

INTRODUCTION

Hi and welcome to the Cerebral Palsy Foundation's ParentWise Podcast series. I'm Robyn Cummins.

Sharing mealtimes with family and friends is an important part of our culture and of socialising with others.

Yet up to 70% of children with a physical disability have difficulties with eating and drinking.

In Part 2 of this podcast, speech pathologist, Sudi Veerabangsa, explains some of the ways parents can assist children who have eating difficulties.

HOW YOU CAN HELP

Some of the key ways in which you can assist someone with eating and drinking difficulties are:

- ensuring that they are in an optimal position when eating and drinking
- helping them to maintain good oral hygiene
- making sure that mealtimes don't go on for too long, and
- ensuring your child has the correct diet and textures as determined in a mealtime plan.

Dentists, speech pathologists, dietitians, occupational therapists, physiotherapists, specialist nurses and your doctor can all provide equipment, advice and support for each of these issues.

Correct positioning is one of the most important things that influence safe swallowing. Good positioning is essential to support improved chewing swallowing and digestion.

Good positioning also allows more energy and effort to be concentrated upon the actual process of coordinating eating, drinking, breathing and swallowing.

Many children with disabilities have their own special supportive seating, such as a modified chair or wheelchair. Your occupational therapist and physiotherapist can provide specific advice around seating equipment.

For newborns and babies who are breast and bottle fed, it is highly recommended that you consult your nurse, lactation consultant or speech pathologist.

For toddlers from eighteen months onwards to adulthood, broadly speaking the most optimal position for safe eating and drinking is to be upright (with no less than 30 degrees recline from midline) and facing forward.

The person should be well supported with head, neck, shoulders and upper body aligned.

Feet should be well supported by being flat on the floor or on a foot rest.

The head must be upright with the chin slightly tucked in and downward comfortably and not poking out. If the person's head tilts back, there is serious risk that the airway is opened and choking or aspiration could occur.

Ensure the person's bottom is comfortably back in the chair and their hips are bent at a 90 degree angle. Correct positioning is also important for people who are receiving non oral feeds through a tube.

Correct positioning is also very important for the carer assisting mealtimes to ensure that there's no back strain.

Optimal positioning also needs to be maintained after eating and drinking.

An upright or slightly reclined position (with no less than 30 degrees from midline recline) should be maintained for at least 30 minutes after the meal has finished (unless otherwise advised) as this helps with digestion and reduces problems for those people who may have reflux.

Remember that everyone eats and drinks a little differently and for more information on individualised positioning, please speak to your therapy team.

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Good oral hygiene is also important for everyone, whether the person takes their food and drinks orally or through a non oral method such as a gastrostomy (or a tube) in order to prevent dental problems and maintain a nice smile which is important also for social interactions and self esteem.

The condition of a person's mouth, teeth and gums influences their ability to chew and swallow. Poor oral hygiene leads to loss of teeth, gum disease and build up of bacteria in the mouth.

If a person with poor oral hygiene inhales food, drink or saliva into their lungs (or aspirates), they can develop aspiration pneumonia, especially if they have lots of bacteria in the mouth.

Beginning oral hygiene early for your child is best. Start by gently wiping gums with a moist cloth even before your child has teeth. Tooth brushing is the most important daily activity in maintaining oral hygiene, and it needs to be established early.

Other strategies to maintain good oral care include:

- visiting a dentist every 6-12 months (unless your dentist advises otherwise)
- ensuring teeth are brushed, cleaned or rinsed properly and effectively
- developing an individual oral care plan with the dentist
- using an appropriate toothbrush and changing the bristles when they're flat or become worn
- brushing teeth after each meal (with minimum of twice per day)
- flossing or using a mouth rinse where recommended, and
- maintain a healthy diet and good hydration is very important for good oral care.

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Another question that parents frequently ask is how long mealtimes should be.

Some people with a disability will require more time than others to complete their meals.

As a general rule, people should aim to make mealtimes no longer than 30 minutes.

People with cerebral palsy can get tired during mealtimes, especially if it is effortful for them to eat and drink.

The safety of the person's swallow can be affected if the mealtime is too long.

If a mealtime is longer than 30 minutes, the person may not be gaining the nutritional benefit from the food because they are burning so much of the energy just trying to maintain the physical aspect of eating.

Please consult your child's dietitian or paediatrician for more specific information about nutrition requirements for your child.

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Developing a mealtime plan, which is a summary of mealtime assessment recommendations - in consultation with a speech pathologist, or disability health advisor, or dietitian - is another way to ensure that safe practice standards are maintained at mealtimes for a person with swallowing difficulties and that mealtimes are enjoyable, safe and dignified.

The mealtime plan is an easy to understand document that may include information on:

- how to prepare an individual's meal
- the suitable food and drink textures
- how to position the person for food or drink
- any equipment that they may be using
- strategies that may assist the person at mealtimes
- a person's mealtime likes and dislikes
- ways to communicate with the person during mealtimes
- the amount and type of supervision and support that maybe required, and
- any special diet requirements that someone may have.

The health professionals involved may use information from other sources, such as a nutrition and swallowing risk checklist, dietitian reports or other medical information as well as an individualised mealtime assessment of your child to develop the mealtime plan.

Mealtime plans can also be written for the different environments that your child could find him or herself in such as childcare, preschool, school, respite, leisure and community settings.

The plan should be updated and reviewed by a speech pathologist as your child's needs change.

So, as you've just heard there are a few key strategies – such as maintaining optimal seating and positioning, good oral hygiene and working in partnership with health professionals to develop a mealtime plan – that will assist you and your child to manage eating and swallowing difficulties more effectively.

You can contact the CP Helpline for more information on dysphagia and mealtimes if you think any of these strategies would benefit you or your child.

CLOSE

Thanks for listening. We hope you've found these strategies and ideas useful.

This podcast is for general information only and does not constitute professional advice - please consult with your speech pathologist or relevant health professional before using or relying on any information provided here.

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