

# Guiding Parents Through Feeding Development

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# About Us

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# Objective

To identify strategies and resources to support parents through the development of their child's feeding skills, whether this be typical or disordered development.

# Developmental Stages of Feeding

## NEWBORNS through 4 MONTHS

### Potential Problems

- Dysregulated state
- Poor suck-swallow-breathe synchronicity
- Poor latch at breast or bottle
- Long feeds
- Loss of liquid from mouth
- Poor weight gain
- Vomiting
- Arching

### Potential Solutions

- Swaddle, rock, and soothe prior to feeds
- Pace the feed by tipping the bottle down every 20-30 seconds
- Try different nipples for size and flow
- Try different positions for support during feeding
- Try different formulas

# Developmental Stages of Feeding

## 6-MONTH OLDS

### Potential Problems

- High or low tone
- Poor head control
- Rejecting purees
- Gagging/vomiting with different tastes/textures
- Loss of liquids or solids
- Dysregulated state

### Potential Solutions

- Fully supported feeding positions
- Persist with trials of purees by offering different temperatures, flavors
- Use different spoons
- Use calming or alerting activities prior to feeding
- Allow playing with food on tray to increase familiarity
- Use baby toothbrush on gums and tongue to increase tolerance to texture

# Developmental Stages of Feeding

## 9-MONTH OLDS

### Potential Problems

- Poor sitting posture
- Only takes a bottle or breast
- Refuses purees
- Poor weight gain
- Limit tolerance to food textures
- Gagging/vomiting with solids
- Dysregulated state

### Potential Solutions

- Supported seat for feeding
- Food trials before bottle/breast feeds
- Present foods 10+ times
- Use electric toothbrush on mouth before feeds
- Slowly add texture to a preferred puree
- Use alerting or calming activities prior to mealtimes
- Place small tastes or bites of food on side of mouth vs. centered on tongue
- Allow food play to increase tolerance
- Use positive language during meals

# Developmental Stages of Feeding

## 12-MONTH OLDS

### Potential Problems

- Not progressing with textures and table food
- Limited weight gain
- Poor variety of foods
- Cannot drink from cup
- Loss of food or liquid when drinking/eating

### Potential Solutions

- Use small spoons for 'tiny' tastes
- Control liquid flow with thicker liquids
- Practice open cup drinking with water
- Introduce foods more than 10 times
- Use positive language and focus on the food experience
- Practice chewing on different foods using Fresh Food Feeder
- Structure mealtime schedule
- Make sure seating is at appropriate height and gives support

# Developmental Stages of Feeding

## 15-MONTH OLDS

### Potential Problems

- Throwing food and dinnerware
- Refusing food
- Difficulty settling down for mealtime
- Unable to bite through hard foods
- Will not feed self
- Mashing foods rather than chewing

### Potential Solutions

- Use silicone toddler dinnerware
- Have child clean up food when meal is over (ignore during meal)
- Practice biting and chewing with hard meltable foods, like puffs
- Use a mealtime schedule to build a positive routine
- Place bites of food on back teeth

# Developmental Stages of Feeding

## 2-YEAR OLDS+

*At this age, oral-motor/feeding skills are established for skilled eating patterns.*

### Potential Problems

- Limited food repertoire
- Difficulty staying at table
- Refusing foods consistently
- Persistent gagging/vomiting
- Poor weight gain
- Limited chewing and drinking skills
- Does not eat what family is eating
- Excessively messy when eating
- Taking longer than 30 minutes for a meal

### Potential Solutions

- Establish a mealtime routine
- Use positive language and take the pressure off of eating
- Vary brands and flavors of prepared foods
- Expose to a variety of foods within all food groups
- Have a preparatory routine prior to meals for a more regulated child
- Give small bites of food

# Red Flags for Feeding Disorders

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- Ongoing poor weight gain, or weight loss
- Ongoing choking, gagging, or coughing during meals
- Ongoing problems with vomiting
- More than one incident of nasal reflux
- History of a traumatic choking incident
- History of eating and breathing coordination problems, with ongoing respiratory issues
- Parents reporting child being “picky” at 2 or more well-child visits
- Inability to transition to baby food purees by 10 months
- Inability to accept any table food solids by 12 months
- Inability to transition from breast/bottle to cup by 16 months
- Has not weaned off of baby foods by 16 months
- Aversion or avoidance of all foods in a specific texture or nutrition group
- Food range of <20, especially if foods drop off and are not replaced
- An infant who cries/arches at most meals
- Family is fighting about food and feeding
- Parent repeatedly reports that the child is difficult for everyone to feed
- Parental history of an eating disorder, with the child not meeting weight goals

# Education and Prevention

## Education and Prevention (see Appendix)

- Development of Feeding Skills
- Positioning
- How to Teach Spoon Feeding
- How to Teach Straw Drinking
- How to Teach Cup Drinking
- Feeding Suggestions for Young Eaters
- Product Recommendations for Oral-Motor and Feeding Development
- Product Recommendations for Seating
- What Should My Child Be Eating?
- The Language of Feeding

# Picky Eaters

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- Decreased range or variety of foods; will eat at least 30 different foods
- Foods lost due to “burn out” because of a food jag are usually re-gained after a 2-week break
- Able to tolerate new foods on a plate; usually can touch or taste a new food (even if reluctantly)
- Eats at least 1 food from most food texture or nutrition groups (e.g., purees, meltables, proteins, fruits)
- Frequently eats a different set of foods at a meal than the rest of the family (typically eats with the family)
- Will add new foods to repertoire in 20-25 steps on the Steps to Eating Hierarchy

# Problem Feeders

- Restricted range or variety of foods, usually less than 20 different foods
- Foods lost due to food jags are NOT re-acquired after taking a break, often resulting in a decreasing number of foods in a child’s repertoire
- Cries and “falls apart” when presented with new foods; complete refusal
- Refuses entire categories of food texture or nutrition groups (e.g., hard mechanicals, meats, vegetables, soft cubes)
- Almost always eats different goods at a meal than the rest of the family (often doesn’t eat with the family)
- Adds new foods in more than 25 steps on the Steps to Eating Hierarchy

# Referrals

## Prior to Feeding Evaluation

- Rule out medical etiologies
- Check for TOTs
- Complete an MBSS
- Complete allergy or intolerance testing
- Monitor weight and growth percentiles

## Our Typical Referrals

- Limited repertoire of foods
- Poor weight gain
- Transitioning from tube-fed to orally-fed
- Difficulty with chewing/biting
- Limited volume
- Strong refusals at mealtime
- Stressful mealtimes

# Feeding Evaluation: Case History

## Medical History

- Medical concerns, diagnostics, and interventions trialed
- Individual and family history
- Allergies
- GI functioning
- Sleep
- Growth
- Medications

## Environmental Factors

- Stress around mealtimes
- Family meals
- Seating
- Use of reinforcements
- Social behavior
- Utensil, straw, and cup use

# Feeding Evaluation: Case History

## Diet Details

- Number of meals and snacks per day (3-Day Diet History)
- Amount and type of liquid intake per day
- Normal senses of hunger and thirst?
- Prefer to graze? Free access to food?
- Typical meals
- Rigidity around food (e.g., temperature, texture, taste, brand, color, etc.)
- Lost foods/food jags
- Sensory patterns
- Oral-Motor patterns

# Feeding Evaluation: Clinical Observations

## Postural Stability

- Able to sit independently? What type of seating?
- Able to sit in 90-90-90 position? How long?

## Respiration

- Clavicular or diaphragmatic breathing?
- Coordination of suck-swallow-breathe?

## Facial structure/Oral mechanisms

- Facial symmetry and tone
- Lips, teeth, tongue, hard palate, soft palate
- Hypo/hypersensitivity in or around mouth?

## Oral-Motor Skills

- Biting (ability and bite size)
- Chewing
- Bolus formation and transfer
- Swallowing
- Clearing
- Do these skills change with texture?

# Feeding Evaluation: Clinical Observations

## Sensory Processing

- Gags easily with food in mouth?
- Avoids certain tastes or smells?
- Routinely smells non-food objects?
- Shows strong preference for certain smells or tastes?
- Craves certain foods?
- Seeks out certain tastes or smells?
- Chews or licks non-food items?
- Mouths objects?

# Feeding Evaluation: Team Members

- OTs/SLPs/PTs
- Dietitians
- Gastroenterology specialists
- Allergy/Immunology specialists
- Pediatricians
- Dentists
- Craniofacial specialists
- Psychologists
- Social workers
- Parents and other caregivers
- Teachers

# Feeding Therapy

## Common Goals

- Change the child's relationship with food
- Remove the emotional charge around food (food is just food, not good or bad)
- Parent education
- Increase the child's food repertoire
- Improve quantity and quality of oral food intake
- Improve oral-motor skills
- Improve utensil use
- Improve sensory processing as it impacts eating and self-feeding

# Feeding Therapy

## Strategies

- Developmental Considerations
- Cognitive Strategies
- Behavioral Strategies
- Oral-Motor Therapy (Beckman Oral-Motor Protocol, Talk Tools)
- SOS Approach to Feeding/Food Scientist
- Food Chaining
- Parent Education
- Team Collaboration
- Tools

# Feeding Therapy: Video Examples

## Structure of a Therapy Session

- Sensory preparation/ anxiety reduction



- Set up
- Oral-motor warm-up and skill building



- Food exposures (individualized treatment strategies selected)



- Clean up

# Feeding Therapy: Video Examples of Specific Skills

Cup Drinking



Spoon Feeding



Biting and Chewing



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