

Typical Speech and Language Development

Language: Language development begins at birth. Some children develop language faster and some more slowly than others. By five, most children have mastered basic elements of adult language.

Birth - 6 months

- Makes different cries to which parents learn to respond appropriately. - Begins to respond to familiar voices and sounds by turning, looking, and/or smiling.
- Begins babbling consonant sounds (ex, “baba”). - Begins to recognize and/or respond to your own name.

7-12 months

- Begins to understand the meaning of words.
- Learn language of daily routines, such as eating, bedtime. Begins waving. Babbles variety of consonant sounds with varying inflection and rate.

12-24 months

- Produces first words and meaningful sounds combinations. - Follows a variety of basic directions.
- Recognizes common objects and their uses. - Use at least 100 words by 24 months.

2-3 Years

- Begins using more words daily and puts words together to expand on their meaning. Uses sentences of 3-4 words by age 3. Uses 300 to 500 words by age 3. Participates in make-believe play activities. Listens to stories and explores books more independently.

3-5 Years

- Follows a series of 2-3 directions.
- Uses approximately 600 to 1600 words. - Talks about recent events and experiences.
- Uses sentences of increasing length and complexity.

Speech: Speech development begins at birth with the baby's first cry. Children also master speech sounds at different rates. By age 8, children should be able to say all speech sounds correctly.

Feeding: Some Important Tips

When feeding a child, *always* be looking for signs or symptoms ("red flags") of aspiration.

If a child is to receive "tastes," it is extremely important to be *consistent* and to increase intake as tolerated to prepare for a swallow study and to help the child *maintain* and/or *develop* feeding skills ("If you don't use it, you lose it." "If you've never done it, you won't know how.").

If a child is not allowed to receive tastes (NPO), it is extremely important to work on non-nutritive stimulation (pacifier, gloved finger, and chewing tools) to help the child maintain or develop the skills necessary for feeding and for speech.

The ultimate goal when a child is receiving tube feeding is for that child to be offered milk by mouth *right before a tube feeding (when most hungry)*, and for the child to tolerate bolus gravity feeds.

Normal progression of feeding says that typical children begin spoon feeding at 3-5 months, they can start cup drinking 2-4 months following introduction to spoon feeding, they begin to assist with self-feeding at 6 months, and they begin to explore table-type foods at 7-9 months.

Do not feed a child stage-III foods or puree foods mixed with whole foods until the child can tolerate both independently of each other. When transitioning to table-type foods, offer those on a separate section of the child's plate.

RED FLAGS/SIGNS AND SYMPTOMS OF ASPIRATION

- Widens eyes
- Lifts eyebrows
- Exhibits a slight bluish color or color change around the eyes
- Coughs or chokes during or after the feeding .
- Experiences bradycardia (heart rate drops below 100 bpm) during or after the feeding.
- Wheezes during or after the feeding . Gulps when swallowing (you can hear it)
- Exhibits noisy “wet” upper airway that can be heard during or after swallowing May stop before the bottle feeding is finished (child exhibits frequent incomplete feedings.
- Displays an aversion to feeding. He/she refuses to open mouth to accept liquids and/or foods.
- Head turning, pushing away from the food or grimacing with acceptance of food are common symptoms.
- Coughing, choking, and sneezing
- Increased work of breathing during feeding and/or de-SATS
- Watery eyes during feeding

In Addition to the above on-site characteristics, the child may have:

A history of upper respiratory infection(s) and/or pneumonia. Pneumonia; however, may or may not be part of the child's history. Aspiration can result in formation of scar tissue on the lungs without immediate significant illness. A history of gastroesophageal or gastropharyngeal reflux Significant weight loss Oxygen saturation levels that register below 90 .

Premature infants, term infants, and children are placed at greater risk for aspiration if they demonstrate ANY of the following characteristics:

- Difficulty coordinating respiration with swallowing
- Difficulty with state management (i.e., difficult to calm)
- Poor oral control
- Difficulty with any stage of swallowing (oral, pharyngeal, or esophageal) & Fatigue during feeding
- Increased or decreased muscle tone
- GERD
- Wheezing or chronic cough .
- Stridor
- Apnea
- Gagging and choking episodes