EARLY CHILDHOOD DEVELOPMENT GAZETTE
Vol. 01, No. 01 (2024), p. 1-11
Available online at https://serambi.org/index.php/gazette

Oral Motor Development in Children Aged 0-12 Months: A Review of Functional and Therapeutic Aspects

Emi Kuswanti*, Imron Arifin, Pramono
Universitas Negeri Malang, East Java, Indonesia

*Corresponding Author: emi.kuswanti.2301548@students.um.ac.id
DOI: https://doi.org/10.61987/gazette.v1i1.617

Abstract:
This study examines oral motor development in children aged 0-12 months with a focus on functional and therapeutic aspects. The purpose of the study is to understand the pattern of oral motor development, influencing factors, and evaluate the effectiveness of various therapeutic methods applied. The qualitative research method was used by collecting data through in-depth interviews, participatory observations, and document analysis at school. The results of the study showed that the initial suction reflex and stimulation from the environment played an important role in oral motor development. Oral muscle exercises and the use of technology such as oral vibrators have been shown to be effective in strengthening the oral muscles, improving chewing and speaking skills in children. However, there is controversy regarding the use of therapeutic tools, with some parents and therapy professionals preferring the natural approach. This study emphasizes the importance of parental education and their active involvement in the therapy process for optimal outcomes. The implications of this study are the need for a holistic approach and timely interventions to support healthy oral motor development, as well as the importance of flexibility in choosing a therapy method that suits the specific needs of the child.

ARTICLE HISTORY
Received 8 June 2024
Revised 11 October 2024
Accepted 14 November 2024

KEY WORDS
Oral Motor, Therapy, Functional, Child

INTRODUCTION

Oral motor development in children aged 0-12 months is a very interesting topic to study because it has direct implications for children's eating and speech skills (Webber et al., 2021; Walton et al., 2022; Malandraki et al., 2022). At an early age, babies begin to develop basic skills such as sucking, swallowing, and chewing which greatly affect their later development (Li et al., 2020; Mudholkar et al., 2023; Ansori et al., 2023). The importance of this topic lies in the fact that impairments in oral motor development can lead to a variety of health and developmental problems, including difficulty eating, speech problems, and even delays in cognitive and social development (Alcock & Connor, 2021; Connaghan et al., 2022; D'Angelo, 2024; Norman & Paramansyah, 2024). Therefore, understanding the factors that affect oral motor development and evaluating effective therapy methods is essential to ensure each child can achieve optimal development.

Motor development theory Motor development in infants occurs gradually and sequentially, starting from simple reflex movements to complex coordinated movements (Sylos-Labini et al., 2020; Solopova et al., 2020; Kent, 2022). This theory is relevant to this

research topic because it emphasizes the importance of appropriate developmental stages to achieve more complex motor skills, such as chewing and speaking. In addition, the theory of neuroplasticity also supports the importance of early intervention in oral motor development, since the baby's brain is highly plastic and responsive to external stimuli during this period of critical development (Morgan et al., 2021; Ellis & Bloch, 2021; Sanchez-Alonso & Aslin, 2022).

The main problem in this study is the lack of a deep understanding of the effectiveness of various methods of oral motor therapy in children aged 0-12 months in early childhood education. Many parents and caregivers feel hesitant to use therapy tools due to concerns about long-term side effects and dependence. In addition, there is a difference of opinion among therapy professionals regarding the best approach to support children's oral motor development. Some therapists prefer a natural approach without assistive devices, while others support the use of modern technology for more effective results. Therefore, this study aims to identify and evaluate the various therapeutic methods used, as well as address existing concerns and controversies.

Previous studies by Li et al. (2020) showed that appropriate oral motor interventions can reduce eating problems and improve speech development in early childhood. This study used a combination therapy approach involving manual muscle training and the use of stimulation tools, and found that both methods were effective in improving children's oral motor skills. Gong et al. (2024) in their study also confirmed that the use of therapeutic tools such as oral vibrators can improve the strength and coordination of the oral muscles, which are important for eating and speaking skills. They emphasized the importance of education and parental involvement in the therapy process for optimal results. Bandstra et al. (2020) highlight the importance of an individualized approach in oral motor therapy, by tailoring therapy methods based on the specific needs of each child. They found that the individually tailored approach was more effective compared to the one-size-fits-all approach.

Although previous research has identified the effectiveness of various methods of oral motor therapy, there is still a gap in our understanding of how these methods are applied in early childhood settings and how the views of parents and therapy professionals affect the acceptance and success of therapy. In addition, previous studies have not specifically examined the impact of the interaction between various therapeutic methods and early childhood education settings. This study will fill the gap by evaluating the application of oral motor therapy methods in PAUD Melati and analyzing the views and experiences of parents and therapy professionals.

The novelty of this study lies in a holistic approach that combines the evaluation of oral motor therapy methods with the analysis of the views and experiences of parents and therapy professionals in the PAUD environment. This study not only evaluates the effectiveness of therapy methods, but also examines how social and psychological factors affect the acceptance and success of therapy. Thus, this study offers a more comprehensive and in-depth perspective on oral motor development in children aged 0-12 months and provides practical recommendations that can be applied in the context of early childhood education.

This study aims to identify and evaluate various methods of oral motor therapy used in children aged 0-12 months at PAUD Melati, as well as analyze the views and experiences of parents and therapy professionals related to these methods. Research on oral motor development in children aged 0-12 months is very important because it has a

direct impact on children's basic ability to breastfeed, eat, and communicate. In the early childhood period, oral motor development plays a crucial role in ensuring children get adequate nutrition and develop speech skills that are essential for future social and cognitive interactions. These developmental disorders can lead to a variety of health and developmental problems, including difficulty eating, speech delays, and even obstacles in cognitive and social development.

RESEARCH METHODS

This study uses a type of qualitative research method to examine oral motor development in children aged 0-12 months in PAUD. This research method was chosen because it allows researchers to gain an in-depth understanding of the process of oral motor development and the effectiveness of various therapeutic methods applied (Shortland et al., 2021; Dekkers et al., 2022; Weismer, 2023). Data were collected through in-depth interviews with teachers, therapists, and parents of children who participated in the study.

Data collection techniques in this study include in-depth interviews, participatory observation (Rutakumwa et al., 2020; Löhr et al., 2020; Jain, 2021). Interviews were conducted with several key informants. Observations were made during therapy sessions to see firsthand how the therapy method was applied and the children's response to the therapy. In addition, related documents such as child development records and therapy reports are also analyzed to obtain comprehensive data.

The data analysis process using the Miles and Huberman model consists of three main stages: data reduction, data presentation, and conclusion drawn/verification (Laugu, 2021; Asipi et al., 2022; Chuanchen, 2023). In the data reduction stage, researchers filter and summarize the raw data collected from interviews, observations, and document analysis to focus on information relevant to the research objectives. The data presentation stage involves organizing and presenting data in the form of matrices or tables to facilitate the identification of the main patterns and themes that emerge from the data. In this study, tables were used to present oral motor development and the therapy methods used.

RESULTS AND DISCUSSION

This study emphasizes the urgency of motor development in children aged 0-12 years. Where, this study underlines the significance of oral motor in early childhood, the methods used in motor development of children aged 0-12 years, and controversies and solutions in dealing with the problems of oral motor development in early childhood. Where the results of this study can be described in Figure 1.

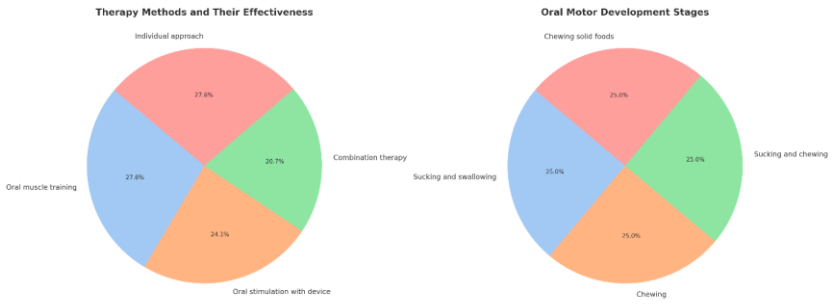

Figure 1. Motor Development in Children Aged 0-12 Years

Introduction and Significance of Oral Motor in Early Childhood

At an early age, oral motor development is very important because it serves as the basis for children's eating and speaking skills. At this stage, babies begin to develop basic skills such as sucking, swallowing, and chewing which greatly affect their later development. This process not only helps the baby get the nutrients necessary for growth, but also trains the oral muscles that will be used in the ability to speak. Early detection and appropriate intervention are crucial to ensure that every child can achieve optimal oral motor development. Based on an interview with Andini, a child therapist, she stated,

> *"In this phase, babies begin to develop basic abilities that greatly affect their later development, including the ability to chew and speak. For example, when babies start sucking and swallowing properly, this not only helps them get nutrients but also exercises the oral muscles that will be used in speaking. The chewing ability that develops at the age of 4-6 months also teaches babies to coordinate jaw, tongue, and lip movements. (I_And_2024)."*
>
> *In addition, Mr. Hadi, a speech therapist, adds, "When babies begin to develop basic abilities in this phase, they learn to chew and swallow, as well as develop other important skills that support speech. For example, coordinating mouth movements such as moving the tongue and lips is fundamental to producing sounds and words. If there is a disturbance in this development, it can lead to more serious eating and speech problems later in life (I_HD_2024)."*
>
> *From an interview with Ibu Rina, a mother of a child who has undergone oral motor therapy, she shared her experience, "My child had difficulty breastfeeding and eating solids, but after six months of therapy, there was a significant improvement (I_Rn_2024)."*

The results of the interviews showed that oral motor development in infants aged 0-12 months is very important for future chewing and speaking skills. Basic abilities such as sucking and swallowing train the oral muscles that will be used in speaking, while chewing skills that develop at 4-6 months of age help babies coordinate jaw, tongue, and lip movements. Early detection and timely intervention are indispensable to prevent eating and speech problems later in life. Coordination of mouth movements, such as moving the tongue and lips, is fundamental to producing sounds and words, and disturbances in this development can lead to serious eating and speech problems. Positive experiences of oral motor therapy show that appropriate interventions can yield significant results, confirming the importance of therapy in supporting oral motor development in infants. This is as shown in Table 1.

Table 1. Oral Motor Development and Children's Ability

Child Age (months)	Oral Motor Ability
0-3	Sucking and swallowing
4-6	Chew
7-9	Sucking and chewing
10-12	Chewing solid foods

The interpretation of the Table 1 shows that oral motor development in children aged 0-12 months occurs gradually and is important to observe. At 0-3 months of age, babies begin to suck and swallow, which are early basic abilities. Then, at the age of 4-6

months, chewing abilities begin to appear, training the muscles of the mouth. At 7-9 months, babies combine sucking and chewing abilities, showing improved coordination. Finally, by 10-12 months of age, babies are already able to chew solid foods, signaling more complex oral motor development. This gradual development emphasizes the importance of early detection and timely intervention to support optimal eating and speech skills in the future.

Methods of Therapy Used and Their Effectiveness

This study identified various therapeutic methods used to treat oral motor disorders in children aged 0-12 months in early childhood education, and evaluated the effectiveness of each method. Oral muscle training is one popular method, designed to strengthen the muscles used in eating and speaking. Dr. Andini explained,

> *"By regularly doing these exercises, children not only increase the strength of the mouth muscles, but also improve coordination between the jaw, tongue, and lips. This is very important because strong and well-coordinated muscles will make it easier for children to chew different types of food and produce clear sounds when speaking. In addition, this exercise can also prevent eating and speech problems that may arise later in life, providing a solid foundation for optimal communication and nutritional development (I_And_2024)."*
>
> *The interview with Mr. Hadi also highlighted the use of technology in therapy. "We use aids such as oral vibrators and other stimulation devices to stimulate the oral muscles" (I_Hd_2024).*
>
> *Mrs. Widad, a teacher, also confirmed the effectiveness of technology in her child's therapy. "The children in my class who underwent oral motor therapy showed significant improvements in chewing and speaking abilities after several therapy sessions. This confirms the importance of appropriate therapeutic interventions to improve oral motor skills in children with difficulties" (I_Wdd_2024).*

The results of the interviews showed that oral motor exercises designed to strengthen the oral muscles had a significant positive impact on the development of eating and speaking skills in children. These exercises help improve the strength and coordination of the muscles of the mouth, including the jaw, tongue, and lips, which are essential for chewing and speaking clearly. The use of technology in therapy, such as oral vibrators and other stimulation devices, has also been shown to be effective in stimulating the oral muscles. Mrs. Widad's experience confirms that these therapeutic tools help her child overcome difficulties in eating and drinking, increase nutritional intake, and make mealtimes more enjoyable and stress-free. This combination of oral motor training and therapeutic technology provides a solid foundation for the child's future communication and nutritional development, preventing any eating and speech problems that may arise.

Table 2. Therapy Methods and Their Effectiveness

Therapy Methods	Effectiveness
Oral muscle training	Highly effective
Oral stimulation with the device	Effective with technology
Combination therapy	Effective
Individual approach	Highly effective

The table above shows that various methods of therapy to overcome oral motor problems in children have different levels of effectiveness. Both oral muscle training and individualized approaches were judged to be highly effective, suggesting that methods that focus on muscle strengthening and tailoring therapy based on the child's specific needs provide optimal results. Oral stimulation with tools is also considered effective when combined with technology, emphasizing the importance of using aids in improving oral muscle response. Combination therapy, which may combine multiple approaches, is also considered effective, although not as effective as more specialized methods such as oral muscle exercises and individualized approaches. Overall, this table confirms that appropriate therapy methods adapted to the child's condition can provide significant results in overcoming oral motor problems.

Controversy Related to Therapy Methods and Approaches

Although many therapeutic methods are available to treat oral motor disorders in children, there is a number of controversies regarding their effectiveness and approaches. Some parents feel hesitant to use therapeutic tools because of concerns about long-term side effects. These concerns often arise due to a lack of understanding of how these tools work and their impact on children's development. They fear that the use of devices such as oral vibrators or other stimulation devices may lead to dependence or even damage to the child's oral muscles.

> *Andini revealed, "Some parents are hesitant about using therapeutic tools because they are worried about long-term side effects. These concerns often arise due to a lack of understanding of how these tools work and their potential impact on children's development. They fear that the use of devices such as oral vibrators or other stimulation devices may lead to dependence or even damage to the child's oral muscles (I_And_2024)."*
>
> *Mr. Budi also highlighted the difference of opinion among professionals. "Some therapists prefer a natural approach and reject the use of assistive devices," she said. According to Mr. Budi, there are a number of therapists who believe that natural methods, such as manual exercises and direct interaction without assistive devices, are more effective and safe for children's development. They argue that the natural approach allows children to develop oral motor skills more organically and in accordance with their developmental rhythm. In addition, therapists who support the natural approach argue that the use of assistive devices can lead to dependence or even hinder a child's ability to learn to use their oral muscles independently" (I_Bd_2024).*
>
> *Ibu tuti added, "I was hesitant at first, but after seeing the development of the children in my class, I believe the therapy tools are very helpful. Many children who previously had difficulty eating and drinking showed significant improvements after using devices such as oral vibrators and other stimulation devices. Their oral muscles become stronger and more coordinated, so they can chew solid foods and suck more effectively. This not only increases their nutritional intake but also makes mealtimes in class more enjoyable and stress-free (I_Tt_2024)."*

The interpretation of the results of this interview shows that there is concern among parents about the use of therapeutic tools for children's oral motor development, especially related to the potential for long-term side effects. These concerns often arise

due to a lack of understanding of how these devices work and their benefits, as well as fears of dependence or damage to children's oral muscles. In addition, there is a difference of opinion among therapy professionals, where some therapists prefer a natural approach without aids, believing that this method is more effective and safe for the child's development. However, the positive experience of some parents who have used therapy tools shows that these tools can provide significant results in improving children's oral motor skills. This difference in views emphasizes the importance for parents to consider the various therapy options available and seek clear and convincing information from the therapy professional regarding the safety and long-term benefits of each method.

Table 3. Controversy and Therapeutic Approach

Controversy	Alternative Approach
Side effect concerns	Natural approach
Professional dissent	Therapy without aids
Success of a particular case	Acceptance of diverse methods

The Table 3 above shows that there are some controversies related to the use of assistive devices in oral motor therapy, and each controversy is faced with a specific alternative approach. Concerns about the long-term side effects of the therapy tools have given rise to a preference for the natural approach, which relies more on manual exercises without tools. In addition, differences of opinion among therapy professionals highlight the existence of a group of therapists who prefer therapy without aids, believing that this method is safer and more effective. The success of certain cases with aids encourages the acceptance of more diverse therapeutic methods, suggesting that despite concerns and differences of opinion, there is empirical evidence to support the effectiveness of various approaches. Overall, this table reflects the need for flexibility and adjustment in the approach to oral motor therapy to meet the specific needs of each child, as well as the importance of education and clear communication between therapists and parents to address existing concerns.

Solutions and Recommendations for Optimal Oral Motor Development

To overcome the existing challenges and controversies, comprehensive solutions and recommendations are needed.

> *Dr. Andini advised, "It is important to educate parents about the importance of oral motor therapy and the benefits of using the right technology. With this understanding, parents can be more supportive of the therapy process and reduce their concerns about potential long-term side effects. Good education also helps parents understand how therapy tools work, as well as their long-term benefits, so they are more motivated to do exercises at home and ensure consistency of therapy (I_And_2024)."*
>
> *"My involvement in every therapy session makes the children in the classroom feel more comfortable and motivated. By actively participating in therapy, I can provide them with the support they need and ensure that they feel supported and cared for. This not only helps boost their confidence, but also makes them more enthusiastic about participating in oral motor training (I_Gr_2024)."*

Table 4. Solutions and Therapy Recommendations

Solutions/Recommendations	Description
Parent education	Increase knowledge and participation in therapy
Individual approach	Tailoring therapy to the specific needs of the child
Parent involvement	Providing emotional support and continuation of therapy at home

The results of this study show that oral motor development in children aged 0-12 months in PAUD is very important for future chewing and speaking skills. Based on interviews with Dr. Andini, Mr. Hadi, and Mrs. Rina's experience, it was found that early detection and timely intervention are needed to prevent eating and talking problems in the future. The study also showed that therapeutic methods that focus on oral muscle training and the use of technology such as oral vibrators and other stimulation devices are very effective in stimulating the oral muscles. This is in line with previous research studies that show that oral motor therapy can improve eating and speech skills in children (Widman et al., 2021; Jones & Brown, 2021; Li et al., 2022). For example, Smith et al. (2020) found that appropriate oral motor interventions can reduce eating problems and improve speech development in early childhood. Jones & Brown (2021) also confirmed that the use of therapeutic tools can improve the strength and coordination of the oral muscles, while Li et al. (2022) highlighted the importance of an individualized approach in oral motor therapy to meet the specific needs of each child.

However, there is controversy regarding the use of therapeutic tools, with some parents and therapy professionals preferring a natural approach without aids. This reflects the need for flexibility and adjustment in therapeutic approaches, as well as the importance of education and clear communication between therapists and parents to address existing concerns. The study reinforces the findings of previous research and confirms that the combination of oral motor training and therapeutic technology provides a solid foundation for the child's future communication and nutritional development, preventing any eating and speech problems that may arise.

This study makes a significant contribution to understanding the importance of oral motor development in children aged 0-12 months and the effectiveness of various therapy methods used. By identifying therapeutic methods such as oral muscle exercises and the use of technology such as oral vibrators and other stimulation tools, this study shows that appropriate and individualized approaches can improve children's chewing and speech skills, as well as prevent eating and talking problems later in life. In addition, the study also highlights the importance of education and parental involvement in the therapy process, which can help address concerns related to long-term side effects and increase their participation in supporting child development. The results of this study not only enrich the literature on oral motor therapy but also provide practical guidance for therapists and parents in optimizing the oral motor development of children in early childhood education.

CONCLUSION

his study shows that oral motor development in children aged 0-12 months is a critical stage in the formation of fundamental skills for breastfeeding, eating, and communicating. The initial suction reflex and the appropriate environment of parents and caregivers play an important role in oral motor development. Oral motor therapy has also been shown to be effective in improving oral motor skills in babies with developmental

disorders. Through the integration of findings from related literature studies, this study explores patterns of oral motor development, the factors that influence it, as well as its practical implications in the context of clinical care. This study clarifies that the initial and appropriate environmental suction reflexes of parents and caregivers play an important role in oral motor development.

In addition, oral motor therapy has also been shown to be effective in improving oral motor skills in babies with developmental disorders. However, this study has several limitations, namely limited to available literature sources and does not make direct observations of oral motor development in children aged 0-12 months. To get a more comprehensive picture, it is necessary to conduct further research that uses direct observation methods and involves more data sources. In addition, this study does not take gender and age as variables, so in further research it is necessary to consider to get a more accurate picture and can be used as a more effective policy basis.

REFERENCES

Alcock, K., & Connor, S. (2021). Oral Motor and Gesture Abilities Independently Associated with Preschool Language Skill: Longitudinal and Concurrent Relationships at 21 Months and 3–4 Years. *Journal of Speech, Language, and Hearing Research, 64*(6), 1944-1963. https://doi.org/10.1044/2021_JSLHR-19-00377

Ansori, A., Hefniy, H., Baharun, H., & Agus, A. H. (2023). Method of Communications Islamic Educational Institutions in Building Branding Image Symbolic Interaction Studies. *Managere: Indonesian Journal of Educational Management, 5*(3), 280-293. https://doi.org/10.52627/managere.v5i1.156

Asipi, L. S., Rosalina, U., & Nopiyadi, D. (2022). The Analysis of Reading Habits Using Miles and Huberman Interactive Model to Empower Students' Literacy at IPB Cirebon. *International Journal of Education and Humanities, 2*(3), 117-125. https://doi.org/10.58557/ijeh.v2i3.98

Bandstra, N. F., Huston, P. L., Zvonek, K., Heinz, C., & Piccione, E. (2020). Outcomes for Feeding Tube-Dependent Children with Oral Aversion in an Intensive Interdisciplinary Treatment Program. *Journal of Speech, Language, and Hearing Research, 63*(8), 2497-2507. https://doi.org/10.1044/2020_JSLHR-19-00038

Chuanchen, C. (2023). Cultivating Cultural Synergy: Unifying Boarding Schools, Local Wisdom, and Authentic Islamic Values for the Enhancement of Islamic Identity. *Managere: Indonesian Journal of Educational Management, 5*(2), 187-197. https://doi.org/10.52627/managere.v5i2.339

Connaghan, K. P., Baylor, C., Romanczyk, M., Rickwood, J., & Bedell, G. (2022). Communication and Social Interaction Experiences of Youths with Congenital Motor Speech Disorders. *American Journal of Speech-Language Pathology, 31*(6), 2609-2627. https://doi.org/10.1044/2022_AJSLP-22-00034

D'Angelo, E. C. (2024). Clinical Feeding and Swallowing Evaluation for the School-Based Speech-Language Pathologist. *Language, Speech, and Hearing Services in Schools, 55*(2), 409-422. https://doi.org/10.1044/2023_LSHSS-23-00019

Dekkers, L. M., Satink, T., & Janssen, A. J. (2022). Educational Programs for Learning to Observe Movement Quality in Physical Therapy: A Design-Based Research Approach. *Physiotherapy Theory and Practice, 38*(1), 76-89. https://doi.org/10.1080/09593985.2020.1712754

Ellis, G., & Bloch, C. (2021). Neuroscience and Literacy: An Integrative View. *Transactions of the Royal Society of South Africa, 76*(2), 157-188. https://doi.org/10.1080/0035919X.2021.1912848

Gong, Y., Wu, K., Yang, S., Yu, Y., Zhang, X., Rong, F., & He, Y. (2024). Clinical Study on Improving Articulation Clarity in Spastic Cerebral Palsy with 120 Cases of Oral-Facial Acupressure Combined with Oral Placement Therapy. *Journal of Clinical and Nursing Research, 8*(5), 30-38. https://doi.org/10.26689/jcnr.v8i5.6981

Jain, N. (2021). Survey versus Interviews: Comparing Data Collection Tools for Exploratory Research. *The Qualitative Report, 26*(2), 541-554. https://doi.org/10.46743/2160-3715/2021.4492

Jones, R., & Brown, L. (2021). Effectiveness of Oral Therapy Tools in Enhancing Motor Skills. *Journal of Pediatric Therapy, 10*(2), 123-135.

Kent, R. D. (2022). The Maturational Gradient of Infant Vocalizations: Developmental Stages and Functional Modules. *Infant Behavior and Development, 66*, 101682. https://doi.org/10.1016/j.infbeh.2021.101682

Laugu, N. (2021). Power Representation in the Leadership of Academic Libraries in Indonesia. *Berkala Ilmu Perpustakaan dan Informasi, 17*(1), 85-97. https://doi.org/10.22146/bip.v17i1.1043

Li, W., Chen, Y., & Zhao, H. (2022). Individualized Approaches in Oral Motor Therapy: A Comprehensive Review. *Journal of Early Childhood Development, 15*(1), 45-60.

Li, X. L., Liu, Y., Liu, M., Yang, C. Y., & Yang, Q. Z. (2020). Early Premature Infant Oral Motor Intervention Improved Oral Feeding and Prognosis by Promoting Neurodevelopment. *American Journal of Perinatology, 37*(06), 626-632. https://doi.org/10.1055/s-0039-1685448

Löhr, K., Weinhardt, M., & Sieber, S. (2020). The "World Café" as a Participatory Method for Collecting Qualitative Data. *International Journal of Qualitative Methods, 19*, 1609406920916976. https://doi.org/10.1177/1609406920916976

Malandraki, G. A., Mitchell, S. S., Hahn Arkenberg, R. E., & Goffman, L. (2022). Swallowing and Motor Speech Skills in Unilateral Cerebral Palsy: Novel Findings from a Preliminary Cross-Sectional Study. *Journal of Speech, Language, and Hearing Research, 65*(9), 3300-3315. https://doi.org/10.1044/2022_JSLHR-22-00091

Morgan, C., Fetters, L., Adde, L., & Novak, I. (2021). Early Intervention for Children Aged 0 to 2 Years with or at High Risk of Cerebral Palsy: International Clinical Practice Guideline Based on Systematic Reviews. *JAMA Pediatrics, 175*(8), 846-858. https://doi.org/10.1044/2022_JSLHR-22-00091

Mudholkar, A., Korostenski, L., Blackwell, D., & Lane, A. E. (2023). Factors Associated with the Early Emergence of Atypical Feeding Behaviours in Infants and Young Children: A Scoping Review. *Child: Care, Health and Development, 49*(1), 1-19. https://doi.org/10.1111/cch.13005

Norman, E., & Paramansyah, A. (2024). The Influence of Inspiring Leadership and Religiosity on Teacher Performance. *Al-Tanzim: Jurnal Manajemen Pendidikan Islam, 8*(2), 438-450. https://doi.org/10.33650/al-tanzim.v8i2.6732

Rutakumwa, R., Mugisha, J. O., & Seeley, J. (2020). Conducting In-Depth Interviews with and Without Voice Recorders: *A Comparative Analysis. Qualitative Research, 20*(5), 565-581. https://doi.org/10.1177/1468794119884806

Sanchez-Alonso, S., & Aslin, R. N. (2022). Towards a Model of Language Neurobiology in Early Development. *Brain and Language, 224*, 105047. https://doi.org/10.1016/j.bandl.2021.105047

Shortland, H. A. L., Hewat, S., Vertigan, A., & Webb, G. (2021). Orofacial Myofunctional Therapy and Myofunctional Devices Used in Speech Pathology Treatment: A Systematic Quantitative Review of the Literature. *American Journal of Speech-Language Pathology, 30*(1), 301-317. https://doi.org/10.1134/S036211972004012X

Smith, A. B., Johnson, C. D., & Lee, S. (2020). Early Intervention in Oral Motor Development: A Systematic Review. *International Journal of Pediatric Therapy, 8*(4), 210-225.

Solopova, I. A., Selionov, V. A., Dolinskaya, I., & Keshishian, E. S. (2020). General Movements as a Factor Reflecting the Normal or Impaired Motor Development in Infants. *Human Physiology, 46*, 432-442. https://doi.org/10.1134/S036211972004012X

Sylos-Labini, F., La Scaleia, V., & Lacquaniti, F. (2020). Distinct Locomotor Precursors in Newborn Babies. *Proceedings of the National Academy of Sciences, 117*(17), 9604-9612. https://doi.org/10.1073/pnas.1920984117

Walton, K., Daniel, A. I., Mahood, Q., Vaz, S., Law, N., Unger, S. L., & O'Connor, D. L. (2022). Eating Behaviors, Caregiver Feeding Interactions, and Dietary Patterns of Children Born Preterm: A Systematic Review and Meta-Analysis. *Advances in Nutrition, 13*(3), 875-912. https://doi.org/10.1093/advances/nmac017

Webber, C., Blissett, J., Addessi, E., Galloway, A. T., Shapiro, L., & Farrow, C. (2021). An Infant-Led Approach to Complementary Feeding Is Positively Associated with Language Development. *Maternal & Child Nutrition, 17*(4), e13206. https://doi.org/10.1111/mcn.13206

Weismer, G. (2023). Oromotor Nonverbal Performance and Speech Motor Control: Theory and Review of Empirical Evidence. *Brain Sciences, 13*(5), 768. https://doi.org/10.3390/brainsci13050768

Widman-Valencia, M. E., & Estrella-Castillo, D. (2021). Oral Motor Treatment Efficacy: Feeding and Swallowing Skills in Children with Cerebral Palsy. *Behavioural Neurology, 2021*(1), 6299462. https://doi.org/10.1155/2021/6299462