



Pediatric Telehealth Rounds

Creative Interventions for Mealtime Strategies

Carrie Owen, OT
Chantal Lessard SLP
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Questions?

pedtelehealthrounds@cheo.on.ca

Declaration of conflict

Speaker has nothing to disclose with regard to commercial support.

Speaker does not plan to discuss unlabeled/
investigational uses of commercial product.

Objectives

1. Identify the barriers to normal feeding patterns in children.
2. Develop a practical mealtime plan based on identified mealtime strategies.
3. Gain an awareness of how a caregiver's attention to the picky eater contributes to success.
4. Describe the referral process and CHEO's feeding services



DSM-V

Avoidant/Restrictive Food Intake Disorder

Diagnostic Criteria

307.59 (F50.8)

- A. An eating or feeding disturbance (e.g. apparent lack of interest in eating or food; avoidance based on the sensory characteristics of food; concern about the aversive consequences of eating) as manifested by persistent failure to meet appropriate nutritional and/or energy needs associated with one (or more) of the following:

Highlights of DSM-V Criteria

- Compared to DSM-IV criteria, expanded across the life span
- Mutually exclusive with other eating and feeding disorders, except pica.
- Acknowledges sensitivities and conditioned negative responses
- Family function may be affected, with heightened stress at mealtimes
- Encourages a multi-factorial understanding of feeding problems

FEEDING PROBLEMS ARE COMMON

- 25-30 % of typically developing kids
- 80-90% of children with developmental disabilities
- 50% of all toddlers have some variation of feeding



FEEDING PROBLEMS TYPICALLY SEEN INCLUDE:

- Those associated with a particular medical condition
- Failure to thrive or poor weight gain
- GERD (Gastroesophageal Reflux Disease)
- Picky or finicky eaters
- Texture progression issues
- Cardiac, Cleft Lip and Palate

GERD SYMPTOMS IMPACTING FEEDING

- Regurgitation
- FTT or poor weight gain
- Sleep Feeds
- Irritability with feeds, excessive crying
- Recurrent pneumonias, cough, wheeze, stridor, apnea
- Sandifers syndrome (arching , torticollis)
- Hiccups, sneezing, drooling

GERD Symptoms Continued

- Limited liquids intake
- Difficulties in transitioning from purees to textures
- Food refusal
- Anemia

CONSTIPATION

- Remember constipation as possible contributor to feeding difficulties especially in kids with developmental delay!!
- It is not the frequency we are concerned about, more the discomfort and consistency
- Maximizing fluid and fibre intake is the first step
- If still hard stools, consider medical management

Feeding

- Involves all organs, muscles and senses



First two years of life to learn



Oral-motor development

- 6 months: munching pattern
- 6-8 months: tongue protrusion when drinking
- 7-12 months: rotary chew begins to develop
- 8 months: lateral movement of the tongue



Oral motor development (cont.)

- 10 months: definite chewing movement
- 12 months: takes controlled bites of soft foods or readily dissolved crunchy foods

Coordination of chewing is fully mature by 3 to 6 years of age.



Development in Typical Child

- Liquid by nipple first 4-6 months
 - Strained smooth food by spoon (6 months) – sitting with minimal support
 - Lumpy foods by 10-11 months – difficult if delayed until 14-16 months
 - Cup drinking before 12 months
- (Arvedson 2009)



Critical Period for Solids (Illingworth & Lister, 1964)

- Spoon feeding by 6 months (developmental level)
- Trunk support for sitting
- Hand-to-mouth skills
- No mixed textures per bite



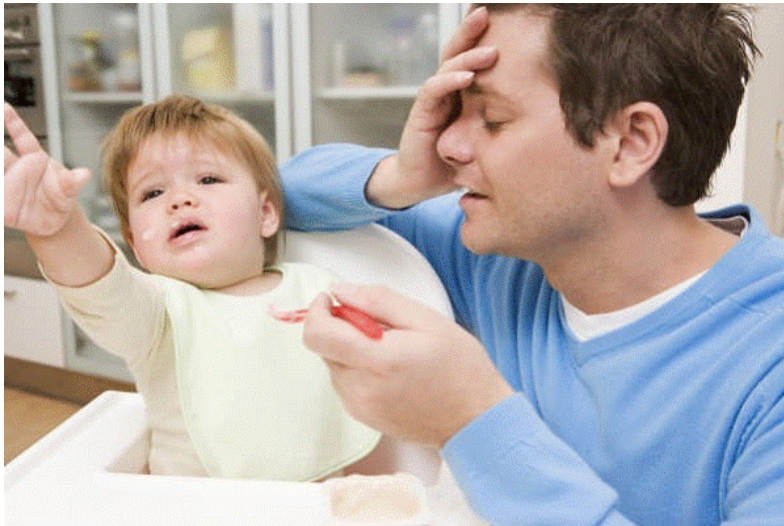
When to refer: 6mths on..

- -does not transition to purees or solids
- - oral intake does not sustain good growth velocity
- -significant limited food and textures accepted
- -significant anxiety with eating

When to refer: 0-4 months

- coughing, gagging and excessive vomiting with breastfeeding or bottling
- appears physically uncomfortable and arching
 - takes longer than 40 minutes to drink appropriate *amount of formula or breast milk to sustain adequate growth*
 - only feeds in their sleep*
- inadequate caloric intake for growth

Mealtime Strategies



Functional Feeding

- Reasonable quantity of food
- Reasonable length of time
- Safe
- Pleasure



Table time

- Sitting for meals
- At the table
- Transition to meal



Structure Meal and Snack Time

- Schedule meals
- Schedule snack
- Limit drinking times



“Try It”

- Look
- Sit by it
- Touch
- Bring to lips
- Lick
- On tongue
- Swallow



Spitting

- Changing texture
- Changing taste
- Trust



Meal Organization

- One preferred food
- Small portions
- Family/Daycare mealtime
- Variety on everyone's plate
- Three foods ; preferred, less preferred and new



- Limit mealtime length
- Self feeding
- Intake initially reduced



Practice

- Learning is messy
- Child learns through touch and play
- Thirty attempts
- Gagging
- Vomiting



- Cup drinking
 - slow it down with infant cereal, apple sauce or yogurt
- Reflux “refusers”
- Natural Drinking Cup



Size of food pieces



Parental/Grandparent/Caregiver Attention

Focus on the positive



What is it about McDonalds ???



Food chaining

- Start with liked foods
- Change the food's :
 - Shape
 - Colour
 - Texture





Questions or Comments?



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Thank you!

for participating in today's

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Join us next time:

FASD

*Dr. Pilon & FASD Coalition of
Ottawa*

November 20, 2015



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