

Feeding/Swallowing Disorders and Children

Some people are surprised to hear that speech-language pathologists help children and adults with feeding and swallowing difficulties. The truth is that in speech, we work with the same structures that are necessary for eating and swallowing (i.e., lips, tongue, and jaw). From the moment your child is born, feeding is an important aspect of his/her life. Not only does it provide the nourishment they need to grow, but it is also a source of bonding between parent and child. So when a child has difficulty with one or more aspects of feeding, such as extended feeding times (i.e., longer than ½ hour to finish a bottle) or transitioning from pureed baby food to solids, a parent may become concerned.

When should your child start eating solid foods? When should they be able to use a straw? What is “typical”? What types of feeding and swallowing disorders are there? Who is predisposed to feeding and swallowing disorders? What can a speech pathologist do to help? Let’s start with “typical” feeding skills, food, and presentation methods for a child. The following is a general overview of when and what skills are acquired as a child develops:

Age in Months	Food Type	Oral Motor/ Feeding Skill	Method of Presentation
0-6	formula/milk	suckling	bottle/breast
4-6	Cereals/purees/ formula/ breast milk	mature suck beginning of cup drinking	bottle/breast/ spoon
5-7	formula/breast milk, purees, teething biscuits	cleaning spoon with lips, emergence of munching	spoon
8-12	ground foods, finger foods, introduce chopped	active upper lip in spoon feeding	cup introduced
12-15	chopped fine	licking food off lips, emergence of true bite, independence with utensils	cup, spoon fork, wean bottle/breast straw drinking may be intro.
15-24	“table food”	decrease in drooling, no liquid loss during cup drinking	Cup, spoon, fork

Figure 1: Material from Michelle DiMattia, MS CCC-SLP

What types of feeding and swallowing disorders exist?

Feeding and swallowing disorders may be due to difficulties with the motor or sensory systems. Motor difficulties stem from problems with the structures of the oral mechanism (i.e., mouth, lips, tongue, and jaw). Feeding difficulties may affect both children and adults but are most obvious as a child strives to acquire new feeding skills or as an adult experiences a medical insult to the brain or nervous system. Pediatric examples include infants who have difficulty latching onto a nipple, children who have difficulty chewing and breaking down solid foods into manageable pieces, or children who have difficulty removing food from a spoon because of insufficient lip closure.

A sensory-based feeding disorder evolves due to environmental factors. Some children may be predisposed to sensory-based feeding disorders. For example, children with a history of Broncho Pulmonary Displasia (BPD), cardiac defects, drug exposure, gastrointestinal diseases, prolonged periods of intubation or suction, or prolonged NG tube feeds may be at risk. The population of children with sensory-based feeding disorders, often includes but is not limited to, medically involved or “medically fragile” children.

How can I tell if my child has a feeding disorder?

Children have a way of letting us know when a situation is difficult or unpleasant for them. Use the following questions to help informally assess whether your child may be experiencing difficulties that warrant further evaluation:

- Is your infant having difficulties transitioning to a new method of feeding (i.e., bottle to cup)?
- Does your child’s diet consist primarily of the same textures (e.g., crunchy solids – cheerios, goldfish, crackers, cookies or only pureed food) or the same temperature?
- Does your child prefer to drink water?
- Does your child reject new flavors of foods?
- Does your child often cough, choke, vomit, or spit out food when eating?
- Do mealtimes typically last longer than 30 minutes?
- Does your child dislike having their teeth brushed or face and mouth touched?

These are questions to keep in mind as you observe your child during mealtimes. If you have concerns, please contact a speech-language pathologist for a consultation or evaluation.

What can I expect if my child receives feeding therapy? What can a speech-language pathologist do?

Every child is different. Depending on a child's difficulties, abilities, and even personalities, therapy will be tailored to address their needs. For children with motor-based feeding disorders, exercises may be utilized to strengthen structures of the mouth or to retrain muscles. Strategies and techniques may also be introduced to assist your child in feeding. If there are sensory concerns, the clinician may work with the child on accepting sensations in or around the mouth. Progression in taste and texture may also be addressed. Strategies for mealtimes at home may be discussed and implemented. Our goal is to maximize your child's eating skills, reduce stressors involved in feeding, and to teach them that eating can be an enjoyable experience!

Center for Speech and Language Pathology