

Managing Feeding Issues in Children with Down Syndrome.

Presented by Helen Woodrow

Highly Specialist Speech and Language Therapist



Introduction

Good early feeding patterns can help to avoid some of the “usual” problems in children with Down Syndrome.

For example:

- Upper Respiratory Tract Infections.
- Chest infections
- Conductive hearing loss.
- It may even be possible to avoid problems such as tongue thrust / protrusion and palate and dental problems.



Issues that impact feeding skills.

- Sensory – hyposensitivity.
- Tone - hypotonicity and muscle weakness.
- Motor planning and co ordination of movements.

Body Position and Support.

- Early feeding (breast or bottle) should be in an upright position (ears above mouth.)
- Jaw support can be given when breast or bottle feeding to help with tongue retraction and promote effective feeding skills.
- Firm support for the body and jaw will help when teaching new skills.
- Look for seating that gives lots of support and stops the child “slumping” at the hips.



Body Position and Support.

Feed with the ears above the mouth to reduce the risk of ear and URT infections and associated problems.



Early Feeding Equipment.

- Slow to medium flow teats for bottle fed babies.
- Try a bagged “vacuum” bottle feeding system.
- Nipple shields can help to increase sensation for breast feeding.
- Move on to a straw or open cup sooner rather than later.
- Do not use a “sippy” or spouted cup.

Palate

- Palatal massage.
- Correct placement of tongue supports correct palate formation.



Jaw

- Jaw support when learning new skills will help to manage jaw instability.
- Early chewing activities help to maintain reflexive chew and encourage development of tongue retraction and lateralization.
- Static jaw grading activities – jaw grading for eating, drinking and saliva control.
- Dynamic jaw activities for chewing with control, precision and duration.



Lips

- Lip rounding and closure are important for effective oral management of food, drink and saliva.
- Activities to practise lip closure
 - Adapted spoon feeding (pictured)
 - Horn blowing (flat lip horn)



Lips

Activities to practise lip rounding.

- Straw drinking.
- Bubble blowing.
- Horn blowing (round lip horn)



Cheeks

- Cheek tension is important for effective oral management of food and drink as well as to support lip movements.
- Cheek toning activities (pictured).



Tongue

- Normal tongue development follows the pattern;
protrusion / retraction
lateralization
elevation / depression
- Tongue lateralization is important to support oral management of foods for chewing
- Activity – tongue lateralization for oral management of food.



Tongue

- Use side placement of foods to support development of tongue lateralization
- Structured activities for development of effective tongue retraction and lateral tongue movements.



Sensory

Often Hypotonia = hyposensory responses.

Try to increase sensory input and therefore oral responsiveness with:

- Flavour
- Temperature
- Vibration
 - after 1 year of age only.
- Texture



Carry over to speech

- Good oral movements developed using feeding activities have a forwards effect on speech sound production and clarity of speech too.

Training Level 1

A Three Part Treatment Plan For Oral-Motor Therapy

- Appropriately assess oral placement/feeding/speech problems based on muscle systems.
- Integrate hierarchies for motor dissociation and grading (jaw-lips-tongue).
- Plan programs of therapeutic intervention to address physiological and motor-based speech disorders.
- Appropriately apply at least 10 new therapy techniques.
- Learn to use oral placement techniques to improve individual speech clarity and production.

2 day course

www.eg-training.co.uk



Monday 4th June and Tuesday 5th June 2018

Training Level 2

Assessment and Programme Plan Development

- Identify oral placement, sensory, feeding and/or speech deficits in a variety of clients and diagnoses.
- Assess oral placement functioning of the jaw, lips, and tongue.
- Design a step-by-step program plan based on the client's oral-motor feeding and speech evaluation results.
- Apply oral placement strategies, when appropriate, with infant, preschool, and school-aged children as a part of comprehensive speech and language therapy intervention.

2 day course

www.eg-training.co.uk

Wednesday 6th June and Thursday 7th June 2018

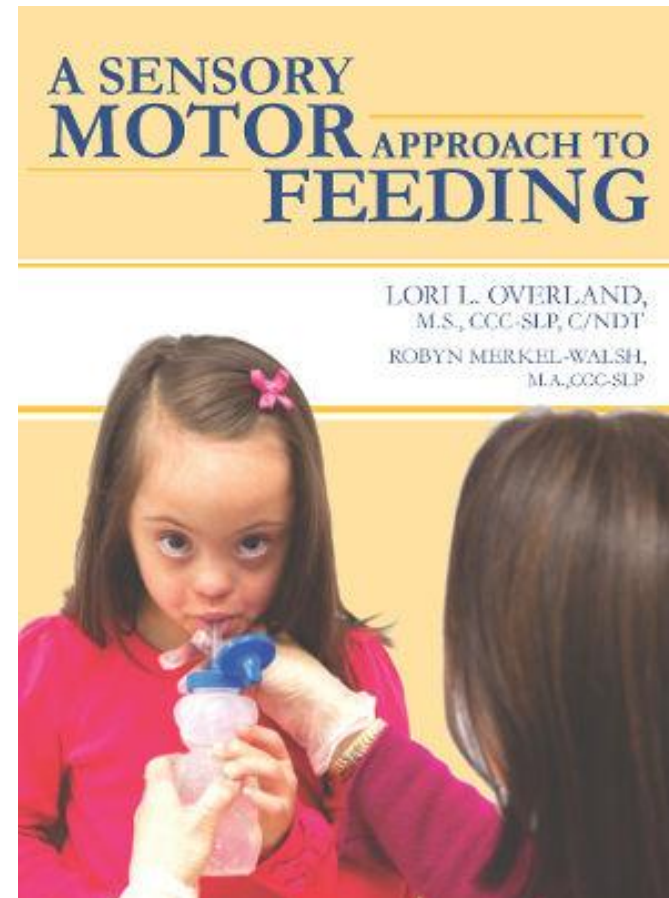
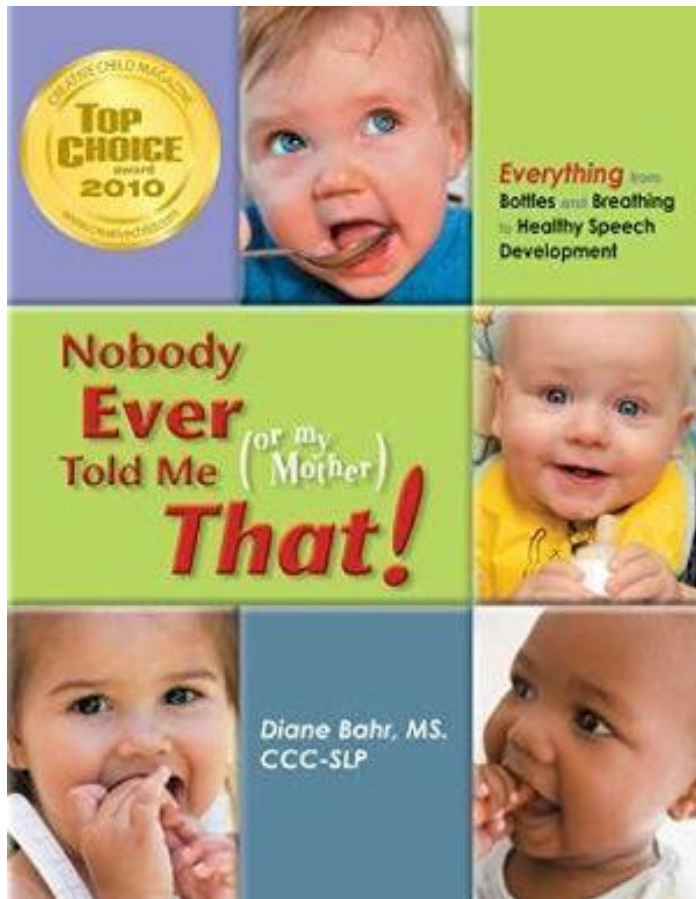


Links

www.eg-training.co.uk

www.agesandstages.net

www.talktools.com



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References

Rosenfield-Johnson.S, “The Oral Motor Myths of Down Syndrome” (1997)

www.talktools.com/pages/publications#published_articles

