

Concerned About Your Child's Feeding or Swallowing?



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Oral Exploration: The Window To Their World

Ever wonder why a baby mouths so much? Most of a child's early learning about the world around her is gained by exploring objects with her mouth. That is why it is so important for babies to feel that their mouth is a safe place to explore.

Often children with feeding or swallowing problems feel that their mouth is scary and unsafe because their oral feeding experience has been difficult.

A baby's early oral experiences can impact later oral motor development, specifically feeding and speech development. For example, as a child develops top lip strength during spoon feeding, she begins to experiment with using her top lip during sound play to produce "mama".

At Carolina Pediatric Dysphagia, we focus on teaching sensori-oral awareness in order to help children develop oral motor skills needed for safe feeding and swallowing.

Breast & Bottle Feeding

Breast and bottle-feeding should be an enjoyable and stress-free experience for you and your baby. Your baby should be able to take an age appropriate amount without difficulty in less than 30 minutes. Listen to your baby's breathing- is it relaxed and easy? Does your baby gasp, strangle, or choke? Do you ever hear "hard" swallows? These subtle signs may suggest problems with feeding or swallowing.

Has anyone advised you to add rice cereal to your child's formula? You may have been given advice to cut a hole in the nipple to help your baby get more formula. Cutting holes in bottle nipples can cause swallowing difficulties, choking, and may interfere

with the typical oral motor development necessary for advancement of feeding and later speech skills. Pre-blending dry rice cereal reduces the clumps allowing you to use a regular nipple.

Spoon Feeding

Do you ever feel like you recycle more of your baby's food than he actually swallows? The way the spoon is placed in your baby's mouth can affect how he moves his tongue and how he swallows. Try placing the spoon straight in your baby's mouth and give firm but gentle pressure down on the middle of the tongue. Give your baby time to suck the food from the spoon before you pull it straight out. With practice, you will see how neat and easy spoon-feeding can be!

Transitioning to Textures

Advancing food textures is the most difficult feeding transition your child will make. Unfortunately, difficulties in this area are often overlooked or underestimated. For example, your child may enjoy Stage 1 baby food bananas, but will gag if she tries a mashed banana. Children with transition difficulties often have difficulty with Stage 3 foods, which contain a combination of smooth puree and small pieces of soft textures. If your child is experiencing these difficulties she may gag and/or spit out the textured pieces. She may not develop appropriate chewing skills and learn to swallow the textures whole, which may result in choking. Please discuss these difficulties with your pediatrician who can make a referral to a feeding specialist.

Children with Reflux

Reflux is simply backward movement of food into the esophagus, throat or mouth. Many children with reflux are called "spitters". They may vomit often or

projectile vomit, while others who reflux internally show no obvious signs. Reflux can cause irritation and burning that often leads to sensori-motor feeding or swallowing difficulties. These children soon learn to associate food with discomfort. They may develop oral sensitivities, refuse to eat, have difficulty transitioning textures and are often described as “picky eaters”. In order to be successful in oral motor feeding treatment reflux must be managed.

Trust Your Judgement

Family or friends may tell you “she’ll grow out of it,” “make him eat,” or “she’ll eat when she’s hungry.” If your child has a feeding or swallowing problem, this is dangerous and expensive advice. These children are at higher risk for choking, aspiration pneumonia, gastro-intestinal difficulties, and failure to thrive. *You* are the parent: you know your child. If you suspect a problem, seek help.

The earlier feeding and swallowing problems are addressed, the faster and easier they may be resolved.

Let Them Make A Mess!!!

Some activities to try at home:

- Provide LOTS of floor time, esp. tummy time
 - Encourage oral play
- Provide a variety of sensory experiences
 - Sponges/body paint, soap at bath time
 - Finger paint with pudding or yogurt
 - Play in a box of rice, beans or sand
 - Go barefoot
 - Play with bubbles
 - Touch-n-feel books
 - Bright colors
 - Fun music

- Peek-a-Boo with washcloth or blanket
- Massage! Many facilities offer classes on infant massage. Try one out, and schedule one for yourself as well!
- Let them get messy now while they’re young enough for it to be “acceptable”!
- Sprinkle small cracker crumbs onto smooth baby foods if your child is ready for texture but you feel Stage 3 may be too much.
- Always follow the recommended guidelines for which foods to offer at certain ages, and contact a feeding specialist with concerns or problems.

You Should Be Concerned If Your Child:

- Has a diagnosis of reflux
- Is congested during & after feeding
- Has difficulty sucking from a bottle
- Tires out before feeding is finished
 - Takes too long to feed
- Does not mouth toys as an infant
- Has identifiable foods found in diapers
- Spits out textured part of Stage 3 foods
 - Chews with their mouth closed!
- Chokes, gags, or sneezes during feeding
 - Has frequent colds and illness
 - Spits up or vomits frequently
- Has food/liquid come out through nose
 - Refuses to advance textures
 - Does not like to get messy
 - Is a picky eater

What Should Your Child Be Doing?

0-4 mos	Breast or bottle exclusively
4-6 mos	Cereal, Stage 1 baby foods
6-8 mos	Teething biscuits Dissolvable soft crackers
9-12 mos	Soft finger foods Beginning cup drinking
12-18 mos	Experimenting with variety of textures and tastes
by 18 mos	Most table foods

Happy Feeding!



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