A QUALITATIVE INQUIRY OF SPEECH AND LANGUAGE THERAPISTS' VIEWS ABOUT BREAST FEEDING MANAGEMENT WHO HAVE SWALLOWING DIFFICULTIES

By

Most. Koheli

4th Year, B.Sc. in Speech & Language Therapy Department

Session: 2020-2021

Bachelor of Science in Speech & Language Therapy

Bangladesh Health Professions Institute (BHPI)

(*The academic institute of CRP*)

Faculty of Medicine, Affiliated by

University of Dhaka

[January, 2026]

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Research presented to the

Bangladesh Health Professions Institute (BHPI)

(*The academic institute of CRP)*

By

Most. Koheli

mstkoheli2@gmail.com

Supervisor

Nure Naznin

Assistant Professor

Department of Speech & Language Therapy

Bangladesh Health Professions Institute (BHPI)

In partial fulfillment of the requirements for the degree of

B.Sc. in Speech and Language Therapy

Affiliated to the faculty of medicine, University of Dhaka

[January, 2026]

APPROVAL

We certify that we have carefully read and recommended to the Faculty of Medicine, University of Dhaka, for the acceptance of this dissertation entitled " A qualitative inquiry of Speech and Language Therapists views about Breast Feeding Management who have swallowing difficulties."

By

Most. Koheli

4th Year B.Sc. in Speech and Language Therapy

Approved by

Signature of Supervisor

……..

Nure Naznin

Assistant Professor

Department of Speech and Language Therapy

CRP, Chapain, Savar, Dhaka-1343, Bangladesh.

Signature of Head of Department

……..

Md. Sazzad Hossain

Assistant Professor & Head

Department of Speech and Language Therapy

CRP, Chapain, Savar, Dhaka-1343, Bangladesh

DECLARATION

The research study "A qualitative inquiry of Speech and Language Therapists views about Breast Feeding Management who have swallowing difficulties" is my original work undertaken under the supervision of Nure Naznin from the Bangladesh Health Professions Institute (BHPI). I declare that this study has not been submitted to any institution or university for the award of any degree or qualification, either in part or in whole. Information, data, and references from all sources have been duly acknowledged and cited to the standards of academic integrity and by the Presentation referencing style APA seventh. This research was conducted using the ethical guidelines of the Institutional Review Board (IRB) of BHPI. The contents of this thesis and any errors or omissions therein are my sole responsibility.

Signature

……

Most. Koheli

4th Year B. Sc in Speech & Language Therapy Department

Bangladesh Health Professions Institute (BHPI)

DEDICATION

This research is dedicated to my adorable parents because of their unconditional love, numerous sacrifices and constant support. I also dedicate this work to my loving sisters with all their support and encouragement, to my dear nephews, Ayaan and Fayaaz, whose smiling faces and love gave me strength and inspiration during this journey.

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List of Acronyms

Abbreviation	Elaboration
ASHA	American Speech-Language-Hearing Association
BF	Breastfeeding
BHPI	Bangladesh Health Professions Institute
CP	Cerebral Palsy
CPD	Continuing Professional Development
CRP	Centre for the Rehabilitation of the Paralyzed
EBF	Exclusive Breastfeeding
HDU	High Dependency Unit
IBCLC	International Board-Certified Lactation Consultant
ICU	Intensive Care Unit
IRB	Institutional Review Board
KMC	Kangaroo Mother Care
MDT	Multidisciplinary Team
NICU	Neonatal Intensive Care Unit
NNS	Non-Nutritive Sucking
NOMAS	Neonatal Oral-Motor Assessment Scale
PFD	Pediatric Feeding Disorder
SLT	Speech and Language Therapy

SLTs	Speech and Language Therapists
TBBAY	Tongue-tie and Breastfed Babies Assessment Tool
UNICEF	United Nations Children's Fund
WHO	World Health Organization

Acknowledgment

This study "A qualitative inquiry of Speech and Language Therapists' views about Breastfeeding Management who have swallowing difficulties" would not have been completed without assistance, help, encouragement from many people."

First of all, I would like to express my heartiest gratitude to my supervisor **Nure Naznin,** Assistant Professor Department of SLT, for her extensive advice, precious recommendation and patience for academic support in the course of performing this research work. Her idea and encouragement had a major impact on the extension of this study, and I would also like to thank our honorable mentor teacher, **Nahid Parvez**, Assistant Professor, Department of SLT, for his entire support in the theoretical and practical teaching of research.

I thank all the faculty members of my department for their encouragement, inspiration and academic support throughout my entire course of study.

I thank all Speech and Language Therapists (SLTs) who participated in this study. This research would not have been possible without their willingness to share their experiences and thoughts, giving us a rich study base.

I want to thank the Bangladesh Health Professions Institute (BHPI) for granting me the resources, academic guidance, and conducive research environment to do this work.

I want to thank my family and friends for their patience and for pushing me to accomplish the goals I want to achieve. All in all, it is still a challenging but rewarding journey.

I want to thank all who have been involved (directly or indirectly) in completing this research. Thank you for being kind and for my help.

As a result of many efforts, I am fortunate to have worked with such committed and inspiring people.

Thank you all.

ABSTRACT

Breastfeeding challenges associated with these oral-motor problems can lead to aspiration, poor growth, and caregiver distress; hence they need skilled evaluation and multidisciplinary input. This qualitative study examined the perceptions and practices of SLTs in Bangladesh regarding breastfeeding for babies with dysphagia, including their roles, experiences, delivery challenges, collaboration and training needs. Practicing SLTs were interviewed using a semi-structured format, and data was analyzed thematically.

Seven linked themes were identified: (1) SLTs clinical role in breastfeeding Management, (2) Identification of breastfeeding and swallowing difficulties, (3) SLTs' experiences with breastfeeding cases, (4) Barriers and challenges in breastfeeding management, (5) Collaboration with Nutritionists and the multidisciplinary team, (6) Training and professional development needs, and 7) Recognized importance of the SLT role. Feeding–swallowing-focused care Participants were fed–swallowing-focused in the provision of history taking and observation, assessment led intervention, positioning and latch assistance, caregiver counselling and service referral. Case exposure differed by setting, with higher number of feeding-related referrals in indoor/NICU linked services and delayed presentation in outdoor. Key barriers were late or no referral, poor caregiver knowledge and adherence to home practice, cultural reluctance to discuss breastfeeding and lack of resources and protocols. Partnership with nutritionists was seen as also needed to assess growth and support supplement or alternative feeding as necessary. The majority of SLTs indicated limited formal training on breastfeeding, and high demand for formal courses, workshops and practical guidance.

The results of this study boldly argue for earlier referral pathways, better coordinated multidisciplinary working and more structured continued professional development for SLTs supported by a set of clear locally relevant guidelines in Bangladesh to achieve improved management of breastfeeding in infants experiencing swallowing problems.

Keywords: *Breastfeeding, Speech and language therapy (SLT), Speech and Language Therapists (SLTs), Swallowing difficulties (Dysphagia).*

CHAPTER 01 INTRODUCTION

1.1 Introduction

Breastfeeding is essential in establishing solid building blocks for the health of mother and child, beyond its perceived nutritional benefits, breastfeeding is very useful for Improvement of overall health status and well-being of mother and children (Modak et.al., 2023). Research indicates that individuals who have been breastfed exhibit a reduced propensity for experiencing obesity, diabetes, asthma, infections, and allergic conditions (Gandodi et al., 2024) Breast milk possesses an abundance of essential nutrients that significantly promote the health, growth, weight augmentation, and cognitive development of the infant (Purkiewicz et al., 2025). Empirical research has shown that breastfeeding can be influential at reducing the risks of developing breast cancer and ovarian cancer among other health related diseases that include diabetes and high blood pressure. (Breastfeeding Challenges, 2025). Exclusive breastfeeding constitutes a pivotal practice that is fundamental for the optimal development and survival of neonates, and the detrimental consequences associated with insufficient breastfeeding on the health, growth, and survival of infants, children, and mothers are substantial (Shitie et al., 2022).

In Bangladesh, the proportion of women who exclusively breastfeed their child up to five months (65 per cent) is the highest of all surveyed countries, and almost 60 per cent of mothers have been recommended a formula milk product by health professionals, so while 98 per cent of pregnant women express a strong desire to breastfeed, only 65 per cent do so exclusively after their baby's birth (UNICEF Bangladesh, 2022). In 2007, the American Speech-Language-Hearing Association began using the term "feeding and swallowing disorders" as a more inclusive term for dysphagia and disorders in the development of eating and drinking skills that are common among several pediatric populations. Swallowing disorders, or dysphagia, are problems with any of the oral preparatory, oral transport, pharyngeal or oesophageal phases of the normal swallowing mechanism and feeding disorders are issue to do with the activities of eating, such looking for a breast and sucking during breast feeding or bottle feeding, eating with spoon, chewing or drinking from a cup (Van Den Engel-Hoek et al., 2015). Mothers are often unconcerned if their child can feed competitively and safely at the breast or bottle, though oral feeding is an issue for 80% of infants and children with developmental delay (DD), and 25–45% of newborns and children with normal development (Chiara et al., 2025).

Speech therapy helps improve breastfeeding by working on broader management aspects via assessment, intervention, counselling, and teamwork, and also through strategies that modify the infant's oral sensorimotor system for safe swallowing and a focus on the physiology and organics of breastfeeding (Da Fonseca Gaigher et al., 2025). Speech-language pathologists who work as pediatric feeding therapists are particularly equipped to engage with IBCLCs and share their knowledge of dysphagia in order to best support families (Blake, 2014). The speech therapist's role in maternity wards has been essential to the promotion of dyad well-being and the efficacy of BF.and speech therapist guides the infants on the effects of the mother's breast (MB) suction on orofacial development in addition to providing orientation on language stimulation, care with the NB hearing, and the bond mother/NB establishment during the BF (Medeiros et al., 2018). In order to do comprehensive assessments and make the most appropriate management decisions regarding medical, nutritional and psychosocial issues an SLP must have a comprehensive understanding of normal and impaired feeding and swallowing, although essential for treating dysphagia, children and caregivers benefit most in a multidisciplinary team (Zarkada et al., 2021). Speech therapy operates on all levels of the health system with actions aimed at promoting protecting and recovering health and the actions of speech-language pathology related to breastfeeding include guidelines for mothers identification of the baby's inappropriate oral habits and speech-language therapy (De Oliveira et al., 2019).

There are clear benefits to promoting breastfeeding for general health, there hasn't been much research into the views and management of breastfeeding by SLTs in children with swallow difficulties in Bangladesh or other similar low resource settings. According to the latest guidelines, SLTs play a vital role in all children who eat and swallow (ASHA, 2016, 2024). Nonetheless, SLT's role in breastfeeding has yet to be made explicit, with no information present on the practical challenges or training needs experienced in clinical practice. Thus, this is an important first insight with detailed qualitative findings on how the SLT view, experience and perceive their role in breastfeeding treatment in children with dysphagia.

1.2 Significance of the Study

This study is important as it fills a gap in what we know about the role of SLTs in practice with infants who are having breastfeeding problems due to swallowing issues in Bangladesh. Through SLTs' perspectives, experiences, challenges and training needs that have been explored in the study, provision of care will need to consider assessment-led intervention approach, early referral, multidisciplinary working and caregiver education to ensure safe and effective feeding. The outcomes have immediate ramifications on the practice of clinical services, referral mechanisms, SLT education and training, and the formulation of community guidelines/policies that is pertinent to a setting, and the end result is on the provision of better feeding outcomes quality of life to infants and their families.

1.3 Research Question

What is a qualitative inquiry of Speech and Language Therapists views about Breast Feeding Management who have swallowing difficulties?

1.4 Objectives

1.4.1 General Objective

- The primary objective of the study is to comprehend how speech and language therapists (SLTs) view and manage breastfeeding who have swallowing difficulties, focusing on their roles, experiences, and training needs.

1.4.2 Specific Objectives

- To explore the perspectives and roles of SLTs in managing breastfeeding who have swallowing difficulties
- To explore the experiences of SLTs in managing breastfeeding who have swallowing difficulties.
- To identify the barriers and challenges SLTs face in breastfeeding management.
- To explore the training and professional development needs of SLTs in breastfeeding management.

1.5 Literature Review

A qualitative research study titled “Perspective on Breastfeeding Management by South African Speech-language Therapists” was carried in 2023 in South Africa by Danica Schlome, S Bhavani Pillay and Esedra Krüger, this study utilized a descriptive phenomenological qualitative method involving 12 seasoned Speech-Language Therapists, SLTs, and SLPs from South Africa, the results revealed that, although SLTs recognize the vital role delineation improved undergraduate training, continued professional development and stronger intersectoral collaboration to support mothers and infants is essential, the research highlights the growing demand for SLTs in overseeing breastfeeding and identifies gaps in their understanding and training that may reduce care given. In 2022, a descriptive cross-sectional study was conducted in Bangladesh at the Department of Pediatrics, Bangabandhu Sheikh Mujib Medical College Hospital Faridpur, by AFM Pervez, KA Syfullah, MN Hossain, R Biswas and S Debnath, the study comprised 66 mothers with a child aged between 6 and 24 months. Data were collected using a semi-structured questionnaire through face-to-face interview methods. As per the results, Health care professionals’ advice before and after delivery, Maternal education, empowerment and family support were important facilitators of adherence to recommended feeding of infant and young children’s practices, moreover, key barriers for not adhering to infant and young children practices were Lack of knowledge and experience, Confusing feeding information from multiple sources and Lack of social support and decision making power.

In South Africa, Imke Hennop’s 2020 study, Knowledge, Attitudes, and Practices of Healthcare Workers Related to Breastfeeding in the Motheo District, Free State, assessed the breastfeeding knowledge and practices of 117 healthcare workers (HCWs) in the country using a cross-sectional survey, knowledge gaps were significantly noted in general practitioners and midwives while the knowledge of pediatricians and obstetricians was better, many HCWs showed a need of further education on breastfeeding support, the Maternal and Infant Health Study stresses on the need for improved professional development of healthcare providers.

Mahurin-Smith and Genna (2019) proposed in their study ‘Assessing the Breastfeeding Dyad: A Guide for Speech-Language Pathologists’ to assist SLPs in expanding their scope for supporting breastfeeding mothers. Although SLPs are skilled to assess bottle-feeding, they are often poorly trained for breastfeeding. As a result, mothers who are keen to breastfeed don’t get very far. The authors suggest that SLPs could benefit from improved training in

breastfeeding, which would help with assessment and support of families with feeding difficulties. A study by Adara N. Blake in the United States in 2014 used a survey method to describe the breastfeeding knowledge, skills and experiences of speech language pathologists who deliver pediatric swallowing and/or feeding assistance, the article is titled, Breastfeeding Knowledge and Clinical Management among Speech Language Pathologists, the findings of the study suggest that breastfeeding knowledge is variable, furthermore, many clinicians frequently encounter breastfeeding issues but feel their knowledge and skills are lacking, & finally, they express an interest in improved professional development resources.

The clinical practices of speech-language pathologists (SLPs) in India with regard to the evaluation and treatment of dysphagia in neonates in NICU settings were examined in Jose et al.'s study (2024), Assessment and management of dysphagia in the neonatal intensive care units in India: A survey report. A survey of 22 SLPs was used in the study, which revealed a variety of practice patterns in the clinical evaluation and treatment of newborn dysphagia. Consensus statements and standards for managing dysphagia in newborns are necessary, as the results showed a lack of standardization in methods. Due to equipment access restrictions, the use of instrumental tests like FEES was less widespread than orosensory motor stimulation and posture adjustment. To improve patient care, the study highlights the necessity of creating standardized clinical procedures and enhancing SLP training in neonatal dysphagia management. A study done in South Africa by Eslick, Krüger and Kritzinger (2022) investigated the communication, feeding and swallowing patterns of toddlers with severe acute malnutrition (SAM), a study included three children aged 12 – 18 months who co-infected with HIV/TB and SAM. Exhibit oral-sensorimotor dysfunction and risk for oropharyngeal dysphagia despite intact pharyngeal swallowing. Furthermore, the toddlers showed some speech delay, no referrals were made for speech language therapy, the study shows that earlier SLT practice is essential to overcome food and communication problems before discharge.

The aim of Ch et al. (2023) was to investigate the knowledge of Pakistani speech-language pathologists (SLPs) regarding pediatric feeding disorders (PFDs), 157 service-learning practitioners participated in the cross-sectional study by answering an online questionnaire. Based on the findings, 92.4% of SLPs stated a need for further training, while 60.5% of SLPs reported feeling less confident in managing pediatric eating problems. The 64.9% of respondents that did not receive clinical education regarding PFDs during their graduation highlights the gap in specialized education, to improve clinical outcomes, it is evident that

many SLPs do not feel empowered to treat PFDs and warrant greater training and knowledge in this area. According to the research evidence, breastfeeding is far from optimal in Bangladesh and the globe even after the WHO recommendation as mothers face a series of obstacles at individual, family, community and health-system levels, earlier studies in Bangladesh mentioned various barriers such as low maternal education, heavy workload, poverty, restrictive gender roles, traditions, C-section practices, promotion of formula, and short maternity leave, but since most of these studies focus on certain groups of mothers, more broad studies are needed (Uddin et al., 2022).

Breastfeeding helps both mothers and children develop good sucking, swallowing, chewing, breathing and eventually speech abilities, according to a study. The bond between the child and the mother is also strengthened, the role of SLPs in breastfeeding help is still underutilized and poorly articulated, however due to pain, poor latch, family pressure, and lack of knowledge, many mothers stop breastfeeding early and often do not know SLPs can help (De Santa Ana & De Lima Nunes, 2024).

1.6 Operational Definitions

1.6.1 Breastfeeding

Breastfeeding is the practice of providing a newborn breast milk, either straight from the mother's breast or through a bottle of pumped milk. Fats, proteins, carbs, vitamins, and minerals are among the vital calories and nutrients that breast milk supplies for a baby's development (About Breastfeeding and Breast Milk, 2017).. The term "breastfeeding" in this study refers to controlling an infant's capacity to eat efficiently from the breast, with an emphasis on situations involving swallowing issues.

1.6.2 Speech and language therapy (SLT)

Speech-language therapy services are those services necessary for the diagnosis and treatment of swallowing (dysphagia), speech-language, and cognitive-communication disorders that result in communication disabilities. Speech-language therapists treat disorders of speech sound production (e.g., articulation, apraxia, dysarthria), resonance (e.g., hypernasality, hypernasality), voice (e.g., phonation quality, pitch, respiration), fluency (e.g., stuttering), language (e.g., comprehension, expression, pragmatics, semantics, syntax), cognition (e.g., attention, memory, problem solving, executive functioning), and feeding and swallowing (e.g., oral, pharyngeal, and esophageal stages). (ASHA, 2007a) (Definition – Society of Speech & Language Therapists (SSLT), n.d.-b). In this study, SLT focusses on therapy approaches for breastfeeding-related swallowing issues.

1.6.3 Speech and Language Therapist (SLTs)

Speech and Language Therapy is an autonomous health profession devoted to the delivery of clinical services, to the conduct of research that will further our understanding of normal and disordered human communication, and to the education of students preparing themselves to enter this profession and related professions. Speech and language therapist play key role in multi-disciplinary team. SLT promote, protect, treat and/or manage a person(s)' physical, mental, social, emotional, spiritual and environmental health and holistic wellbeing (Definition – Society of Speech & Language Therapists (SSLT), n.d.). The study explores SLTs' views, experiences, and roles in handling breastfeeding-related swallowing challenges.

1.6.4 Swallowing difficulties (Dysphagia)

Swallowing difficulties are known medically as dysphagia. People with this condition will have difficulty swallowing liquids or solids, or both. Some people also have concurrent odynophagia, or pain (Newman, 2025). Swallowing issues in this study pertain to the

difficulties that newborns have while breastfeeding, particularly in terms of latching, sucking, and swallowing.

CHAPTER 02 METHODOLOGY

This chapter explains how the study was carried out. This specifies the study method, participant selection, data collection, analysis type and ethical issues. To gain an in-depth understanding, a qualitative technique was chosen because the study aims to explores the views and experience of speech and language therapists on breastfeeding management for infants with swallowing difficulties.

2.1 Study Design

According to the study, an exploratory research design was used to get a better understanding of the perception and management of breastfeeding an infant with swallowing difficulties by the Speech and Language Therapists (SLT). You can study the decision-making in-depth and context challenges faced by clinicians using this. When evidence is scarce and insights that can shape practice are needed, qualitative approaches are particularly useful (Hammarberg, Kirkman, & de Lacey, 2016). Participants was speech-language therapists (SLTs) who work with infants, young children and who have involvement in breastfeeding. Participants was recruited by purposive sampling of therapists from paediatric hospitals, rehabilitation homes and clinics. Experience variance will be included and so will workplaces context (Creswell & Poth, 2018). The student researcher gathers information through semi-structured in-depth interviews. The flexible interview guide was including perceptions of role, management strategy used, challenge and collaboration with other professionals and training needs. Using an audit trail along with relevant illustrative quotes will maintain methodological rigour. Exposition of methods was presented in a clear and concise way, which was paid particular attention to credibility, dependability and transferability in line with current qualitative quality and trustworthiness guidance (Nowell et al, 2017).

2.2 Sampling

Purposive sampling was used to choose the participants. Instead of choosing volunteers at random, the researcher purposefully selects those with particular and pertinent experience connected to the subject under study (Etikan, Musa, & Alkassim, 2016). Because it enables the researcher to concentrate on people who can offer rich, in-depth, and significant information on the topic of interest, this method is frequently employed in qualitative research (Robinson, 2013). Purposive sampling was employed in this study to find Speech and Language Therapists (SLTs) who manage breastfeeding and work with newborns or young children who have eating and swallowing issues so that the results would directly address the

research's objectives. In qualitative interview research, the size of the sample will be less to statistical limitations and more to data richness and depth. A relatively small number of interviews – usually 6–12 participants – are enough to highlight the key themes in a focused and largely homogenous group. This is according to data saturation research (Guest, Bunce, & Johnson, 2005). In similar vein, Malterud, Siersma and Guassora (2015) state that if participants are highly relevant to the issue of the study, the "information power" increases. Based on these guidelines, a sample of twelve certified SLTs was considered adequate to yield a rich and diverse representation of SLTs' perspectives and experiences regarding breastfeeding treatment of infants with swallowing difficulties.

2.3 Study Place

The research was conducted at the Centre for the Rehabilitation of the Paralyzed (CRP), Savar & Mirpur, as well as other therapy centers, Hospitals.

2.3.1 Study population

All Speech and Language Therapists (SLTs) who work with infants or young children presenting with feeding and swallowing difficulties.

2.3.2 Field Test

A field test was done using the semi-structured interview schedule with three qualified Speech and Language Therapists (n=3) who were experienced clinically in the management of breastfeeding as well as swallowing difficulties in children. The field test aimed to assess whether the interview questions clarified, were relevant to, and appropriate for exploring SLTs' views on breastfeeding management in children with swallowing difficulties. The field test subjects provided feedback on questions about the SLT's role in managing breastfeeding, identifying breastfeeding problems, commonly seen symptoms, confidence levels, barriers to practice, working with other people, and training requirements. Overall, the responses indicated that the questions were clear, relevant and capable of eliciting detailed clinical input. The key areas mentioned by the participants were positioning, aspiration risk, oro-motor disturbances, caregiver education, lack of training along with the need for multi-disciplinary teamwork as per the study aim. According to the responses from the field test, some minor refinements were put in place to enhance the flow of certain questions. The interview schedule did not need any major changes. The field test confirmed that the interview guide was suitable and feasible for the main qualitative study.

2.3.3 Inclusion criteria

To participate in this study, subjects were required to:

- Both male and female participants.
- Qualified speech and language therapists who provided services to families and children with breastfeeding difficulties in a clinical setting.
- Working in the field of swallowing difficulties for at least two years to ensure adequate experience related to breastfeeding challenges of mothers and their infants.

2.3.4 Exclusion criteria

Subjects were excluded if they:

- Non-qualified speech and language therapist (e.g., students, interns).
- Subjects who are unwilling to participate in this study.

2.3.5 Participants Overview

This research included 10 Speech and Language Therapists (SLTs) who work with infants and young children experiencing difficulties with breastfeeding and swallowing. Participants were selected purposefully so that those included in the study had experience with direct experience in feeding and breastfeeding management. In addition, the sample had variation in years of practice, setting and educational background A table summarizing the main characteristics of participants is given in the next page.

Table : Participants Overview

Participant	Age (years)	Gender	Work setting	Experience (years)	Educational background
P1	28	Female	Rehabilitation Centre	2–3	Master's
P2	32	Female	Centre	>5	Master's
P3	27	Female	Rehabilitation Centre	2–3	Bachelor's
P4	28	Female	Rehabilitation Centre	2–3	Master's
P5	32	Female	Centre	>5	Master's
P6	32	Female	Rehabilitation Centre	>5	Master's
P7	27	Female	Rehabilitation Centre	2–3	Bachelor's
P8	30	Male	Hospital	>5	Master's
P9	28	Female	Rehabilitation Centre	3–4	Bachelor's
P10	35	Female	Centre	>5	Master's

2.4. Data collection

2.4.1 The Data-Collecting Instrument

The Speech and Language Therapists (SLTs) who work with infants and toddlers with breastfeeding and swallowing difficulties were interviewed using semi-structured interviews for data collection. An interview guide was made to meet the study objectives. The interview guide covered the roles (responsibilities), experiences, challenges, and training needs of SLTs in the management of breastfeeding. They translated the questions, which were prepared in

English, to Bangla for use during the interviews. With permission from participants, all interviews were audio-recorded using either a phone or voice recorder and brief notes taken on pen and paper. All participants provided written consent before the data collection.

2.4.2 Data Collection Method

Questions from the questionnaire were asked of participants, and data was collected, taking about 15 to 20 minutes on average. The questions were answered descriptively by participants.

2.4.3 Data Collection Procedure

Initially, the researcher informed every participant about the purpose, aim and objectives of the study and emphasized the significance of the study of breastfeeding management in infants with swallowing dysfunction. The Therapists comprehended the Study and were comfortable with the participation. The participants received the information sheet and consent form. The investigator explained the process and answered any questions before starting the interview and obtaining written informed consent. To reduce disturbance, researchers selected quiet room at the workplace, and another place to organize semi-structured interviews with purposefully selected SLTs (Speech-and-Language Therapists). Each interview lasted approximately 15–20 minutes while maintaining confidentiality. The guide for the interview was made for asking in Bengali. The participant gave their permission to record the interview on my phone.

2.4.4 Data Analysis

The interview data were analyzed using Braun & Clarke's (2019) reflexive thematic analysis, which offers a comprehensively elaborate and clear description of patterned meaning within a data set. The analysis looked at how Speech and Language Therapists described their role, experience, challenges, collaboration, and training needs in relation to breastfeeding management for infants with swallowing difficulties. Adhering to Braun and Clarke's six periods, with close discussion with the supervisors, the student researcher.

Step 1: Get familiarize with the data

Every audio-recorded interview was transcribed into Bangla. The student researcher translated the transcripts into English, further deepening familiarity with participants' subjective meanings. Throughout the multiple readings of the English transcripts, relevant key sentences and ideas related to the research questions were highlighted and noted.

Step 2: Generating initial codes

In the next step, the student researcher developed some initial codes by writing short labels that captured the highlighted segments' meanings. They organized everything nicely. They coded everything that was there in the transcripts related to assessment, management strategies, counselling to parents, barriers, collaboration and training needs. When several participants give a similar enough response, that response is given the same code. The coding decisions were discussed with supervisors.

Step 3: Searching for tentative Themes

The initial codes were subsequently collated into broader code groups. The student researcher identified codes (with line references) and began to cluster those that are more or less synonymous (e.g. various codes related to "late referral", "parent awareness", "shyness to talk about breastfeeding") to see which subtheme/theme might work across the dataset.

Step 4: Reviewing themes

The thematic map was drafted at first and discussed with the supervisors. The verification of whether the themes accurately represent the coded data and the entire data set was done at this stage. The researchers merged, divided, and rearranged some themes in order to arrive at a coherent set of themes and sub-themes.

Step 5: Defining and Naming Themes

After more careful refining, seven key themes and subthemes were finalized. The themes were well-defined and named with regards to SLTs' clinical role, identification of problems, barriers, collaboration with nutritionists, training needs, etc. These motifs were used as the premise to narrate SLTs' experiences of breastfeeding management in Bangladesh.

Step 6: Producing the report

In the final stage, the student researcher prepared the findings chapter, arranging themes in a logical order and linking them back to research objectives. The report provided examples from participants P1-10 for each theme to show that the interpretations were grounded in the original data and to make SLTs' voices visible in the report (Braun & Clarke, 2019).

2.4.5 Ethical Considerations

Before collecting data, the Bangladesh Health Professions Institute (BHPI) Institutional Review Board(IRB) approved this study ethically. Speech and language therapists were told the aim and procedure of the study and written consent was obtained. Voluntary participation

allowed the participant to withdraw anytime they wanted. To maintain the privacy of participants, data collected during the research was assigned the labels P1 -P10. The audio recordings and transcripts were saved in a secure manner. The research paper incorporated principles of autonomy, beneficence and justice in the course of exploring views of SLTs about breastfeeding management in infants with swallowing difficulty.

CHAPTER 03 RESULT

The following part of the document shows the outcomes of a qualitative experiment which has attempted to investigate the perspectives and experiences of Speech and Language Therapists (SLTs) in tackling breastfeeding babies with swallowing challenges. Interviews were conducted with a total of ten speech language therapists (SLTs) who were named from P1 to P10. SLTs were working in different settings of Bangladesh. We offer services for rehabilitation centers and hospitals, etc. The researchers brings out the seven major themes that emerge from the thematic analysis of the interview transcripts. The themes examine the SLTs' roles, what they do when they struggle with breastfeeding, what they find challenging in their practice, and how much collaboration and training they feel they need.

The chapter is organized thematically. At the beginning of each theme, an overview will be offered, followed by the pertinent subthemes. The chapter utilizes SLT quotes from participants P1 to P10 so that their voices can emerge through their dialogic data. These findings conform with the study's research objectives and seek to answer the key research questions.

Table 3.1 on the next page provides an overview of the seven themes.

Table 3.1: Overview of Themes and Subthemes

Themes	Subthemes
SLTs' Clinical Role in Breastfeeding Management	• Feeding and swallowing as core SLT work • Assessment and treatment planning • Positioning and latching guidance • Parent education and counselling • Referral to other professionals
Identification of breastfeeding and swallowing difficulties	• History-taking and clinical observation • Key signs and symptoms • Use of structured tools • High-risk clinical groups
SLTs' Experiences with Breastfeeding Cases	• Frequency and types of cases • Influence of setting (indoor vs. outdoor)
Barriers and challenges in breastfeeding management	• Late or absent referral • Low parental awareness and inconsistent practice • Cultural discomfort in discussing breastfeeding • Limited resources and lack of specific protocols
Collaboration with Nutritionists and the Multidisciplinary Team	• Role of nutritionists in ensuring adequate intake • Alternative feeding strategies when breastfeeding is not enough or safe • Need for better coordinated multidisciplinary care

Themes	Subthemes
Training and Professional Development Needs	• Limited formal training on breastfeeding • Self-directed learning and further study • Desire for structured courses, workshops, and guidelines
Recognized Importance of the SLT Role	• Preventing aspiration, pneumonia, and malnutrition • Supporting safe, effective feeding and growth • Empowering parents and improving family quality of life

3.2 Theme 1: SLTs' Clinical Role in Breastfeeding Management

SLTs make important contributions to the management of breastfeeding problems. Their key role activities involve managing issues related to feeding and swallowing, assessment and treatment plans, parent education, and referral to specialists when necessary.

3.2.1: Feeding and Swallowing as Core SLT Work

Participants view feeding and swallowing difficulties as key areas of SLT practice, with a focus on improving oral motor skills, swallowing, and the suck–swallow–breathe coordination.

> *"Since I am a speech and language therapist, my first job is to work with the child's feeding..."* - Participant 01
>
> *"Since the Speech and language therapist is working with feeding and swallowing difficulties."* – Participant 02
>
> *"Basically we have to work on swallowing. So if the patients come at a very early stage, then we work on their oral movements, swallowing, and techniques so that the baby can suck and feed."* – Participant 05
>
> *"Focuses on oral motor readiness, latch quality, sucking pattern, suck–swallow–breath coordination is okey or not."* – Participant 08
>
> *"We mainly work with feeding problems and oral motor skills."* – Participant 09
>
> *"Children with cerebral palsy have oral motor difficulties and we provide oral motor treatment."* – Participant 10

Results show that SLTs address breastfeeding-related swallowing problems with assessment-led plans and flexible, caregiver-focused strategies that can be flexed as feeding responses of infants alter. Even where progress was slow, SLTs focused on effective coaching and ongoing motivation of caregivers to sustain home-based follow-through. This flexible, supportive approach is fundamental to maintaining caregiver confidence and enabling safer feeding when infant feeding progress can be unpredictable.

3.2.2: Assessment and Treatment Planning

Participants emphasize the importance of detailed assessments to understand the baby's feeding challenges and develop individualized treatment plans.

"First I do the assessment and after that i make the child's treatment plan." – Participant 03

"Through a proper assessment we check whether the child's mouth or tongue movement is okay or not." – Participant 04

" First we do an assessment of a patient, after the assessment we prepare a treatment plan for him/her, and according to that we educate the child's caregiver or mother and provide treatment.." – Participant 07

"We do a swallowing assessment, and often observe that some children become breathless when they try to suck. We also screen for cardiac and respiratory problems, since these can directly contribute to feeding difficulty. Alongside this, we assess overall oral–motor function determine these things through assessment." – Participant 10

The results reveal that the detailed assessment is regarded as a cornerstone for breastfeeding management in infants with feeding–swallowing problems by SLTs. Assessment often includes examination of oral structures and oral-motor function (e.g., mouth and tongue motility), a swallowing/feeding evaluation, and signs of physiological stress during sucking (e.g., respiratory distress). Following assessment, SLTs establish personalised intervention plans and offer carer training to promote safe and efficacious feeding, as well as adherence at home.

3.2.3: Positioning and Latching Guidance

Participants frequently guide parents on proper feeding positions and how to improve latch quality, particularly for babies with feeding difficulties.

"My first job is position correction and if it is a baby who cannot sit, whose neck is not yet strong, in that case one type of position is given – I show the 90-degree angle." – Participant 01

" It has been seen that the mother of the child does not understand in which position she should hold the baby to breastfeed and educated persons to correct the child's positioning. If the positioning is correct, problems may no longer occur." – Participant 02

"Counseling about how the mother will feed the baby, in which position she will maintain while feeding, how many times she will feed." – Participant 06

"Give guidance on in which position to feed and latch quality & shallow latch… attachment with the lips is not right." – Participant 08

" *Work on positioning, and also work on the sucking problem."* – Participant 09

"If there is a positioning problem, we correct the positioning or tell the physiotherapist." – Participant 10

The results showed that SLTs often assist with breastfeeding by giving practical advice on positioning and latch/attachment, particularly in cases of infants who experience difficulties during feeding. SLTs target correction of mother–infant positioning (including more supportive upright angles when infants are limited due to poor neck control), improving latch depth and lip attachment on the nipple to reduce shallow latch, and coupling positioning work with sucking work during breast-feeding for feeding that is efficient. SLTs may also liaise with or refer to physiotherapy when postural demands are more complex (e.g., severe weakness/postural needs), to maximise postural stability for feeding.

3.2.4: Parent Education and Counselling

Participants stress educating parents on correct feeding techniques, the signs of feeding problems, and how to monitor progress.

"I explain these things to the mother. And after showing the position, the mother does the work in front of me and later when she feeds following that method, more or less this problem of the child gradually starts to go away" – Participant 01

"This problem should be explained to everyone and they should be told how this thing can be solved." – Participant 02

"Educate and advise the child's mother or carer." – Participant 03

"*The first thing is counseling about how the mother will feed the baby,."* – Participant 06

"*To the mothers or parents I give guidelines on how they will ensure safe and effective feeding."* – Participant 08

The results demonstrate that SLTs regard parent education and counselling as central to their role in the management of breastfeeding. Education includes instructing in the proper method of feeding, identification of signs a baby is having difficulty being fed and how to follow clear home instructions so that the baby is safe and feeding effectively. A "see-and-do" (show and practice) approach is employed – SLTs provide a demonstration of techniques, e.g.,

positioning followed by guiding caregivers in-session with the aim to provide them with confidence to use such a technique on their own and track changes over time.

3.2.5 : Referral to Other Professionals

Participants acknowledge the need for referrals to other healthcare professionals like pediatricians, nutritionists, or physiotherapists for additional support.

> *“Refers nutritionists for growth and alternative feeding decisions (formula)”.* – Participant 01
>
> *" If the child’s physical weakness becomes too much, then it is seen that it becomes challenging for a speech therapist, because there the Need for physiotherapy is much more when weakness or position is severe."* – Participant 04
>
> *Cleft cases may need "a dental obturator for that there are orthopedics, they are sent there, and the nutritionist also sees them."* – Participant 08
>
> *"If there is an oral motor or sucking problem or tongue-tie problem, in that case, in that case we refer to another doctor, that if the tongue-tie can be corrected through surgery."* – Participant 10

The results suggest that SLTs routinely refer as part of breastfeeding management when the needs of infants are outside the scope of SLT practice. There may be referrals (nutritionists for growth, supplement/alternative feeding prescribing, physiotherapists when weakness or positioning problems need to be supported by postural management slings or equipment and to cleft related services e.g. # dental/orthodontic support such as obturators) in children with structural problems only). Speech and language therapists (SLTs) also refer medically when they perceive there are suspected medical factors such as tongue-tie, or other apparent medical etiologies that will need to be surgically/medically managed.

3.3 Theme 2: Identification of Breastfeeding and Swallowing Difficulties

SLTs identify breastfeeding and swallowing difficulties through history-taking, clinical observation, and structured assessment tools.

3.3.1: History-taking and Clinical Observation

Participants emphasize the importance of gathering a comprehensive history and conducting clinical observations to identify feeding difficulties.

> *“In cases of breastfeeding difficulties, I first identify the problem by checking if liquid*

comes out of the nose, if the child coughs, becomes breathless, or shows signs like wide or rolling eyes. I also look for vomiting, lethargy, and observe how long it takes for the mother to feed" – Participant 01

"Takes birth history, ICU/NICU/NG tube details, and looks for signs like difficulty crying or oxygen issues". – Participant 05

"When a baby first comes to me, I start by listening to the mother's concerns about the baby's feeding difficulties. Then, I check if the baby's weight is appropriate for their age and assess whether their growth is on track." – Participant 09

"Neonatal referrals from NICU/HDU/KMC observations." – Participant 08

The results reveal that SLTs focus on identification of breastfeeding-related feeding problems through detailed history-taking and continued clinical assessment. This should include obtaining a focused birth and medical history (e.g. history of NICU/ICU admission, oxygen requirement, NG-tube feeding), eliciting caregiver concerns and assessing growth parameters including weight-for-age. SLTs observe feeding and search for risk signs and associated indicators of efficiency (e.g., recognizing the time it takes to feed) on a background of perception of severity and likely causes of difficulty.

3.3.2: Key Signs and Symptoms

Participants note specific signs like coughing, choking, aspiration, and failure to latch as indicators of feeding difficulties.

" The signs and symptoms that appear like coughing, vomiting, milk or liquid coming out through the nose, and the child suffering from malnutrition." – Participant 01

" In this case, it is seen that the child does not have a lip seal, the child cannot attach the lips, the movement of the tongue is very minimal, and there is muscular weakness.." – Participant 02

" In children with breastfeeding difficulties, common symptoms include an inability to suck, coughing, and difficulty swallowing." – Participant 03

" In children with tongue and lip weakness, weak oral motor skills, and excessive drooling, the inability to swallow becomes a more problematic cause of their breastfeeding difficulties." – Participant 04

" The typical signs in babies with breastfeeding difficulties include limited tongue movement, poor breast support, and low sucking strength due to reduced muscle

power and difficulties in closing lip." – Participant 05

" Most often it is seen that the child has aspiration and has a sucking problem." – Participant 06

" The most common symptoms we see are coughing, not being able to suck, then it is seen that the babies have difficulty swallowing the food and its comes up through the nose and mouth." – Participant 07

"Shallow latch, sound during feeding, long pulling, coughing, choking happens." – Participant 08

"They cough while feeding and the most common problem is that their weight is not appropriate, they may develop pneumonia and their tongue movement and lip muscles is very weak." – Participant 09

"Chokes, coughs when they try to feed and some children feel breathless and sometimes gurgling sound in throat." – Participant 10

The results indicate that SLTs identify breastfeeding-swallowing challenge by using a group of feeding red flags. The signs are commonly coughing/choking, breathlessness, gurgly/wet sounds, vomiting and nasal regurgitation, which can be indicative of swallowing incoordination and the risk of aspiration. Other oral-motor and latch-related indicators that SLTs identify include shallow latch, poor lip seal/attachment, weak tongue movement, weak sucking strength, drooling, and general muscle weakness, as well as any secondary outcomes including poor weight gain, malnutrition, and frequent chest issues (e.g., pneumonia) indicating that feeding is an issue that is affecting both this child and his nutrition.

3.3.3: Use of Structured Tools

Participants use structured assessment tools like NOMAS or TABBY to evaluate feeding and swallowing function.

"We have some assessment forms. According to the assessment tools in those assessment forms, we look at the child's strengths and weaknesses.." – Participant03

"We have an assessment form through this we assess and then find out the problem." – Participant 07

"NOMAS(assessment to see the rhythm and strength of jaw and tongue movements), NNS (*NNS means non-nutritive sucking), TABBY(breastfeeding assessment tool) scoring through understood whether this baby is perfect for breastfeeding or need any surgery ."* – Participant 08

As the findings show, SLTs reinforce breastfeeding-swallowing identification, through the implementation of structured assessment forms as well as standardised tools to record the strengths and difficulties of an infant in a systematic manner. The rhythm, strength and pattern of jaw-tongue movement during sucking are assessed with the help of such tools as NOMAS, non-nutritive sucking (NNS) observation is used to estimate oral readiness and coordination. Moreover, TABBY scoring will facilitate the coherent decision-making based on breastfeeding-related issues (e.g., latch/function and the possibility of a need to refer to additional management), which will help not to rely on informal observation only.

3.3.4: High-risk Clinical Groups

Participants highlight that children with conditions like cerebral palsy or cleft lip/palate are at higher risk for breastfeeding issues.

"Maximum children with cerebral palsy and most of them have feeding problems." – Participant 01

Children with cerebral palsy have muscular weakness that's affecting chewing, lips and tongue movements ,sucking. – Participant 02

" Especially in cerebral palsy, cleft lip palate, and in some Down's babies these problems are actually seen.." – Participant 06

"we regularly get babies with cleft who have breastfeeding issues NICU/HDU referrals, neuro-risk babies"– Participant 08

" Work in the Pediatric unit sees many CP children (feeding problems common)." – Participant 09

The results indicate that high-risk clinical groups are generally perceived to be at risk by SLTs of having breastfeeding and swallowing problems. The infants with cerebral palsy (CP) were often reported to have feeding difficulties that were associated with neuromotor and muscle weakness, which may impair the lips-tongue motion, sucking intensity, and general feeding coordination. Cleft lip/palate and, less commonly, Down syndrome were also identified by SLTs as groups, in which structural and/or neuromotor factors complicate the feeding process

and breastfeeding is made more difficult, so that higher-dependency neonatal or paediatric services often make these referrals.

3.4 Theme 3: SLTs' Experiences with Breastfeeding Cases

SLTs share their experiences managing breastfeeding-related issues, including the frequency of cases and the influence of setting (indoor vs. outdoor) on treatment.

3.4.1: Frequency and Types of Cases

Participants note that while breastfeeding difficulties are common in certain clinical groups, the frequency varies based on the setting.

> *"Two or three or four like this per week."* – Participant 01
>
> *"Two to three in a year."* – Participant 03
>
> *"Once in three–four months one or two children."* – Participant 04
>
> *"We do not regularly get such children."* – Participant 05
>
> *"Found very rarely."* – Participant 07
>
> *"10 to 12 babies in a day and one or two patients with feeding issues."* – Participant 08
>
> *"Breastfeeding problems not very regular sometimes one or two like that."* – Participant 09

Our results demonstrate significant variation in the overall number of BF-swallowing referrals SLTs receive at their workplace with estimates ranging from a few per week to rare/ sequential presentations, indicating that caseload is likely highly dependent on service context and referral sources. Generally, breastfeeding/feeding problems were reported to be more prevalent among high-risk infant populations but not universal across all practice sites.

3.4.2: Influence of Setting (Indoor vs. Outdoor)

Participants distinguish between the experiences in indoor and outdoor settings, with more frequent cases in inpatient (indoor) settings.

> *"Working in pediatric outdoor, many older children come here and lack of referral they come very late."*– Participant 04
>
> *"Neonatal hospital context (NICU/HDU/KMC referrals)."* – Participant 08
>
> *"In the indoor I got the most children with this type of problem, and in outdoor I got*

them sometimes." – Participant 10

The results suggest a definite setting effect, i.e., inpatient/indoor services (e.g., neonatal and paediatric wards these include NICU/HDU-linked context and KMC-linked setting) are more likely to get more frequent feeding-related referrals, and outpatient/outdoor services are less common and are more frequently referred to later, which is indicative of delayed or weak referral pathways and late presentation.

3.5 Theme 4: Barriers and Challenges in Breastfeeding Management

This theme explores the challenges SLTs face in managing breastfeeding issues, including late referrals, low parental awareness, and resource limitations.

3.5.1: Late or Absent Referral

Participants point out that many children are referred too late, reducing the effectiveness of intervention.

> *"Many times they come to me very late."* – Participant 01
>
> *"At the time when the problem starts, they do not get referred."* – Participant 03
>
> *"Lack of proper referral it is seen that people come to our therapists very late."* – Participant 04
>
> *" Our biggest obstacle is that, they are not referred at the right time."* – Participant 07
>
> *" Doctors do not properly refer to speech therapists, or many come very late, when the child has already grown older."* – Participant 10

The results indicate that a significant obstacle is delayed or missed referral, i.e., infants usually refer to SLTs when feeding issue already got developed, which makes the early and prevention-oriented intervention less effective.

3.5.2: Low Parental Awareness and Inconsistent Practice

Participants describe the difficulty in ensuring consistent follow-up, as parents may not always understand the importance of continuing therapy at home.

> *"Mothers don't know treatment; some do well in front but not at home."* – Participant 01
>
> *" Parental education, that the parents cannot be made to understand what actually has to be done."* – Participant 02

"Lack of cooperation from the parents." – Participant 04

" Babies may cry continuously; difficult to calm; mothers 'not very motivated, Mothers may say 'leave my baby I will do it later." – Participant 05

"Caregivers do not maintain position, flow at which it is said to feed or the interval at which it is said to give." – Participant 06

"Parents cannot maintain guidelines." – Participant 08

The result shows that caregiver knowledge and non-adherence at home diminish the impact of the treatment; the families are not always able to maintain the recommended positioning, pacing/flow, and feeding intervals, even though they can do this correctly in the sessions.

3.5.3: Cultural Discomfort in Discussing Breastfeeding

Participants mention cultural sensitivities that prevent open discussions about breastfeeding problems with parents.

"As a male therapist, mother does not feel secure, so Icall father." – Participant 08

"Mothers feel shy and do not always want to work freely." – Participant 09

The results provide evidence that cultural sensitivity regarding breastfeeding may limit open dialogue and practical coaching, particularly when mothers are reluctant or feel more uneasy when dealing with male therapists one on one, a situation that gives rise to communication barriers in the care provision process.

3.5.4: Limited Resources and Lack of Specific Protocols

Participants note a lack of resources like proper feeding equipment or structured protocols for managing breastfeeding difficulties.

" In many cases materials may not be available."– Participant 02

"Early practice limitations improved after NOMAS/other assessment learning." – Participant 08

Tthe results indicate that insufficient resources/equipments and the inexistence of well-defined and standard procedures leads to practice inconsistency; systematic training of tools (e.g., learning formal assessment methods) is perceived to facilitate the limitation of practice barriers in the initial stages and enhance confidence.

3.6 Theme 5: Collaboration with Nutritionists and the Multidisciplinary Team

This theme focuses on the collaborative efforts between SLTs and nutritionists in managing breastfeeding difficulties.

3.6.1: Role of Nutritionists in Ensuring Adequate Intake

Participants emphasize the essential role nutritionists play in ensuring infants receive proper nutrition, especially when breastfeeding is not enough.

> *"Nutritionist checks that the child is growing with proper nutrition according to age."* – Participant 01
>
> *"Nutritionist weighs and calculates calories of the food and the components of the food."* – Participant 05
>
> *"Nutritionist determines how much the baby should take or if supplementation is needed."* – Participant 06
>
> *"Weight and age of the baby are measured to see what the growth plan accordingly."* – Participant 08
>
> *"Nutritionist helps cover nutritional deficiencies with alternatives."* – Participant 09
>
> *Low-weight children benefit from nutritionist collaboration* – Participant 10

The results reveal that nutritionists are considered critical in promoting age-related nutritional requirements, primarily, by monitoring growth (weight/age assessments), estimating calories, and scheduling the intake in case of inadequate breastfeeding. Cooperation is particularly necessary in case of low-weight or nutritionally vulnerable infants, in which feeding decisions should be informed by the growth and nutritional condition.

3.6.2: Alternative Feeding Strategies When Breastfeeding is Not Enough or Safe

Participants discuss how nutritionists assist in suggesting alternatives like formula milk or supplementary feeding when breastfeeding is not feasible.

> *"Alternative formula milk if needed and if nutritionist suggest that I give the food a trial."* – Participant 01
>
> *"We decide on food supplements when the child cannot breastfeed."* – Participant 04
>
> *"If not enough breastfeeding, what supplement should be done"*- Participant 06

"Nutritionists explain pumping and how thick the milk should be." – Participant 08

The results, also show that nutritionists advocate safety alternatives in case of insufficiency or inadequate safety of breast milk, such as encouraging supplementation/formula tests, counseling on food supplements, and practical plans such as pumping and milk-consistency counseling where applicable.

3.6.3: Need for Better Coordinated Multidisciplinary Care

Participants stress the need for better coordination among the multidisciplinary team, including SLTs, nutritionists, and pediatricians, to provide holistic care.

"MDT not available everywhere; training helps when nutritionists are not present." – Participant 03

"Nutritionist "not always within our reach… best if referred to a nutritionist." – Participant 07

"Inter-collaboration is needed to provide the best care for feeding issues." – Participant 08

The results reveal the gaps in access to services that do not allow nutritionists and full multidisciplinary team (MDT) to be accessible in every setting, which prompts the use of personal training and informal workarounds.

3.7 Theme 6: Training and Professional Development Needs

This theme discusses the training needs of SLTs, highlighting gaps in formal training and the desire for more structured learning opportunities.

3.7.1: Limited Formal Training on Breastfeeding

Participants express the lack of specialized training in breastfeeding management as a gap in their education and professional development.

"I have not done any separate training on breastfeeding." – Participant 01

"I have not yet had any opportunity to receive this type of training." – Participant 03

"I have not done any training specifically on breastfeeding." – Participant 05

"I have not received any such type of training." – Participant 06

"I have not yet received any kind of training on breastfeeding." – Participant 07

"We actually have not received any type of training on breastfeeding." – Participant 09

" I have not received any separate training." – Participant 10

The results indicate that there is an apparent lack of professional training among the SLTs as a significant number of them claim to have no specialized or specific training regarding the management of breastfeeding.

It implies that breastfeeding-related feeding/swallowing training occurs frequently out of formalized curricula.

3.7.2: Self-Directed Learning and Further Study

Participants share how they rely on self-directed learning and experience to improve their knowledge in this area.

"Learned via coursework/internship though "no separate workshop." – Participant 02

"Relies on "hand-on-hand training and our experience." – Participant 05

"Attended UNICEF/EBF training, later neonatal breastfeeding assessment training" – Participant 08

"Studied breastfeeding "a bit" during Master's & Completed master's in Nutrition and Food Science to support breastfeeding management." – Participant 10

The results also show that competence is often gained in the process of self-learning and based on practical experience, such as learning in the context of coursework/internship, practical experience in a clinical setting, and the case of occasional external training (e.g., UNICEF/Exclusive Breastfeeding training and neonatal breastfeeding assessment input). Other SLTs even reported continuing their education in other related areas (e.g. nutrition) to reinforce practice.

3.7.3: Desire for Structured Courses, Workshops, and Guidelines

Participants express a desire for more structured training opportunities, such as workshops and guidelines, specifically focused on breastfeeding management.

"I think I definitely need training." – Participant 01

"Wants training for updates and easier adaptation." – Participant 03

" Training can be arranged on this area – from A to Z about newborn babies' breastfeeding – then it will be easier for us to work in this area, and from NICU onward we will be able to work on a child's development or the speech part of a

child..” – Participant 05

"There should be training and authority should also think." – Participant 06

“Training is "very important and necessary for us." – Participant 07

"Some advanced training is needed" for managing breastfeeding-related cases. – Participant 08

The results point to high demand of structured training and workshops and guidelines, such as the A to Z training on newborn breastfeeding, so that SLTs may employ these training to work more predictably and consistently even in NICU-related scenarios, and use standardized strategies in the daily delivery of services.

3.8 Theme 7 : Recognised Importance of the SLT Role

This theme addresses the value SLTs place on their role in preventing aspiration, promoting safe feeding, and empowering parents.

3.8.1: Preventing Aspiration, Pneumonia, and Malnutrition

Participants emphasize how SLTs play a critical role in preventing aspiration, pneumonia, and malnutrition, which are common risks in breastfeeding issues.

Incorrect position → "baby may cough and breathing difficulty." – Participant 01

Identifies "aspiration means breathing difficulty, coughing, cannot suck ." – Participant 06

“Role is "to reduce the aspiration risk & Aspiration/choking → "pulmonary disease can develop." – Participant 08

“ Baby coughs during feeding ,pneumonia is also often present." – Participant 09

The results reveal that SLTs consider their role associated with breastfeeding as rather risk-oriented and prioritizing the minimization of aspiration and its effects. Their association of improper placement and poor feeding timing with coughing, breathlessness, choking, and the possibility of respiratory disease also made them prioritize airway safety in the management.

3.8.2: Supporting Safe, Effective Feeding and Growth

Participants recognize their role in supporting infants to feed safely, ensuring proper growth and development.

“Mother-guided home program leads to improvement.”– Participant 01

“Oral work improves muscle power , feeding transitions breastfeeding to spoon/hand feeding.” – Participant 05

"Ensure safe and effective feeding, our main target is to reduce the aspiration risk and to see whether the baby’s optimal nutrition or growth is okay or not, make sure there is no fatigue.." – Participant 08

“Better nutrition improves muscle power and supports oral-motor work.” – Participant 10

The results also suggest that SLTs perceive their role as enhancing the efficiency and growth outcomes of feeding (e.g. reducing fatigue, enhancing oral-motor control, facilitating stepwise feeding transitions, e.g. breastfeeding to spoon/hand feeding) when inappropriate. Nutrition was regarded as an ancillary activity, since oral-motor development and muscle strength can be aided by nutrition.

3.8.3: Empowering Parents and Improving Family Quality of Life

Participants note the empowering role SLTs have in educating parents, which can improve family dynamics and the overall quality of life for the child and family.

"Many things depend mainly on the mother, I see the child for a very short time, but the mother is with the child twenty-four hours. In that case I tell her to do these activities three times a day at home." (parent-led carryover) – Participant 01

"I give to the mothers feeding practice and feeding-related guidelines, children are benefiting many ways." – Participant 09

The results indicate that SLTs believe that parents should be empowered, since caregivers, in particular, mothers, are the ones giving most of the daily care related to feeding. Practical home programs and explicit feeding instructions were highlighted to enhance the carry over, family confidence and more regular feeding habits at home.

This breakdown provides a comprehensive overview of the SLTs’ roles, challenges, and experiences in managing breastfeeding difficulties, highlighting the importance of professional development, collaboration with other healthcare providers, and addressing cultural and resource-related barriers.

CHAPTER 04 DISCUSSION

This chapter discusses the findings of the study "A qualitative inquiry of Speech and Language Therapists' views about breastfeeding management in infants who have swallowing difficulties" in relation to the research objectives and existing literature. The themes reflect how SLTs understand their role, how they identify and manage breastfeeding-related swallowing problems, what challenges they face, and what training and system changes they feel are needed.

4.1 SLTs' Clinical Role in Breastfeeding Management

During this investigation, SLTs reported their primary role in breastfeeding as the provision of infant feeding and swallowing intervention including: assessment- informed interventions, care-giver education and referral. This can be clearly related to the overall aim and specific objective regarding SLTs' roles in which participants described breast-feeding issues in relation to oral-motor functioning, swallowing safety and suck–swallow–breathe coordination (P01, P02, P05, P08, P09, P10). That is similar to the findings of Schlome et al (2025) with SLTs, who also situated management of breastfeeding under early feeding/swallowing, and pointed out the requirement for enhanced professional educational support.

In relation to neonatal guidelines established for SLTs' assessment and intervention roles in MDTs, Session I participants focused on detailed assessment and individualised management planning (e.g. feeding / birth history, oral structure examination, observation of breathing stress) (P03, P04, P05, P07,P10) (RCSLT, 2023). their regular use of positioning and latch/attachment guidance (P01, P02, P06, P08, P09, P10) is consistent with the type of standard advice about positioning and attachment recommended for breastfeeding support (NHS, n.d.), their parent counselling that focuses on skills-based demonstration and return demonstration methods (P01, P02, P03, P06, P08) reflects WHO guidance regarding practical breastfeeding counselling (WHO, 2018)

Referral was reported to be necessary when: needs were outside the remit of the SLT service (nutrition, physiotherapy; cleft-related support; and medical reference for suspected TTF) (P01, P04, P08, P10). "This is consistent with the AAP clinical report promoting multidisciplinary evaluation and symptom based decision making for tongue-tie following appropriate feeding support (Thomas et al., 2024).

4.2 Identification of Breastfeeding and Swallowing Difficulties

This theme demonstrates evidence for how SLTs identify breastfeeding–swallowing problems through history, examination, symptom presentation and tools, thereby meeting the aim of investigating SLTs' practices in breastfeeding support of infants with swallowing difficulties. They stated that the neonatal/medical history (eg, NICU/ICU admission, O2 status, NG-tube feeding) and the feeding performance were used to identify a source of difficulty (P01, P05, P08, P09). This is consistent with pediatric dysphagia recommendations which call for professional judgment that considers case history and clinical findings, especially in the case of medically complex infants("Pediatric Dysphagia: An Otolaryngologic Perspective," 2025).

The clinical signs identified by the participants were coughing/choking, breathlessness, gurgly sounds, nasal regurgitation, shallow latch, weak lip seal/tongue movement, signs of aspiration and poor weight gain (P01–P10). These signs are consistent with widely reported dysphagia warning signs, in which coughing/choking and respiratory distress while feeding may indicate aspiration risk and should prompt further assessment (Stony Brook Medicine, n.d.).

A recognized observation was the application of standardized assessment tools: NOMAS and TABBY (P03, P07, P08). NOMAS enables the structured classification of neonatal suck patterns and feeding readiness (NOMAS International, n.d.), whilst TABBY delivers a quantitative description to facilitate decisions on breastfeeding assessment and referral related to tongue-tie (Ingram et al., 2019).

Finally, professionals stressed special clinical population (i.e., at high-risk) by mentioning cerebral palsy and cleft lip/palate as being commonly confronted to problems of breastfeeding or swallowing (P01, P02, P06, P08, P09). This is in line with breastfeeding/feeding resources for cleft conditions which cite impaired sucking and increased feeding complexity warranting specialist intervention (BC Children's Hospital, 2025).

4.3 SLTs' Experiences with Breastfeeding Cases

This theme suggests that contact patterns of feeding SLTs Re into different service settings (SLTs' experience with breastfeeding-related swallowing cases does R by referral source vary by receiving a SLT appears to be associated with conflict 192 stream and level of exposure). Reported case load was varied— for some the frequency of cases ranged from several per week to barely having them appear—and participant commentary indicated that inpatient/indoor units such as NICU, HDU and KMC generated more feeding based referrals

than outpatient / outdoor services (P01 P03, P04, P05, P07, P08, P09 and P10). This practice reflects neonatal direction that states that SLTs should be routinely involved in feeding support on neonatal units where medically fragile infants may be cared for and referred to the service at an early (RCSLT, 2023).

Participants also referred to out-client/outdoor settings in which children present late because of the nature of system-level referral pathways determining when feeding/swallowing-related concerns "get to SLTs" (P04). This echoes ASHA's NICU best practice guide that provides structured SLP roles and guidelines for the identification and handling of feeding issues within high-risk neonatal settings (ASHA, n.d.)

4.4 Barriers and Challenges in Breastfeeding Management

It also brings out the clear limitation of SLTs' breastfeeding management in terms of late/absent referral, low awareness and follow-up by caregivers, patients' cultural discomfort and lack of resources/protocols expressly answering this objective on barriers/challenges. A number of participants mentioned that infants had arrived at SLTs late or not at all owing to poor name and shame practises (P01, P03, P04, P07; 10). Lack of timely access to adequate lactation support is also addressed by general healthcare literature as a system-level barrier (ACOG, 2021).

Participants also expressed inconsistency in home practice as a barrier and challenge to ensure caregiver adherence (P01, P02, P04–P06, P08). This is consistent with guidance for breastfeeding support that counselling be repeated, care continuum maintained, and follow-up, so families can take feeding recommendations to heart (WHO, 2018; CDC, 2025).

Cultural sensitivity was also indicated as barrier, especially where mothers are shy or felt awkward to talk about breastfeeding with male therapists (P08, P09). This is in line with previous studies showing that social and cultural determinants can influence breastfeeding communication and actions, which demand a culturally specific counselling approach (Nsiah-Asamoah et al., 2020).

Lastly, few materials and specific protocols were reported by the participants (P02, P08), making the practice vary strongly according to individual experience and lowering standardized decision-making. This is in line with the trend toward more structured guidelines and frameworks for pediatric feeding practice to promote systematic assessment and intervention (ASHA, n.d.)

4.5 Collaboration with Nutritionists and the Multidisciplinary Team

Nutritionists are MDT core members for SLTs to work effectively in ensuring intake through monitoring growth/weight, calorie needs and dietary adequacy particularly when exclusive breastfeeding is not enough (P01, P05, P06, P08–P10). This is congruent with the PFD consensus framework that underlines "nutrition" as a core domain that involves different specialists (Goday et al., 2019).

Participants also identified the need for nutritionists helping with supplementation/formula selection, pumping support and other methods of alternating feeding when breastfeeding isn't sufficient or safe (P01, P04,P06,P08). It mirrors WHO advice that good C/AF requires accurate information and competent support from the health system (World Health Organization [WHO], n.d.).

Lastly, participants reported that MDT services are not widely offered, and highlighted the importance of better linkage between SLTs/nutritionists and paediatricians (P03, P07, P08), reflecting models advocating for coordinated multidisciplinary care for feeding disorders in children (Feeding Matters, 2023).

4.6 Training and Professional Development Needs

This topic identifies an evident training need in the management of breastfeeding among SLTs and directly speaks to the objective on training and professional development requirements. The majority of those participated reported no further training relating to breastfeeding (P01, P03, P05-07, P09, 10) in contrast to others with self-directed learning via coursework/internship experience or external trainings (UNICEF/EBF; neonatal breastfeeding assessment) (P02, 05, 08 and 10). This mirrors advice from WHO that successful breastfeeding counselling is contingent on health care workers receiving systematic, practice-based career development (WHO, 2018).

Participants also strongly indicated a. need for structured courses/workshops and guidelines ("from A to Z") to increase confidence and consistency in practice (P01, P03, P05–P08).. This is consistent with the revised Baby-Friendly Hospital Initiative training resources, aimed at developing competency in practical breastfeeding support for maternity staff (WHO & UNICEF, 2020).

4.7 Recognised Importance of the SLT Role

This theme indicates that SLTs have a strong belief in the morbidity associated with low viscosity diets and their role in mitigating aspiration risk and related sequelae (e.g., pneumonia, poor nutrition). Incorrect positioning and feeding dysfunction were associated with coughing, breathlessness, choking, and pulmonary risks (P01, P06, P08, P09) Participants' conceptualizations reflected pediatric feeding/swallowing guidance that focuses on airway safety and reducing harm of aspiration (ASHA, n.d.).

Participants also identified the importance of SLTs facilitating safe and efficient feeding and growth, such as addressing fatigue, optimizing oral-motor capacity and promoting feeding readiness through caregiver led home programmers (P01,P05, P08, P10). This is also consistent with the framework for PFD, which focuses on functional intake and nutritional/growth goals of feeding intervention (Goday et al., 2019).

Lastly, SLTs emphasized parent empowerment as the core element given the fact that mothers are responsible for most daily feeding care; participants emphasized parent-driven carryover with practical advice benefiting both child and family (P01, P09). This mirrors WHO recommendations that breastfeeding counselling needs to be demonstrative and should enable caregivers to do things for themselves at home (WHO, 2018).

CHAPTER 05 LIMITATIONS & RECOMMENDATIONS

5.1 Limitations of the Study

The qualitative research involved a restricted sample of SLTs. Thus, the results cannot be generalized for all SLTs in Bangladesh. The perspectives of parents, pediatricians, nurses, nutritionists and lactation consultants were not represented in interviews. The information relied on self-reported in semi-structured interviews, which might be prone to recall bias and social desirability. All interviews were conducted in Bangla and then translated to English, so nuances might be missing. SLTs' attitudes at one point in time, rather than how their practice changes over time, are captured in the cross-sectional design. And, at a minimum, one interview was conducted by phone without facial expressions or other body language.

5.2 Recommendations

For clinical practice

- Encourage the early recognition and referral of babies with breastfeeding and swallowing problems, especially high-risk babies (e.g. CP, cleft, NICU graduates).
- Use simple structured assessment and documentation for breastfeeding related dysphagia.
- Encourage parents to offer counselling regarding positioning, signs of safe feeding, and home practice.
- Coordinate closely with SLTs, nutritionists and pediatric teams for breastfeeding management.

For education, services and research

- SLT curricula and CPD programmes should include more structured teaching and supervised practice on infant feeding and breastfeeding management.
- Make local guidelines and operational protocols that formally include SLTs in paediatric and neonatal feeding teams.
- Further research including a broader spectrum of professions such as caregivers also needs to be done to aid in building a whole picture.

CHAPTER 06 CONCLUSION

The final part of this chapter discusses the findings from the qualitative study (below) entitled 'Speech and Language Therapists views about Breast Feeding Management who have swallowing difficulties. The paper analyzed the way swallowing (feeding) difficulties during breastfeeding are perceived and managed by speech-language pathologists (SLTs). It was centered on their clinical duties, experiences, obstacles and collaboration/training requirements. Interviews with practicing SLTs were thematically analyzed to develop seven interconnected themes that characterize pivotal features of current practice. The chapter draws conclusions about the major findings, discusses implications for clinical practice and service development, and identifies priority areas for future research.

Seven key themes emerged that together represent the most relevant components of SLTs' work in relation to breastfeeding in Bangladesh: (1) SLTs' clinical role in managing and supporting breastfeeding support, with an emphasis on assessment-led feeding and swallowing intervention, positioning/latch support and caregiver counselling; (2) Recognition of feeding & swallowing difficulties for babies themselves which focuses on history-taking, clinical observation, warning signs & structured tools;(3) SLTs experiences working with babies regarding their breastfeeding challenges: profiles varied between inpatient 'indoor' versus outpatients/'outdoor practice; (4) Barriers and challenges for babies were framed as late or absent referral; limited awareness among caregivers regarding needs of a baby at risk of inadequate breastmilk intake; cultural discomfort talking about poor breastfeeding: lack of resources/protocols; (5) Collaboration with nutritionists, multidisciplinary team (MDT)- to ensure baby gets enough food/suggest safe alternatives when milk supply is poor;(6) Training needed/highlights lack of formal programmers,- strong need exists for structured courses/workshops/practical guidelines; &SLT Role- importance for prevention pneumonia/aspiration -Both supportive and educational as they well placed externally provide parents power through home programs.

These findings provide insight into the current delivery of breastfeeding-themed swallowing management by SLTs within Bangladesh and address gaps in service provision. The findings suggest that improving practice will require earlier and more consistent referral pathways, improved caregiver engagement strategies and the standardization of clinical procedures. System level Collaborations between MDTs to work together, especially in nutrition and pediatrics' which will enable decision-making regarding growth, supplementation, safety

holistically. The study highlights the need for structured education as well as Continuing Professional Development (CPD) access for SLTs to improve their confidence and maintain currency with clinical skills, enabling them to offer more consistent and evidence-based support in breastfeeding

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ANNEXURES

Annexure-1 (a)

Informed Consent for Participants

Assalamualaikum/Namaskar, My name is Most. Koheli. I am a 4th year student of Speech & Language Therapy department. I am conducting this study for a Bachelor project study titled **"A Qualitative Inquiry of Speech and Language Therapists views about Breast Feeding Management who have Swallowing Difficulties"**, from Bangladesh Health Professions Institute (BHPI), University of Dhaka. As part of this research, I seek to explore the perspectives, roles and experiences of speech and language therapists in managing breastfeeding who have swallowing difficulties. The discussion will take approximately 15-20 minutes.

I would like to inform you that this is a purely academic study and will not be used for any other purpose. The researcher is not directly related to Centre for the Rehabilitation of the Paralyzed (CRP), so your participation in the research will have no impact on your present or future in this area. All information provided by you will be treated as confidential and in the event of any report or publication it will be ensured that the source of information remains anonymous.

Your participation in this study is voluntary and you may withdraw yourself at any time during this study without any negative consequences. You also have the right not to answer a particular question that you don't like or do not want to answer during the interview.

If you have any query about the study or your right as a participant, you may contact with **Most.Koheli**, researcher and supervisor **Nure Naznin**, Assistant Professor, Department of Speech & Language Therapy, Bangladesh Health Professions Institute (BHPI).

Do you have any questions before I start?.....

So, may I have your consent to proceed with the interview? YES/NO

Signature/Fingerprint of the Participant: Date:

Signature of the Investigator: Date:

Mobile No:

Annexure- 1 (b)

সম্মতিপত্র অংশগ্রহনকারীর জন্য

আসসালামু আলাইকুম/নমস্কার,আমার নাম মোছা: কোহেলী । আমি স্পিচ অ্যান্ড ল্যাঙ্গুয়েজ থেরাপি বিভাগের চতুর্থ বর্ষের শিক্ষার্থী। আমি একটি ব্যাচেলর গবেষণা প্রকল্প পরিচালনা করছি যার শিরোনাম:" স্তন্যপান ব্যবস্থাপনায় স্পিচ অ্যান্ড ল্যাঙ্গুয়েজ থেরাপিস্টদের দৃষ্টিভঙ্গি: যেসব শিশুর গলাধঃকরণের অসুবিধা আছে তাদের প্রেক্ষাপটে একটি গুণগত অনুসন্ধান"। এই গবেষণাটি বাংলাদেশ হেলথ প্রফেশন্স ইনস্টিটিউট, ঢাকা বিশ্ববিদ্যালয়ের অধীনে পরিচালিত হচ্ছে। গবেষণার অংশ হিসেবে আমি স্পিচ ও ল্যাঙ্গুয়েজ থেরাপিস্টদের ভূমিকা, অভিজ্ঞতা ও দৃষ্টিভঙ্গি অনুসন্ধান করতে চাই যাদের খাবার গলাধঃকরণে অসুবিধা আছে সে সকল শিশুদের স্তন্যপান ব্যবস্থাপনা নিয়ে কাজ করেন । পুরো আলোচনা আনুমানিক ১৫-২০ মিনিট সময় নেবে।

আমি আপনাকে জানাতে চাই,এটি একটি সম্পূর্ণ একাডেমিক গবেষণা এবং অন্য কোনো উদ্দেশ্যে ব্যবহার করা হবে না। আমি সিআরপি (Centre for the Rehabilitation of the Paralyzed)-এর সাথে সরাসরি যুক্ত নই, তাই এই গবেষণায় আপনার অংশগ্রহণ বর্তমান বা ভবিষ্যতে আপনার ওপর কোনো প্রভাব ফেলবে না। আপনি যে তথ্য প্রদান করবেন তা সম্পূর্ণ গোপন রাখা হবে এবং গবেষণার প্রতিবেদন বা প্রকাশনার ক্ষেত্রে আপনার নাম বা পরিচয় প্রকাশ করা হবে না।

আপনার অংশগ্রহণ সম্পূর্ণ স্বেচ্ছামূলক। আপনি চাইলে যেকোনো সময় কোনো নেতিবাচক প্রভাব ছাড়াই অংশগ্রহণ থেকে সরে আসতে পারবেন। এছাড়াও,সাক্ষাৎকার চলাকালীন কোনো প্রশ্ন আপনার অস্বস্তিকর মনে হলে আপনি সেটির উত্তর না দেওয়ার অধিকারও রাখেন।

যদি গবেষণা বা অংশগ্রহণকারী হিসেবে আপনার অধিকার সম্পর্কে কোনো প্রশ্ন থাকে, তবে গবেষক মোছা: কোহেলী বা তত্ত্বাবধায়ক নূরে নাজনীন, সহকারী অধ্যাপক , স্পিচ অ্যান্ড ল্যাঙ্গুয়েজ থেরাপি বিভাগ, বাংলাদেশ হেলথ প্রফেশন্স ইনস্টিটিউট (BHPI)-এর সাথে যোগাযোগ করতে পারেন।

আপনার কোনো প্রশ্ন আছে কি?.....

তাহলে, আমি কি সাক্ষাৎকার শুরু করার জন্য আপনার সম্মতি পেতে পারি? হ্যাঁ/না

অংশগ্রহণকারীর স্বাক্ষর/আঙুলের ছাপ: তারিখ:

গবেষকের স্বাক্ষর: তারিখ:

মোবাইল নং :

Annexure- 2 (a)

Questionnaire (English)

1. When you work with breastfeeding difficulties, what role do you think you play?

2. How do you identify or assess breastfeeding difficulties in infants?

3. According to your clinical practice experience, what did you regularly find in infants who have problems with breastfeeding?

4. What are the most common symptoms of infants who have breastfeeding difficulties?

5. How confident are you in working with infants who have breastfeeding difficulties?

6. What challenges or barriers have you faced while working in breastfeeding difficulties in children?

7. What are your views about working with nutritionists in breastfeeding management?

8. Do you think it is necessary for a speech and language therapist to be trained as a nutritionist when working with breastfeeding problems?

9. Do you think the role of a speech and language therapist is important in breastfeeding problems?

10. Have you ever received any training on breastfeeding and do you think there is a need for training on this topic?

Annexure- 2 (b)

প্রশ্নাবলী

১. আপনি যখন বুকের দুধ খাওয়ানোজনিত সমস্যা নিয়ে কাজ করেন, তখন আপনি নিজে কীভাবে ভূমিকা পালন করেন বলে মনে করেন?

২. আপনি বুকের দুধ খাওয়ানোর সমস্যা জনিত শিশুদের কীভাবে চিহ্নিত করেন?

৩. আপনার ক্লিনিকাল প্র্যাকটিসের অভিজ্ঞতা অনুযায়ী বুকের দুধ খাওয়াতে সমস্যা আছে এমন বাচ্চা কী নি য়মিত পেয়েছেন?

৪. বুকের দুধ খেতে সমস্যা হয় এমন শিশুদের ক্ষেত্রে কী ধরনের লক্ষণ সবচেয়ে বেশি দেখেন?

৫. বুকের দুধ খাওয়ানোর সমস্যা যুক্ত শিশুদের নিয়ে আপনি কাজ করতে কতটা

আত্মবিশ্বাসী?

৬. আপনি শিশুর বুকের দুধ খাওয়ানোজনিত সমস্যা নিয়ে কাজ করতে গিয়ে কী কী বাধার সম্মুখীন হয়েছেন ?

৭. বুকের দুধ খাওয়ানোজনিত সমস্যার জন্য পুষ্টিবিদের সাথে কাজ করার ব্যাপারে আপনার মতামত কী?

৮. আপনি কি মনে করেন বুকের দুধ খাওয়ানোজনিত সমস্যা নিয়ে কাজ করার

ক্ষেত্রে একজন স্পিচ এন্ড ল্যাংগুয়েজ থেরাপিস্টের পুষ্টিবিদ হিসেবে প্রশিক্ষণ নেওয়া প্রয়োজন?

৯. আপনি কি মনে করেন বুকের দুধ খাওয়ানোজনিত সমস্যার ক্ষেত্রে স্পিচ এন্ড

ল্যাংগুয়েজ থেরাপিস্টের ভূমিকা গুরুত্বপূর্ণ?

১০. আপনি কখনো কি বুকের দুধ খাওয়ানোর বিষয় নিয়ে কোন ধরনের প্রশিক্ষণ

পেয়েছেন এবং আপনি কী মনে করেন এই বিষয়ে উপর প্রশিক্ষণের প্রয়োজন আছে?

Annexure- 3 (a)

বাংলাদেশ হেলথ্ প্রফেশন্স ইনস্টিটিউট (বিএইচপিআই)
Bangladesh Health Professions Institute (BHPI)
(The Academic Institute of CRP)

Ref: CRP-BHPI/IRB/09/2025/1151 Date: 15.09.2025

To
Most. Koheli
4th Year Student B.Sc. in Speech & Language Therapy
Session: 2020-21, DU Reg. No.: 14300, Student ID:132000282
BHPI, CRP, Savar, Dhaka-1343, Bangladesh

Subject: Approval of the thesis proposal "A Qualitative Inquiry of Speech and Language Therapists views about Breast Feeding Management who have Swallowing Difficulties"- by the ethics committee.

Dear Most. Koheli,
Congratulations.
The Institutional Review Board (IRB) of BHPI has reviewed and discussed your application to conduct the above-mentioned dissertation, with yourself, as the principal investigator and Nure Naznin, Assistant Professor, Speech and Language Therapy Department, BHPI as thesis supervisor. The Following documents have been reviewed and approved:

Sl. No.	Name of the Documents
1	Dissertation proposal
2	Questionnaire (English & Bangla version)
3	Information sheet & consent form.

The purpose of this study is to explore the perspectives, roles and experiences of speech and language therapists in managing breastfeeding who have swallowing difficulties. The study involves conducting a self-demonstrate questionnaire that takes fifteen to twenty minutes to answer and explores SLTs' perceived roles and clinical approaches in breastfeeding management for infant with swallowing difficulties and have possibility of benefit in contributing to the understanding of SLTs' clinical practice and training needs. There is no likelihood of any harm to the participants. The members of the Ethics committee has approved the study to be conducted in the presented form at the meeting held at 08:30 AM on May 21, 2025 (49th IRB meeting) at BHPI.

The institutional Ethics committee expects to be informed about the progress of the study, any changes occurring in the course of the study, any revision in the protocol and patient information or informed consent and ask to be provided a copy of the final report. This Ethics committee is working accordance to Nuremberg Code 1947, World Medical Association Declaration of Helsinki, 1964 - 2013 and other applicable regulation.

Best regards,
Millat Hossain
Muhammad Millat Hossain
Associate Professor, Project and Course Coordinator, MRS
Member Secretary, Institutional Review Board (IRB)
BHPI, CRP, Savar, Dhaka-1343, Bangladesh

সিআরপি-চাপাইন, সাভার, ঢাকা-১৩৪৩, বাংলাদেশ। ফোন: +৮৮ ০২ ২২৪৪৪৫৪৬৪-৫, +৮৮ ০২ ২২৪৪৪১৪০৪, মোবাইল: +৮৮ ০১৭৩০ ০৫৯৬৪৭
CRP-Chapain, Savar, Dhaka-1343, Bangladesh. Tel: +88 02 224445464-5, +88 02 224441404, Mobile: +88 01730059647
E-mail : principal-bhpi@crp-bangladesh.org, Web: bhpi.edu.bd

Annexure- 3(b)

Date: 18-08-25

To

The Head

Department of Speech & Language Therapy

Bangladesh Health Professions Institute (BHPI)

CRP, Savar, Dhaka-1343, Bangladesh.

Subject: Prayer for Seeking Permission to conduct the Research Project.

Sir,

With due respect, I state that I am a 4th year student of B.Sc. in Speech & Language Therapy Department, Session:2020-21 at Bangladesh Health Professions Institute (BHPI), the academic institute of Centre for the Rehabilitation of the Paralysed (CRP). I am sincerely seeking your permission to conduct my research project as the partial fulfillment of the requirement for the degree of B.Sc. in Speech and Language Therapy. The title of research project is **"A qualitative inquiry of Speech and Language Therapists views about Breast Feeding Management who have swallowing difficulties."** The purpose of this study is to explore the perspectives, roles and experiences of speech and language therapists in managing breastfeeding who have swallowing difficulties. Now I am seeking your kindness to approve me to conduct the research project and I would like to ensure that anything of my research project will not be harmful to the participants.

So, I therefore pray and hope that you would be kind enough to grant me the permission to conduct the research project.

Your obediently

Most. Koheli

4th year student of B.Sc. in Speech & Language Therapy Department

Bangladesh Health Professions Institute (BHPI)

CRP, Savar, Dhaka

Head of the Department	Comment
Md. Sazzad Hossain Assistant Professor & Head Department of Speech and Language Therapy Bangladesh Health Professions Institute (BHPI) CRP, Savar, Dhaka	Permission has been granted. 18/8/25

Md. Sazzad Hossain
Asst. Professor & Head

Annexure- 3(c)

Date: 08-10-25

To

The Head

Department of Speech & Language Therapy

Centre for the Rehabilitation of the Paralysed (CRP)

CRP, Savar, Dhaka-1343, Bangladesh.

Subject: Prayer for seeking permission to conduct data collection.

Dear Ma'am,

With due respect and humble submission, I would like to inform you that I am a 4th year student of B.Sc. in Speech & Language Therapy Department, Session: 2020-21 at Bangladesh Health Professions Institute (BHPI), the academic institute of Centre for the Rehabilitation of the Paralysed (CRP). The title of research project is **"A qualitative inquiry of Speech and Language Therapists views about Breast Feeding Management who have swallowing difficulties."** The purpose of this study is to explore the perspectives, roles and experiences of speech and language therapists in managing breastfeeding who have swallowing difficulties.

Now I'm seeking your kindness to approve me to start the data collection from the Speech and Language Therapy department for the study project and I would like to assure that anything of my study project will not be harmful for the participants.

So, I therefore pray and hope that you would be kind enough to grant me the permission to data collection.

Yours obediently,

Koheli

Most. Koheli

4th year student of B.Sc. in Speech & Language Therapy Department

Bangladesh Health Professions Institute (BHPI)

CRP, Savar, Dhaka

Head of the Department	Comment & Signature
Tahmina Sultana Head & Consultant Department of Speech and Language Therapy Centre For the Rehabilitation of the Paralysed (CRP) Savar, Dhaka-1343, Bangladesh.	Permission given. 9/10/25 TAHMINA SULTANA Consultant & Head Speech & Language Therapy Department CRP, Savar, Dhaka

Forwarded

9/10/25

Md. Sazzad Hossain
Asst. Professor & Head
Department of Speech and Language Therapy
CRP

Annexure- 3 (d)

Date: 18-08-25

To

The Head

Department of Speech & Language Therapy

Bangladesh Health Professions Institute (BHPI)

CRP, Savar, Dhaka-1343, Bangladesh.

Subject: Prayer for Seeking Permission to data collection as part of Research Project Conduction.

Sir,

With due respect and humble submission, I would like to inform you that I am a 4th year student of B.Sc. in Speech & Language Therapy Department, Session: 2020-21 at Bangladesh Health Professions Institute (BHPI), the academic institute of Centre for the Rehabilitation of the Paralysed (CRP). At this state I am intending to do dissertation as partial fulfillment of the requirement for the degree of B.Sc. in Speech and Language Therapy. The title of research project is **"A qualitative inquiry of Speech and Language Therapists views about Breast Feeding Management who have swallowing difficulties."** The purpose of this study is to explore the perspectives, roles and experiences of speech and language therapists in managing breastfeeding who have swallowing difficulties.

Now, I am seeking your kindness to approve me to collect data as part of the research project conduction, and I would like to ensure that anything of my research project will not be harmful to the participants.

So, I therefore pray and hope that you would be kind enough to grant me permission to collect data for conducting the research project.

Yours obediently,

Most. Koheli

4th year student of B.Sc. in Speech & Language Therapy Department

Bangladesh Health Professions Institute (BHPI)

CRP, Savar, Dhaka

Head of the Department	Comment & Signature
Md. Sazzad Hossain Assistant Professor & Head Department of Speech and Language Therapy Bangladesh Health Professions Institute (BHPI) CRP, Savar, Dhaka-1343, Bangladesh.	Permission has been granted. 18/8/25

Md. Sazzad Hossain
Asst. Professor & Head

Annexure- 3 (e)

Date : 23-09-25

To

In-Charge

Department of Speech & Language Therapy

Centre for the Rehabilitation of the Paralysed (CRP)

Mirpur-14, Dhaka-1206

Subject: Prayer for Seeking Permission to data collection as part of Research Project conduction.

Ma'am,

With due respect and humble submission, I would like to inform you that I am a 4th year student of B.Sc. in Speech & Language Therapy Department, Session: 2020-21 at Bangladesh Health Professions Institute (BHPI), the academic institute of Centre for the Rehabilitation of the Paralysed (CRP). At this state I am intending to do dissertation as partial fulfillment of the requirement for the degree of B.Sc. in Speech and Language Therapy. The title of research project is **"A qualitative inquiry of Speech and Language Therapists views about Breast Feeding Management who have swallowing difficulties."** The purpose of this study is to explore the perspectives, roles and experiences of speech and language therapists in managing breastfeeding who have swallowing difficulties.

Now, I am seeking your kindness to approve me to collect data as part of the research project conduction, and I would like to ensure that anything of my research project will not be harmful to the participants.

So, I therefore pray and hope that you would be kind enough to grant me permission to collect data for conducting the research project.

Yours obediently,

Koheli

Most.Koheli

4th year student of B.Sc. in Speech & Language Therapy Department

Bangladesh Health Professions Institute (BHPI)

CRP, Savar, Dhaka

In-charge of the Department	Comment & Signature
Geetashree Das Consultant & In-Charge Department of Speech and Language Therapy Centre for the Rehabilitation of the Paralysed (CRP) Mirpur-14, Dhaka-1206	Approved Geek 23.09.25

Forwarded
23/9/25

Md. Sazzad Hossain