

Suck, swallow, suck, swallow, suck, swallow, BREEEEATHE!

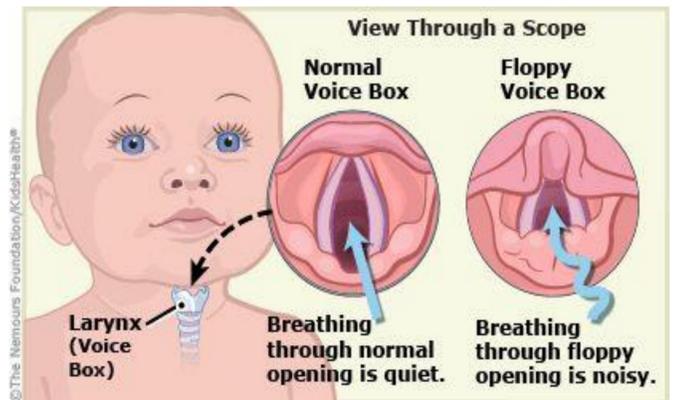
Acute SLT management of feeding difficulties related to airway malacia

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Background and Aim

Airway malacia is a major cause for persistent noisy breathing (stridor), blue episodes and choking during feeding in infants which can lead to hospitalisation. There is limited published data regarding acute speech and language therapy (SLT) interventions or outcomes which support the management of associated feeding difficulties.

We describe the SLT interventions and dysphagia outcomes of infants presenting in the acute hospital setting with feeding difficulties related to a diagnosis of airway malacia.



Methodology

All infants with feeding difficulties admitted to The Royal London Children's hospital routinely have **Initial and Final Dysphagia Therapy Outcome Measure scores (TOM, Enderby 2015)** recorded by SLT.

Data is submitted to **The Royal College of Speech and Language Therapists Online Outcome Tool (ROOT)** for analysis.

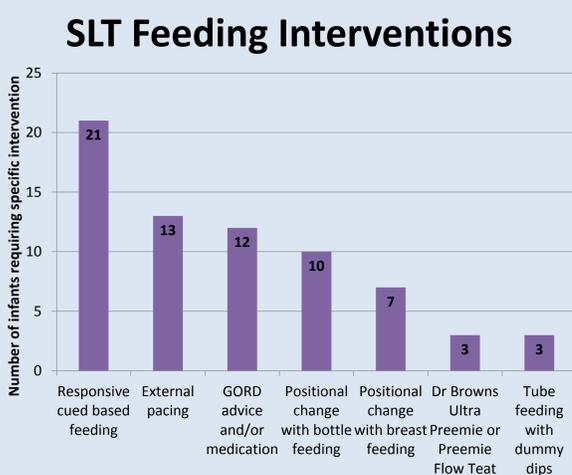
ROOT database search for cohort cross matched with **hospital electronic records** for the following parameters;

- a) infants under 1 year with Dysphagia TOM
- b) admitted April 2017- March 2018
- c) bottle or breast feeding
- d) Age referred to SLT
- e) parent reported onset of feeding difficulties
- f) ENT diagnosis of airway malacia and type
- g) SLT feeding interventions

To provide optimum data analysis **mixed method** was chosen;

1. **ROOT analysis of TOM scores**
2. **Thematic analysis of SLT feeding interventions**
3. **Manual calculation of percentage change for Activity, Participation and Wellbeing TOM domains**

N = 21
Age at Referral to SLT
Range 1-31wks Median 7wks
Parents report
100% feeding difficulty from birth
ENT airway diagnosis
N = 20 laryngomalacia
N = 1 tracheomalacia



Combined feeding interventions described may positively impact on oral feeding progression by supporting the infant's ability to develop greater self regulated coordination of suck:swallow:breathe ratio in line with the limitations of their airway malacia.

Results & Conclusions

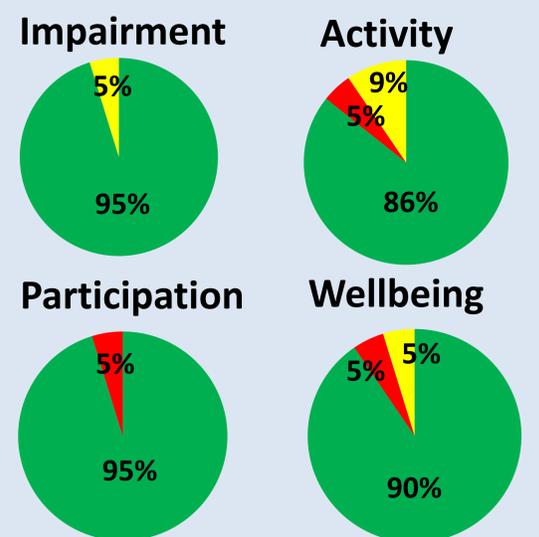
Acute SLT feeding interventions can effectively progress infants with airway malacia to oral feeding and reduce tube feeding

Future Considerations

Despite consistent parental reports of feeding difficulties from birth, all infants were admitted with no prior SLT intervention. Provision of education to community healthcare professionals for earlier referral to SLT at home may reduce unnecessary hospital admissions.

ROOT Analysis

Up ■ Down ■ Same ■



81% of infants progressed to exclusive oral feeding with tube removed
81% of parents showed occasional or no inappropriate distress about infant feeding at discharge
66% of infants were mostly confident and achieving their potential

Consistent 'Up' outcomes indicate potential cost saving and quality of life implications with reduced tube feeding and the positive impact of Acute SLT across all 4 ICF domains.

