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

ASHA
American Speech-Language-Hearing Association

## 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 [1]
- Improving feeding functionality by an average of **14.9%**, with a reported reduction in mealtime supervision needs for **50.7%** of children [1]
- Remediating aspiration in **89%** of children with pharyngeal dysphagia [2]

### Improves Caregiver and/or Staff Knowledge and Wellbeing

**11.6% of parents of children with FSD demonstrate less stress following SLP involvement.** [3]

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

### 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 [6–10]
- Reducing ICU length of stay by **37.9** days [6]
- Demonstrating **10.0%–18.5%** greater weight gain than controls [10,11]
- Preventing frenectomy in **69.9%** of infants referred for the procedure [12]
- Resulting in **8%** fewer children experiencing re-intubation [8]
- Reducing G-tube placements by **52.3%** [13]
- Remediating G-tube dependency in **22.0%–90.0%** 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 **3.0–8.2** days sooner [8,10]
- Achieving independent oral feeding **2–13** days sooner [8–11,30–33]
- Accepting **0.5–15.8** times more volume and **0.56–25.53** 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 **78.0%** and **52.2%** of children, respectively [1,40]
- Reducing the use of oral supplements by **39%–62%** [18]
- Reducing G-tube intake by **30.7%–77.5%** [4,14,16,26]

### Improves Behaviors

**48%–86% of children with FSDs reduce refusal behaviors with SLP involvement.** [29,39,41]

- Demonstrating **26.5%–92.5%** fewer inappropriate mealtime behaviors [4,14,21,35]
- Exhibiting **74.9%–77.7%** fewer negative vocalizations [3,29]

*Per parent report.

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