

Foreword

Eating is something most people take for granted. Babies are born and instinctively know how to suck enabling them to meet their nutritional needs. Children progress through the different stages, mastering each one as they go along from bottle or breastfeeding all the way up to solid foods.

Feeding is not only a natural part of life, but also a vital part of life. Without the ability to meet our nutritional needs in some way, our life is in jeopardy. One cannot exist without nutrition. That is why a feeding problem changes the way a person views eating. It is no longer something that is given little thought. The feeding problem is now all encompassing. Well meaning family and friends give well intentioned advice which may make the family feel worse when it doesn't work for them. This is a lonely place to be.

By the time a family seeks medical attention they may be exhausted, angry, and even desperate. They may be defensive and feel guilty about the situation. A child presenting to the medical community will have both physical and emotional needs. Medical personnel will be treating not just the child but also the entire family. All members of the family are affected by a feeding problem. Family life now revolves around mealtimes. Something a family once took for granted is now the main focus of family life.

Feeding problems can develop at any time in a child's life. Premature infants have various feeding problems depending on their gestational age at birth. Children of all ages can have feeding issues as a result of a medical condition or behavior issue.

As a pediatric gastroenterologist, I have been asked to care for many infants and children with feeding disorders. These cases are often complex and challenging. It is rewarding to see a child transition mealtime from a stressful battle or struggle to a pleasurable event.

At this institution, our feeding team has been able to accomplish this task on a routine basis. Our feeding team has thrived due in large part to the will power and commitment of the speech-language pathologists. Their "expanded" roles on the feeding team include assessment of oral motor skills, oral sensory issues, deglutition (swallow) and behaviors surrounding the feeding process. These individuals devise the meal and snack time protocol including schedule, food type, presentation, utensils, and behavioral/sensory techniques. The speech language pathologists work closely with the caregiver using videotapes, modeling, supervised guidance, and educational materials.

As our feeding program continues to grow and flourish, we continue to learn from our diverse population. In some instances, we have been able to replace standard feeding protocols with more innovative techniques such as "food chaining." These advancements in the evaluation and treatment of pediatric feeding disorders are the result of hard work and dedication. In this book, two of our

speech pathologists, Cheri Fraker and Laura Walbert, will share their experiences with the reader and attempt to provide insight into these important issues.

I am lucky to be a part of this feeding team. Each case we treat is unique to that particular patient. As we continue treating children with eating problems we continue to learn. The goal is to have each child we treat not have life revolve around eating but to eat as a normal part of life.

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How to Use This Book

This book was written to be a guide for evaluation and treatment of infants and children with feeding disorders. We formatted the book as a quick, yet extremely detailed, reference guide for the busy therapist with research from physicians to support the work that we do. Physician based research studies are italicized. “Chat sections” are included and that is our opportunity to talk directly to the reader about these subjects the way we do during our lectures. Each section has information that can be used either as a study guide for the student or new clinician or as a reference for evaluation and treatment by the experienced therapist.

We strongly believe that premature infants and children with complex medical issues carry their history with them throughout their lives and it shows particularly in the development of their feeding skills. In order to effectively treat these patients, the therapist needs an understanding of the child's medical history, detailed information regarding development of oral motor skills and the ability to develop the experience to truly see the child and recognize the complex motor, sensory and behavioral components that impact feeding. The therapist also must appreciate the complexity of selecting bottles, utensils and foods that meet the child's particular needs. We are not feeders, we make feedings therapeutic, we pick nipples, cups and spoons that will facilitate the development of the oral facial musculature. We position children so they have optimal respiratory function, physiological stability and control for safe and efficient swallowing.

The whole body approach to feeding is strongly recommended, we must outline our treatment accordingly. Find the factors in the child's history that are neurological in origin, explore the child's respiratory history and assess how that is impacting feeding and then ask questions regarding digestion to determine if the last phase of feeding has a negative or positive outcome for a child. Share this information with the child's physician. Infants and children who have pain or discomfort after eating will often have significant feeding problems.

As for content, evaluation of the swallow is discussed and aspiration management strategies are provided. In Chapter 11 a detailed multi-disciplinary intake and referral guide with red flag issues highlighted, is included to assist the therapist in the evaluation/treatment process for all feeding patients. The book contains a medical reference guide to help the therapist interpret the patient's medical history. Nutrition and digestive disorders are also outlined to help the therapist recognize symptoms to include in their report to the physician.

We tackle assessment and treatment from the NICU infant to childhood. Feeding skills are outlined by age of the child and there are references for appropriate volume of food per day. Meal and snack schedules are discussed as well as behavior management strategies. Our technique of “food chaining” is defined and demonstrated for the therapist to select appropriate foods for the treatment

program. Selecting the right foods at the right time is critical to the treatment program. Breastfeeding assessment and treatment guidelines are also discussed to help make feeding successful for mother and baby and to recognize the special needs of the premature infant. There is also a comparison chart of all nipples on the market to help the therapist determine which nipple will best facilitate lip and cheek activation, tongue grooving, bolus formulation and control as well as provide the safest flow rate for the baby.

Treatment guidelines are detailed and there are sections in the book devoted to feeding aversion as well as special topics such as cerebral palsy, autism, gastroesophageal reflux, cleft lip/palate and tracheoesophageal fistula. We do not provide "cookbook" ideas for treatment, but guide the therapist through the process to find the core issues that impact feeding and expand the knowledge base to design a comprehensive, effective treatment program. We must caution the reader, that our book is in no way a substitute for the thorough and complete evaluation of feeding by an experienced feeding team or feeding specialist/speech pathologist.

Our program works from the idea of trying to step into the child's shoes and experience what they feel during feeding and finding fun, age appropriate, exciting methods of treatment. This project will always be a "work in progress" as we continually try to expand our knowledge base and our clinical skills. We hope that it meets the needs of therapists who are taking on the difficult, demanding, but extremely rewarding job of working with infants, children and families struggling with feeding problems.

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