

Diagnostic-Based Intervention for the Poor Feeder

Presented by Marjorie Meyer Palmer, M.A.

Speech Pathologist

Neonatal and Pediatric Feeding Specialist

Historical Perspectives on Neonatal Feeding

1980's- weak suck, poor suck

Pacing to aid infant in distress

1990's - disorganized, dysfunctional sucking (NOMAS®)

Regulation of suck/swallow/breathe to prevent discomfort and distress

PACING

- attend to infant's cues, cue-based
- subjective, based upon caregiver's judgment
- at signs of stress, remove nipple from the mouth
- re-insert once infant has recovered
- alleviates discomfort, distress once it has occurred

REGULATION of suck/swallow/breathe

- initial evaluation = disorganized suck (NOMAS®)
- objective, based upon normal developmental guidelines
- provide regulation for first minute of feeding to prevent discomfort, distress
- let infant take over feeding
- repeat in one-minute intervals as needed

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For the infant under the age of three months who is demonstrating a **disorganized*** suck:

Modify the environment by:

- maintaining the infant in a stable, secure midline position
- holding rather than stroking or patient
- minimizing environmental sensory input
- building rhythmicity into the sucking experience
- grading of intra-oral sensation

Modify the feeding experience by:

- maintenance of the respiratory system
- careful timing of the nipple presentation
- practice with nasal breathing
- use of primitive reflexes
- consistent regulation of suck/swallow/breathe

For the infant under the age of three months who is demonstrating a **dysfunctional*** suck:

- jaw support
- cheek support
- peri-oral stimulation
- facilitation of central tongue groove
- bolus control

*Diagnosis of suck pattern based upon the NOMAS®

Therapeutic Media Online Continuing Education

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For the **disorganized*** feeder under three months of age who is demonstrating a reflexive suck:

- 1) consistent regulation of suck/swallow/breathe
- 2) first one minute of nutritive sucking
- 3) use of prescriptive technique
- 4) continue for second minute as needed

For the **dysfunctional*** feeder under three months who is demonstrating a reflexive suck:

- 1) jaw support
- 2) cheek support
- 3) facilitation of central tongue groove
- 4) peri-oral stimulation

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Suggested therapeutic materials:

<u>ITEM</u>	<u>AVAILABLE FROM:</u>
Sterile Clinic Dropper	Therapeutic Media 1528 Merrill Road San Juan Bautista, CA 95045 Order form available on www.nomasinternational.org
Mini-Haberman Feeder Bottle	Medela Inc. McHenry, IL 800-435-8316
Sterile Calgiswab, Type 1	Spectrum Laboratories Inc. 1100 Rankin Road Houston, TX 77073 800-634-3300
Pidgeon Feeder bottle	Children's Medical Ventures 541 Main Street S. Weymouth, MA 02190 800-377-3449
5 ml oral syringe/clear	Health Care Logistics, Inc. phone: 800-848-1633 FAX: 800-447-2923 www.hcl-intl.com
Sassy Baby Food Nurser Model #627	1534 College SE Grand Rapids, MI 49507 616-243-0767
Luv n' Care Spoon Feeder (Infant Feeding Set)	Luv n' Care P.O. BOX 6050 Monroe, LA 71211 www.luvncare.com

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Treatment Strategies/Recommended Intervention for the Poor Feeder diagnosed with*:

Disorganized Suck Pattern:

Techniques 1-3 are supporting and teaching regulation of suck/swallow/breathe

Technique #4 is compensatory in nature and used to help the infant in distress

1. **Regulation of Suck/Swallow/Breathe:** allow infant to take three nutritive sucks with swallows then build in a pause of equal duration (approximately three seconds) to allow for breathing and/or swallowing if swallowing has not occurred with every suck. After the pause allow infant to take another three nutritive sucks with swallows. Continue this for one minute and then observe infant without intervention to determine whether or not he is able to self-regulate.
2. **Nipple Change:** some infants who have difficulty maintaining adequate respiration during sucking may be more successful with a slower flow nipple while infants who work hard with a slow flow nipple and demonstrate only intermittent swallows may perform better on a faster flow nipple. Some infants whose central tongue groove is less well defined may perform better on an orthodontic shaped nipple. For aerophagia select a nipple that advertises less air intake during bottle feeding
3. **Position Change:** side lying serves to slow transit time of liquid through the pharynx and may prevent gagging, choking, laryngeal penetration, and/or aspiration. Positioning on the left side aids gastric emptying for infants with GER. An upright position with more hip extension may be useful for infants with gastroesophageal reflux because it lessens the pressure against the abdomen. An upright position may also be used for those infants who have a cleft palate to decrease nasal pharyngeal reflux.
4. **External Pacing:** observe infant's stress cues and remove/tip bottle to offer a "break" so that infant can recover. This technique may be more often used for

those older infants who are closer to term and who demonstrate longer sucking bursts but an incoordination of respiration with suck and swallow.

Dysfunctional Suck Pattern:

All techniques are compensatory in nature and require a "hands on" approach.

1. **Chin Support:** the least invasive of the "hands on" therapy techniques. Provides slight upward support of the jaw during sucking and thus prevents excessively wide excursions that will interrupt the intra-oral seal on the nipple. Helps keep the tongue in closer proximity to the nipple and therefore, the nipple to the palate
2. **Cheek Support:** the MOST invasive of the "hands on" therapy techniques and should be used only with CAUTION. This firm pressure in and forward on the buccal cheek brings the lips onto the nipple and changes the placement of the anterior nipple seal. The suction component is increased which increases the bolus delivery size and may lead quickly to aspiration if the nipple is not changed to a slower flow. This technique decreases feeding times for many infants and if used safely can assist the infant to take his feeding more efficiently. This technique is contra-indicated in the infant with a disorganized suck who requires more time for respiration.
3. **Peri-Oral Stimulation:** a quick stretch to the buccal cheek using an inward and forward pressure with a release at the rate of one/second. This may be effective for the infant who is unable to change sucking rate between the NNS and the NS
4. **Facilitation of the Central Tongue Groove:** this technique is useful for those infants who demonstrate either a retracted or flaccid tongue. Using a finger with tubing placed on the upward side downward pressure may be applied to the tongue as liquid flows through the tubing during nutritive sucking. Pressure is applied centrally for the flaccid tongue and posteriorly for the retracted tongue.

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