



# PEDIATRIC DYSPHAGIA

## Feeding and Swallowing Problems Can Be a Parent's Greatest Concern

### Subtle Indicators of Dysphagia

- Difficulty sucking
- Fatigue with feedings
- Lengthy feedings
- Food or liquid refusal
- Spitting-up or vomiting frequently
- Liquid/food coming out of nose

### Strong Indicators of Dysphagia

- Parent/caregiver concern
- Difficulty coordinating swallowing with respiration
- Congestion during and/or after feedings
- Color or state changes during feeding
- Frequent or lengthy colds and congestion
- Weight loss or failure to thrive
- Choking, coughing, sneezing or gagging during meals

### Thickening Liquids

When recommending the use of rice cereal to thicken formula, try pre-blending the cereal before adding to the formula. This should eliminate the tendency to cut holes in bottle nipples. Cutting holes in nipples can increase aspiration risks and interfere with typical oral motor development needed for later feeding and speech skills.



### Gastroesophageal Reflux

Clinical diagnosis of reflux may be difficult because some children reflux internally and show no obvious indicators. In addition to medical complications, reflux can interfere with typical feeding development. Oral sensori-motor complications seen in children with reflux may also include refusal to eat, difficulty transitioning to textured foods, swallowing food whole or oral sensitivities. Children with reflux are frequently described as "picky" eaters and need feeding therapy to facilitate normal development and reduce additional complications.

Children just don't "outgrow it"



### Red Flags

- Decreased oral exploration
- Oral sensitivities
- Refusal to advance textures
- Swallowing foods whole
- "Chewing" with lips closed
- Identifiable food found on diaper/spit up



Early identification and Treatment can:

- Reduce time in therapy
- Reduce costs
- Reduce additional complications
- Decrease family stress
- Decrease behavioral component
- Reduce the potential for additional costly medical procedures

### Typical Development

Ages	What They Should Be Eating	Oral Motor Development
0-4 mos	Breast or bottle exclusively	Rooting reflex, rhythmical suckling (1-2 sucks per swallow). Easy breathing. No choking.
4-6 mos.	Cereal Stage 1 baby foods	Opens mouth for spoon. Spoon placed easily in mouth. Emerging top lip to clear spoon.
6-8 mos.	Teething biscuits Dissolvable soft crackers	Emerging tongue lateralization for "munching" soft textures.
9-12 mos.	Soft finger foods Beginning cup drinking	Lateral tongue movement for chewing with lips open. Does not gag on textured puree.
12-18 mos.	Experimenting with variety of textures and tastes	Drinks well from open cup. Bites through soft solids. Able to chew easy solids.
By 18 mos.	Most table foods	Rotary jaw movements with chewing. No gagging or choking.
24 mos.	Most table foods	Holds cup between lips. No gagging or choking with meals. Tolerates most foods.

### Sensori-Motor Activities

- Provide floor and tummy play for babies and children
- Encourage babies and children to mouth safe toys/objects
- Experiment with age appropriate food textures
- Have the child finger paint with yogurt or pudding
- Have the child get messy during mealtimes

For more information: visit our website at : [www@keystonepediatric.com](http://www@keystonepediatric.com)