

Feeding and Swallowing Difficulties

Evaluating and Treating a Complex Problem

Children swallow between 600 and 1,000 times a day, using five or six major nerves and about 23 muscles. Most of us easily handle this mechanical process. But for many people with medical conditions — such as cleft lip and palate, cerebral palsy or a traumatic brain injury — that involve the nerves or muscles of the face and neck, swallowing is a daily concern. Children who have difficulty swallowing might get insufficient nutrition and have difficulty taking prescribed medicine. Children who choke and aspirate food into the trachea and lungs can develop serious respiratory problems and a fear of eating.

In addition to swallowing difficulties, children who have disabilities sometimes face a number of other feeding concerns. Infants who can't close their lips around a bottle or nipple to extract milk efficiently might have difficulty growing and developing. Children with sensory issues might be unable to tolerate being touched on the face or lips or in the mouth. Children with cerebral palsy or motor development delays might have difficulty moving their tongue into a proper position for chewing.

Sometimes children are inefficient eaters. They take a long time to eat, become exhausted by the feeding process, and have trouble getting enough nourishment. In fact, they take so long to eat and work so hard at it that they burn more calories than they consume. Such inefficient eating is especially worrisome when underweight children are scheduled for surgery and need to gain weight. Whatever the feeding concern, when worried parents coax or force their children to eat, power struggles often follow.

Help is available

Without a doubt, feeding and swallowing difficulties can affect a child's health and eating pleasure. How can we help? At Gillette Children's Specialty Healthcare, you'll find the resources you need to address feeding and swallowing difficulties.

Our feeding team includes physicians, nurse practitioners, nurses, speech and language pathologists, psychologists, dietitians and occupational therapists. Because changes in seating and positioning might improve your child's feeding and eating abilities, your team might include our Assistive Technology staff. We'll work with your family to ensure that your child obtains any necessary equipment for use at home.

What to expect at Gillette

At Gillette, you'll work with a team of specialists who:

- Evaluate your child's specific feeding and swallowing conditions
- Assess sensory and oral motor issues
- Work with you to develop an individualized intervention plan for your child
- Determine your child's goals for taking in calories, protein and fluids
- Develop home programs
- Recommend adapted equipment (e.g., weighted utensils or devices to stabilize dishes)

If swallowing appears to be a problem, our speech pathologists work with radiologists, who use a special type of X-ray called a videofluoroscope, to videotape and observe children as they eat and swallow. We use the resulting information to pinpoint where problems occur and determine what types of intervention might be helpful.

Our occupational therapists assess eating skills and offer equipment to help your child eat more efficiently. For example, if your child has weakness or trouble grasping, we might recommend utensils with large handles.

If your child is averse to touch in and around the mouth, we'll teach you how to accustom your child to such sensations. Special exercises and facial massage or pressure might also help. If needed, our occupational therapists will assess your child's seating and positioning equipment and recommend support systems.

When inadequate weight gain is a concern, we work with families to develop higher-calorie diets. If your child has behavioral issues or your family is involved in a power struggle about food, a psychologist can help you develop an intervention plan.

Gillette's craniofacial nurse practitioner and speech pathologists work with families to ensure that infants with craniofacial anomalies — including cleft lip and palate — get adequate nutrition. We recommend specialized bottles and nipples to improve eating and sucking abilities. We also offer education and support to parents.

We want your child to be a safe and efficient eater. But that takes time. Any change in feeding — whether changing food textures or teaching children to chew proficiently — can be a slow process. We meet with families to provide information and support and to monitor the child's progress. Our goal is to make eating a pleasant experience for children and caregivers.

What if my child can't eat orally?

In complex cases, when it appears a child cannot eat safely, our physicians might recommend a gastrostomy tube. Soft, flexible gastrostomy tubes are surgically inserted into the stomach and used for feeding. The tubes can be used full-time to feed a child (with no oral feedings) or as a feeding supplement during illnesses or critical developmental stages. Many children get a combination of oral feedings and gastrostomy tube feedings.

Consider talking to your doctor about a feeding and swallowing assessment if your child:

- Has difficulty eating or drinking and dislikes mealtimes (e.g., often coughs or chokes at mealtime, pushes food with tongue)
- Takes more than 30 minutes to eat
- Tires while eating
- Appears uncoordinated while bottle- or breast-feeding
- Drools excessively
- Has a lot of nasal discharge
- Is sick more often than other children of the same age (e.g., prone to upper-respiratory infections)
- Is underweight

For more information, call the manager of Rehabilitation Therapies at 651-229-3905 or 800-719-4040 (toll-free).



Gillette Children's
Specialty Healthcare

200 University Avenue East
St. Paul, MN 55101
651-291-2848
www.gillettechildrens.org