



# The Value of the Speech-Language Pathologist (SLP) in Pediatric Feeding and Swallowing Disorders (FSDs)



SLP Involvement in the Treatment of Pediatric FSDs Improves Overall Health and Function.



## Improves Swallowing and Feeding Function

Following SLP treatment, children with FSD demonstrate improved swallow function.

- Improving swallowing functionality by an average of **17.2%**, with swallowing function improvements reported in **100%\*** of children <sup>1</sup>
- Improving feeding functionality by an average of **14.9%**, with a reported reduction in mealtime supervision needs for **50.7%\*** of children <sup>1</sup>
- Remediating aspiration in **89%** of children with pharyngeal dysphagia <sup>2</sup>



## Improves Caregiver and/or Staff Knowledge and Wellbeing

**11.6% of parents of children with FSD demonstrate less stress following SLP involvement.** <sup>3</sup>

- Increasing the accuracy of caregiver prompts by **72.6%** <sup>4</sup>
- Increasing staff feeding and dysphagia knowledge by **19.3%** and **66.6%**, respectively <sup>5</sup>
- Increasing the use of safe feeding strategies by **34.1%–95.3%** <sup>5</sup>



## Improves Health-Related Outcomes

With SLP involvement, children with FSD have improved health-related outcomes.

- Reducing total length of stay by **5.0–105.6** days <sup>6–10</sup>
- Reducing ICU length of stay by **37.9** days <sup>6</sup>
- Demonstrating **10.0%–18.5%** greater weight gain than controls <sup>10,11</sup>
- Preventing frenectomy in **69.9%** of infants referred for the procedure <sup>12</sup>
- Resulting in **8%** fewer children experiencing re-intubation <sup>8</sup>
- Reducing G-tube placements by **52.3%** <sup>13</sup>
- Remediating G-tube dependency in **22.0%–90.0%** of children, with an average cost savings of **\$40,000–\$365,000** per child <sup>6,8,14–27</sup>



## Improves Intake by Mouth

With SLP-related care, **29% more infants with FSD achieve breastfeeding, and 79% of children with FSD improve variety of food intake.** <sup>28–29</sup>

- Initiating oral feedings **3.0–8.2** days sooner <sup>8,10</sup>
- Achieving independent oral feeding **2–13** days sooner <sup>8–11,30–33</sup>
- Accepting **0.5–15.8** times more volume and **0.56–25.53** times more nutrition by mouth <sup>3,4,15,16,18,20,21,29,34–37</sup>
- Eating, on average, **6–31** more new food items <sup>20,26,38–39</sup>
- Eliminating the need for altered viscosity or texture in **78.0%** and **52.2%** of children, respectively <sup>1,40</sup>
- Reducing the use of oral supplements by **39%–62%** <sup>18</sup>
- Reducing G-tube intake by **30.7%–77.5%** <sup>4,14,16,26</sup>



## Improves Behaviors

**48%–86% of children with FSDs reduce refusal behaviors with SLP involvement.** <sup>29,39,41</sup>

- Demonstrating **26.5%–92.5%** fewer inappropriate mealtime behaviors <sup>4,14,21,35</sup>
- Exhibiting **74.9%–77.7%** fewer negative vocalizations <sup>3,29</sup>

\* Per parent report.

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