Healthy Feeding Foundations

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VERMONT DEPT OF HEALTH
CHILDREN WITH SPECIAL HEALTH NEEDS
NUTRITION PROGRAM
Objectives

- This presentation will provide strategies to prevent picky eating from an early age
- Provide some strategies to increase dietary variety for parents and providers caring for children with narrow food preferences.
- I will focus my discussion on feeding children from birth to two years old.
Rule #1: Eating = Enjoyable!

- Set a foundation of trust and compassion from the very beginning
Introduction of Solids

- 4-6 months, 6 months if breast fed
- New research: Avoid rice cereal, give peanut products, offer fish
- “Baby-led Weaning”
- Varied flavor profile – veggies, savory foods, foods served at home, avoid sweeteners
- Balance fluids and solid foods
The Dance of Feeding the Toddler

- 6 months to 2 years old
- Self-feeding vs. being fed
- **Mixed approach** – lessen the risk of nutritional gaps
- It’s okay to use your fingers and get messy!
- Take time to make perfect “gourmet” bites
- Be perceptive about timing/signals – energy level, hunger level, past experience with food, etc.
- Talk to baby about the foods, name them, investigate them
- Or – use simple distractions and make it extra fun
Appetite Regulation

**Infants** can signal to parents that they no longer want food or milk.

**Bottle-fed infants** can show that they have had enough by:
• stopping sucking
• spitting out the nipple or teat and turning their head away
• slowing down feeding pace

**Infants** eating solids can show that they have had enough by:
• turning head away from the spoon
• clenching mouth shut
• spitting food out
• holding food in the mouth
• showing a disgust facial response
• blocking the mouth with the hand
• crying

**Older infants** will:
• throw food
• signal ‘no’ in response to unwanted food given to them

**Toddlers** may try to:
• distract their parent
• become distracted
• move away from the meal table.
Rule #2: Role Model!

- Eat with your child from beginning
- Taste foods first – food safety
- Sit together, enjoy time together
- Mealtimes together for the health, development and behavior of children as they grow.
- Relax...
Changing Family’s Food Culture

- Increase **nutrient-density** of your own diet
- Vegetables!!!
- Whole grains,
- nuts,
- seeds,
- beans,
- eggs,
- fresh fruit,
- good quality dairy and meat products
“They grow up so fast…”

- Rejection of foods begins at 14 months. Food preferences at 2 years old can predict food preferences later in life.

- Ideally, every single vegetable and fruit should be offered during the first 6-12 months.

- Make steamed vegetables part of the daily routine

- And smoothies....
Steaming vegetables

- Cut the vegetables into uniform sizes
- Carrots, winter squash – 10 minutes
- Broccoli, summer squash, zucchini, peas, cauliflower, green beans – 5-7 minutes
- Kale – 5 minutes
- Spinach - 3 minutes
- Set a timer!
- Err on the side of over-steaming for infants
Smoothies

- Choose a base – yogurt, milk, non-dairy milk
- Add nutrient-dense foods: nut butters – peanut butter, almond butter, sunbutter,
- Add leftover steamed vegetables
- Add frozen or fresh fruit – berries, banana
- Add milk or water to thin to good consistency
- Other additives...
It’s never too late!

- Find creative ways to incorporate more healthy foods into every day meals and snacks
- Children with sensory sensitivity – exception to the rule
- The Sneaky Chef: Simple Strategies
- Deceptively Delicious: Simple Secrets to Get Your Kids Eating Good Food
- The Sneaky Chef: Simple Strategies for Hiding Healthy Foods in Kids’ Favorite Meals
‘Parenting well with food demands that you find that gray area somewhere between the extremes of being neglectful (and not trying to help at all) and being domineering (and helping so much that it’s harmful rather than helpful). It’s very tricky business.’

-Ellyn Satter, from How to get your kid to eat... but not too much
Objectives

ONE What is picky eating?
TWO How do caregivers prevent picky eating?
THREE How do caregivers support picky eaters?
Toddler Years…
A Review

- Individuation
- Food= THEY are in control
- Emotional changes- the struggle to take control of actions, impulses, feelings, and body
- Engaging, curious, energetic, and recalcitrant
• 2-3 years old—neophobia at its worst
• Parents reassuring kids doesn’t work—repeat exposure does
• Parent can help by eating and enjoying a wide variety of healthy food and drink
• Growth also happens to slow at this time
Nature or Nurture?

- Twin study - fraternal & identical
- TAS2R38 gene - encode for taste receptors that determine bitter flavor
  - 2015 study showing same gene responsible for some children are 20 times more sensitive to sweet taste than others
- Supertasters - term first appeared in 1991 - article by Linda Bartoshuk
  - 25% of the population!
- Breastmilk & amniotic fluid shown to determine taste preferences
The Division of Responsibility

Satter's Division of Responsibility

**Parent's responsibilities**
- What foods are offered
- When food is offered
- Where food is offered (no distractions)

**Child's responsibilities**
- How much to eat (as many servings as they like)
- If they will eat (they may choose not to eat)
Preschool Years: A Review

- Integration
- Same rules apply, but with more autonomy between the limits
- Neophobia diminishes
- Ability to verbalize fears and likes
- Takes pride in abilities & building skills
- Social time at table
Prevention

Challenge themselves to eat
Need support to do a good job with eating
Need to feel in control of their eating
Know how much they need to eat
Waste food
Won’t eat food they find unappealing
Need limits
What goes wrong?

- Adults decide HOW MUCH and WHETHER
- Short order cook - parent fails to take charge of the menu
- Needs go unnoticed - failure to get a meal on the table, snacking, socio-emotional
- Getting after child about the amount or type of food desired or eaten
- Forcing food
  - Parents don’t know kids are capable of choosing nutritious diets
- Forgetting food - lack of planning or distractions
  - Parents need support to improve parenting skills and addressing core issues
- Parents relationship to food and how their parents parented around food is key
Strategies to Improve Feeding Relationship

1. Set a schedule for meals and snacks
2. Minimize distractions
3. Model foods that you want your child to eat
4. Set limits. Don’t ask child to decide for you
5. Tap into motivation
Environmental Approaches

Set a Feeding Schedule and Routine

Avoid All Day Eating

Provide Comfortable and Supportive Seating

Limit Mealtime

Minimize Distractions

Get Your Child Involved

Practice Pleasant and Healthy Eating Behaviors

Reward Positive Behaviors

Ignore Negative Behaviors

Remember the Rule of 3

Presentation
Children with Special Health Needs

- Have unique growth patterns and energy requirements
  - May need altered textures and thickness
  - May experience pain or discomfort at mealtime

- Routine & Environment - ASD, sensory, behavioral
  - Rotation - limited diets can still be improved
  - Steps to Eating framework can be useful
Steps to Eating

EATING
- Chews and swallows whole bolus independently
- Chews, swallows whole bolus with drink
- Chews, swallows some and spits some
- Bites, chews "x" times & spits out
- Bites pieces, holds in mouth for "x" seconds & spits out
- Bites off piece & spits out immediately
- Full tongue lick
- Licks lips or teeth

TASTE
- Tip of tongue, top of tongue
- Teeth
- Lips
- Nose, underneath nose
- Chin, cheek
- Top of head
- Chest, neck
- Arm, shoulder
- Whole hand
- Fingertips, fingertips
- One finger tip

TOUCH
- Leans down or picks up to small
- Odor in child's forward space
- Odor at table
- Odor in room

SMELLS
- Uses utensils or container to serve self onto own plate/space
- Uses utensils or a container to stir or pour food/drink outside of own space
- Uses utensils or a container to stir or pour food/drink for others

INTERACTS WITH
- Looks at food when directly in child's space
- Being at the table with the food just outside of child's space
- Being at the table with the food 3 way across the table
- Being at the table with the food on the other side of the table
- Being in the same room

TOLERATES
Children with special health needs are more likely to be problem feeders.

<table>
<thead>
<tr>
<th>DEFINED BY:</th>
<th>PICKY EATERS</th>
<th>PROBLEM FEEDERS</th>
</tr>
</thead>
<tbody>
<tr>
<td># of foods in Food Range consistently eaten when presented</td>
<td>Decreased range or variety of foods; typically has 30 or more foods in their Food Range</td>
<td>Restricted range or variety of foods, usually eats less than 20 foods</td>
</tr>
<tr>
<td>Loss of foods from Food Range</td>
<td>Foods lost due to &quot;burn out&quot; from Food Jagging are usually eaten again after a 2 week break</td>
<td>Foods lost due to &quot;burn out&quot; from Food Jagging are not eaten again after a break, resulting in a further decrease in the # of foods eaten</td>
</tr>
<tr>
<td>Ability to eat foods from all categories of foods (texture and nutrition)</td>
<td>Eats at least one food from most all nutrition or texture groups (e.g. purées, Meltable Foods, proteins, fruits)</td>
<td>Refuses entire categories of food textures or nutrition groups (e.g. soft cubes, meats, vegetables, Hard Mechanicals)</td>
</tr>
<tr>
<td>Tolerance of New Foods on their plate</td>
<td>Can tolerate New Foods on their plate; usually able to touch or taste food (even if reluctantly)</td>
<td>Cries, screams, tantrums, “falls apart” New Foods are presented; complete refusal</td>
</tr>
<tr>
<td>Ability to eat the same foods as their family</td>
<td>Frequently eats a different set of foods at a meal than other family members; (typically eats at the same time and at the same table as other family members)</td>
<td>Almost always eats a different set of foods than their family; often eats at a different time or at a different place than other family members</td>
</tr>
<tr>
<td>Duration and report of “pickiness”</td>
<td>Sometimes reported by parent as a “picky eater” at well-child check-ups</td>
<td>Persistently reported by parents to be a “picky eater” at multiple well-child check-ups</td>
</tr>
<tr>
<td>Ability to learn to eat New Foods</td>
<td>Learns to eat New Foods in 20-25 steps on a Steps to Eating Hierarchy</td>
<td>Requires more than 25 to learn to eat New Foods</td>
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Red Flags for Problem Feeding

Consider the child’s feeding during the past six months. If you recognize several symptoms in a child, screening for problem feeding may be warranted.

- Poor weight gain (e.g., percentiles falling) or weight loss
- Choking, gagging, or coughing during meals
- Problems with vomiting while trying to eat or drink
- More than one incident of naso reflux
- A traumatic choking incident
- Unable to transition to baby food purées by 10 months of age
- Unable to accept any table food solids by 12 months of age
- Unable to transition from breast/milk to a cup by 16 months of age if parents want this
- Is not weaned off baby foods by 16 months of age
- Avoids all foods in specific texture or food group
- Eats less than 20 foods by age two years
- Cries and/or arches away at most meals
- Mealtime is a constant battle
- History of eating and breathing coordination problems, with ongoing respiratory issues
- Parents reporting child as being “picky” at 2 or more well-child checks
- Parent repeatedly reports that the child is difficult for everyone to feed

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STAR Institute
for Sensory Processing Disorder
## Food Chaining

<table>
<thead>
<tr>
<th>Level I</th>
<th>Level II</th>
<th>Level III</th>
<th>Level IV</th>
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</thead>
<tbody>
<tr>
<td>Maintain &amp; Expand Current Taste &amp; Texture</td>
<td>Vary Taste &amp; Maintain Texture</td>
<td>Maintain Taste &amp; Vary Texture</td>
<td>Vary Taste &amp; Texture</td>
</tr>
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Other brands and sizes of chicken nuggets (i.e., strips/popcorn/bites, both fast food & home-prepared); fried chicken patties cut into pieces (fast food & home-prepared)

Different flavored chicken nuggets (barbeque, honey mustard, hickory smoked, etc.) Use sauces/dips to vary tastes.

Chicken strips (not breaded); chicken leg/drumstick; chicken breast; ground chicken patties

Breaded seafood (scallops, shrimp); breaded fish (fast food & home-prepared); breaded turkey breast; breaded vegetables; breaded baked chicken; crusted/breaded pork tenderloin; ground meats
How to Refer to CSHN Consultant Dietitians

- Who is eligible? We serve those Vermont children and youth – age birth to 21 – who have a chronic physical or developmental condition and who also require health and related services of a type or amount beyond that required by children generally.

- Anyone in the child’s circle of support might suggest nutrition services, but health care providers (like doctors or nurse practitioners) or your Children’s Integrated Services/Early Intervention team can make a referral.

- For questions, call the Nutrition Program at 802-865-7709, or email us. AHS.VDHCSHNNutrition@vermont.gov
CSHN Nutritionist Service Areas as of August 2017
Online Resources for Parents & Providers

- [https://www.spdstar.org/node/960](https://www.spdstar.org/node/960)
- [https://www.choosemyplate.gov/](https://www.choosemyplate.gov/)
References


Thank you!