

FEEDING THERAPY SERVICES

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Recent statistics (source) reveal that one in four children have some sort of feeding disorder. Food refusal can take the form of food selectivity, G-tube (gastrostomy tube) or NG-tube (Nasogastric Feeding Tube) dependency, bottle or milk/formula dependency, texture selectivity or general poor oral intake.



Target Population for Feeding Therapy

- ❑ Failure to thrive with poor weight gain, weight loss or difficulty maintaining weight
- ❑ Choking, gagging, coughing or vomiting during meals
- ❑ Report of overstuffing the mouth with food and fear of choking
- ❑ Vomiting, reflux, crying/arching with feeding or other identified GI issues
- ❑ History of eating & breathing coordination problems with ongoing feeding concerns
- ❑ Children with oral feeding skills at risk for G-tube placement, with G-tubes or transitioning off tube feeding
- ❑ Refusal of bottle/breast feeding, especially with report of better results with sleep feeding
- ❑ Inability to transition to baby food purees
- ❑ Inability to transition to table food solids or wean off baby purees
- ❑ Inability to transition from breast/bottle to a cup
- ❑ Aversion or avoidance of a wide repertoire of tastes, temperatures and textures of foods
- ❑ Ongoing report of decreased appetite and limited intake with growth and/or nutrition concerns
- ❑ Food range of less than 20 foods with concerns of limited ability to meet nutritional needs
- ❑ Tolerance of only specific brands of foods and/or other rigid feeding behavior
- ❑ Family distress over food and feeding, feeding time is stressful or meals are battles

Supportive Services

- Allergy/Immunology
- Aerodigestive Program*
- Cardiology
- Complex Care Clinic*
- Craniofacial Clinic*
- Developmental Assessment Program*
- Endocrinology
- Genetics
- Neonatology
- Neurology
- Oncology
- Otolaryngology
- Psychology (Texas Child Studies Center)
- Pulmonology
- Rehabilitative Services*
- Trach/Vent Clinic*

* Access at DCMC for Feeding Therapy Services/Consultation

Feeding Therapy Services

■ Oral-Sensory Feeding Evaluation/Therapy

- Goal is to assess feeding /swallowing skills and identify any feeding problems , concerns for aspiration risk and/or need for further assessment
- Food Chaining and the S.O.S (Sequential Oral Sensory) approach to feeding
 - Based on typical feeding development as a template for increasing skill
 - Non-invasive, supportive programs that utilize structure/routine, positive reinforcement and systematic desensitization, building off current oral motor skills and sensory preferences to create positive feeding experiences
 - Parent education and involvement are a vital and integral part of therapy for treatment success
- Intensity of treatment is dependent on the individual patient's needs
- Offered at DCMC Rehab Services as well as various community clinics

■ Modified Barium Swallow and/or Fiberoptic Endoscopic Evaluation of Swallowing

- Goal is to further assess aspiration risk or pharyngeal swallow function
- Provide recommendations for individual Feeding Therapy follow-up for recommended strategies and diet changes, incorporating oral-sensory feeding techniques as needed
- MBSS completed at DCMC Outpatient Imaging Services
- FEES services pending through Aerodigestive program

Feeding Therapy Services (continued)

▣ Clinic Consultation

- Goal is to assure patient is receiving appropriate therapeutic feeding interventions
- Currently DCMC offers access to Feeding therapy/consult at Aerodigestive, Trach/Vent, DAP, and Complex Care Clinic with pending services at GI clinics

▣ Neuromuscular Electrical Stimulation (NMES or Vital Stim)

- Indicated for motor weakness/weak swallow function
- Currently offered at DCMC Rehab Services, Little Tesoros, Big Sky and pending services through home health by River Kids and Epic

▣ Behavior Modification/Intensive Inpatient Feeding Therapy

- May be considered for children who do not respond/progress with non-invasive, supportive approaches to Feeding therapy
- Not currently offered in Austin; offered in Dallas at Our Childrens House Baylor

Team Approach is needed to address all components that affect feeding

- Patients, Families and Caregivers
- Physicians/Nurse Practitioners involved in care
- Feeding Therapy
 - (Speech or Occupational Therapy)
- Nutrition/Registered Dietician
- Psychology/Social Work
- Administrative/Support Services

Final Thought

Families do not have to feel alone
when their child won't or can't eat.