



Empowering Children. Supporting Families. Building Brighter Futures.

Resource 048 | Feeding and swallowing

Pediatric dysphagia

What it means

Pediatric dysphagia is difficulty moving food, liquids, or saliva through the swallowing process safely and efficiently. It may affect the mouth, throat, or esophagus. A child can have dysphagia with or without a broader feeding disorder. Swallowing safety needs its own assessment. [1]

Causes and risk factors

Possible causes include neurological or muscle conditions, prematurity, structural differences, respiratory problems, and other medical conditions. Coordination, sensation, strength, and airway protection can be affected. Pain or gastrointestinal disease may coexist, so swallowing concerns should not be treated as a simple behavior problem. [1,2]

General family education. A concern deserves assessment, but this guide does not diagnose a child or prescribe treatment.



Signs and everyday impact

Signs can include coughing or choking with meals, a wet-sounding voice or breathing, prolonged feeding, fatigue, recurrent chest illness, or poor growth. Some aspiration occurs without obvious coughing. Absence of visible distress does not prove that swallowing is safe. [1,2]

Assessment and diagnosis

A trained feeding and swallowing clinician, commonly a speech-language pathologist, reviews medical history, growth, respiratory status, and feeding skills with the medical team. A videofluoroscopic swallowing study or endoscopic swallowing evaluation may be used when indicated. The aim is to understand the problem and identify safe options; not every child needs the same test. [1,2]

Treatment and therapy

Treatment may include individualized positioning, pacing, food or liquid modifications, skill support, and care for the underlying condition. Alternative nutrition may be needed when oral intake is unsafe or insufficient. Texture, thickening, and equipment choices require professional guidance; a generic exercise or thickener is not appropriate for every child. [1,2,3]

Support at home

Follow the written safety plan and the demonstrated feeding method. Watch for fatigue or respiratory changes and report them. Do not force feeding or change liquid thickness as a treatment without guidance. Ensure all caregivers know the plan and emergency instructions.

When to seek help

Choking with breathing difficulty, blue or gray color, severe respiratory distress, or reduced responsiveness requires emergency care. Suspected aspiration illness, dehydration, or worsening intake needs prompt assessment.

Questions for your care team

- Which part of swallowing is affected?
- What food, liquid, and feeding method are safe now?
- What changes require stopping a feed or contacting the team?



Podcast preparation

Use this outline to develop a later podcast script.

Suggested opening

Welcome to Mariel Early Intervention. Today we discuss pediatric dysphagia. Pediatric dysphagia is difficulty moving food, liquids, or saliva through the swallowing process safely and efficiently. This is general education; each child needs individualized care.

Opening: Define the topic and its developmental context.

Understanding: Explain causes and signs without inviting self-diagnosis.

Assessment: Describe evaluation and distinguish screening from diagnosis.

Support: Discuss treatment, therapy, and practical family supports.

Closing: Explain urgent signs and one clear next step.

Misconception to address: A child can aspirate without coughing, so swallowing safety cannot be judged only from appearance.

Before recording: update clinical references and local service details, arrange clinical review, and use fully consented or fictional examples.

Terms in plain language

- Aspiration: material entering the airway below the vocal folds.
- VFSS: an X-ray study of swallowing.
- FEES: an endoscopic examination of swallowing.

Sources and further reading

Sources accessed 3 October 2026. Numbered references support the clinical overview. Treatment availability and referral routes vary by country.

[1] Pediatric Feeding and Swallowing

<https://www.asha.org/practice-portal/clinical-topics/pediatric-feeding-and-swallowing/>

[2] Early Identification of Speech, Language, Swallowing, and Hearing Disorders

<https://www.asha.org/public/Early-Identification-of-Speech-Language-and-Hearing-Disorders/>

[3] Faltering Weight in Children: Parent FAQs

<https://www.healthychildren.org/English/health-issues/conditions/Glands-Growth-Disorders/Pages/faltering-weight-in-children-parent-faqs.aspx>