SPECIFIC CHARACTERISTICS OF CHILDREN'S FEEDING IN CONGENITAL DEFORMITIES OF THE UPPER LIP AND PALATE

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Abstract Uz:
This article presents recommendations for feeding a child with congenital clefts of the upper lip and palate. These recommendations can be used by parents of children with rhinolalia, specialists in the referral process and in the organization of ablation with children of this category. Also, in the article, the uniqueness of the process of eating food, the specific characteristics of sucking, chewing and swallowing in children are revealed, and the methods of correctional speech therapy that allow indirect influence on the phases of swallowing are described.

Key words: rhinolalia, early age, speech defect, correction, rehabilitation, obturator, palate, special education, organic, functional, speech.

Congenital cleft lip and palate (CCL) is one of the most common and severe human developmental defects. Statistical studies show that it is 16.5% of the total number of birth defects. According to various data, the frequency of birth of children with this defect of the maxillofacial region ranges from 1:1000 to 1:460 in newborns [3].

ASD causes polymorphic disorders in the structure and functioning of various organs and systems, limits the child's life and activities both physiologically and socially, and causes secondary disorders in mental health. As a result of this, the disability of the carrier of the defect occurs, which requires timely, high-quality comprehensive rehabilitation.

The traditional system of corrective and developmental influence on the formation of the pronunciation of children with autistic children involves working with children at preschool age. It is based on the stages proposed by A.G. Ippolitova and II. Ermakova. A.G. Ippolitova's methodology describes pre- and post-operative stages. I.I. Ermakova divided the stage of preparation before the

operation, the stage after the operation (studying vowels and eliminating excess nasal resonance), the stage of correcting sound pronunciation, coordination of breathing, phonation and articulation, the stages of complete automation of new skills.

The stages of speech therapy offered by us for the formation of pronunciation of children with TLTY include preventive and basic stages of corrective and developmental influence. It was developed taking into account the child's rehabilitation/rehabilitation potential and modern rehabilitation trends. The preventive phase of early speech therapy should start at birth, be based on a family-centered approach, not depend on the duration of surgical intervention, and should not require special conditions for its implementation. In addition, it is a basis for further corrective work and assumes the formation of appropriate competences of the speech therapist. Lips, jaw system, tongue, hard and soft palate, larynx are anatomically and/or functionally damaged in LULTTK. It is manifested not only as an external defect, but also causes disturbances and changes in sucking, chewing, swallowing. When a speech therapist chooses correction technologies, taking into account these specific features, the effectiveness of speech therapy correction increases. They should include exercises that normalize eating behavior. As a result, there is a qualitative interaction of the functions of the organs of articulation, which is reflected both in eating (sucking, swallowing, chewing) and in the aspect of speech related to pronunciation [7, 8].

The above-mentioned shows that the specialist involved in the rehabilitation of children with ENT will have an idea of the course of the swallowing process, its physiological characteristics and changes that occur in the congenital pathology of the maxillofacial area. The process of eating provides many necessary functions for children, the most important of which is obtaining the amount of nutrients necessary for growth and development.

The swallowing process includes four phases: oral-preparatory, oral-transfer, pharyngeal and esophageal phases. Lips, tongue, chewing muscles and facial muscles are involved in oral-preparatory stage. It includes sucking, biting, chewing, mixing food with saliva, bolus of food in the mouth and retention of liquid. In the oral-transfer and pharyngeal stages, the tongue, soft palate, throat, and larynx muscles are involved and the swallowing process takes place directly.

In the esophageal phase, the upper and lower sphincters of the esophagus, the esophageal muscles and the stomach are involved. At this stage, the bolus passes through the esophagus and enters the stomach [2, 4].

Thus, for complete swallowing, a normal anatomical structure and a functional state of the following members of the articulatory apparatus involved in eating are necessary.

From the moment the food enters the mouth until it passes through the throat, the lips should be closed. When they are not closed, the pressure inside the mouth, which is necessary for the dense contact of the tongue and lips with the tongue, changes; the longitudinal and dorsal contraction of the tongue will not be enough, which prevents the passage of food into the esophagus.

The tongue is involved in the passage, mixing and further crushing of food, in the passage of the food bolus towards the throat and in pushing it. The backward movement of the base of the tongue exerts pressure on the bolus, similar to peristaltic movements.

The act of swallowing requires stabilization of the lower jaw by the front of the tongue, which usually occurs due to the fact that the lower jaw is pressed against the folds of the palate. The back of the tongue collects saliva and food and pushes the bolus into the esophagus.

Rotational and lateral movements of the lower jaw help to grind food, in which food is transferred by the tongue to the chewing surfaces of the teeth, which chew the food. to a consistency suitable for swallowing.

The involvement of the soft palate in the palatopharyngeal closure prevents food from entering the nasal cavity. The muscles that raise and tighten the soft palate press the soft palate against the back of the throat during swallowing, separating the nasal cavity from the oral cavity. The muscles that lower the soft palate open the airways for air to pass through.

Airway closure prevents aspiration. It starts from the true vocal cords and continues in the area of the entrance to the respiratory tract. At this level (area), a barrier is formed against the entry of food into the respiratory tract.

Special medical and pedagogical literature (Gonchakov G.V., Dyakova S.V., Mamedov A.A., Ermakova I.I., Balakireva A.S., etc.) describes the change in the process of eating and its consequences for the development of children with ADHD. Due to laxity of the lips and the decrease in their sensitivity, the scars

formed after the operation, which leads to the absence of pressure inside the mouth, the infant with cleft palate squeezes (squeezes) the teat with the base of the tongue and fragments of the palatal dome during feeding. In this case, sucking leads to the formation of tongue pathology (hypertrophy of the base of the tongue, tension of the tongue surface, relaxation of the tip (paresis)) and activation of facial muscles. This feature has a negative impact on the quality of the child's learning and the formation of the pronunciation of sounds.

Sometimes feeding a colicky child is possible only through a tube. Prolonged feeding in this way suppresses the innate swallowing reflex. Dystrophic processes in these tissues increase the underdevelopment of the jaw and soft palate muscles. The pathological state of the tongue, scar deformation of the hard and soft palates, disturbance of the pressure in the oral cavity complicate this condition (Derunova T.Yu., Soboleva E.A., Chirkina G.V., etc.). Improper eruption of teeth, formation of their two (double) rows, asymmetry of closing (connection) of chewing surfaces and transfer of load to lung muscles are the result of this.

In children with TLTC, there is a limitation of the muscles that raise the soft palate and separate the nasal and oral cavities during chewing. Crossing of the muscles of the soft palate along the middle line, their physiological tension may be disturbed. By the age of 4-5, the asymmetry of the muscles of the soft palate appears, and as the child grows older, it becomes stronger. Timely orthodontic treatment normalizes the structure and function of the tooth-jaw system [3].

In the special literature, information is provided that pathological changes in the condition of the soft palate muscles affect the condition of the vocal cords. Dystrophic process also develops in the muscles of the throat as a result of the decrease in functional load in them [1].

The listed anatomical-physiological specific features of the organs of the peripheral articulation apparatus can cause difficulties in the oral-preparatory, oral-transfer, and pharyngeal phases of food intake in children with TLTC. Let's look at it in detail. Difficulty in holding the mother's breast and/or pacifier in the mouth due to the anatomical defect of the lip during the oral-preparatory and oral-transfer phases; impossibility to connect (close) the lips while drinking liquid and chewing, as a result of which water flows from the mouth, food fragments fall out; difficulties in taking food from a spoon with the help of lips, drinking water through a tube; difficulty in chewing as a result of muscle weakness; remaining

of food remains in the "pockets" between the gums and teeth, in the hard palate, in the roof of the palate, on the walls of the throat; can cause food/liquid to fall down the throat before swallowing.

The pharyngeal phase is characterized by: the problem of feeling the bolus in the mouth and the beginning of the swallowing process; an increase in the time of keeping the bolus in the mouth, a delay in the beginning of the swallowing process; difficulty in passing the bolus from the throat to the esophageal sphincter, requiring repeated swallowing; symptoms of aspiration (food entering the respiratory tract due to insufficient protection) and regurgitation (food and/or liquid coming out of the nose).

Thus, the speech therapist must include in his system of work corrective methods that indirectly affect the oral-preparatory, oral-transfer and pharyngeal phases of swallowing. It allows to regulate and normalize sucking (sucking), chewing and swallowing in children with asthma.

It is advisable to use exercises that activate the lips, tongue, lung muscles, and chewing muscles in the case of oral-preparatory phase disorders. To normalize the oral-transfer phase, it is necessary to use exercises that activate the tongue, soft palate, and throat walls. It is necessary to activate the muscles of the throat during changes in the pharyngeal phase.

The optimal time to start providing correctional speech therapy to a child with birth defects is the newborn period. Normalizing feeding, taking food for the full development of the baby it is necessary to organize movement, feeding options and choose to combine them together.

Due to the fact that the psychophysiological characteristics of early-age children, their living far from dispensary centers, and their short stay in the hospital do not allow them to conduct structured training for a long time, it is necessary to organize a consultation within the framework of a family-centered approach, that is, to train parents in the methods of logopedic influence that they can. according to [1, 7].

The most important condition for the quality implementation of correctional activities with the participation of parents is the solution of psychocorrective and psychological-pedagogical tasks by a specialist [5, 6].

The psychocorrective aspect of a speech therapist's work with a family raising a child with LD includes the following:

• establishing trust-based relationships with family members;
• eliminating or mitigating the stressful situation associated with child birth;
• informing about the specific features of the development of a child with disabilities;
• introducing the content and stages of the rehabilitation process, the estimated duration of operative treatment and possible difficulties in feeding;
• motivation for active participation in rehabilitation, readiness to independently and systematically implement recommendations for forming and strengthening the necessary skills in the child.

The psychological-pedagogical aspect consists in training parents in specific correctional methods and giving recommendations for their implementation. The methods can be conditionally divided into stimulating, compensatory and exercise (training) methods.

Incentive methods include:
• looking at the oral cavity (hygienic measures);
• maintenance and normalization of breastfeeding;
• while breastfeeding, feeding, slowly hitting the upper and lower lips of the child, caressing, pinching the face and chin (in order to form a connection between the feeling of satiety and the kinesthetic sensitivity of the facial area);
• pulling the lip muscles and the tip of the tongue from the mouth to the tip of the nipple several times to activate them;
• use of imitating and sucking reflex to stimulate the release of the tongue, use of lip smacking, making a combing sound with the tip of the tongue to form new kinesthesias;
• in order to prevent the strengthening of the pathological state of the tongue, keep the child lying on his stomach or on his side frequently while awake, between breastfeeding and feeding;
• treatment physical education.

Compensator methods include:
• choosing and making a suitable pacifier for the child;
• holding the chest area of the spine during breastfeeding, feeding (finding the desired, suitable position during breastfeeding);
• breastfeeding, holding in a vertical position for at least 20-30 minutes after feeding (at the risk of aspiration and/or nasopharyngeal regurgitation);

• exclusion of changing position frequently or quickly during or after breastfeeding, feeding (changing diapers, choosing clothes with buttons for a hygienic view of the lower part of the body);
• avoid conditions that increase intra-abdominal pressure (children's seats, baby seats);
• determining the optimal frequency of breastfeeding and feeding (every 2.5-3 hours);
• compliance with the standards of food consistency and supplementary feeding for children in accordance with pediatric standards.

Therefore, it is possible to improve the implementation of eating behavior by following the rules of feeding and taking into account positional modifications. For this, it is important to systematically follow the recommendations given by the speech therapist to the parents. Additional adaptation and special training of the child is not required, because the practice is carried out in a natural environment for him.

The proposed technologies for normalizing eating behavior in children with congenital malformations are aimed at activating and developing the walls of the lips, tongue, lungs, jaws, soft palate and throat. It is a preventive stage of corrective and speech therapy work, and it helps to prepare the organs (parts) of the peripheral articulation apparatus for correct pronunciation of sounds, affects the development of speech-related breathing and voice.

The experience of feeding is very important for both parents and their child. If parents provide the necessary support, have patience and love, newborns adapt more easily and learn faster. Do not forget that there are many experienced professionals who are ready to provide you with the help you need.

List of used literature:

1. Agayeva V.E. Directions of speech therapy work with children of early age with congenital cleft lip and palate // in the collection: Early and preschool education in the system of continuous support for children with disabilities. - Moscow. - 2017. - P.6-10.
2. Bruno E. A practical guide for the diagnosis and rehabilitation of impaired swallowing (based on research and practice in the USA) / ed. I.A. Avdyunina. - Moscow. - 2015. - 61 p.

3. Congenital and hereditary pathology of the head, face and neck in children: topical issues of complex treatment // Sat. articles based on materials in the All-Russian Scientific and Practical Conference. - Moscow. - 2016. - 345 p.
4. Levchenko I. Yu. Psychological and pedagogical support for young children in new forms of preschool education // Correctional pedagogy: theory and practice. - Moscow. - 2010. - No. 5.
5. Levchenko I.Yu. The main activities of the system of early assistance at the present stage of its formation // in the collection: Early and preschool education in the system of continuous support for children with disabilities. - Moscow. - 2017. - S. 149-154.
6. Mospan T.Ya., Ginter O.V. A modern approach to speech therapy support for young children with congenital cleft lip and palate // Special Education. - 2017. - No. 1. - S. 5-16.
7. Shokirova Sh.D. Feeding a child before surgery on congenital clefts of the upper lip and palate. T.: Journal of School and Life, No. 3, pp. 42-45.
8. Shokirova Sh.D. Mechanism of logopedic examination of children after plastic surgery of the lip and palate. T.: Journal of School and Life, No. 1, pp. 21-22.
9. Abidova N. Positive effects of formation of knowledge, skills and skills because of interdisciplinary relations // Academicia an international multidisciplinary Research Journal DOI:10.5958/2249-7137.2021.00825.9 ISSN: 2249-7137, Vol. 11, Issue 3, India March 2021: https://saarj.com Impact Factor: SJIF 2021-7.492. – P. 677-688.
10. Abidova N. Content of pedagogical corrective works on interdisciplinary formation of geometric concepts for students with limited disabilities the American Journal of social science and education innovations. April 30, 2021. DOI: https://doi.org./10.37547/tajssei/Volume03Issueo4-86 Impact Factor: SJIF 2021-5.857. – P. 533-538.
11. Abidova N.Q. Pedagogical conditions of geometric imagination formation in primary class students with intellect defects // Science, innovation, education: topical issues of the XXI th century International scientific and current research conferences https://www.orientalpublication.com/index.php/iscrc/issue/view/22 June 10, USA. – P. 226-233.

12. Abidova N.Q. The technology of forming geometric concepts in primary class students with intellectual defects based on the innovation idea // Integration cluster" on the basis of interdisciplinary relationships Science, innovation, education: topical issues of the XXI th century International scientific and current research conferences https://www.orientalpublication.com/index.php/iscrc/issue/view/22 June 10, USA. – P. 241-247.