

The complexity of the skills involved in eating and drinking is not immediately obvious because it is such a commonplace activity. Feeding is a skill involving several body systems: intact anatomy; control and coordination of the muscles involved in sucking, biting, chewing and swallowing; sensory perception; gut function; heart and lung support; and neurological integration of all these aspects.

## Pacing

Giving the child a few seconds' break to recover breath every few sucks may help to maintain breath support for feeding. It may be necessary to remove the teat or break the seal on the nipple by slightly opening the child's mouth. Many children learn to take a break independently by pulling away.



Image 1



Image 2

## Positive oral experience

If children are experiencing difficulty with oral feeding, it may be necessary to counterbalance with positive touch around the face and mouth. Stroking the face, working towards the mouth, kissing the face, and (if the child will tolerate it) letting the child chomp or suck a finger can all help the child understand that oral experience can be enjoyable.

## Positioning

Children with good suck-swallow-breathe coordination are able to protect their airway in this position. Children with CP who have poor coordination may be helped by more upright but supported positioning. Because children give subtle signals of being uncomfortable or stressed, ideally the feeder should be able to see the child's face. This can be achieved by propping the child on a pillow in a semi-upright position, facing the feeder (**Image 3**).

## Jaw support

Additional support for the child's jaw can help the development of the more mature tongue movements for eating solid foods. This can be provided from the side, or from the front. The fingers can be placed to support both the jaw and lips. It may take a child some time to tolerate this level of touch at mealtimes (**Image 4**).



Image 3

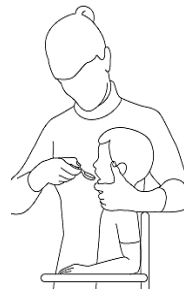


Image 4

## Cup drinking

For children who have struggled with inefficient sucking, moving to sip-feeding using a cup may be more successful. Drinks may need thickening so they move more slowly, giving the child time to organize a safe swallow. This is particularly relevant if the child has some difficulty holding the fluid in the mouth by lifting the back of the tongue, and controlling the flow into the throat.

## Spoons

A small, shallow-bowled spoon will be most appropriate to help the child remove the food from the spoon through lip closure. Applying gentle, firm pressure downwards on the tongue can help some children achieve better lip closure, and avoid forward tongue movement (**Image 5**).

A finger on the child's top lip may help to bring the lip down to assist in removing the food from the spoon. Some children with CP have a strong bite reflex, i.e. an uncontrolled strong jaw closing when anything is placed in the mouth, therefore a rubber or plastic spoon may be necessary.

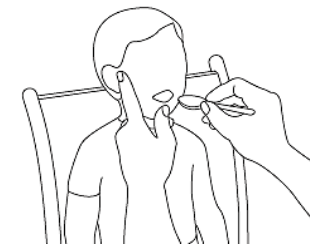


Image 5

## Gastro-oesophageal reflux

(Stomach contents come up into the oesophagus)

Because stomach contents are acidic, this can cause discomfort and pain. More severe reflux is particularly common in premature children and in children with CP. Children who experience reflux may show overt vomiting, crying and discomfort after feeds, arching, pulling the knees up to the tummy or sudden waking.

Children who have severe reflux may associate feeding with pain. It is therefore important to limit reflux: careful positioning after feeding, either in a semi-upright supported posture or in side-lying, may help reduce the effects of reflux. Small frequent feeds may be more comfortable than large feeds.