

Feeding Tiny Humans: Strategies for "Typical" to Troubled Premature and Medically Complex Babies

Shanna Semmler, OTD, OTR/L, CNT, NTMTC

Faculty

Shanna M. Semmler, OTD, OTR/L, CNT, NTMTC is an Occupational Therapist who has spent her entire career helping premature infants and full-term infants with medical complexities and/or birth trauma achieve their maximal potential. For the last 14 years, she has worked in an academic medical center Level IV NICU helping infants born as early as 22 weeks.

Shanna received her Doctor of Occupational Therapy from Washington University School of Medicine in St. Louis in 2004. She is a Certified Neonatal Therapist, Certified Level III Neonatal Touch and Massage Therapist and a member of the National Association of Neonatal Therapists. She's provided nursing and physician training sessions regarding current feeding practices and serves as a mentor to feeding therapists within her health system.

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Non-Financial Disclosure: Shanna Semmler has no non-financial disclosures to report.

Audience

PTs, OTs, or SLPs working with Pediatric, NICU or Feeding & Swallowing populations.

About this Live Webinar

Learn to evaluate infant feeding performance and provide evidence-supported interventions to maximize infants' outcomes. We'll discuss diagnostic tools for bedside evaluation, cervical auscultation, modified barium swallow studies and specific medical comorbidities seen in the NICU setting and how these influence the therapy pathway. In addition, we'll review the International Dysphagia Diet Standardization Initiative and its impact on infant oral feeding. The developmental specialists' role in oral motor assessment and interventions to support infant feeding in the NICU will be discussed including how to support infants' care team members in providing best practice care. This course will include lecture, small group discussion, and clinical scenarios with video to enhance observation skills of attendees.

Learning Objectives

- Identify infant phases of swallow
- Identify anatomical structures related to infant swallow mechanisms
- Relate how anatomical structures support safe swallow
- Relate how specific medical co-morbidities impact feeding performance
- Select which infants are and are not appropriate to complete oral feeding based on level of respiratory support and gestational age
- Decide which evidence-based assessment tool to use to evaluate an infant's swallow
- Interpret results of observations to plan appropriate clinical intervention techniques
- Select safe oral feeding viscosity based on reported diagnostic assessment
- Develop a treatment plan to support an infant's oral motor skill acquisition based on the results of different oral motor assessments
- Choose nonpharmacological interventions to support infants exhibiting Neonatal Abstinence Syndrome (NAS) and/or Neonatal Opioid Withdrawal Syndrome (NOWS)
- Select bottle/nipple to match infants' skill level, support breastfeeding goals, and take into consideration any applicable medical comorbidities.
- Identify differences in feedings schedules currently in practice in NICUs
- Identify different environmental supports, feeding techniques, bottle choices and nutritional varieties for infants with symptomatic reflux
- Identify when to recommend an alternative feeding method to support infant nutrition, development and long-term success

Schedule – Day 1 9:40 am - 4:30 pm EST (US)

9:40 -10:00 Webinar Registration/Zoom Course Open

Day 1 will include a 30 minute lunch break. Agenda is as follows:

10:00 – 2:30 Factors Affecting Infant Feeding Success

- Gestational age at birth: Developmental Considerations
- Phases of Swallow (in infants specifically)
- Swallow Anatomy (include diagrams of each structure)
- Medical comorbidities
- Neonatal Abstinence Syndrome
- Number of required medical interventions
 - Need for intubation, length of time with ETT, number/incidence (traumatic or not) of intubations
 - Gastrointestinal tolerance of enteral feedings
- Presence of an involved, attentive caregiver

2:30 – 4:30 Assessment

- Observation of infant vital signs at rest
- Oral motor assessment with gloved finger
- Oral motor assessment with pacifier
- Staged progression of fluid introduction

Schedule – Day 2 9:40 am - 4:30 pm EST (US)

9:40 – 10:00 Webinar Registration/Zoom Course Open

Day 2 will include a 30 minute lunch break. Agenda is as follows:

10:00 – 3:30 Intervention

- Infant Massage
- Oral motor/Pre-feeding Interventions
 - Neonatal Oral-Motor Assessment Scale- NOMAS Majorie Meyer Palmer
 - Premature Infant Oral MOTor Intervention- PIOMI Brenda Lessen
 - Beckman Oral Motor Protocol- Debra Beckman
- Feeding interventions
 - Supportive Swaddle/Containment- In What? Why? How?
 - Positioning
 - Supported Upright
 - Left Side Lying and Modified Left Side Lying
 - Right Side Lying (point out particularly for infants with h/o PDA ligation) and Modified Right Side Lying
 - Bottle Selection to support breastfeeding goals
 - Nipple Selection (continued below...)

Schedule – Day 2 ...continued

- Supportive Techniques- Completed/provided by the feeder
 - Positioning of infant
 - Chin support
 - Cheek support
 - Mandibular traction
 - Traction to nipple/bottle
 - Downward pressure to tongue blade
 - Cervical traction
 - External pacing
- Supportive Techniques related to fluid viscosity
 - Cold- trigger quicker response in oral phase
 - International Dysphagia Diet Standardization Initiative: IDDSI
 - “Old School:” Thin, Nectar and Honey consistencies
 - Thickening Agents:
 - Gel based: Simply Thick®, Gel Mix®
 - Starch based: Infant cereals, baby food, Thicken Up®, Thick-It®
- Diagnostic feeding evaluations
 - Cervical Auscultation
 - Videofluoroscopic Swallow Study -VFSS/ Modified Barium Swallow Study -Mbss
 - Fiberoptic endoscopic evaluation of swallowing -FEES
 - Discuss pros and cons and training available

Schedule – Day 2 ...continued

- Neuromuscular Electrical Stimulation-NMES - currently no support of electrical stimulation on high risk infants to improve swallow function
- Different feeding schedules
 - Scheduled based on time- Medically driven (q 1, q 2, q 3 hour feedings)
 - Cue-based- feeding based on infant cues with a q 12 or q 24 hour volume that must be achieved
 - Infant Driven Feedings ®- based on infant cues with a 12 hour volume, q 2-2.5 hour and q 3- 3.5 hour volumes based on the time the infant last started a feeding. Do not need to reach 100% of these volumes, instead reach 80%.
 - Behavioral Cue-Based Oral (BCBO)
- Oral Aversion, infants “shutting down”

3:30 – 4:30 Alternative Feeding Devices

- Nasogastric feeding tubes- different practices at different hospitals and with different diagnoses
- Nasojejunal feeding tubes
- Gastrostomy tube

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Approved by the **MN** Board of Physical Therapy.

Approved by the **NJ** Board of Physical Therapy Examiners.

Approved sponsor by the State of **IL** Department of Financial and Professional Regulation for Physical Therapy. Application has been made to Illinois EI Training Program.

Approved provider by the **NY** State Board of Physical Therapy.

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Webinar Dates and Times

January 15 and 16, 2026

9:40 am EST • 8:40 am CST • 7:40 am MST • 6:40 am PST (US)

Registration is for both sessions. Zoom log-in instructions and course materials will be emailed/added to your ERI account 5-7 days prior to the first date of the webinar.



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LIVE WEBINAR: Feeding Tiny Humans: Strategies for "Typical" to Troubled Premature and Medically Complex Babies – Shanna Semmler

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