

# Babies Need Speech and Language Therapy!

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Attunement – the key to attachment

Parents ability to read and respond to infant cues is the most important aspect of parental competence.  
Brazleton 1974

Attunement between the infant and caregiver/parent is crucial for later cognitive, social and emotional development. The ability to read the baby is the essence of good practice in infant care. Supporting parents to understand their baby's way of communicating throughout their time in the neonatal unit is an investment in the family's future and improves the experience of hospitalisation for the infant and family.

# Risks

Increased risk of feeding problems

EVIDENCE  
(Samara et al 2010, Rommel et al 2013, Migraine et al 2013, Sanchez et al 2016, Johnson et al 2016)

Disruption to maternal sensitivity associated with feeding difficulties

EVIDENCE  
(Ayten & Wolke 2017)



Increased risk of speech, language and communication difficulty

EVIDENCE  
(Wolke et al 2008, Serenius et al 2013, Rabie et al 2015)

- 40% of children referred to specialist feeding services/clinics for feeding or growth concerns are NICU graduates. (Hawdon et al 2002)
- Over 50% of parents report problematic feeding behaviour in former pre term infants at 18-24 months. (Hawdon et al 2000)

“Many infants (even those discharged fully orally fed) will, over time, show negative feeding behaviours”.

Erin Ross PhD RN 2009

# What do babies expect from feeding?



SAFE

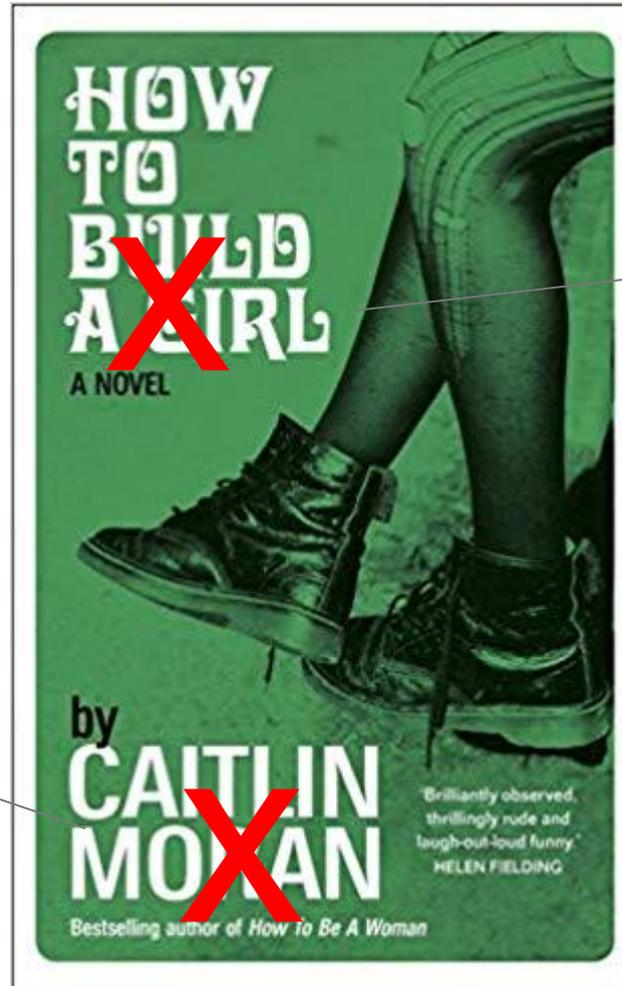
PLEASURABLE

LOVING



# A Speech Therapy Service

by  
**LIBBY  
FFRENCH  
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# SALT...the resource issue...

- Amount of resource directly effects outcomes
- Access to baby
- Assessment at baby's time of readiness
- Parental availability
- Ongoing support for baby, family and staff
- Liaison with rest of MDT(Ward rounds, dietitians, physio, OT etc)

# Make Changes

- Challenge existing practice
- Build a shared understanding of the evidence
- Change the approach to feeding

— HARD

# Assess for readiness to feed

Feeding cues and behaviour



Physical organisation



Physiologic stability

Arousal and energy/Quiet awake state



# Present the Evidence...

## Elevated Side Lying



Evidence (Clark et al, 2007 ; Suzanne Thyore UNC in preparation) shows overwhelmingly that ESL supports better state regulation, better swallowing and better physiologic stability

# Present the Evidence...

## Teats and flow rate...

An easily manipulated variable that may contribute to the degree of physiologic instability experienced by infants who are medically fragile during oral feeding.

The rate of milk flow can affect an infant's ability to integrate fluid management with respiration, as well as the degree of ventilatory compromise associated with feeding.

# "Slow the Flow"

# Present the Evidence...

## Cue based feeding...

“The experience of feeding, for the preterm infant and for parents, is strongly influenced by the assessments, decisions and actions of NICU caregivers. When feeding is neither cue-based nor individualized to the infant’s continuous feedback, the approach to feeding becomes task-oriented rather than relationship-based. If staff know enough about the communication cues of preterm infants during feeding, can provide true “cue-based” feeding and appreciate it’s central importance, the NICU feeding culture can be transformed from volume-driven to one in which the infant’s earliest communication guides caregivers and, in turn, parents. This is the difference between “being fed” and being “supported to feed” through infant-guided co-regulation. This is cue-based feeding at it’s best”.

Catherine Shaker 2013

# Present the Evidence...

- Pacing
- Supportive introduction of oral feeding
  - Small bolus teat feeds
  - Reduced volumes





Mandatory  
Training

New  
Starters  
Induction

Study Days  
– all units

In-house  
Developmental  
Care



Feeding  
Champions

Neonatal  
Foundations  
Programme -  
UEA

Collaborative  
Work

## BOTTLE FEEDING YOUR BABY

Babies are great communicators!

Yawning

Eye brow raises



Furrowed brows

Hiccups

Colour change

Your baby may be telling you that feeding can be a challenge!

Look at me... am I ready?

Licking

Rooting



Sucking on a dummy

Look at me... I am ready



If your baby is ready, don't delay - feed straight away.

Feeding is a baby's work out

FEE  
PROV  
WIT  
EXP

**STOP** feeding immediately if you observe these signs:

- If your baby is tired
- If there is no active sucking
- If your baby is sleepy

**Your baby is telling you he/she has had enough.**

Other signs that your baby is finding feeding **STRESSFUL** and that they need to **STOP** are:

- Change of colour to pale or red
- Rapid breathing
- Flared nostrils – indicates increased work of breathing
- Loss of alertness
- Eye brow raising
- Observe eyes – rapid or flickering movements, wide panicky eyes
- Coughing or choking
- Drooling/losing milk indicating the baby can't manage the flow or amount of milk.

The nursing staff are always here to support you and your baby.

We want feeding to be a positive and safe learning experience, which will continue at home.

Further information and support is available from:

Midwife  
Telephone number 01603 \_\_\_\_\_

Health Visitor  
Telephone number 01603 \_\_\_\_\_

Neonatal Outreach Team  
Telephone number 01603 \_\_\_\_\_



## Bottle Feeding Your Baby

### Best Practice Tips for Parents and Carers

This leaflet has been written to support parents and carers who have made the decision to bottle feed their baby.

### When is my baby ready to feed?

Establishing feeding can be a gradual process taking days or weeks. Babies born prematurely are not usually considered ready to bottle feed until they reach 34 weeks gestation. For all babies, readiness to feed is judged on a number of factors which tell us that they are likely to do so safely. Your nurse, midwife, doctor or speech and language therapist are always available to discuss any feeding issues or concerns.

Feeding is an integral part of bonding with your baby. It enables you to get to know your baby and learn to communicate with each other. In order for your baby to develop good feeding skills, it helps to have a consistent feeder and a parent is always best.



### Before you start a feed....

1. Look at your baby – observe for feeding cues...
  - Is he/she awake and alert?
  - Is he/she rooting/sucking on fingers, hands?

If your baby is not showing these signs and doesn't seem interested in feeding then tube feed...you can try again at the next feed time.



### Starting a feed...

2. Offer the bottle by putting the teat on your baby's lips and watch for your baby to open his/her mouth to accept the teat.

3. Give your baby time to prepare to accept the teat – some babies need more time than others to prepare.
4. You could try stroking your baby's lips with the teat to encourage them to open their mouth. It's important not to force or push the teat into your baby's mouth. Your baby will take the teat when he/she is ready.
5. You could try putting a drop of milk on your baby's lips to stimulate interest in sucking.

### During a feed....

6. Babies need to pace themselves during feeding. They will suck in bursts and pause to take catch-up breaths. Allow your baby to stop and wait for him/her to recover and start sucking again. It is important for your baby to control their feeding and you should not jiggle, turn, twist or move the teat in and out of your baby's mouth. Still hands when feeding is best practice.

### **FEEDING SHOULD BE A MAXIMUM OF 20-30 MINUTES.**

After this time baby will be working too hard, using energy and burning calories. If your baby has a feeding tube, use it to top up your baby. Otherwise allow baby to rest and wait until baby shows feeding cues again.



**KEEP  
CALM  
AND  
CHANGE  
THE  
WORLD**