Toddler Feeding Issues

HOW TO PREVENT
WHEN TO WORRY
TYPICAL BEHAVIORAL TREATMENT

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OBJECTIVES

- Understand healthy toddler feeding patterns/behaviors.
- Be able to identify concerning signs and symptoms of underlying feeding disorder or medical pathology.
- Be able to advise parents regarding how to prevent and treat behavioral feeding problems.
Funny shades of Parenting

Time Spent in Restaurant with Toddler

Wondering why the heck you attempted to do this in public AGAIN

- Eating: 44%
- Avoiding other diners' annoyed stares: 1%
- Praying the customers in the adjoining booth don't mind a toddler's laser-like stare: 15%
- Begging toddler to eat just a single noodle of his $8 bowl of macaroni: 10%
- Fetching toddler from underneath table: 20%
**CASE PRESENTATIONS**

**Case #1**
- 20 month old healthy female
- Parents concerned because all of a sudden over summer patient stopped eating as well.
- Has lost small amount of weight.
- Abdomen appears distended to parents.
- Complaining of abdominal pain.
- No vomiting or diarrhea or recent illness.
- Behavior normal.

**Case #2**
- 19 month old healthy male
- Mom concerned because not eating well.
- Good interval weight gain with wt. at 85% and height at 60%.
- Mom still giving milk from bottle because he refuses to drink milk from cup.
- Mom complains that patient is very active and doesn’t want to sit to eat.
- No vomiting, diarrhea or abdominal pain.
Which case are you more worried about?
Why?
Would you do any screening tests? What would they be?

Case #1 – had + family Hx of celiac disease in Pat aunt and GM. Did screening CBC with diff, CMP and celiac panel (total IgA, tissue transglutaminase IgA).
- All tests normal except significantly elevated TTG IgA.

Case #2 – no screening tests done. Behavioral counseling.
The Introduction of Solids – Late Infancy

- Solids should start around 6 months.
- The argument for baby-led weaning (BLW).
  - Infants self-regulate their intake – sort of
  - Infants control their interaction and play with food (how they learn) and therefore become less fussy or picky – maybe?
  - Prevent childhood obesity
    - New Zealand study of mother-baby pairs showed NO difference in BMI z-score at 12 and 24 months of age.
Toddlerhood – A Time of Feeding Transition

- Go from an infant that is fed, to a toddler that feeds themselves.
- Go from breastmilk or formula to whole milk.
- Go from bottles to cups.
- Go from majority of calories coming from milk to majority of calories coming from solid food.
NORMAL TODDLER FEEDING PATTERNS

- Transition from baby to soft table foods starting at 9 months of age.
- Initially rely on hands and pincer grasp to self-feed.
- Master use of spoon comes around 18-21 months.
- Not unusual for young toddlers to assert independence and refuse to be spoon fed by parents starting at 1 year.
- Recommend transition from bottles to cup in early toddlerhood.
- Recommend 16-24oz of milk per day (whole until 2yrs unless high risk obesity, then consider lower fat).
- No more than 4-6oz juice per day.
Ellyn Satter division of responsibility of eating in toddlerhood and older:

- Parent in charge of the **what, when and where** of feeding.
- Child in charge of the **how much and whether** of eating.
NORMAL TODDLER FEEDING PATTERNS

- Parent should have regularly scheduled meal and snack times. Usually 3 meals and two mid-meal snacks.
- Parents should make sure meal time is safe. Child sitting in chair, size and texture of food appropriate.
- Parents should offer healthy choices.
- Parents should avoid distractions (TV, electronics).
- Parents should sit down and eat with child and model healthy eating habits.
- Parents should remain calm and unemotional about eating. Don’t beg, force or bribe.
NORMAL TODDLER FEEDING PATTERNS

- Toddlers should decide if and how much to eat.
- A toddler’s energy requirements drop from infancy. They are growing more slowly.
- Toddler eating is very erratic. Need to look over course of a week instead of course of a day to determine if they have gotten a good variety.
  - One week they will love broccoli, next week won’t touch = normal.
  - Studies about children and food acceptance show that it takes up to 10-15 times of offering a new food before they might be comfortable accepting.
NORMAL TODDLER FEEDING PATTERNS

OTHER KEY CONSIDERATIONS:

- Toddlers are continually learning about the cause and effect relationship and seek attention any way they can get it (positive or negative).

- Preferences for the taste of sweet have been observed shortly after birth. Young children readily form preferences for the flavors of energy rich food. Unfortunately, preferences for other foods is not immediate and as stated before, may take many repeated exposures.

- The Feeding of Infants and Toddlers study showed that 28-33% of toddlers don’t consume fruit and 18-20% do not consume a vegetable on a given day. French fries are the #1 vegetable consumed by American toddlers.

- Normal BMI drop between ages 2-5 years.
“My child is too skinny. I can see his bones.”
Toddler Portion Sizes
# Toddler Portion Sizes

## Average Daily Intake for a Toddler

<table>
<thead>
<tr>
<th>Food Group</th>
<th>Servings Per Day</th>
<th>Number of Calories Per Day</th>
<th>One Serving Equals</th>
</tr>
</thead>
</table>
| **Grains**               | 6                | 250                        | • Bread – ¼ to ½ slide  
                          |                  |               | • Cereal, rice, pasta (cooked) – 4 tbsp.  
                          |                  |               | • Cereal (dry) – ¼ cup  
                          |                  |               | • Crackers – 1 to 2     |
| **Vegetables**           | 2 to 3           | 75                         | • Vegetables (cooked) - 1 tbsp. for each year of age   |
| **Fruits**               | 2 to 3           | 75                         | • Fruit (cooked or canned) – ¼ cup  
                          |                  |               | • Fruit (fresh) – ½ piece  
                          |                  |               | • Juice – ¼ to ½ cup (2-4 oz) |
| **Dairy**                | 2 to 3           | 300-450                    | • Milk – ½ cup  
                          |                  |               | • Cheese – ½ oz. (1-inch cube)  
                          |                  |               | • Yogurt – ½ cup        |
| **Protein**              | 2                | 200                        | • 1 oz. (equal to two 1-inch cubes of solid meat or 2 tbsp. of ground meat)  
                          |                  |               | • Egg – ½ any size, yolk and white |
| (meat, fish, poultry, tofu) |              |                  |                                                        |
| **Legumes**              | 2                | 200                        | • Soaked and cooked – 2 tbsp. (¼ cup)                   |
| (dried beans, peas, lentils) |              |                  |                                                        |
| **Peanut butter**        |                  | 95                         | • Spread thin on bread toast or cracker - 1 tbsp.      |
| (smooth only)            |                  |                  |                                                        |
Toddler Portion Sizes

- Generally ¼- 1/3 of an adult portion size.
- “Easy to grab, hard to choke on.”
- Think of these as starter portions. As a way to model healthy portions to your child. Ultimately, a toddler’s hunger will vary day to day, meal to meal.

- Personal opinion – Pouches are just glorified, fancy-packaged baby food. Only require sucking.
SIGN SIGNS AND SYMPTOMS OF FEEDING AND SWALLOWING DISORDERS

- Swallowing is a complex sequence of events and is described as having 3 phases: oral, pharyngeal and esophageal. Problems in any of these phases at any phase of development can lead to problems.

- FEEDING DISORDERS
  - Involves the oral phase and can be motor or sensory based.

- SWALLOWING DISORDERS/DYSPHAGIA
  - Involves pharyngeal or esophageal dysfunction and leads to risk of aspiration.
SIGNS AND SYMPTOMS OF FEEDING AND SWALLOWING DISORDERS

- FEEDING DISORDERS/ARFID (Avoidant Restrictive Food Intake Disorder)
  - Strong preferences for either smooth or crunchy foods.
  - Gagging on foods that are more textured or firm and require chewing.
  - Drooling, spillage of food from mouth, prolonged chewing, keeping bolus of food in cheek/side of mouth.
  - Mealtimes take a really long time.
  - Food refusal.
  - No problems with liquids or smooth foods.
  - May have other sensory issues like sensitivity to touch, light, loud noises.
SIGN AND SYMPTOMS OF FEEDING AND SWALLOWING DISORDERS

- SWALLOWING DISORDERS/DYSPHAGIA
  - Problems occur during act of swallowing which can lead to aspiration.
  - Cough while drinking liquids.
  - Gagging on chewable foods (after swallow initiated).
  - Recurrent pneumonia.
  - Changes in vocal quality after swallowing.
OTHER DIAGNOSES IN THE DIFFERENTIAL OF FEEDING DISORDERS

- There are MANY, but these are some of the more common:
  - Food allergy.
  - GERD
  - Celiac Disease.
  - Eosinophilic esophagitis.
  - Anatomic abnormalities of the oral cavity, larynx, trachea and esophagus.
- Often toddlers can have one of these medical issues and later develop a behavioral feeding disorder because they develop a negative association (ie. Pain) with eating/feeding.
FEEDING AND SWALLOWING DISORDERS

- Keep in mind that feeding and swallowing disorders are much more common in certain populations:
  - Ex – preterm infants.
  - Infants and children with neuromuscular problems such as cerebral palsy or traumatic brain injury.
  - Infants and children with autistic spectrum disorder.
  - Toddlers that required prolonged intubation, OG or NG feeds from other chronic medical issue like cardiac surgery kids.
EVALUATION AND TREATMENT OF FEEDING AND SWALLOWING DISORDERS

- **Feeding Disorder/ARFID**
  - Can make Early Intervention or local hospital referral for OT/Feeding evaluation and therapy.

- **Swallowing Disorder/Dysphagia**
  - Can make referral for Speech/feeding evaluation at local hospital.
  - May need imaging (video swallow study) done via Speech department at local hospital.
  - Services sometimes housed within ENT department.
OTHER RED FLAGS

- Weight loss
- “Falling off” height curve
- **Sudden** food refusal
- Vomiting/Diarrhea/Abdominal Pain

*These symptoms can often indicate an underlying medical condition to explain their feeding disorder.*
A WORD ABOUT FAILURE TO THRIVE

- FTT is a term used to describe any infant or child whose growth rate (often weight before height) is significantly lower than the norms for their age.
- This topic is large and would take up another talk, but is obviously related. Often kids with feeding issues can present with poor growth and FTT.
- The use of “nonorganic” and “organic” terms to describe the FTT is obsolete. FTT occurs because of malnutrition whether primary or secondary and is often multifactorial.
- New recommendations to use WHO growth charts in 0-2 year olds to decrease labeling of FTT infants and toddlers (www.who.int/childgrowth/standards/en).
TREATING BEHAVIORAL FEEDING PROBLEMS

- Prevent them by good anticipatory guidance about what is normal early on.
- Reassurance, reassurance, reassurance about normal toddler behavior and growth is often all that is necessary.
- Make sure parents providing good meal and snack structure/timing.
- Make sure parents not allowing grazing between scheduled meals and snacks = sabotage.
Help parents focus on child’s positive eating behaviors rather than on food refusal or negative conduct. Meal time should remain pleasant. Parents should avoid judgmental statements.

Explore what the parent’s anxieties, fears and feelings are regarding food and feeding (for their child and themselves). Encourage parents to seek treatment for themselves if necessary.

Discourage different/special foods for the “picky” child. Otherwise parent will become lifetime “short-order cook”. Continue to offer variety. Compromise may be to always serve one thing you know the toddler or child likes or to allow one night a week to be “kids choice” night.
TREATING BEHAVIORAL FEEDING PROBLEMS

- Encourage family mealtime where everyone sits down together. Keep to reasonable period of time (15-20 minutes). Everyone should sit whether they choose to eat or not.
- As toddlers turn into preschoolers and early school age, consider serving “family style” where food set out on table and each person serves themselves.
- Encourage parents to keep unhealthy, nutritionally deficient foods out of the house to avoid power struggles.
- Encourage parents to model healthy eating behaviors.
- No begging, forcing or bribing allowed.
A WORD ABOUT SUPPLEMENTS

- Studies estimate that 30-40% of toddlers and children are given some sort of supplement.
- Routine supplementation is not needed for healthy growing children who eat a varied diet.
- The micronutrients that toddlers and children are most likely to be deficient in are iron, zinc, calcium and vitamin D.
- “Picky eaters” are one group where you might encourage the use of a multivitamin with iron.
- (Personal Bias Alert)Pediasure is a “crutch” that is often developmentally inappropriate. It is not meant for normal, “picky” children and its use should be avoided.


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