

Oxford Craniofacial Unit

COMMUNICATING WITH A CHILD WITH A TRACHEOSTOMY

Information for parents and carers

Having a tracheostomy may temporarily affect your child's speech and language development. However, early speech and language therapy intervention can help with this. Referral to a Speech and Language Therapist is recommended for all children with a tracheostomy.

Soon after your child's tracheostomy is put in, the Speech and Language Therapist will meet you to discuss communication options for your child and ways to develop their speech and language skills.

A tracheostomy affects your child's communication by changing the passage of air through their voice box (larynx) and mouth. Air from the lungs passes out of the tracheostomy tube, instead of passing up through the voice box and out of the mouth to make sounds.

Babies

A baby (under six months) with a tracheostomy tube will communicate with you using facial expressions, such as smiles and frowns. You will learn to 'read' your child's expressions.

Even though your baby is unlikely to be able to make a voice at this stage, it is important to continue to talk to them in a natural and enjoyable way and to respond to their communication as you would any other child.

Infants and children

As your child develops they will begin to make mouth shapes and early sounds, like kisses and blowing raspberries. These sounds should be encouraged and will lead to the development of more speech-like sounds over time.

Your child's communication options will depend on their airway and the reason for the tracheostomy. The Speech and Language Therapist will discuss these options with you and together you can decide on the most appropriate way forward for your child.

Communication options

Speaking valves

A speaking valve is a one-way valve which sits on the end of the tracheostomy tube. There are several different types of speaking valve.

The valve opens as your child breathes in through the tracheostomy and closes as they breathe out, directing the air up through the larynx and out of the mouth. This allows your child to create sounds.

Not all children can have a speaking valve, as a good air leak around and above the tube is needed. Your Speech and Language Therapist will assess your child's suitability for a speaking valve. If your child cannot use a speaking valve, they may still be able to make sounds using the air leaking around the tube.

Your child's voice without a speaking valve is often likely to be quieter and may be more difficult to understand. Some children with tracheostomies may have voices that sound different in quality, pitch or volume to that of other children of the same age. This is most likely if they have changes to their vocal folds or voice box. The Speech and Language Therapist will explain this to you and discuss how to help your child's voice production.

Sign language

There are many different types of sign language, each developed for different needs and abilities. Makaton and British Sign Language are two examples.

Makaton is frequently recommended for young children, to help encourage their language development and to reduce their frustration with not being able to communicate. The signs are produced alongside speech, so do not interfere with development of spoken language.

Top tips for communicating with a child with a tracheostomy

Before children can make speech sounds, it is important that they can look, listen and feel sounds first.

Talking to your baby

By chatting to your baby throughout the day, you are giving them an example of speech sounds. Spending time talking to yourself while you go about your daily activities can give your baby more experience of hearing you make speech sounds correctly.

As you do activities around the house you can narrate what you are doing (e.g. 'It's time for a bath. I'm going to turn the water on. Splash! Wow, that is cold! Now to add some bubbles!'). You can have fun and use made up sounds. Your baby will like watching your mouth and face and hearing the sounds that you make.

Some ideas:

- Make your voice go up and down in pitch and volume.
- Make funny faces and exaggerate your facial expressions for your baby to watch.
- Make funny sounds (blow raspberries, smack your lips).

Babble with your baby

When you hear your baby make a sound, you can repeat the sound back to them. This lets your baby hear and see the sounds they are making and tune into their own speech sounds. Let your baby see and feel your mouth moving with their hands, or on their skin. For example, blow a raspberry and let your baby touch your lips to feel the vibration.

Be careful not to repeat back any sounds that your baby might make at their back of their throat – these are the sounds your Speech and Language Therapist will work with you to discourage.

Getting ready to play

As your child grows, you can start to play with them with words and sounds. The most important thing to remember is to have fun! Children are more likely to want to join in activities if they are enjoying themselves and see you enjoying yourself too.

Keep activities short; very young children are still developing their listening and attention skills and won't be able to concentrate for long.

You can play speech sound games with your child at any time. It is best to find a quiet spot, so that your child can hear your voice and speech sounds that are quiet (like 'p'). Try to sit face to face with your child, so they can see your face and mouth.

Turn-taking

One of the first steps in learning about communication is beginning to take turns during conversation. You can do this with your child by letting them make some sounds, then saying something, then pausing to allow your child to take their turn again.

Learning to listen

You can teach your child to tune in to the speech sounds and noises they hear. You can do this by going on a listening walk and pointing out the sounds that you hear (e.g. birds in the tree, a dog barking, a bus beeping).

When you are at home, you can point out sounds like the telephone or the vacuum cleaner. You can ask, 'What's that noise?' then show them what made the noise. Toys that make a sound, like musical instruments, shakers and rattles, are also useful for teaching your child to listen.

Change the sound of your voice

When you make sounds, change the pitch and tune in your voice so that your child can listen and copy. You can make this fun by doing this in play.

For example, when you swing or bounce your child up and down, vary the tune in your voice to match the word, so your voice goes up when you say 'up' and down with 'down'.

Starting talking

Encourage your child to make sounds. Babies or children who have had a tracheostomy at an early age usually won't be able to copy sounds perfectly. It is more important for you to provide a clear example of the sound and this will encourage your child to join in.

Teach new sounds

Encourage early speech sounds, particularly gentle lip sounds such as 'muh, buh, puh'. Use words like 'peep-o', 'pop!' and 'mummy' or 'daddy', or imitate animal sounds, for example, 'moo', 'baa' and 'miaow'.

You can also make up nonsense strings of sounds, for example 'mumumum' or 'boobooboo'. If you make the sounds, your baby will want to join in.

Pop bubbles while saying 'pop, pop, pop' and play hiding games, saying 'peep-o'.

Introduce signing

Talk to your child's Speech and Language Therapist about whether they would benefit from being shown signing.

When you are talking to your child throughout the day, you can talk **and** sign, giving them an example of some signs and gestures they can use to express themselves.

Your child's Speech and Language Therapist can talk to you about some early signing vocabulary that you can begin to use with your child.

Further advice

If you have any concerns or questions about your child's communication development, please speak to their Speech and Language Therapist.



If you have a specific requirement, need an interpreter, a document in Easy Read, another language, large print, Braille or audio version, please call **01865 221 473** or email **PALS@ouh.nhs.uk**

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