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Evaluation of the swallowing process in infants: Systematic review

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ABSTRACT

Introduction. This study highlights the importance of early speech therapist intervention in assessing infants' swallowing and feeding. However, it is difficult to identify standardized tests, and therefore, unvalidated instruments are used.

Methods. An exploratory systematic review with a qualitative approach and retrospective design, under the PRISMA statement.

Results. Fifteen studies were obtained for analysis, with a medium-to-high methodological assessment, including three specific instruments for parental reporting and one clinical instrument. Fiberoptic endoscopy (FE) and video swallow study (VSS) are the gold-standard objective tests for evaluating swallowing.

Conclusion. The findings show the need to continue generating evidence on swallowing assessment to improve the detection and management of swallowing disorders in young children during critical periods, also considering the characteristics of each period of psychomotor development.

Keywords: *swallowing; diagnostic techniques and procedures: endoscopy; infant; speech therapy.*

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INTRODUCTION

Swallowing disorders, defined as difficulty transporting food from the oral cavity to the stomach,[1] are common: it is estimated that between 25% and 45% of typically developing children and between 33% and 80% of children with developmental disorders have this difficulty.[2] For this reason, it is essential to have standardized assessments that facilitate timely identification. The interdisciplinary team, led by the physician and with the essential support of the speech-language pathologist, is responsible for identifying the presence of any swallowing disorder and determining its pathophysiology to guide the most appropriate treatment.[3]

Speech therapy studies swallowing disorders in infants and young children and provides intervention. This problem can be caused by multiple factors that alter or hinder the safety and effectiveness of the process, not to mention the discomfort it can cause both the child and the family.[4] Clinical evaluations, instrumental assessment scales, and complementary studies are performed to detect these disorders.

In the case of infants between 1 and 12 months of age,[5] they require specialized care, and their approach must be guided by well-defined treatment protocols that enable safe, sufficient, and effective practices. Therefore, it is essential to know which assessments exist for this area, the appropriate age for their use, and the specific assessment criteria to consider.

Several studies[6-10] reveal the importance of early intervention by speech therapists to ensure the establishment of breastfeeding and the proper initiation of complementary feeding. Through a well-established swallowing process, optimal conditions for development and growth can be ensured, as well as the communicative interaction that occurs during feeding. Taking this into account, along with the importance of monitoring swallowing function, studies such as those by Grajales et al. highlight the great difficulty in identifying the relevance of the tests available for assessment in young children, finding a predominant use of instruments that are not standardized or adapted from those existing for the adult population.[11] There is a clear need to develop and disseminate appropriate tools for the pediatric population, especially during infancy and the introduction of complementary feeding, when the swallowing process incorporates new functions. There is scarce documentation on assessments and interventions for this population, as well as on the expected outcomes for children who present challenges in this process.[12] Consequently, this review aims to analyze the available evidence on assessment tools for the swallowing process in young infants, and to identify effective diagnostic methods and their clinical applications.

METHODS

An exploratory systematic review was conducted using qualitative methodology and a retrospective descriptive design,[13] in accordance with PRISMA guidelines. It focused on answering the general research question: "What types of instruments are used to assess the swallowing function of young infants?" This research was designed based on the PICO diagram; it does not aim to make comparisons, so the comparison aspect (C: comparison) is omitted.

To prepare the review, the Scopus, Cochrane, and MEDLINE databases were consulted using a search strategy designed to retrieve results on the assessment of the swallowing process in infants, using the MeSH descriptors [deglutition], [swallowing assessment], and [infant]. To create the search equations, the *Boolean operators* "AND" and "OR" were used, along with their corresponding Spanish equivalents, in accordance with the inclusion and exclusion criteria (*Table 1*).

The categorization and selection of articles were carried out according to the PRISMA methodology, in four phases: identification, screening, eligibility, and inclusion (*Figure 1*).

RESULTS

After analyzing the abstracts, 70 studies were selected, of which 15 were deemed most appropriate for developing the topic, including descriptive-comparative, exploratory, and review studies, as well as literary and systematic exploratory reviews (*Table 2*). Subsequently, the methodological quality of the studies was evaluated using the AMSTAR-2 instrument,[14] and it was found that the documents met the methodological criteria sufficient for analysis.

The articles were selected and classified into three groups: by study type, year of publication, and the country of origin of the main author. It was observed that 50% of the included articles are from documentary reviews, followed by exploratory and descriptive studies. Two exploratory systematic reviews are also included. It is also evident that the year with the most publications of these studies was 2023, and that

Table 1. Inclusion and exclusion criteria

Inclusion criteria	Exclusion criteria
Studies that include infants (aged 1 to 12 months).	Studies that do not fully describe the evaluation process.
Research evaluating specific instruments for the evaluation of the swallowing process.	Studies reporting the use of medications in populations evaluated.
Descriptive-comparative, exploratory, literature reviews, and exploratory systematic.	Studies that do not provide empirical data.
Publications in Spanish or English.	Publications that do not allow full access to information.
Studies published in the last 10 years. Studies reporting specific characteristics of the instruments (validity, reliability, applicability).	

the country with the most publications was Brazil.

Three variables were taken into account for the analysis: the evaluation criteria, the type of evaluation performed, and the age of application of the instrument, based on the need to determine three fundamental aspects: safety, which focuses on how the airway protection mechanisms function during swallowing; efficiency, which refers to the child's ability to ingest food, ensuring the appropriate intake of calories and water necessary for adequate nutrition and hydration; and comfort, related to the behaviors that the child

Figure 1. Categorization and selection of articles

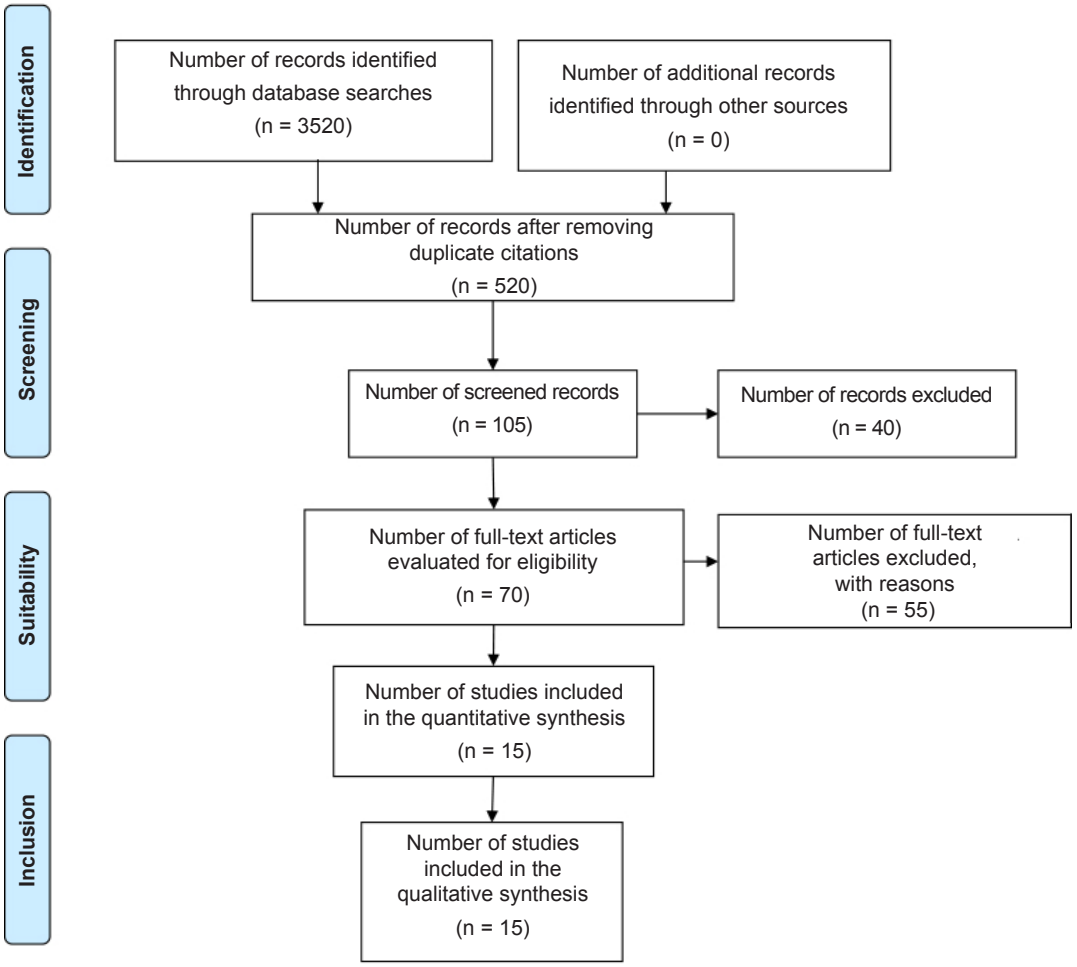


Table 2. Selected documents

Authors	Title	Year of publication	Type of study	Publication AMSTAR
Grajales Rodríguez A, Moreno PL, González GS.	Pediatric swallowing assessment instruments: a report by speech-language pathologists in Colombia and Chile	2022	Literature review	Medium
Sasmal S, Shetty AP, Saha B.	Effect of Prefeeding Oromotor Stimulation in Preterm Infants: A Systematic Review	2022	Exploratory systematic review	Medium
Taylor H, Pennington L, Morris C, Craig D, McConachie H, Cadwgan J, et al.	Developing the FEED toolkit of parent-delivered interventions for eating, drinking, and swallowing difficulties in young children with neurodisability: findings from a Delphi survey and stakeholder consultation workshops	2022	Comparative descriptive	Medium
Kamide A, Hashimoto K, Miyamura K, Honda M.	Assessment of eating and swallowing in children: validation and reliability of the Ability for Basic Feeding and Swallowing Scale for Children (ABFS-C)	2015	Exploratory	High
Serel Arslan S, Kılınç HE, Yaşaroğlu OF, İnal O, Demir N, Ayşe Karaduman A.	A. Reliability and validity of the Turkish version of the Impact Survey on Eating/Swallowing	2018	Exploratory	High
González Moreira DJ, Maris Granatto S, Vázquez Fernández P.	The speech therapist in eating disorders. Beyond swallowing.	2021	Literature review	Medium
Maltezeanu A, Broucqsault H, Lemesre PE, Fayoux P.	Swallowing disorders in childhood	2023	Literature review	High
García Ezquerra R, Paniagua Monreal J, Giménez Barriga P, Murciego Rubio P, Almeida Simao M.	Approach to pediatric-neonatal dysphagia	2022	Literature review	High
Morales FR.	Assessment and management of in newborns and infants without neuromuscular involvement	2019	Literature review	High
Vieira VCAM.	Evidence of the validity of an instrument for screening oropharyngeal dysphagia in children	2021	Exploratory	High
Peña Ángel JA, Pulido Forero LD, Samapallo Pedroza RM.	Clinical speech-language evaluation of feeding and swallowing in infants with mandibular condyle hypoplasia or aplasia	2023	Systematic review	High
Rodríguez Menéndez AE, Gonzales Vargas M, Ticona Anahua R, Campos Condori H, Ucharico Chura E, Ramos Ccallo J, et al.	Swallowing disorders	2021	Literature review	Medium
Yupanqui-Barrios K, Loo Valle J, Ponce Cáceres C, Fournier-Romero C.	Chewing and swallowing as key functions for a good start to complementary feeding in children: literature review	2021	Literature review	High
Matarazzo Zinoni M, Campos Herrero L, González Lamuño D, de las Cuevas Terán I.	Translation and study of metric properties or Early Feeding Skills tool in premature infants	2021	Comparative	High
Munyo A, Palermo S, Castellanos L, Heguerte V.	Swallowing disorders in newborns, infants, and children; speech therapy approach	2020	Literature review	Medium

exhibits during feeding, which can influence their overall eating experience. These indicators are essential for a successful swallowing process, so it is crucial that the assessment ensures they are adequately addressed.[15]

The search reports that assessment of swallowing in infants focuses on clinical evaluation, instrumental assessment scales, and complementary assessments, such as parental reports.

The clinical evaluation should be based on continuous observation of the child's alertness, postural tone, and overall psychomotor development, given their relationship to the development of feeding skills,[15-18] as well as in the analysis of oral anatomy, to determine its condition, muscle activation, sensitivity, strength, range, and coordination of the phonoarticulatory structures (PAS).

Similarly, the age at which the clinical evaluation is performed must be considered, understanding the physiology of swallowing to evaluate the reflex functions involved in the swallowing process.[15]

On the other hand, when incorporating complementary feeding, the analysis should include all phases of swallowing and evaluate different consistencies and utensils used for feeding the infant, such as bottles, transition cups, cups, and spoons.[18]

Regarding the infant's comfort level, based on the caregiver's perception and observations of the child, it is necessary to understand details of feeding: whether there is any rejection or selective behavior and the influence of culture and environment related to the use of the high chair, the bib, or actions such as crying, not opening the mouth, turning the head, hitting the spoon, keeping food in the oral cavity, gagging or even vomiting, rejecting the texture, color, or temperature, to determine the child's ability to tolerate, interact with, smell, touch, taste, or eat the food.[19]

Among the scales used in the selected articles (*Table 3*), the Pre-speech Assessment Scale (PSAS) is described,[20] which assesses oromotor development in children with cerebral palsy from birth to 2 years of age, evaluating liquid aspiration, swallowing of semi-solids, mandibular movement, and voice qualities during phonation after feeding; however, this scale is restricted to a population group with an underlying pathological condition. Along the same lines, there is the Ability for Basic Feeding and Swallowing Scale for Children (ABFS-C),[21] which consists of five elements related to the child's feeding and swallowing abilities: alertness, head control, hypersensitivity, oral motor skills, and saliva control. This instrument seeks to facilitate the process of evaluating different actors involved in feeding, allowing for an understanding of dysphagia in children with disabilities.

On the other hand, the Early Feeding Skills Assessment (EFSA) scale[22] is a tool for assessing infants' oral feeding skills. It consists of 19 items distributed across five domains: breathing regulation (5 items), oromotor function (4 items), swallowing-breathing coordination (4 items), feeding attention (2 items), and physiological stability (4 items). Its objective is to determine the level of skill that the infant can demonstrate in the swallowing process. However, it only provides a characterization of the process and is intended for premature infants up to 6 months of age.

There is also the Developmental Pre-feeding Checklist,[23] which describes feeding skills by age, ranging from the first months of life to 24 months. This checklist allows observation of feeding skills, assessment of liquid, semi-solid, and solid swallowing, coordination of sucking-swallowing-breathing, and movements of the jaw, tongue, and lips during chewing. It is one of the few instruments geared toward infants.[23]

In terms of complementary studies, parental reporting instruments are relevant, such as the feeding/swallowing impact survey (T-FS-IS), which has been validated in several languages and consists of three subscales covering daily activities, concerns, and feeding difficulties. It provides insight into the caregiver's perspective on the needs of the swallowing process.[24] The Pediatric Eating Assessment Tool-10 (PEDI-EAT-10) is also available, allowing caregivers to identify the presence of dysphagia or the need for further study.[25] These instruments are valuable in considering the perception of the family, who experience the daily dynamics of feeding the child.

In Brazil, the Pediatric Dysphagia Risk Detection (IRRD-Ped, by its Portuguese acronym) instrument was developed to identify children at risk of dysphagia in a hospital setting. It consists of 23 questions for parents or caregivers of hospitalized children. The instrument is a valuable tool in a hospital setting.

To complement the study of infant swallowing, it is essential to have objective instrumental tools to support clinical assessment. To this end,

various authors[16,17] refer to the use of studies such as VSS, which, through videofluoroscopy, allows the dynamic identification of anatomical and functional alterations in all phases of swallowing by administering barium-containing foods. This technique can be applied throughout the entire life cycle. On the other hand, FE evaluation is also a key tool, recognized for its safety and validity in evaluating childhood dysphagia from the neonatal stage.[27] This method identifies structural abnormalities and assesses the intake of actual liquids and solids. FEES assessment is carried out in three stages: anatomical and physiological analysis, testing with different food and liquid consistencies, and a review of treatment methods applicable to pediatric patients, including adaptations for infants and considerations regarding food preparation.

DISCUSSION

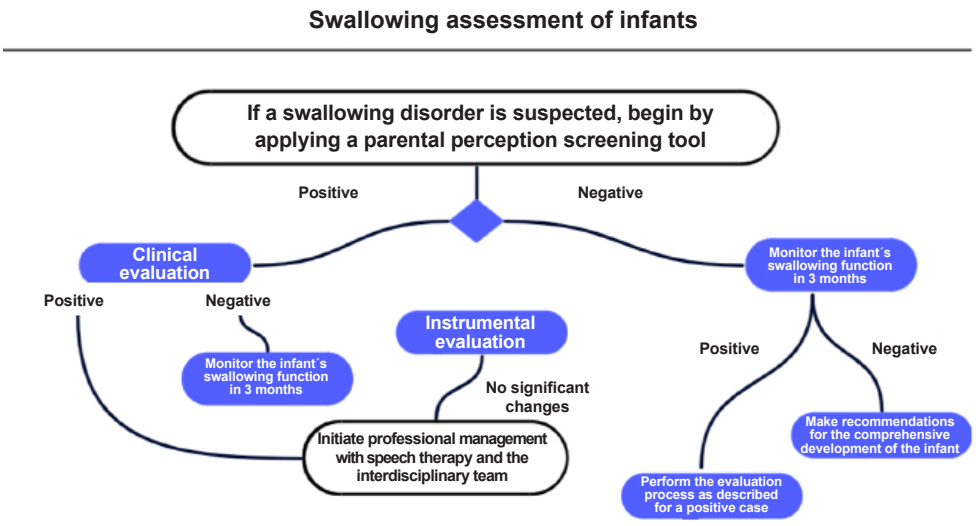
In response to the question posed for this review: "What types of instruments are used to assess swallowing function in infant?", it is important to consider that the study of swallowing should be based on a thorough medical history, also taking into account the caregiver's perception of the process carried out by the infant to feed; a clinical examination that allows for the evaluation of the oral cavity and oropharynx, as well as the use of technology that allows for an objective view of the disorder,[3] without neglecting the comfort with which the child feeds and the security this represents for their parents.[27] Based on the results obtained during this review, it is noteworthy that there is little evidence specific to the age group between 1 and 12 months. Most of the assessments found are designed for newborns (less than 28 days old) or for children over 2 years of age. However, the existing instruments agree on performing a structural and functional assessment, including the anatomical and physiological aspects of the process and reflex activity. It is important to note that the assessment of infants aged 1 to 12 months is not limited to a single instrument but is integrated across tools spanning ages from 0 months to 18 years. This situation is particularly relevant when considering that the population group analyzed is at a crucial stage, transitioning from exclusive breastfeeding to complementary feeding.[25]

To complement the assessment, objective tests such as VSS and FEES should be performed. When conducted jointly by a speech therapist who is an expert in the field and a medical specialist, these tests clearly determine the stage of swallowing impairment.[3] The use of these tools is essential in the assessment and management of childhood dysphagia, as they

Table 3. Instruments analyzed

Instrument	Author	Age of application	Type of instrument	Study characteristics
Pre-speech assessment scale (PSAS)[20]	Benfer KA, Weir KA, Boyd RN.	0-2 years	Clinical	Cerebral palsy
Ability for Basic Feeding and Swallowing Scale for Children (ABFS-C)[21]	Kamide A, Hashimoto K, Miyamura K, Honda M.	2 months to 14 years	Clinical	Children with feeding disabilities
Early Feeding Scale Skills Assessment (EFSA)[22]	Matarazzo Zinoni M, Campos Herrero L, González Lamuño D, de las Cuevas Terán.	0 to 6 months	Clinical	Premature infants
Developmental pre-feeding Checklist[23]	Kumin L, Chapman K, Chapman D.	0-2 years	Clinical	Checklist for infants and toddlers
Impact survey by feeding/swallowing (T-FS-IS)[24]	Demir N, Serel Arslan S, İnal Ö, Ünlüer NÖ, Karaduman A.	0-18 years	Parental report	Considers the perception of parents and caregivers
Pediatric Eating Assessment Tool-10 (PEDI-EAT-10)[28]	Murray Hurtado M, Blanco Castilla I, Hernández Coronado N, Milà Villarroel R.	0-18 years	Parental report	Considers the perception of parents and caregivers
Screening Tool of Risk of Dysphagia Pediatric (IRRD-Ped)[26]	Etges CL, Barbosa LDR, Cardoso MCde AF.	0-18 years	Parental report	Considers the perception of parents and caregivers

Figure 2. Swallowing assessment algorithm for infants



not only provide valuable information on the mechanics of swallowing, but also allow for a more comprehensive and effective approach to treatment, taking into account the particularities of each age and underlying medical conditions.[28]

Although swallowing assessment can be performed at any time during the life cycle, not all existing instruments are applicable across all ages. Therefore, knowledge of the pathophysiology at the age at which the difficulty occurs is vital to determine the suitability of the assessment process.

It is important to highlight the fundamental role of parental reports as a complement to functional assessment. The caregiver's perception of the infant's feeding provides valuable information on aspects that are not always evident in clinical examination, such as signs of stress during feeding, feeding duration, acceptance of different textures, and the occurrence of coughing or choking.[26] These reports allow patterns in feeding behavior to be identified and help guide intervention, especially in contexts where access to instrumental tests is limited.

Finally, the integration of standardized questionnaires and parent interviews strengthens the overall assessment of the swallowing process. Tools such as scales for observing comfort and safety during feeding, together with daily records of the infant's consumption and response, provide complementary data that enriches clinical interpretation. In this way, the combination of objective methods, clinical examination, and parental reports ensures a more comprehensive assessment that focuses on the child's and family's real needs. Therefore, the algorithm in *Figure 2* is recommended for evaluating swallowing in young infants, which includes collecting a parental assessment, performing a clinical examination of oropharyngeal function in accordance with established pathophysiology, and performing an instrumental examination of the swallowing mechanism.

CONCLUSION

In summary, a solid diagnostic conclusion in the assessment of swallowing in infants is obtained through a combination of a detailed and age-appropriate clinical evaluation, the use of context-specific scales, the incorporation of the family's perspective through parental reporting instruments, and the use of instrumental assessments that allow for an understanding of the actual state of the swallowing process, thus providing a continuous and holistic view of the infant.

The available evidence on infant swallowing assessment, particularly in Latin America, highlights the need to develop context-specific tools. It is essential to generate more evidence to improve the detection and management of swallowing disorders in young children during critical periods, also considering the characteristics of each stage of psychomotor development. ■

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