



Eligibility for Speech and Language Therapy (SLT) Service on an Irish Neonatal Intensive Care Unit: A Prospective Audit

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BACKGROUND

Introduction: Babies in neonatal care are at risk of paediatric feeding disorder (PFD) and delays in speech and language development. The SLT service at NMH was established in November 2021. An NMH SLT inpatient referral pathway was developed in Dec 2021 in line with international recommendations for neonatal SLT service provision. Eligibility for referral has not been prospectively captured to date. With specific referral criteria established potential caseload size could now be assessed to inform this new service development.



Photos retrieved from www.hse.ie



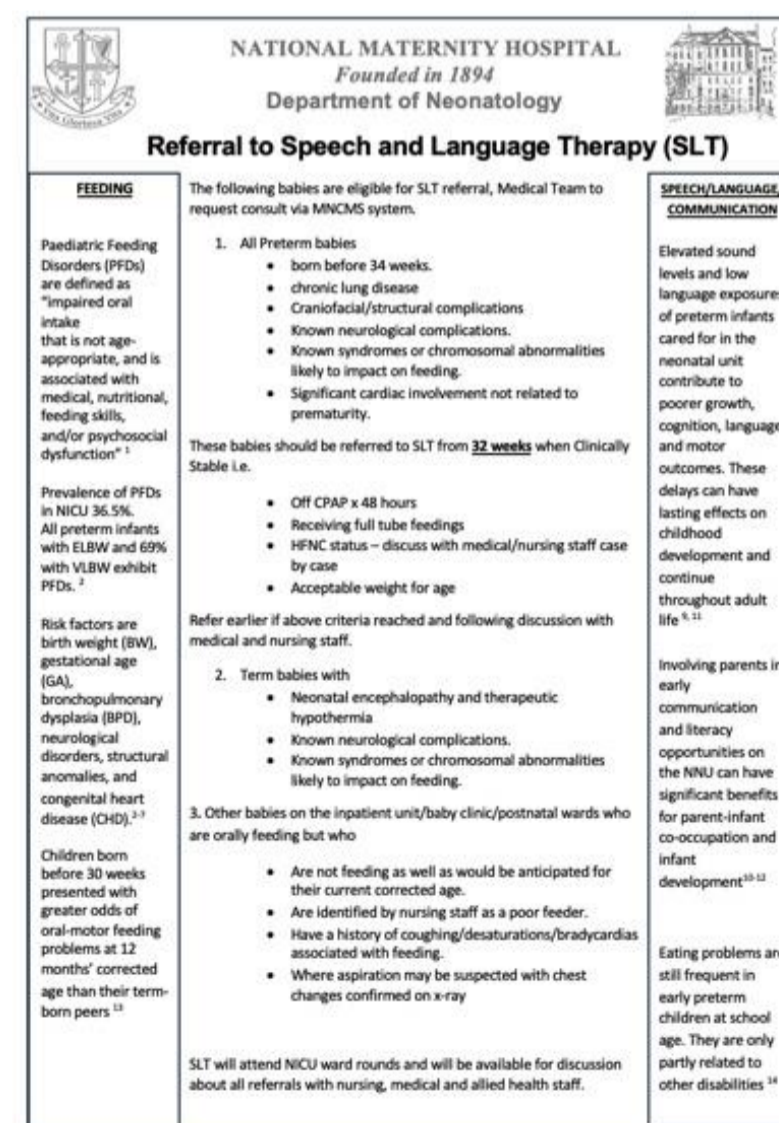
Results:

12 audits were completed on 12 different days from Dec 2021 – Nov 2022.
320 babies were included in total across the 12 days, 158 were deemed eligible for SLT (49%)
The majority of infants were preterm, other conditions included cleft palate, syndrome/neurological presentation, neonatal encephalopathy, neonatal abstinence syndrome (NAS)

Table 1 On Day of Audit Number of Babies:	Mean	Range
On the Neonatal Unit	27	19-36
Eligible for SLT service on day	13	7-18
% Eligible	49%	39-62%

METHODS

The audit was conducted on different days by SLT during the routine neonatal ward round. All babies on the neonatal unit that day were included. The audit tool captured information based on the SLT referral criteria including: Age, medical stability, respiratory support, weight, presence of syndrome/craniofacial problems, neurological presentation, nursing concerns about oral feeding. If the baby met criteria for SLT referral or if the baby was already known to SLT this was recorded as 'eligible'.



Conclusions:

On average 49% of all babies on the neonatal unit at NMH on any given day meet criteria for the SLT service. The majority are premature although a wide range of presentations occur for SLT. All these babies require careful assessment and intervention from SLT working with the multidisciplinary neonatal team during their inpatient stay. A significant proportion also require post discharge follow up at NMH and others require onward referral to community services. Future service development needs to include provision for both inpatient and outpatient SLT services with additional staffing and accommodation required.