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 17.2%, 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%.⁶

### 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 days⁶–¹⁰
- Reducing ICU length of stay by 37.9 days.⁸
- Demonstrating 10.0%–18.5% greater weight gain than controls.¹²–¹³
- 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.⁶,⁸,¹⁶–²⁷

### 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.¹⁰
- Achieving independent oral feeding 2–13 days sooner.⁸–¹¹,¹³–¹⁰
- Accepting 0.5–15.8 times more volume and 0.56–25.53 times more nutrition by mouth.³,⁴,¹⁳,¹⁴,¹⁶,¹⁸,²²,²⁹,³⁶–³⁷
- Eating, on average, 6–31 more new food items.²²,²⁶,³⁸–³⁹
- Eliminating the need for altered viscosity or texture in 78.0% and 52.2% of children, respectively.¹⁴
- Reducing the use of oral supplements by 39%–62%.³⁸
- Reducing G-tube intake by 30.7%–77.5%.³⁸,³⁹,⁴⁰

### Improves Behaviors

48%–86% of children with FSDs reduce refusal behaviors with SLP involvement.³⁹,⁴¹
- Demonstrating 26.5%–92.5% fewer inappropriate mealtime behaviors.³,¹³,¹⁴,¹⁵
- Exhibiting 74.9%–77.7% fewer negative vocalizations.²³

* Per parent report.