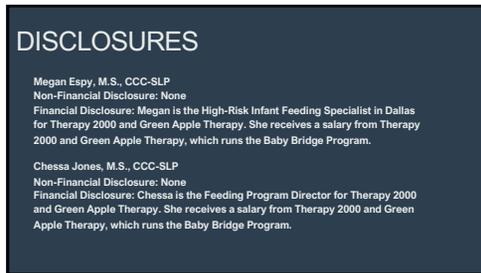
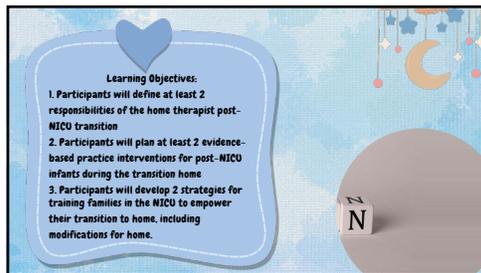


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Why?

Heightened risks for NICU Grads	Gaps in Early Intervention Services

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Why?

Heightened risks for NICU Grads	Gaps in Early Intervention Services
Consensus on Key Therapist-Supported Interventions	

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Why?

Heightened risks for NICU Grads	Gaps in Early Intervention Services
Consensus on Key Therapist-Supported Interventions	Implications for Practice and Research

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Why??

- Heightened risks for NICU Grads
- Gaps in Early Intervention Services
- Consensus on Key Therapist-Supported Interventions
- Implications for Practice and Research

Wolke, Wilson, McCurdy, & Baum, 2015

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It starts in the NICU

- Oral Motor Therapy
- Feeding Therapy

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Oral Motor Therapy

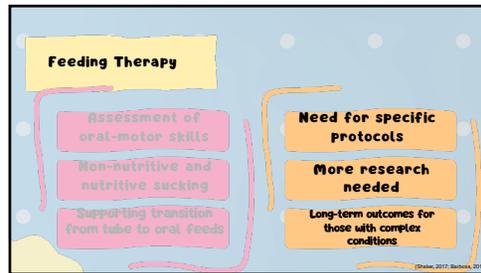
- Improves Feeding Skills
- Improves quality of sucking
- Improves transition to the breast

Baker et al., 2012; Shaker, 2017

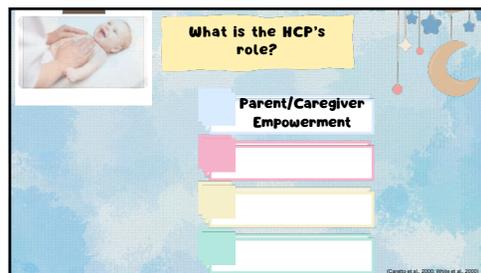
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What is the HCP's role?

- Parent/Caregiver Empowerment
- Assess & Monitor Feeding Skills**
-
-

©Shawyer et al., 2022; Emswirth et al., 2023

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What is the HCP's role?

- Parent/Caregiver Empowerment
- Assess & Monitor Feeding Skills
- Facilitating Oral Feeding Progression**
-

©Shawyer et al., 2022; Emswirth et al., 2023

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What is the HCP's role?

- Parent/Caregiver Empowerment
- Assess & Monitor Feeding Skills
- Facilitating Oral Feeding Progression
- Supporting Parent-Infant Bonding**

©Shawyer et al., 2022

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What is the HCP's role?

- Parent/Caregiver Empowerment
- Assess & Monitor Feeding Skills
- Facilitating Oral Feeding Progression
- Supporting Parent-Infant Bonding

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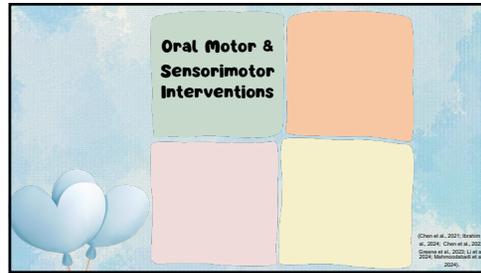
How do we intervene?

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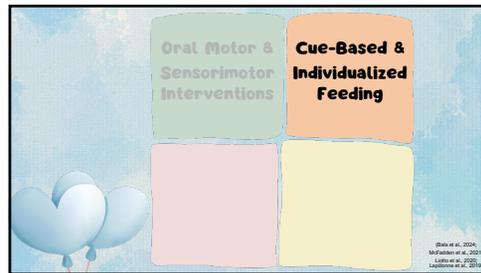


We already are!

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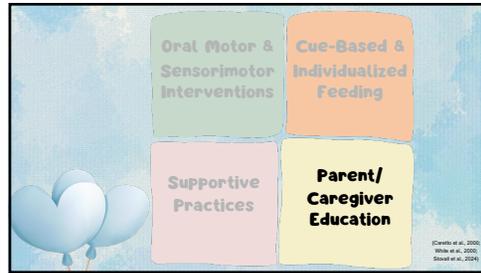
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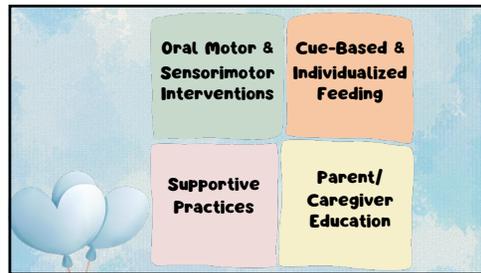
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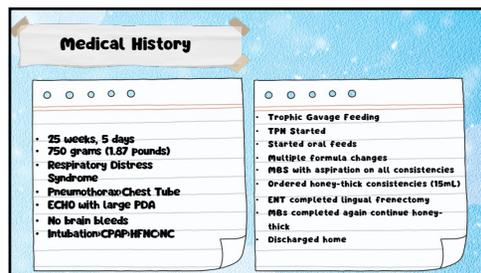
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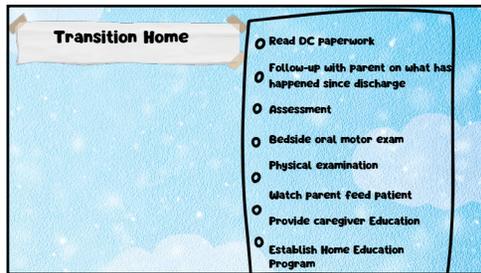
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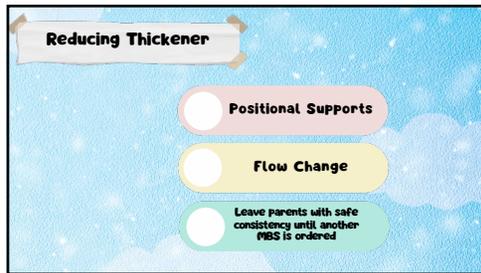
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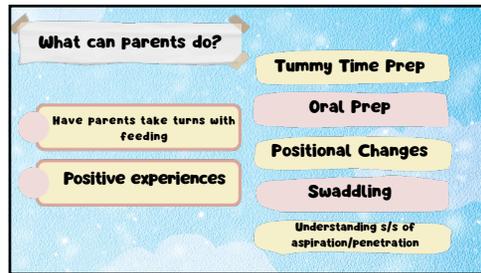
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Medical History

<ul style="list-style-type: none">• 25 weeks, 5 days• 750 grams (1.65 pounds)• Respiratory Distress Syndrome• Ballooning of Veins• Necrotizing Enterocolitis (NEC)• No brain bleeds• Intubation/CPAP/HFNC/CMV	<ul style="list-style-type: none">• Trophic Gavage Feeding• TPN Started• Started oral feeds• Volumes began to dip with aversive behaviors• MBS: deep penetrations, silent aspiration• Unable to thicken due to NEC• Began working on dip trials and improving participation• G-tube placed• Discharged home
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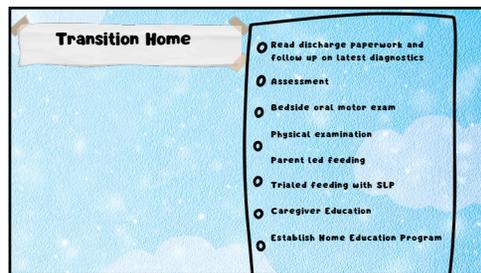
Owen in the NICU

Owen in the NICU

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51

Therapy

- Oral Prep
- Side-lying
- Flow rate change
- External Facing through 1-2 sucks allowing for swallow and catch breaks
- NO THICKENER (NEC)**
- Max volume 1-2 mL with audible congestion noted and trials stopped
- NMES**



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Owen re-hospitalized

- Struggled to maintain saturation
- Extreme reflux
- Hazy lungs and purple lips
- Required re-ballooning of 2 veins that put him GJ-tube
- NPO for 2 weeks.
- Slow progression forward with continued oral prep/readiness and water participation only.



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What do we do?

- Parents Frustration
- Coordination challenges on thin
- Pivot
- Move to puree

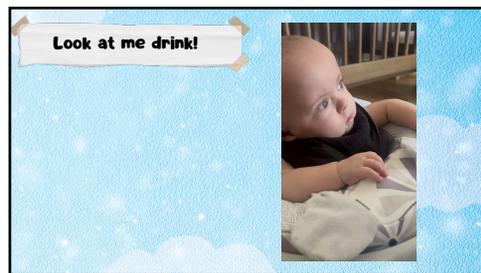


Goal to make child successful in order to have parents be able to complete things safely at home

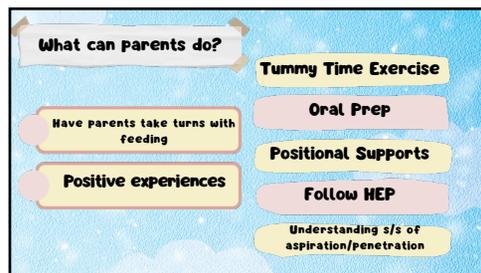
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