

Practicalities of feeding cardiac babies

Speech Language Therapy
Children's Therapy
Starship Children's Health
Auckland , NZ

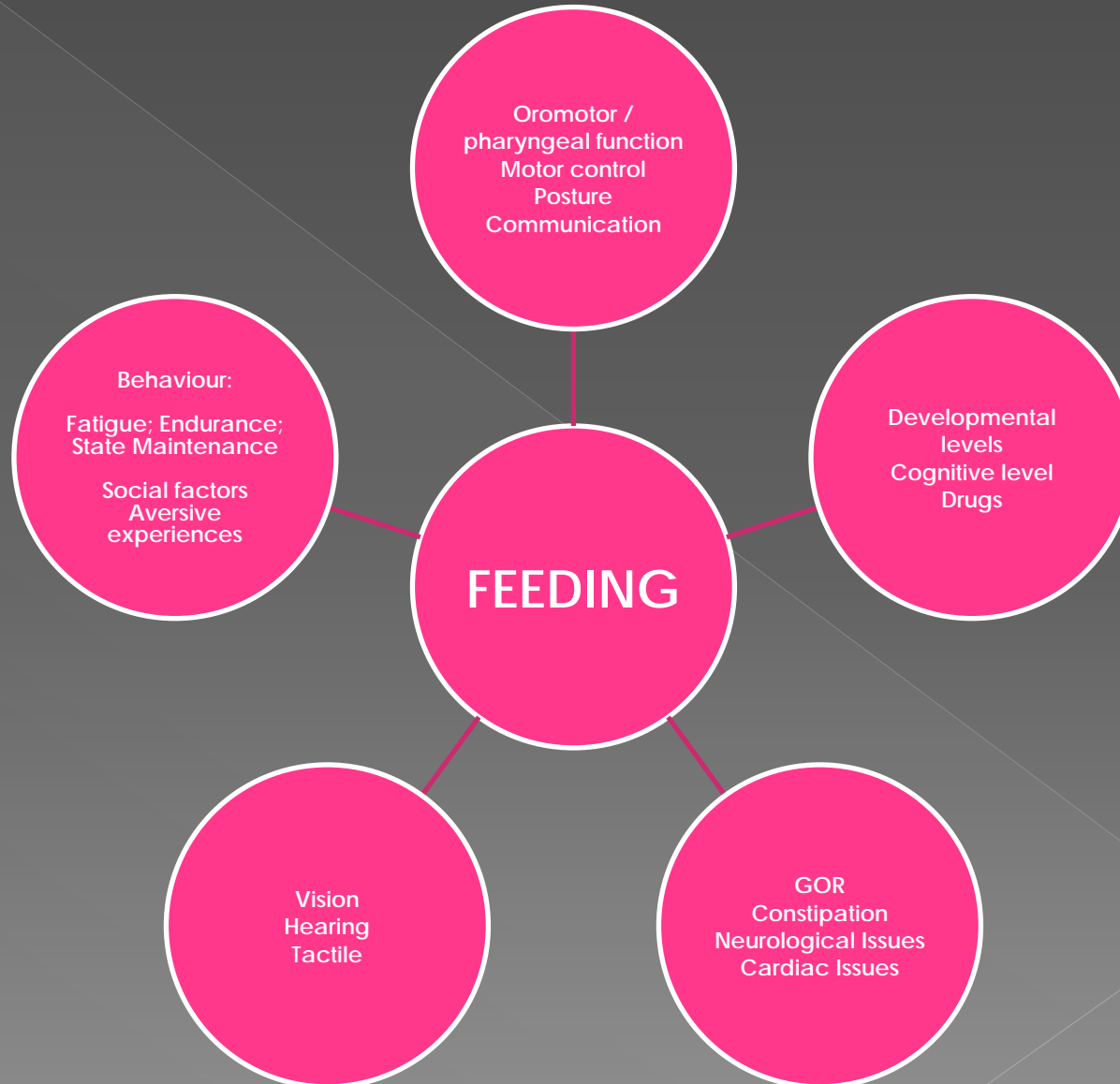


An effective feeding plan considers:

- SAFETY - the feeding plan should support and maintain the child's health
- OPTIMAL NUTRITION - this is essential as the feeding process is high energy output
- FARSIGHTED - the implications of current treatment on future feeding and oral functions must be considered

Feeding impacted by:

[Chart adapted from: **Factors that may affect feeding the child with neurological impairment** (Reilly et al in Southall, A and Schwartz, A (eds)(2000) Feeding problems in Children: a practical guide, Oxford, Radcliffe Medical Press p154)]



Cardiac specific feeding issues

- Infants and children with cardiac problems frequently have feeding difficulties that result in failure to thrive
- Poor endurance, fatigue and high nutritional needs are key limiting factors



- Associated problem areas

- Inco-ordination of swallowing
- Poor oral feeding skills
- Increased respiratory effort
- With increased risk factors for aspiration



- Ongoing difficulty with suck-swallow-breathe synchrony

- Can be throughout a feed
- Can develop during a feed
- Often related to endurance and fatigue problems

Red flags

Stress cues

- Increased sweating
- Colour change
- Changes in state
- Increased respiratory effort
- Increased heart rate during feeds
- Flaring of the nares / head bobbing
- Worried facial expression
- Extraneous movement, head turning

Persistent feed related desaturations

Coughing and /or choking

Poor weight gain



More Red flags

- ⦿ Rapid deterioration of normal sucking pattern
- ⦿ Increased gag
- ⦿ History of repeated chest infections
- ⦿ “Snacking” or feeds running into each other with resulting fatigue

Breast Feeding



- Breast Feeding is the **GOLD STANDARD**
- Breast feeding support is from the Lactation Consultant
- If there are oro-motor difficulties or queries regarding swallow safety, the SLT becomes involved

Bottle Feeding

- Bottle feeding, like all feeding, is a learned process
- There are always two parties involved: it is a feeding DYAD
- Communication within that dyad is essential
 - Feed to early cues
 - A baby gets stressed with feeds for a reason
 - All feeds should be enjoyable for both parties



Troubleshooting with bottle feeds

Check state of teat:

- Split x-cut
- Deteriorated teat texture



- Check for anterior loss



- Check technique
 - Teat part empty taking in air



Poorly supported
Bottle weight on
mouth



- Utilise neonatal reflexes that support feeding eg

Palmar grasp
Flexed position



- FOCUS on the task in hand
- LOOK AT POSITIONING
 - How is the head positioned?
 - Is the trunk supported?
 - Is the baby swaddled?

- Tumbleform chair
 - **ALWAYS** fasten straps
 - use at angle set by therapist
 - never leave unattended



- Highchair – use rolled up towels or nappies for side support



Key Strategies

- ◉ Positioning
 - > For MOC
 - > For Baby
- ◉ Timing
 - > Cue based feeding
- ◉ Volume
 - > Smaller more frequent feeds

Oral Aversion

- Feeding environment
- Early discussion with family
- NO forcing
- Thinking about the tube coming out starts when it goes in



VFSS vs. Barium Swallow

- VFSS (Videofluoroscopic Swallow Study) is performed to evaluate swallowing function
- This is very different to a Barium Swallow
- A Barium Swallow is to identify Gastro related problems e.g. Reflux
- A Barium Swallow does not involve a SLT

Always refer to SLT:

- Persisting stress cues
- Persistent feed related desaturations
- Coughing and /or choking
- Wet sounds during feeds
- Poor weight gain
- “Snacking” or feeds running into each other with resulting fatigue
- Increased gag
- Repeated chest infections



References

- ◉ [Chart adapted from: Factors that may affect feeding the child with neurological impairment (Reilly et al in Southall, A and Schwartz, A (eds)(2000) Feeding problems in Children: a practical guide. Oxford. Radcliffe Medical Press p154)]
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