



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%**, with swallowing function improvements reported in **100%**¹ of children¹
- Improving feeding functionality by an average of **15%**, with a reported reduction in mealtime supervision needs for **51%** of children¹
- Remediating aspiration in **89%** of children with pharyngeal dysphagia²



Improves Caregiver and/or Staff Knowledge and Wellbeing

12% of parents of children with FSD demonstrate less stress following SLP involvement.³

- Increasing the accuracy of caregiver prompts by **73%**⁴
- Increasing staff feeding and dysphagia knowledge by **19%** and **67%**, respectively⁵
- Increasing the use of safe feeding strategies by **34%–95%**⁵



Improves Health-Related Outcomes

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

- Reducing total length of stay by **5–106 days**^{6–10}
- Reducing ICU length of stay by **38 days**⁶
- Demonstrating **10%–19%** greater weight gain than controls^{10,11}
- Preventing frenectomy in **70%** of infants referred for the procedure¹²
- Resulting in **8%** fewer children experiencing re-intubation⁸
- Reducing G-tube placements by **52%**¹³
- Remediating G-tube dependency in **22%–90%** of children, with an average cost savings of **\$40,000–\$365,000** per child^{6, 8, 14–27}



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.^{28, 29}

- Initiating oral feedings **3–8 days** sooner^{8, 10}
- Achieving independent oral feeding **2–13 days** sooner^{8–11, 30–33}
- Accepting **2–16 times** more volume and **2–25 times** more nutrition by mouth^{3, 4, 15, 16, 18, 20, 21, 29, 34–37}
- Eating, on average, **6–31 more** new food items^{20, 26, 38, 39}
- Eliminating the need for altered viscosity or texture in **78%** and **52%** of children, respectively^{1, 40}
- Reducing the use of oral supplements by **39%–62%**¹⁸
- Reducing G-tube intake by **31%–78%**^{4, 14, 16, 26}



Improves Behaviors

48%–86% of children with FSDs reduce refusal behaviors with SLP involvement.^{29, 39, 41}

- Demonstrating **27%–93%** fewer inappropriate mealtime behaviors^{4, 14, 21, 35}
- Exhibiting **75%–78%** fewer negative vocalizations^{3, 29}

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