

Feeding Your Growing Child

October 12, 2022 Kelly Lonergan, MS, CCC-SLP, C/NDT

Agenda



- Common mealtime myths
- Feeding milestones
- Learn how to
 - Teach your child to drink from a straw or open cup and the pros and cons of straws, open cups, and sippy cups
 - Help your child try new foods and why seating position matters
 - Identify if your child may need help and where to find help

Introduction



- 89% of parents with young children are stressed about at least 1 thing related to dinnertime
- 1 in 5 children struggle with eating at some point before they are 7 years old
 - ~50% grow out of it without help
- Mealtime should NOT be stressful, challenging, etc.



Eating is the body's #1 priority



1. Breathing

- Every time you swallow you shut off our airway briefly
- 2. Staying upright (postural stability)
- 3. Eating

If breathing of postural stability are compromised, your child may resist eating



Eating is instinctive.



- Eating is only an instinctive drive for the 1st month
- By 3-4 months, reflexes (e.g., rooting, sucking, swallowing) help lay foundation for voluntary control of eating
- Between 5-6 months, reflexes begin to fade
- By 6 months, eating is a learned motor behavior



Eating is easy.



- Eating is the:
 - MOST complex physical task that human beings engage in
 - ONLY human task which requires every one of your organ systems, and requires that all of those systems work correctly
 - ONLY task that children perform that requires simultaneous coordination of all 8 of our sensory systems and uses EVERY muscle in the body



Eating is a two-step process

- 1. Sit down
- 2. Eat



The eating process has many steps:

- ~25 steps for typically developing children
- ~32 steps or more for children with feeding problems



It is not appropriate to touch or play with your food.



- Wearing your food is part of the normal developmental process of learning to eat it
- •It is "play with a purpose" that teaches a child the "physics of the foods" before the foods ever get into their mouth



If a child is hungry enough, he/she will eat and not starve him/herself.



- True for about 94-96% of children
- The other 4-6% of children will "starve" themselves



Children only need to eat 3 times a day.



- Children would have to eat adult sized meals if they only ate 3 times a day to meet daily calorie requirements
- It takes most children 5-6 meals a day to get in enough calories for proper growth and development



If a child won't eat, they EITHER have a behavioral OR an organic (physical) problem.



 Research studies indicates that between 65-95% of all children with feeding problems have a COMBINATION of behavioral AND organic problems



Certain foods are only to be eaten at certain times of the day, and only certain foods are "good for you".



- Food is just food. It is not breakfast food, or lunch food, or dinner food, or snack food, or junk food.
- Food is either a protein, a carbohydrate/starch, a fruit, or a vegetable



Mealtimes are a proper social occasion and children should be expected to "mind their manners" at all meals



- You should focus on eating first, manners second
- Enjoy your food and the feeding experience with your child!
- Be noisy, be messy and play with your food!!



• 0-4 months

- Babies exclusively drink breastmilk and/or formula
- Babies eat approximately every 1.5-3 hours (babies can go longer stretches as they get older)
- By 2 months, babies have good regulation of their intake of food according to internal cues
- Hand to mouth exploration begins around 2 months and is relatively consistent by 4 months
- Sucking is instinctual for the first 1 months, then it becomes more voluntary



- 4-6 months
 - The American Academy of Pediatrics recommends starting solids around 6 months of age
 - Baby can start to try solids if:
 - He/she can sit up in a highchair
 - He/she has good head control
 - You've been given the ok from your child's physician
 - Breastmilk and/or formula are the main source of nutrition and hydration
 - It is recommended to introduce a variety of tastes during this period as taste preferences develop



- 4-6 months (cont.)
 - Different ways to introduce food:
 - Baby Led Weaning: babies are in charge; baby eats what the family eats with modifications. When done correctly, risk of choking is not higher than the traditional method.
 - If this approach works best for your family, incorporate purees- they are an important part of development
 - Traditional Introduction of Food: gradual introduction of solids- purees, mashed foods, soft foods
 - There is no right or wrong way. If baby led weaning works best for your family, ensure that foods are prepared in specific ways to keep your child safe (e.g., cutting foods into strips)



• 7-9 months

- Can begin to introduce table foods once your child is more familiar with solids
- Soft, mashed foods typically recommended
- Cut foods in strips, small pieces, etc. to reduce choking risk.
- Pouches are great for on the go, but we still want your child to be able to take foods from a spoon
- Breastmilk and/or formula continue to be the main source of nutrition and hydration for your baby
- Baby can close their lips fully around a spoon.
- Tongue is able to move food around the mouth (middle to side, side to middle)
- "Chewing" (munching) soft foods begins (8-10 months)
- Baby can bite pieces off of meltable solids (e.g., Veggie Straws)

Source: Developmental Stages in Infant and Toddler Feeding (Toddler Factsheet 3.5). https://infantandtoddlerforum.org



- 10-12 months
 - Baby can finger feed
 - Baby may try to use a utensil, but will not be very coordinated
 - By 12 months, baby should be eating 3 meals and several snacks
 - Chewing and tongue movements becomes more mature
- 13-18 months
 - Child should be able to eat most foods by 1 year and participate in family mealtimes
 - Chews foods that produce juice

Source: Developmental Stages in Infant and Toddler Feeding (Toddler Factsheet 3.5). https://infantandtoddlerforum.org



• 14-16 months

- Rejection of food begins
- Imitates adults eating preferences
- Able to chew harder foods

• 2-3 years

- Preferences now typically predict food preferences throughout life
- Eats more in response to portion size
- Faster and more efficient with chewing
- Chews with lips closed
- Can drink from an open cup without spilling



3 years

- Imitates peers eating behavior
- Changes food preferences to be like age-mates
- Shows preference for restricted/withheld foods

4 years

Food range predicts later childhood and adult dietary food range









What comes after bottles?

Sippy cups

Straw cups

Open cups

What type of cup is the best?



Sippy cups:

- Mostly spill proof
- Variety of types
- *Reinforces a sucking pattern like bottle drinking
- Child can be more independent with drinking
- You will eventually need to transition to straw/open cup

Straw cups:

- Some are spill proof
- Encourages a mature sucking pattern
- Child can be more independent with drinking
- No need to transition away from this

Open cups:

- Spills easily
- Encourages a mature sucking pattern
- No need to transition away from this
- Easiest to clean

*Be mindful of letting your child keep the spout in their mouth as this can affect their teeth if done consistently over time, keeping the spout in often can also lead to tooth decay.

So how do I teach my child to drink from a straw?

- Pediatric Feeding Therapy
- 1. Cut a straw to be approximately 2 inches or use a short silicone straw
- 2. Dip it into whatever drink your child really enjoys drinking
- 3. Cover the top and pull the straw out
- 4. Present to your child's mouth, wait for your child to lean in and put their mouth on it
- 5. When they close their mouth, release the liquid
- 6. Once they have this down, wait for them to start sucking before releasing the liquid
- 7. Then move to using a straw cup

Straw cups I typically recommend





- Take N' Toss Straw cups with disposable or silicone straws (if you squeeze this you can get the liquid started)
- Thermos Funtainer
- Lola Cup
- *Look for straws that don't require biting

How do I teach my child to drink from an open cup?



- 1. Use a small cup... dixie cup, medicine cup, plastic shot glass
- 2. Fill the cup part way with a liquid or puree (e.g., applesauce or baby food) that your child really likes
 - If it is a puree or thicker drink like a smoothie or drinkable yogurt, it won't flow out of the cup as fast as water or milk
- 3. Hold the cup to your child's lips and begin to tip the liquid



Strategies to help your child try new foods:



It can take 10-15 exposures for a child to like a food

- Have your child:
 - Pick out foods at the store
 - Help you prepare foods
- Limit grazing by (eating all day, can sometimes result in eating less calories)
 - Offering at least 3 meals and 2 snacks per day
 - Eating approx. every 2 hours
- Talk about foods with objective statements (e.g., orange: is sweet, a little tart, lots of water (vs. squishy), have to bite the outside)

Strategies to help your child try new foods



- Let your child play with their food
- Provide a balanced, nutritional meal for your child and let them choose what they want to eat vs. forcing them to try everything
- Eating is based on trust and if you lose your child's trust, they will be less likely to try new things so don't like to them about what something is, what it tastes like, etc.
- Eat with your child when possible

Strategies to help your child try new foods



• Food/meal in muffin tin, ramekins, etc.

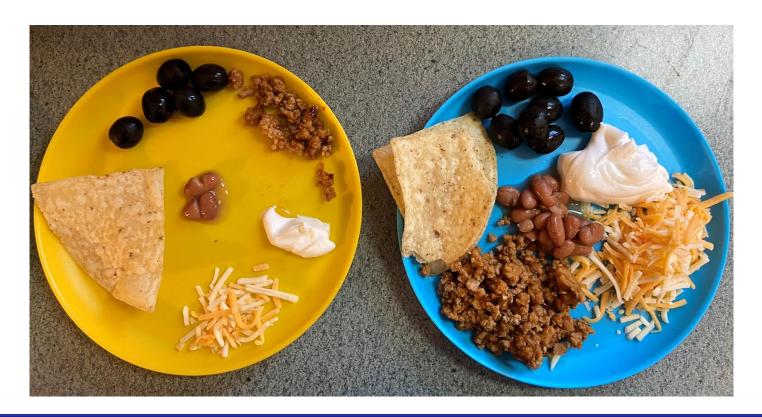




Strategies to help your child try new foods



• Place a small amount of a new or non-preferred food (~1 Tbsp) on their plate, without the expectation that they will eat it.



The importance of how your child sits



- Do you notice that your child can be very wiggly at mealtime? There may be more to this than having difficulty sitting still:
 - When you move you consistently activate the muscles needed to help keep you upright and for some children this also helps them stay alert.
 - The chair your child is sitting may not be providing the right amount of support (postural stability is compromised)
 - With adequate support, your child is better able to breathe, allows your child to focus on eating vs sitting upright, leads to better chewing, and hand-mouth coordination

What to look for?



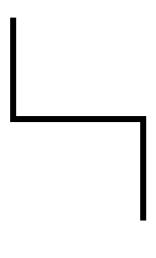
- Make sure your baby or child can see you at the table
- The chair should have support for your child's:
 - Back
 - Hips
 - Feet
- The tray or table should be somewhere between the belly button and chest

What is important to have to help my child sit well?

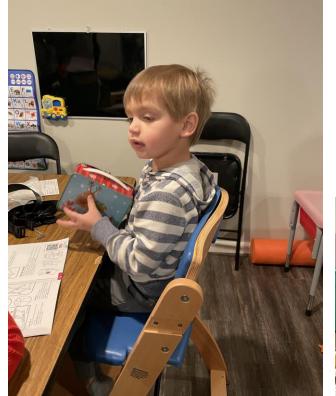
• 90-90-90 (We want hips, knees, and ankles to be at 90 degrees)





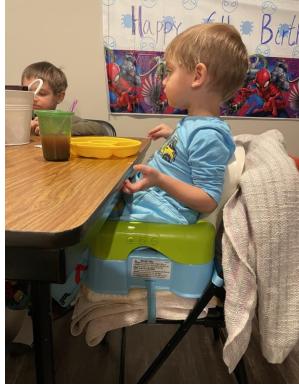






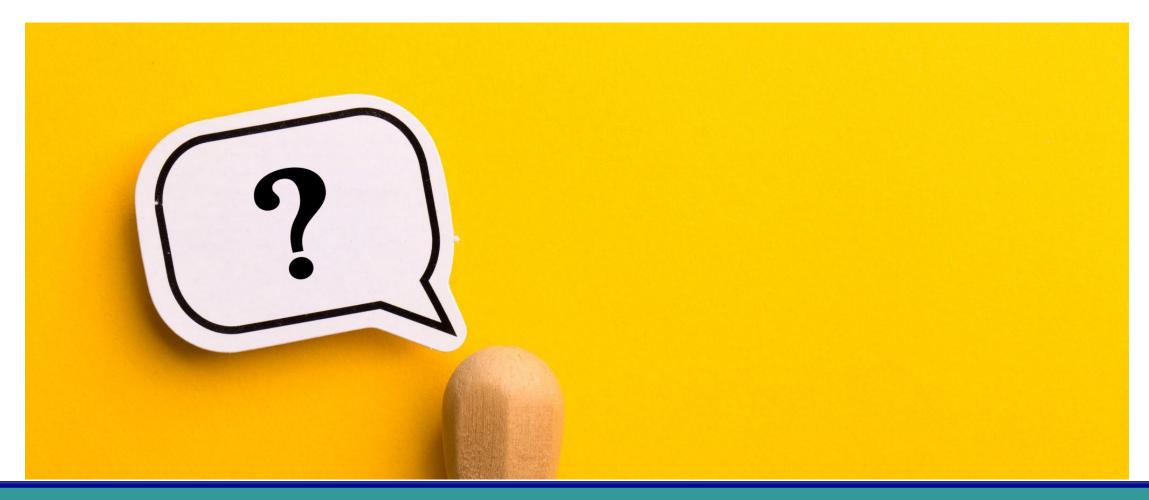






What if these strategies don't help?...





When should I seek professional help?



Consider seeking additional help if your child:

Chokes, gags, vomits, and/or coughs during and/or after eating/drinking

Struggles to gain and/or maintain weight

Gets tired or falls asleep when eating or drinking

Refuses to eat or drink

Only eats under certain conditions (e.g. in a certain position, with lights off and music on)

Only eats a limited number of foods consistently or avoids certain textures or food groups

Is difficult to feed by anyone other than you

Is significantly behind on the feeding milestones

When should I seek professional help?



Children with the following medical conditions are more likely to have problems and benefit from extra help with feeding:

- Failure to thrive
- Dysphagia
- Cerebral Palsy
- Down Syndrome
- Metabolic conditions
- Traumatic Brain Injury
- Muscular Dystrophy
- Cleft lip and/or palate
- Heart conditions
- Chromosomal disorders
- Was born prematurely or spent time in the neonatal intensive care unit after birth



Feeding Matters' innovative Infant and Child Feeding Questionnaire® (ICFQ®) was authored in partnership with internationally renowned thought leaders representing multiple disciplines related to feeding. The ICFQ® is an age specific tool designed to identify potential feeding concerns and facilitate discussion with all members of the child's healthcare team.

According to a seminal study published in the 2020 Journal of Pediatrics*, the ICFQ® has been shown to accurately identify and differentiate pediatric feeding disorder (PFD) from picky eating in children 0-4 years of age based on caregiver responses to 6 specific questions. This 6-question quick screener continues to undergo research as Feeding Matters strives to promote the early identification of PFD.

6-QUESTION SUBSET

Does your baby/child let you know when he is hungry?	YES	NO
Do you think your baby/child eats enough?	YES	NO
How many minutes does it usually take to feed your baby/child?	<5 5-	30 >30
Do you have to do anything special to help your baby/child eat?	YES	NO
Does your baby/child let you know when he is full?	YES	NO
Based on the questions above, do you have concerns about your baby/child's feeding?	YES	NO

Red flag answers are in orange. If 2 or more of your answers are orange please contact your pediatrician.

Concerned? Take the full questionnaire: feedingmatters.org/questionnaire

https://questionnaire.feedingmatters.org/questionnaire



Feeding Matters Infant and Child Feeding Questionnaire®

Welcome to the Feeding Matters Infant and Child Feeding Questionnaire. If you have concerns about your child's feeding, please know that you are not alone. Early detection and treatment of feeding problems are critical to the long-term health and well-being of affected children.

Fe ev	Newborn - 2 Month Old Baby
me pr Th un	Babies this age eat about 8 times in 24 hours. As they grow, they become better eaters during their first few weeks. By one month, they will stay awake longer before, during, and after a feeding.
	1 Does your baby usually like to be fed? *
de foi	○ No○ Yes
Ple yo	Babies show in many ways that they like to be fed. For example, they stay calm and alert during the feedings. They also may look at the person who feeds them while they drink at the breast or from a bottle. If your baby does not seem to like to be fed, discuss this with your doctor.
ge	2 Do you feed your baby more often than every two hours? *
Qı sh wa	○ No○ Yes
	3 Does your baby let you know when he is hungry? *
	○ No ○ Yes

How to get help



- Talk with your child's physician you can bring the completed questionnaire to your visit to help guide your conversation
- Depending on your insurance you can self refer for a feeding evaluation
- Self-refer to your county's Birth to 3 Program
- Call me for a free consultation

Key Takeaways



- Mealtime doesn't have to be stressful
- Have fun and say yes to the mess
- Don't force your child to eat things they don't like
- Make sure your child is seated in the right position when eating
- Have a more structured mealtime schedule and keep meals under 30 minutes
- If you're concerned, complete the self-assessment questionnaire and talk to your pediatrician or give me a call



Questions?





Link to online self-assessment questionnaire:

https://questionnaire.feedingmatters.org/questionnaire

General feeding resources:

www.feedingmatters.org

www.sosapproachtofeeding.com

My practice website:

www.pediatricfeedingwi.com

Contact Information



Kelly Lonergan, MS, CCC-SLP, C/NDT

Speech-Language Pathologist

Pediatric Feeding Therapy, S.C.

Kelly@pediatricfeedingwi.com

(608)218-5631

References:



- Developmental Stages in Infant and Toddler Feeding (Toddler Factsheet 3.5). https://infantandtoddlerforum.org
- 2. Family Feeding Guide. https://www.feedingmatters.org/family-guide/
- 3. Feeding Matters Infant and Child Questionnaire©. https://questionnaire.feedingmatters.org/questionnaire
- 4. Slides 4-23 and 'Am I at Your Table?': Copied with permission from copyrighted material of Dr. Kay Toomey (1990/2021) SOS Approach to Feeding program. The following materials cannot be presented, taught, or copied by any other person without direct permission from Dr. Kay Toomey. https://sosapproachtofeeding.com/