

Kelly Andrasik McLeod Webinar Q and A

Can I ask you what technique you use to not have to remove the nipple but still offer external pacing?

There are a couple options for external pacing. If the infant is placed in sidelying or an upright position, it may be possible to move the nipple a small amount, to remove the liquid without impacting the latch. Alternatively, it may be possible to move the infant and nipple as a unit, to remove the liquid from the nipple. For either option, attention should be paid to avoid overwhelming the infant or accidentally moving the nipple enough to elicit more sucking.

Was the study relating to NMES up to 24 months rule out factors like maturation?

This is a great question! Please reference the full article by Marcus and colleagues for more details of the specific study protocol and how the study was controlled to account for confounding variables such as that: Marcus, S., Friedman, J., Lacombe-Duncan, A., and Mahant, S. (2019). Neuromuscular electrical stimulation for treatment of dysphagia in infants and young children with neurological impairment: a prospective pilot study. *BMJ Paediatrics Open*, 3(1), 1-5.

What was the frequency for treatment?

The treatment frequency depended on the needs of the infant, per the therapists' discretion, upon the initial evaluation. Often, the occupational and physical therapy frequency was 3-5 x wk, although sometimes less, depending on the infant's needs.

What neurological exam did you use for babies?

There was not a standardized neurologic examination used for this study. Information regarding the therapists' findings were pulled retrospectively from the initial evaluation and discharge summary notes.

Are there contraindications with NMES? Is it contraindicated for children who are known to have seizures?

Please reference the full article by Marcus and colleagues, to see any contraindications from the original source (citation listed above).

Does your facility utilize SLPs in the NICU?

At the time of data collection for this study, occupational and physical therapists were the only rehabilitation team members who treated neonates with hypoxic-ischemic encephalopathy.

Have you observed lingual thrusting or an exaggerated lingual protrusion reflex in this population?

Yes, this is something that can be observed with this patient population. It can accompany an exaggerated rooting response, making achieving or sustaining a latch difficult.

For swaddling, do you train parents to use a receiving blanket, a muslin blanket, or do you encourage the swaddle sacs that are commercially available?

The type of swaddle can make a difference in providing the baby the appropriate amount of support, while still promoting a quiet alert state that is conducive to feeding. A lighter material, such as a muslin blanket or muslin swaddle sack, can be nice for providing supportive containment, while still allowing the infant to move and stretch. Additionally, muslin blankets are not quite as warm as a fleece blanket (for a swaddle or a swaddle sack) which may put the infant to sleep. Parental preferences and resources to purchase different blankets for home should be taken into consideration as well.