involves passing a lighted fiberoptic scope (an endoscope) through the nose so swallowing can be observed.

Assessing and managing swallowing disorders in children can be complex. Many pediatric medical centers have developed multidisciplinary teams to diagnose swallowing disorders and develop plans for management. Such teams may consist of a speech-language pathologist, pediatrician, nutritionist, social worker, and other disciplines as necessary (e.g., physical therapy, occupational therapy, neurology, etc.).

Management and Treatment of Swallowing Disorders

Management of swallowing disorders may be either medical or behavioral. If the swallowing disorder is severe, the first management decision will be whether to consider a feeding tube. Two factors will contribute to this decision: whether the child swallows safely so that food does not go into the lungs, and whether the child can consume adequate liquids and calories for hydration, growth, and development. Additional factors to consider are respiratory history (asthma/wheezing, congestion, pneumonia, etc.), weight and weight gain, and length of time to feed.

If a child must be tube fed, he or she may still receive some food or liquid by mouth. Your physician and speech-language pathologist will discuss how long your child may need a feeding tube. If a feeding tube is recommended, it is very important that the child not become orally hypersensitive, so he or she won't allow anything or anyone near the mouth. Oral hypersensitivity will make oral hygiene very difficult. The speech-language pathologist will provide strategies for you and your child to maintain good daily oral hygiene and provide oral stimulation.

Behavioral strategies or swallowing treatment involve techniques the child must perform when swallowing or environmental modification, such as controlling food temperature, texture, and some variations in posture. Your speech-language pathologist can discuss these options with you and teach you how to use these at home.

If you have concerns about your child's speech or language development, please contact an ASHA-certified speech-language pathologist. Go to ASHA's website at www.asha.org for information and referrals or call 800-638-8255.

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