

What to expect for your child's telehealth feeding assessment



What is a telehealth feeding assessment?

Telehealth uses live video (“video-calling”) on your computer, tablet or smart phone so that you and your child can see and hear your speech pathologist, and so your speech pathologists can see and hear you. Not all aspects need to be viewed live, so it can also include photos, videos and emails sent to and from the speech pathologist before or after the session.

A Telehealth feeding assessment usually involves some or all of the following parts, usually over 2 sessions with Babble & Munch:

- **Case history:** Your speech pathologist will review the completed paperwork you returned and discuss your child's feeding, development, health and medical background with you and ask additional questions. This is a very important part of feeding assessment. It can take up to 30-45 minutes (longer, if paperwork is incomplete or not returned prior) and is usually at the start of the session – your child does not usually need to be present for this part.
- **General observation and oral motor assessment:** Your speech pathologist may model various assessment tasks to be completed by your child, or by you or your support person interacting with the child, and/or may review photos or videos of your child. They may ask you to gently touch your child's face. This is to help us see how your child's mouth looks and works. They may also look at your child playing or resting to get a better understanding of their difficulties. This may take ~5-10 minutes and can be done 'live' or through photos or videos of your child (your speech pathologist can give you further direction, if required).
- **Feeding observation:** Your speech pathologist will observe a mealtime or feeding time (either 'live' during the session, and/or from pre-recorded videos taken by you) to understand the way a child eats and/or drinks. This may take ~15-30 minutes in 1-2 sessions and can be done 'live' or through photos or videos of your child (your speech pathologist can give you further direction).
- **Trial strategies:** As part of the feeding observation, your speech pathologist may offer some recommendations or strategies to trial with your child at the time, if appropriate, to see how the child responds (this is important information for assessment).
- **Feedback, advice and therapy plan:** Your speech pathologist will discuss your child's feeding difficulties, what the speech pathologist has observed and discovered about your child's feeding from the assessment session(s), and what they would recommend moving forward to improve feeding. This may include some initial advice for feeding at home, with further strategies in the second session. It also includes developing a therapy plan for the number of sessions that may be required for therapy, and further referrals or recommendations that are thought to be helpful for your child's feeding.
- **Assessment Summary Report:** After the assessment sessions are completed, your speech pathologist will write an assessment summary report (~2 pages) summarising all of the sections above and treatment recommendations. This will be sent to you (and any other health professionals involved in your child's care, as directed by you) about 2 weeks after your assessment finishes.

How do I link into the appointment?

We are currently using CoviU a secure, Australian Telehealth program designed for the health system. We chose CoviU because of its security and privacy (e.g. end-to-end encryption), its additional features for therapy, and because it doesn't require any additional installation on your own device. A session link is emailed to you on the morning of your appointment which you can access via your tablet, smart phone or computer. All you need to do for your session to 'go live' is to click on the link and wait for the speech pathologist to open their end of the connection.

What equipment do I need?

You will need:

- A device with video and audio capabilities (e.g. computer, tablet or smart phone)
- Your child's usual feeding supplies. If your child eats solids, have a range of food and drink (some 'easier' things and some 'more difficult' or less preferred things for your child to eat) and their usual eating utensils, cups, bottles etc
- Anything else you usually need to feed your child (e.g. highchair)
- Your child's favourite toy, or an activity they enjoy. They may need something or someone to keep them busy while you talk with the speech pathologist.

If you have previously trialled using different feeding equipment (e.g. different bottles or cups) it may be useful to have it close by in case the speech pathologist wants to see what else your child has tried.

Who needs to be present for the telehealth assessment?

- At least one parent/carer
- Your child (for the oral motor assessment/feeding observation)
- Other people (e.g. family members, friends) are welcome to be present if you would like – please just let the speech pathologist know that they are present.

If you think it may be difficult for your child to participate in a telehealth session, please speak with our practice manager as to how we can adapt the session to your child's needs, as well as including use of pre-recorded photos and videos.

We recommend that any siblings are either occupied or not present for the telehealth appointment, if possible, as you will be required to actively participate in the session (e.g. discussions with the speech pathologist, feeding your child etc).

How do I best set up lighting and sound for the session(s)?

- Reduce background noise e.g. turn off the TV or musical toys, minimise other conversations in the background.
- Make sure that the room is well lit e.g. turn on the lights if needed, don't sit directly in front of a window with sunlight behind you or instead shut the blinds behind you (as the glare makes it hard to see your/your child's face).

How do I best set up the device/camera for the session(s)?

Your speech pathologist will advise you and may need you to use a few different camera positions for the telehealth feeding assessment. This helps the speech pathologist see everything they need to assess your child. If some things are difficult to see during the session, the speech pathologist may ask you to send in a video or photo later.

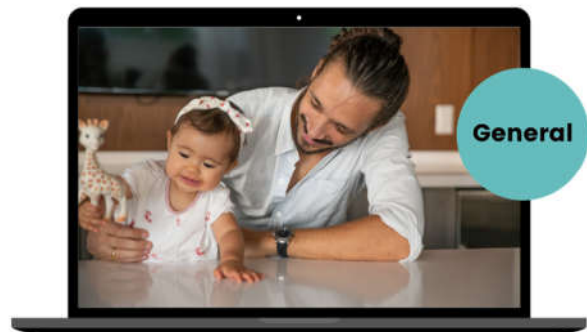
If you have a device like a tablet or smart phone, you may need something to help you position your device during the assessment so that it is level and held steady on its own (e.g. tablet stand, stacked books). Usually, you need to position the camera directly in front of and slightly above you/your child so that you can look straight at the device. Your speech pathologist will then advise you when they need the camera angle moved.

What are the different views I might need to set up during the session?

Your speech pathologist will guide you when these are needed.

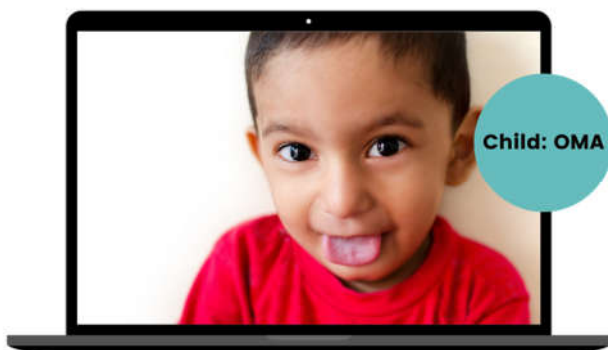
View 1 – General discussion and observation

Front-on view (usually best way to start the session).



View 2 - Oral motor assessment (OMA)

Close-up of child's head, neck and shoulders while standing or seated (child) or lying on flat surface (baby).



View 3 – Feeding observation of children who feed themselves

Full view of child's head, upper body and food while seated in highchair or usual position for meals – ideally from front-on or slightly to the side of the child.



View 4 – Feeding observation of early solids, cup-drinking or where the child is fed by another person

Semi side-on view of your child with the child angled at a 45-degree angle to the camera (so that cups, utensils, hands while spoon feeding don't block the view of your child's mouth). Both child and the feeder should be in the frame. Make sure the camera is on the opposite side to your feeding hand (e.g. if right-handed the camera will be on the left so your hand doesn't block the image).



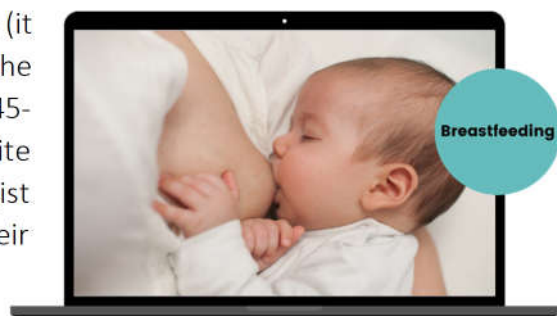
View 5 – Bottle Feeding

Semi-side on view of yourself feeding your baby with the device on a 45-degree angle to you. The speech pathologist should be able to see your child's lips and cheek and both baby and feeder should be in the frame. If a close-up view is required, your speech pathologist will let you know.



View 6 - Breastfeeding

Assessment of breastfeeding is easier with a smart phone (it can be possible to switch between devices during the session). The camera should be positioned from side-on (45-degree angle) just above mother and baby, from the opposite side that the baby is feeding on. The speech pathologist should be able to see your baby's latch to the breast, their lips and cheek. If possible, having a second person to hold the camera while you breastfeed is easiest.



What should I do if there are technical difficulties?

If experiencing visual/audio difficulties we suggest checking that: 1) your device is not muted, 2) the volume is turned up, 3) the camera is enabled and 4) trialling a different web browser (with the same link). Your speech pathologist can also try refreshing the connection, or you can leave the video session and then open it again in a new session from the same link. If you experience ongoing issues, or are unable to link into the appointment, please contact our Babble & Munch practice manager on 1300 755 490.

What do I do if there is a medical emergency during the appointment?

In the event of a medical emergency (e.g. choking episode) you are responsible for contacting emergency services (calling 000) and starting first aid (e.g. back blows, CPR). The speech pathologist will stay on the line with you.

What do I do if I have more questions about Telehealth?

You can find more information about Telehealth on our website: <https://babbleandmunch.com.au/telehealth/> or by calling Babble & Munch on 1300 755 490.