

# **Newborn Critical Care Center (NCCC) Clinical Guidelines**

## **Speech Therapy Referrals for Infant Feeding**

*The admission order set has automatic referrals to Speech Therapy for all infants born at less than 32 weeks gestation. Speech Therapy will follow these infants throughout the hospital course, determining when to begin infant oral stimulation and assist with progress to full oral feeds.*

### **Additional considerations for speech referrals are as follows:**

- Cleft lip/palate
- Airway obstruction, craniofacial anomalies, syndromes associated with feeding issues. Example: Pierre Robin, micrognathia
- Vocal cord paralysis/dysfunction, stridor, tracheostomy
- Infants with feeding difficulties due to chronic lung disease
- Infants with feeding difficulties due to neurological disorder, for example: HIE, Grades III and IV hemorrhage, hydrocephalus
- Infants with poor secretion management, drooling, absent gag or swallow reflex
- Infants who are unable to orally feed but are appropriate for oral stimulation

### **Speech Therapy**

- Provides evaluation and treatment for all patients with a focus on aspiration risk and oral motor skills
- Performs modified barium swallow studies
- Provides outpatient follow-up evaluations and swallow studies as well as outpatient therapy for those babies with long-term feeding concerns. A referral can also be made to the outpatient "Feeding Team" which includes Speech Therapy, Dietician and Pediatric Gastroenterology
- Provides special bottles for infants with cleft lip/palate

### **Outpatient Scheduling**

At times infants leaving the NCCC need follow-up with Speech Therapy and Nutrition. This includes all infants who are discharged with a gastrostomy tube or nasogastric feeds. Please assure at the time of discharge that any feeding follow up is communicated to the family and that speech and/or nutrition follow-up is scheduled. The Care Coordinator team in the NCCC will assist with scheduling follow-up.