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®

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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

^{*}Diagnosis of suck pattern based upon the NOMAS®

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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

5. 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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Reference List - treatment

Ahlstrom, BP, Wright L., Bosma J., Haney P. "Tracheostomy and Suckle Feeding in Infants," **Developmental Medicine and Child Neurology**, vol. 28. No. 5, Oct 1986,

Bazyk, S., "Factors Associated with the Transition to Oral Feeding in Infants Fed by Nasogastric Tubes," **The American Journal of Occupational Therapy**, vol. 44, No. 12, Dec 1990, p. 1070-1077.

Boiron, M., Da Nobrega, L., et.al., "Effects of oral stimulation and oral support on non-nutritive sucking and feeding performance in preterm infants, **Developmental Medicine** and Child Neurology, vol. 49, no. 6, June 2007, p. 439-444.

Gewolb, IH and Vice, FL, "Abnormalities in coordination of respiration and swallow in preterm infants with bronchopulmonary dysplasia," **Developmental Medicine and Child Neurology**, Vol. 48, No. 7, July 2006, p. 595-599.

Hill, A. and Volpe, JJ., "Disorders of sucking and swallowing in the newborn infant: clinicopathological correlations," **Progress in Perinatal Neurology**, Saunders, 1981, p. 157-181.

Leonard, EL, Trykowski, LE, Kirkpatrick, BU, "Nutritive sucking in high-risk neonates after perioral stimulation," **Physical Therapy**, Vol. 60, No. 3, March 1980, p. 299-302.

Measel, CP and Anderson, GC, "Nonnutritive sucking during tube feedings: Effect on clinical course in premature infants," **JOGN Nursing**, Vol. 8, No. 5, Sept/Oct 1979, p. 265-272.

Palmer, MM, Crawley, K., Blanco, IA., "Neonatal Oral-Motor Assessment Scale: a reliability study," **Journal of Perinatology**, Vol. XIII, No. 1, 1993, p. 28-35.

VandenBerg, KA, "Nippling management of the sick neonate in the NICU: the disorganized feeder," **Neonatal Network**, Vol. 9, No. 1, August 1990, p. 9-16.

Vice, FL, Heinz, JM., et.al., "Cervical auscultation of suckle feeding in newborn infants," **Developmental Medicine and Child Neurology**, Vol. 32, No. 9, Sept 1990, p. 760-768.