INTRODUCTION

Infants born before 37 weeks gestational age are at an increased risk for difficulties associated with oral feeding from the mother’s breast or from a bottle. Common oral feeding problems include:
1. absence of a successful suck-swallow reflex
2. oral textural aversions leading to the rejection of food in the oral cavity
3. difficulties coordinating the movements of the tongue during eating.

Feeding difficulties are also linked to prolonged hospital stays, diminished critical maternal bonding, and persistent feeding difficulties. Due to increasing numbers of preterm births, a prominent need for interventions to address the associated complications, including oral-motor dysfunction, is present.

PATIENT DESCRIPTION

The patient is a 2 year old African American female. She was born at 28 weeks gestation and weighed 1 lb. 3 oz. She had multiple complications at birth including: IVH, bilateral pneumothoracies, hypotension, and an inability to orally feed requiring medical intervention. She spent a total of six months in the hospital prior to discharge home. The patient was discharged with a NG tube. An initial pediatric oral-motor and feeding evaluation classified the patient as having a severe oral-motor disorder. The patient required therapy intervention to progress from the NG tube to oral feeding.

INTERVENTION

The patient received speech therapy an average of 5 days a week. Intervention included oral stimulation, oral musculature strengthening, stretches to the cheeks and lips, and feeding using a variety of spoons and cups. Intervention sessions typically lasted between twenty and forty-five minutes, depending on the patient’s response.

RESULTS

Table 1: Average Amount of Food Consumed During Therapy Sessions

CONCLUSION

While the patient has clearly progressed in her oral-motor function, she still requires further intervention to support age-appropriate oral-motor skills. Further studies related to oral-motor dysfunction in preterm infants and effective intervention strategies are needed. Patients such as the one in this study could benefit from a more standardized oral-motor protocol.

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REFERENCES