

## Useful References

### Oral Motor and Feeding in Very Young Infants

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Bereflit Mathisen, Sileefla Reilly, and David Skuse. 1992. **Oral Motor Dysfunction and Feeding Disorders of Infants with Turner Syndrome.** *Developmental Medicine and Child Neurology*

An older article that contains a good description of feeding difficulties in infants who have Turner Syndrome. 70% of parents reported feeding difficulties in their infants with Turner syndrome. Specific characteristics are described, and the importance of early intervention with infants and their families is discussed.

Erin Ross and Joy Browne, 2003. **Developmental Progression of Feeding Skills Seminars in Neonatology.**

The target audience is physicians and hospital staff, but the article contains good information about the developmental nature of feeding skills. The authors state that despite guidelines for successful feeding, many infants are discharged from hospital when they are still working on stabilizing their feeding skills, which is important information for Early Intervention staff to be aware of.

Catherine Shaker, 1999. **Nipple Feeding Preterm Infants: An Individualized, Developmentally Supportive Approach.** *Neonatal Network.*

Although the target audience of the article is NICU nurses, it contains excellent information about what stressed feeding looks like, intervention to relieve stress in an infant during feeding, and facilitating confidence and competence in parents

Carol Matthews, 1993. **Supporting Suck-Swallow-Breath Coordination During Nipple Feeding.** *American Journal of Occupational Therapy.*

Target audience is NICU providers, and an older article. It does, however contain specifics re: feeding very young, premature infants. This article reviews research on preterm bottle-feeding and synthesizes ideas related to suck-swallow-breath coordination, and includes general feeding guidelines for premature infants.

Susan Bazyk, 1990. **Factors Associated With the Transition to Oral Feeding in Infants Fed by Nasogastric Tubes** *American Journal of Occupational Therapy.*

A discussion of factors that affect the transition from nasogastric tube feeding to oral feeding. The results may be used to help therapists predict which infants may have difficulty in progressing to oral feeding. Earlier intervention for these at-risk infants could also help prevent the development of secondary problems associated with the long-term use of tube feedings.

Lyndal Franklin and Sylvia Rodger. 2003. **Parents' perspectives on feeding medically compromised children: Implications for occupational therapy.** *Australian Occupational Therapy Journal*.

The target audience is NICU providers, however the article includes a good discussion about parents and the importance of the provider instilling confidence in parents and empowering them to support the development of their child, rather than emphasizing hands-on, direct treatment of the child.

Yea-Shwu Hwang, Chyi-Her Lin, Wendy J Coster, Rosemarie Bigsby, Elsie Vergara, **Effectiveness of Cheek and Jaw Support to Improve Feeding Performance in Preterm Infants;** *American Journal of Occupational Therapy*.

This article contains good information about feeding preterm infants who have weak suck/swallow. Cheek and jaw support improves feeding in preterm infants. Hypotheses about why it works including promotion of lip seal, increase jaw stability and increase of intake. This is good information for a therapist to have when talking to parents about feeding techniques.

Christine Imms, 2000. **Feeding the Infant With Congenital Heart Disease: An Occupational Performance Challenge.** *American Journal of Occupational Therapy*.

Discusses the stress level parents might feel if their infant has trouble feeding, and why feeding is so much more than just taking in calories. Offers a few strategies for feeding. Offers evidence on why establishing early feeding behaviors is so important for the infants development and for establishing a strong attachment. It provides collaborating evidence for why a child with Congenital Heart Disease might need a closer look for eligibility and why a Registered Dietician should probably be involved on the team.

Murray Braun and Marjorie Palmer, 1985. **A Pilot Study of Oral Motor Dysfunction in At-Risk Infants.** *Physical and Occupational Therapy in Pediatrics*.

Purpose of study was to develop an oral motor assessment tool for neonates. This article is old and it deals with the scholarly analysis of the tool. It is, however, useful because the actual tool is included, and the questions on the tool could be useful for teams during assessment. Also, there is good discussion of some of the terms associated with oral motor dysfunction in infants.

American Speech-Language-Hearing Association. 2001. **Roles of Speech-Language Pathologists in Swallowing and Feeding Disorders: Technical Report** Available from [www.asha.org/policy](http://www.asha.org/policy).

Detailed report of ASHA guidance regarding SLP role in feeding. Although the report covers responsibilities for the entire life span of patients, there are specific sections regarding pediatrics and the responsibility of SLP in the areas of assessment and treatment. The report includes an extensive reference list.

Kannan S, Carruth BR, Skinner J. (1999). **Cultural influences on infant feeding beliefs of mothers.** *Journal of the American Dieticians Association*. Jan;99(1):88-90.

Pak-Gorstein, S., Haq, A., & Graham, E. (2009). **Cultural influences on infant feeding practices.** *Pediatrics In Review / American Academy Of Pediatrics*, 30(3), e11-e21.