



Webinar: Why Won't My Child Eat?

I. What is normal development

A. During infancy-*Pediatric Nutrition in Chronic Disease*

1. 0-4 weeks infants/during the first month
 - a) Rooting reflex
 - b) *Suckling pattern*
 - c) *Suck-Swallow reflex*
 - d) *Jaw and tongue move up and down*
2. 8 weeks/2 months
 - a) *Tongue moves forward and back*
 - b) *Suckling is still primary action*
3. 12 weeks/3 months
 - a) *Corners of lips become active in suckling.*
 - b) *Tongue is extended out of mouth in anticipation of feeding.*
4. 16 weeks/4 months
 - a) *Sucking stage begins*
 - b) *Tongue thrust still present*
 - c) *Becomes excited when presented with bottle or breast*
5. 20 weeks/5 months
 - a) *Munching stage begins*
 - b) *Smacks lips together*
 - c) *Strained foods introduced*

- d) *Puts hands on or pats bottle or breast*
- 6. 24 weeks/6 months
 - a) *Lips begin to close around spoon*
 - b) *Progression of foods continues*
- 7. 28 weeks/7 months
 - a) *Lips begin to move while chewing*
 - b) *Vertical chewing begins*
 - c) *Jaw and tongue move up and down*
 - d) *Plays with spoon and may be able to help spoon find mouth*
- 8. 32-36 weeks/8-9 months
 - a) *Lip closure is achieved*
 - b) *Cup drinking begins*
 - c) *Feeds self crackers cookies*
 - d) *If bottle fed, can hold own bottle.*
- 9. 40-52 weeks/10-12 months
 - a) *Tongue lateralization leads to rotary chewing*
 - b) *Licks food from lower lip*
 - c) *Can hold own bottle well*
 - d) *Can hold cup but may spill contents*
- 10. During the first year, your infant is fed on demand, meaning your infant will indicate to you when he or she is hungry and when they are full.

B. During childhood (1 year and older)

- 1. During 12-24 months of age, a child has increased fat needs due to the continued rapid brain growth.
- 2. At 12- 15 months of age, a mealtime schedule should be established and a noticeable change in the source of nutrition from mainly liquids to mainly solids is formed.
- 3. Children are able to regulate intake themselves. Offering a set meal and snack schedule will allow children to develop this.

II. Distinguish between a picky or problem eater?

A. What foods will my child eat?

1. How many foods will my child eat?

a) *A picky eater is a part of normal development.*

- (1) Will eat fewer than 30 foods
- (2) Will eat foods from different textures
- (3) May go through a food jag where he eats a specific food every day. He may burnout and stop eating the food, but will resume eating the food again after a few weeks.
- (4) Will eat a new food after being exposed for 5-10 times

b) *A problem feeder will eat fewer than 20 foods at times as few as 5-10 different foods*

- (1) Refuse to eat foods from entire texture consistencies
- (2) Will go through a food jag, but after burned out will not resume the food after 2 weeks
- (3) Have a need for sameness and ritual around mealtime
- (4) Are inflexible about particular foods
- (5) Will not eat new food even after typical 10 exposure

2. What will happen when a new food is presented?

a) *A picky eater is willing to touch or taste new foods on their plate.*

b) *A problem eater may cry or throw and tantrum when offered a new food and will refuse to touch or taste a new food.*

B. Managing a picky eater

1. A picky eater will consume enough calories to gain weight and grow without problems.

2. Managing a picky eater

- a) *Offer a variety of foods everyday*
- b) *Offer consistent meals and snacks daily*
- c) *Create a pleasant mealtime environment*
- d) *Limit juice to 4-6 oz daily*

- e) *Limit milk to 16-20 oz daily*
- f) *Limit snacks to 2-3 times daily*
- g) *Offer water between meals for thirst*

C. Why does my child have a problem eating?

1. Medical conditions

- a) *GERD*
- b) *Eosinophilic Gastrointestinal Disorder*
- c) *Food allergies, sensitivities and intolerances*
- d) *Medication side effects*
- e) *Dental Problems*

2. Nutritional Problems-Nutrient deficiencies can cause the following symptoms including irritability, mood, behavior changes, decreased, attention and lethargy as a result of a poor diet.

3. Oral-Motor Dysfunction is defined as a problem with sucking, biting chewing or swallowing or coordination of tongue movements.

4. Sensory integration of dysfunction can be either hypo or hypersensitivity.

a) *Children with hyposensitivity often stuff their mouths with food or pocket foods in their mouth.*

b) *Hypersensitivity can occur in any of the 5 senses*

(1) Visual-Children may prefer or reject foods based on their color. A child may refuse to eat if portions are too large or if foods are touching one another.

(2) Tactile-children will refuse to touch new foods and may even gag, choke or vomit reinforcing the fear of the foods.

(3) Smell-A child hypersensitive to smells may become fussy during mealtime preparation and will often gag or vomit when the food is offered.

(4) Taste-Strong flavors trigger a gag reflex. A child may have specific flavor preferences or prefer bland foods.

(5) Auditory-A child may be sensitive to noisy mealtime environments, but may also be sensitive to the sound a food makes while he is eating it.

5. Environmental factors

a) *Distractions*

- b) *Grazing*
 - c) *Lack of routine*
 - d) *Mealtime Dynamics*
 - e) *Improper physical environment*
6. Behavioral problems are often caused by any above factors
- a) *Refusing to come to the table*
 - b) *Continually leaving the table*
 - c) *Refusing to eat*
 - d) *Throwing food*
 - e) *Gagging or vomiting*
 - f) *Spitting out food*
 - g) *Disrupting others who are trying to eat*

III. Factors that affect a child's appetite or food intake.

A. Division of responsibility-*Child of Mine*, by Ellyn Satter

1. Parents determine what foods are offered to a child to eat to provide a balanced diet, when foods are offered and where foods are offered.
2. Child determines which foods and how much they will eat.
3. Parents are not responsible for how your child's body turns out.
4. Feeding is built on trust.
5. When parents get involved in controlling amounts of foods, challenges in future of child's regulation of eating is impaired, thus negatively affecting consistent growth patterns.

B. What foods and amounts are adequate to promote growth?

IV. What resources are available to support parents?

A. Developmental Screening

1. Health Checks-Ages and Stages
2. Denver Developmental Screening Tool

B. Resources to support normal progression

C. Resources to support a child who is having developmental challenges.

1. **Headstart Programs (3-6 years of age)**
2. **Early Headstart Programs (starting during prenatal period through 3 years of age) are both home based and center based determined by your child's developmental needs.**
3. **Therapeutic learning centers (birth to 3 years of age) provide in home therapy services to families.**
 - a) *Physical Therapy*
 - b) *Occupational Therapy*
 - c) *Speech Therapy*
 - d) *Behavior Therapy*
 - e) *Nutrition Screening and Therapy*
4. **Early Childhood Centers for children over 3 years of age are often affiliated with local school systems and employ therapists who provide similar therapeutic services in the school setting.**
5. **Local health departments often include maternal and child health public health nursing programs.**
6. **Hospital-Based Feeding Teams include speech and occupational therapists, MD, RD, and behavioral specialists.**

V. References

- 1) *Child of Mind*, by Elyn Satter
- 2) *Eating for Autism* by Elizabeth Strickland
- 3) *Pediatric Nutrition in Chronic Diseases and Developmental Disorders* by Shirley W. Ekvall and Valli K. Ekvall