

## Did the Child Have a Birth Injury?

As a clinical speech-language pathologist, I've had the privilege of working extensively with children and adolescents facing various speech, language, cognitive-communication, literacy, voice, myofunctional, hearing and swallowing problems. Over time, it became increasingly apparent that these problems are readily “visible”, while others remain hidden. I refer to these covert challenges as “invisible”.

Over the past four decades, the case history that is provided to parents underwent many revisions, yet one inquiry has remained unchanged: “Has anything happened at birth?”. During the initial visit, I routinely ask about any events surrounding the child’s birth. Parents recounted incidents related to their baby’s birth as, “*was blue*”, “*wasn’t breathing*”, “*needed oxygen*”, “*Apgar scores were low*”, “*stopped breathing for a while*”, “*was jaundiced*”, “*needed antibiotics*”, “*had marks on the head*”, “*the heart stopped temporarily*”, “*was in ICU*”, etc. However, what has perplexed me is the reluctance of parents to label these occurrences as ‘*birth injuries*’. Is it because they don’t know? Or is it because they don’t want to know?

When attempting to better understand a birth injury, we often associate it with conditions like cerebral palsy (CP). CP is defined as a neurodevelopmental condition marked by irregularities in muscle tone, movement, and motor abilities, and is commonly associated with birth injuries.

It’s crucial to recognize that not all birth injuries manifest in such overt ways. The slides below shed light on the diverse impacts of birth injuries, both visible and invisible from a speech-language pathologist’s perspective. These injuries disrupt

the intricate mechanisms involved in speech, language, swallowing, voice, hearing, and cognitive communication functions.

#### **Birth Injuries affect**

- **Body Functions**
- **Body Structures**
- **Brain Functions**
- **Brain Structures**

#### **Classifying Birth Injuries**

- **Visible**
- **Invisible**

#### **Timing is everything!**

**Visible & Invisible Injuries** are developmentally contingent on the milestones achieved between the ages of birth and 18.

**Visible and Invisible Injuries** are reported in *DRIBS and DRABS* by parents, daycares, physicians, school teachers, speech-language pathologists, audiologists, oral surgeons, optometrists, psychologists, & nurses.



Visible injuries can be identified as: bruising and swelling to the head or face, fractures, abnormal tongue posture, facial injuries, hearing injuries, unusual sucking habits over 12 years old, malocclusions, dental abnormalities, issues with eating, drooling and food spillage, temporomandibular issues, open mouth, and distorted sound production.

#### **Visible Injuries**

- bruising & swelling
- fracture(s)
- abnormal tongue posture (rest)
- facial injuries
- hearing injuries
- unusual sucking habits > 12 yrs
- malocclusions, dental abnormalities
- issues with eating
- drooling and food spillage
- temporomandibular issues (TMJ)
- open mouth
- distorted sound production(s)



On the other hand, invisible injuries encompass: verbal expressive issues, receptive skill deficits, delayed language skills, oral apraxia, visual deficits, oral dysarthria, behavioural disorders, academic challenges, learning disabilities, and attentional issues.

### Invisible Injuries

- verbal expressive issues
- receptive skill issues
- delayed language skills
- oral apraxia
- verbal apraxia
- visual deficits
- oral dysarthria
- verbal dysarthria
- neurobehavioral disorders
- academic issues
- learning disabilities
- attentional issues



### Invisible Injuries continued

- speech production
- aphasia
- dysfluency (rate of speech)
- impulsivity issues
- respiratory problems
- food & saliva aspiration
- cognitive communication issues
- abnormal facial sensation
- non-verbal IQ
- resonance
- voice problems
- vocal cord injuries (paralysis)



These visible and invisible injuries are developmentally contingent milestones achieved between the ages of birth and 18 years. Of importance, the research does endorse the medical diagnosis of ADHD, ADH, Autism, and Down Syndrome, to

name a few which can be associated with birth injuries. I do work with children diagnosed with such medical conditions. It is not, however, within my professional scope of practice to determine whether any birth injury is a result of negligence or whether any medical diagnosis is a result of negligence. These legal matters/questions are best dealt with by lawyers with expertise in birth injuries. Even though the process is likely a lengthy one, it is a worthy one because it would offer the child financial compensation based on a life care plan which identifies the required services, such as speech therapy, academic supports, tutoring, and leisure, to name a few.

While current research predominantly focuses on visible injuries, there's a growing body of literature exploring the impact of invisible injuries stemming from birth trauma. This emerging area warrants ongoing attention and discussion.

In summary, I highlight the importance of broadening our perspective beyond CP, advocating for a comprehensive definition of birth injury that encompasses the array of speech, language, literacy, voice, cognitive-communication, myofunctional, hearing, and swallowing challenges which children may face as a result of negligence at birth.

**Maria Scaringi**

Speech-Language Pathologist, Life Care Planner