

PREFACE

Seminars in Speech and Language is devoting two issues to pediatric dysphagia. This area of patient care is growing rapidly as speech-language pathologists (SLPs) are increasingly involved in the diagnosis and management of infants and children in a variety of settings. Infants are seen in neonatal intensive care units (NICU) as inpatients, and in even larger numbers as outpatients through early intervention programs. These programs are aimed at identifying infants and young children at risk for developmental disabilities that may affect their educational potential. Because successful feeding is basic to neurologic and physical development, it is critical that children with feeding and swallowing problems are diagnosed early and managed efficiently. A team approach is advocated for comprehensive care.

Infants and children with feeding/swallowing disorders, regardless of etiology, are at risk for malnutrition, long-standing developmental concerns, and stressful caregiver/child interactions. It is critical that all professional work is integrated in ways that provide optimal care for these high-risk children and their caregivers. The knowledge base required of professionals involved in the care of these children and their families is extensive.

Dysphagia can result from a variety of congenital and acquired structural, pulmonary, and neurologic etiologies having varied prognoses. In recent years, advances in medicine have resulted in increased survival of very low birthweight (VLBW, < 1500 g) infants as well as infants with birth trauma, e.g., birth asphyxia. Some of these children survive with only minimal needs for special services; however, there is a high prevalence of respiratory disorders (e.g., bronchopulmonary dysplasia, asthma), neurologic impairments (e.g., cerebral palsy 7%, mental retardation 10–20%,

blindness 3%, hearing deficits 5–18%), and various structural abnormalities (e.g., craniofacial anomalies, tracheoesophageal fistula, esophageal atresia, gastroschisis). Some children may have airway, neurologic, and structural abnormalities, and these infants and children often require alternative strategies for management of basic physiologic processes as eating, breathing, and communicating. Although the focus of this issue is on children with feeding and swallowing problems, it is important to remember that the overwhelming majority of children with VLBW do not have neurologic or genetic disabilities. Likewise, children without common risk factors associated with dysphagia in the neonatal period may have significant impairment in deglutition.

This issue covers some of the major topics pertinent to SLPs working in medical and educational settings with infants and children who have feeding and swallowing problems. An overview of anatomy, embryology, and physiology with a brief review of development of feeding skills (J. Arvedson and M. Lefton-Greif) is followed by a discussion of assessment and management of pediatric dysphagia from a neurodevelopmental perspective (B. Rogers). Assessment and management are then discussed with a focus on oral-motor deficits and positioning issues for neonates and young children (B. Alper and C. Manno). Finally, specialized studies of systems involved in deglutition are presented to conclude this issue (M. Lefton-Greif and G. Loughlin).

The next issue will focus on a team approach to pediatric dysphagia and on such problem areas as the airway, gastroesophageal reflux, nutrition, and caregiver/child interactions and behavior.

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