Feeding a child is central to parenting and caregiving. The infant or child learns important developmental skills and social behavior during mealtime. When a child has difficulties with feeding, this can be very frustrating to both the child and caregiver.

**Picky eating** may be as simple as selectivity, a delay in becoming accustomed to new foods, that has become compounded over time. Or, it may be related to a negative experience, such as a child with a history of vomiting or illness after eating a new food—and this experience, whether related to IgE food allergy, FPIES, or other food intolerance/sensitivity may lead to an association with trying new foods and brain activity, with changes in emotion and behavior.

If your child has difficulty accepting new foods, first ensure the following basic practices are in place:

1. **Social modeling:** Don't expect your child to eat alone. Caregivers should demonstrate what they expect and model good behaviors associated with eating. Your child may learn watching other kids of the same age eat, or require a one-to-one (parent and child) without distractions from other kids.

2. **Structured meal or snack times:** The focus of the mealtime should only be on the food, no television, cell phones, or other distractions if possible. Aim to stay at the table for the full duration of the meal, 10-30 minutes maximum for meals and 10-20 minutes maximum for snacks. Use predictable routines, with meals or snacks occurring in the same place, at the same time every day. Remember to actually eat yourself, as the caregiver, this is important. Transition activities are useful define structure, wash the child's hand to begin a mealtime, and close with a clean-up routine.

3. **Portion size, food size and type:** You may offer 1-2 foods to an infant or several foods to the older toddler/child. Foods should be presented in manageable bites, and too many options may be overwhelming. A general rule of serving size is 1 tablespoon of a food per year of child's age, although this is individual and you may consult your RD for more information. The caregiver gets to choose the food, the infant or child will ultimately choose how much to eat or whether to eat at all. Force feeding will backfire and is not recommended.

4. **The reset button:** Change it up! We all need a break sometimes, and remember it may take up to 30 trials before a new food becomes acceptable to a child—this may be due to their palate getting accustomed to the new flavor or texture. Consider changing small aspects of the same food to increase acceptable, try the shape presented, then color, followed by taste and texture.

Always remember to give yourself time to make these practices the new norm for mealtime, any tension on the part of the caregiver at meal times will be felt by the child. If you are wondering if your child is getting the right nutrition, request an appointment with the Registered Dietitian (RD) in your Allergist's office.

**INTRODUCTION OF SOLIDS: WHEN SPOON FEEDING PUREES ISN'T WORKING**

How foods are introduced to an infant varies around the world, the current cultural norm of a caregiver spoon-feeding purees to an infant is relatively new. **The American Academy of Pediatrics (AAP) recommends the introduction of solid foods around 6 months of age**, when the infant displays cues of readiness—such as good head control, bring objects to mouth, sits upright. However, the AAP doesn't outline texture of the foods introduced, purees are certainly not required.

The American Academy of Allergy, Asthma & Immunology (AAAAI) cautions against **delaying the introduction of potentially allergenic foods**, even in infants at risk for food allergy, as this practice has not been clearly shown to be beneficial.

If spoon feeding and purees is not working for your infant, there are other methods that to investigate. One such is Baby Led Weaning (BLW), developed by Gill Rapley, a midwife. BLW recognizes that infants have an innate ability to self-regulate their food and allows the baby to lead the whole process, from start to finish. In BLW, the infant’s self-feeding is central, the caregiver chooses safe, nutritious foods and cuts into manageable sticks that the infant can hold and begin to chew.
The first feeding, what to choose?

There is no evidence that introducing solid foods in any particular order has an advantage for infants. Iron-fortified infant cereal is the most common first food in the US. This is largely due to marketing of infant cereals, although there are physiologic reasons to the need of iron. Near 4 months of age, the infant's iron stores from mom have begun to wane because of regular blood cell turnover. Instead of an iron fortified cereal, consider a food naturally rich in iron, such as chicken, lamb, turkey, beef, or other animal meat/seafood. For the infant that is potentially allergic, the AAP recommends the introduction of solid foods at the same time as non-allergic babies.

Remember, the introduction of solids and offering complementary foods is all about exploration and discovery - not consumption and swallowed bites. RDs usually suggest first foods are chosen from what family is already eating, including iron-rich options, nutritious (i.e. no added salt, sugar, preservative), and a variety of colors, food groups, flavors and textures.

Always avoid: choking hazards, round, slippery, hard foods (like grapes, sausage, nuts, fruit with a pit), gristle, bony fish, and honey (until 1 year of age).

KNOW WHEN IT'S TIME TO GET HELP

The goal of Feeding Therapy is to improve an infant or child’s feeding skills, and make mealtimes enjoyable for both the child and parent. An Occupational Therapist (OT) will work to evaluate and create a treatment plan for feeding, in consideration of the child’s specific oral-motor skills, sensory issues, behavioral and developmental needs. The OT generally works on a team with a Pediatrician and Registered Dietitian, along with perhaps a Behavioral Therapist or Psychotherapist, and incorporating any direction from your Allergist as needed.

Feeding Therapy may be a good option in cases of the following:

- Difficulty accepting new foods and/or textures, refusals, tantrums, fear of new foods, or other negative behaviors during mealtimes
- Mealtime duration longer than 30 minutes
- Coughing, choking or gagging during feeding, lack of coordination when sucking and swallowing
- Poor weight gain

FEEDING THERAPY – LOS ANGELES AREA

Depending on your insurance, you may be able to self-refer to Feeding Therapy; follow up with your Pediatrician or insurance company for more information. CHLA does not endorse or support any specific therapy style or company.

Therapy in Action
18522 Oxnard St, Tarzana, CA 91356
(818) 708-2292
http://www.therapyinaction.com/OTTherapeuticFeeding.html

Professional Child Development Associates
620 North Lake Avenue Pasadena, CA 91101
English: (626) 793-7350 ext. 475
Spanish: (626) 793-7350 ext. 468
http://www.pcdateam.org/

Pediatric Therapy Network (PTN)
1815 W 213th St #100, Torrance, CA 90501
(310) 328-0276
http://www.pediatrictherapynetwork.org/services/ot.cfm

Can Do Kids
3638 Motor Ave, Los Angeles, CA 90034
(310) 204-8999
https://www.autismspeaks.org/resource/can-do-kids-inc

Feeding Development Clinic, USC/CHLA UCEDD
3250 Wilshire Blvd, Suite 500, Los Angeles, CA 90010
Phone: 323-361-2300
http://www.uscucedd.org/what-we-do/clinical-services/feeding-development-clinic

References: