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The Development of Infant Feeding and Swallowing

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The process of moving food from the mouth to the stomach is something most adults take for granted. As adults, we eat to live, but we also eat for enjoyment and social purposes. Long before adulthood, feeding and swallowing occur automatically as a means of survival. The feeding process becomes less automatic and more voluntary as babies grow and mature.

General Overview of Adult Feeding and Swallowing

The first phase of eating takes place in the mouth and includes biting, chewing, and preparing food. The second phase begins when the swallow reflex takes over. More than two dozen muscles work together to squeeze the food farther toward the stomach. As the food moves through the throat, airway openings are automatically covered to prevent food or liquid from entering. In the final phase, gravity helps the contracting muscles move the food out of the throat and into the stomach.



Reflexive Responses After Birth



1. Root Reflex – This reflex helps the baby locate the source of nourishment. Stroking or touching the corner of a baby’s mouth or cheek will prompt the rooting reflex.



2. Suck-Swallow Reflex – Very important in the feeding process, this reflex results from a variety of reasons (i.e., taste, touch, and temperature.)



3. Cough Reflex – This is a protective response to protect the airway.

4. Gag Reflex – This reflex is very sensitive, and protects a baby’s airway.

5. Transverse Tongue – This reflex does not immediately serve a functional purpose for a newborn, but it lays the groundwork for side-to-side tongue movement important when chewing.

Early Swallowing Development

Suckling – Whether bottle-fed or breastfed, all babies begin the swallowing process with suckling. The baby’s tongue and bottom jaw move up to place pressure on the nipple. The tongue then begins a forward-backward motion, drawing liquid into the mouth and propelling it toward the throat.

Sucking – Suckling slowly disappears as sucking develops. Instead of the tongue’s forward-backward movement, it begins to move up and down. Babies begin to have better control over their lips, allowing for less leakage while breast, bottle, or spoon feeding.

Some children experience difficulty related to feeding and/or swallowing; if your child is struggling to feed or swallow, seek a referral to a Speech-Language Pathologist (SLP). An SLP will assess all areas of feeding and determine an appropriate course of action.

Resources:

Morris, Suzanne, and Marsha Klein. 2000. Pre-Feeding Skills. Austin: PRO-ED, Inc.

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