



Complex Feeding Difficulties

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The Feeding Trust



- Not-for-profit multi-disciplinary feeding clinic in the Midlands
- SLT, OT, Dietetics, Psychology
- Largely free at the point of access, funded via CCG, LA, charity grants and donations.
- Service for children with the most complex paediatric feeding disorders

- Feeding difficulties are present in around 25% of typically developing children, rising to around 80% in children with developmental difficulties such as Autism, Down's Syndrome and Cerebral palsy.
- Helping children who find mealtimes a challenge can be stressful and hard work.



What are Feeding Difficulties?

- Traditionally placed into one of 3 categories:
 - Motor based
 - Sensory based
 - Respiratory based
- At The Feeding Trust, our experience is that feeding difficulties are much more complex than that.
- What's helpful to remember about eating is exactly how much learning is involved, and the range of different factors that will affect and/or be affected by the journey.

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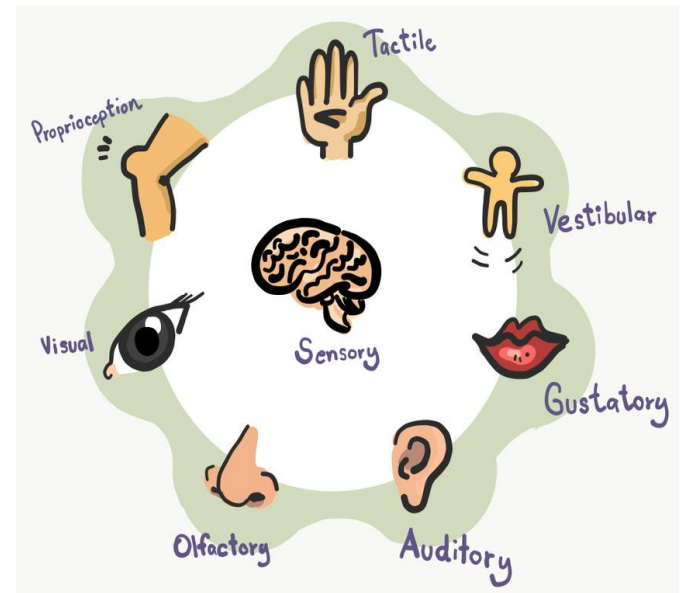
Oro-Motor, Swallowing, Speech & Language

- Children need to develop the skills to safely progress from swallowing breast/bottle milk through to eating solids. This is a complex journey and, with so many steps –this skill takes time and practice.
- When children have difficulty co-ordinating the muscles required for eating and drinking, it can cause swallowing difficulties.
- The same muscles that are used for eating and drinking are also used for speech.
- Mealtimes are an ideal opportunity to model language and young children can often understand more than they can say. It is important they hear lots of positive words when learning to eat, describing what they are doing with the food, alongside the names for all the foods.



Sensory Processing

- Children are constantly taking in information from their environment through their senses.
- They use this information to learn more about their environment which then aids with their learning and development.
- Ensuring mealtimes and the foods offered are full of different colours, shapes, smells, textures and tastes will widen their repertoire and expand the sensory experience.
- Children also start to learn about internal sensory experiences such as hunger and thirst; being able to regulate their own appetites.
- Some children feel too much or not enough. For example, ASD children may enjoy beige and crispy food which is predictable so less sensory input to process. but this reduces learning experience.
- Others haven't experienced enough sensory input due to reduced movement experience. (e.g. CP). As they may not manage more complex textures they have a limited variety of learning experiences.
- Introception is the sense of what is going on in the body, e.g. hunger and thirst. If PEG or tube fed, may not learn hunger and thirst cues.



Fine Motor & Self-Help Skills

- Children develop new ways of using their hands and also learn that they can feed themselves.
- They develop hand eye coordination and different grasp patterns to bring foods to their mouths with their hands or with a utensil.
- They observe and learn from adults that they need to scoop or stab foods to load a spoon or fork.
- They have to learn to hold a cup and bring it to their mouth without spilling.
- With so many steps –these skills takes time and practice
- Sometimes spilling / throwing food can be easier and more fun! Don't react to it but tell them what you DO want to happen – e.g. 'food stays on the table'
- If children can't control their own feeding, they may become more controlling about what they will eat.
- If they can't explore the food with their hands they may not feel safe with new textures
- Babies put everything to their mouths so move the gag reflex back. If a child isn't exploring, the gag reflex may not be moved further back in the mouth. Encourage hand over hand to provide different sensory experiences. Positive and neutral responses from the parent can help the child become more confident with putting new things in their mouth.



Seating Posture & Positioning

- Mealtimes require speed, strength and co-ordination from a large number of muscles throughout the body.
- Children require a suitable level of motor control and core strength when eating and drinking.
- A child needs to feel stable and secure from their head to their toes whilst sitting.
- They need to be sat in a position which promotes head, trunk and pelvic alignment, with their feet supported and at a correct height to a tray or table.
- Good positioning helps to promote effective hand skills, safe swallowing and concentration skills when eating.
- Poor proprioception (knowledge of where the body is in space) causes children to move around and fidget. Give 'heavy work' movement before a mealtime to prepare.



Family Routines & Communication Style

- Routines give children a sense of security and stability.
- Routines make their environments more predictable, helping children to gain an understanding of new experiences and learn what they are expected to do.
- Lack of routine will also effect hunger cues and appetite.
- The way you communicate about food and mealtimes will have a huge impact on their willingness to eat.
- Using the same, simple words at mealtimes will help children understand the new routines more quickly and make it easier for them to learn.
- Avoid complex conversations as this may be one too many things to concentrate on when they are trying to learn the complex task of eating.
- Less choice is better as they don't have to concentrate on more changes so promotes success.



Medical & Nutritional Factors

- Children need to have enough energy to be alert and engaged in eating and continue to grow.
- It is important to ensure foods are offering key nutrients, such as iron.
- Maintaining adequate nutrition for optimal growth can be a challenge where there are medical factors, such as reflux or food allergies.
- Many medical and nutritional factors will impact on a child's digestion and appetite.
- Where it is not possible for a child to take/ eat adequate amounts of food to sustain growth, they may be fed via nasogastric tube or gastrostomy. This can be a chance to make sure nutrition needs are met while you work on positive meal time experiences.



Sleeping & Toileting Routines

- Children need to be in a predictable routine of sleep and awake periods when looking to try new foods.
- Children learn best when they are alert and well rested. They need to have energy to engage in the experience and enjoy exploring all of the new textures and tastes.
- If a child is suffering from constipation or difficulties opening their bowels this may impact on their appetite and how they feel around food and mealtimes.
- Investigate sleep and toileting concerns before working on feeding.



Social & Emotional Factors

- Research shows that eating together increases social bonding and feelings of wellbeing.
- Shared mealtimes are a great way for children to learn new skills. They do this by watching the behaviours modelled by parents and older siblings.
- Children who experience anxiety around food or mealtimes can present as defiant, angry, negative and avoidant.
- Anxiety can also effect the body, especially the gut. Children can experience symptoms such as nausea, vomiting, stomach cramps, constipation and diarrhoea.
- Addressing anxiety with language, team work, positive experiences and reducing pressure can relieve anxiety and make eating more successful.



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