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Suck, Swallow, Suck, Swallow, Suck, Swallow, Suck, Swallow… Breeeathe: Acute SLT Management of Feeding Difficulties Related to Airway Malacia

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Abstract

Background: Airway malacia is a major cause for persistent noisy breathing (stridor), blue episodes and choking during feeding in infants. There is limited published data regarding acute speech and language therapy (SLT) interventions or outcomes to support feeding difficulties.

Aim: To present a cohort of infants with feeding difficulties related to airway malacia describing SLT interventions and outcomes.

Method: Retrospective analysis of infants with feeding difficulties and subsequent confirmed diagnosis of airway malacia is done over 1 year period at acute tertiary hospital in London. Age referred to SLT, parent reported onset of feeding difficulties, ENT diagnosis recorded. Initial and final Dysphagia Therapy Outcome Measures are recorded (TOMS Enderby 2015). RCSLT, ROOT, TOMS analysis, thematic analysis of SLT interventions from case notes and TOMS are done.

Results: Infants=21. Age at Referral=range 1-31 weeks; median 7 weeks. Feeding difficulties from birth are 100% reported. ENT diagnosis=20 laryngomalacia, 1 tracheomalacia. Dysphagia TOMS Impairment=Up 95%; Activity=Up 90%; Participation=Up 86%; Wellbeing=Up 95%. TOMS themes= 81% progressed to exclusive oral feeding with feeding tube removed, 66% mostly confident and achieving potential, 81% of parents showed occasional or no inappropriate distress about infant feeding at discharge. SLT interventions=responsive feeding education (100%), pacing techniques (62%), positional change (43%), slow-flow teat (24%), breastfeeding (14%), GORD medications (57%).

Conclusion: Feeding difficulties related to airway malacia can be effectively diagnosed by acute SLT. All parents reported feeding difficulties from birth but age at referral to SLT varied. An eclectic range of interventions including responsive feeding education to parents, pacing and positional change positively impacts on Dysphagia outcomes and reduces need for tube feeding.

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