

Dr. Brown's™ Medical Educational Webinar Presentation
Pre-Chaining and Feeding Therapy Programs for the Premie Graduate
Presenters: Cheri Fraker, CCC/SLP and Laura Walbert, CCC/SLP

Replies to questions from presentation March 29, 2018

1) Can you elaborate on using NNS to get to the goal of nutritive suck and how that is helpful?

Use of the pacifier is very important when working on skills for nutritive suck. The pacifier needs to be the same shape as the bottle nipple. The therapist can dip the pacifier in breast milk or formula for taste stimulation. The therapist can provide light pressure up to the palate with the pacifier to stimulate the suck reflex. The therapist can also put downward pressure on the midline tongue intermittently to encourage tongue grooving. Tongue grooving is key to bolus formulation and control. As the baby is sucking on the pacifier, the therapist can lightly traction the pacifier (2-3 x, a few times a day) to work on strengthening the orbicularis oris and improving lip seal. Keep the baby on a slow flow bottle to continue to strengthen the oral musculature.

2) Please review the exact position for side-tilt.

Side tilt positioning is borrowed from breast feeding positioning. A baby at breast in cross cradle position is very close to the desired side tilt positioning for bottle. (See photo.) Baby is placed in an upright position and then tilted slightly to the side. It is important to make sure the baby's body is well supported throughout the feeding. Do not use side lying position for feeding.



3) Do you have a suggestion on how to learn how to do cervical auscultation?

There are courses on cervical auscultation, however, they are not offered very often. Get a pediatric Littman stethoscope and start listening to all your swallowing patients. Place the stethoscope on the side of the neck. Assess breathing and listen for nasal congestion or pooling of secretions in the pharynx prior to feeding. Initiate feeding and listen for the sound of the Eustachian tube opening (clink) and the sound of the upper esophageal sphincter (clunk) as well as the quality of the swallows. Review Logemann's literature on cervical auscultation. Gulpy swallows indicate flow is too rapid. The bolus should clear in one distinct swallow. Modify positioning, feeding product and use external pacing while monitoring using cervical auscultation of the swallow. Monitor the infant at beginning, middle and toward the end of the feeding.