

Education for the Achievement of Independence in Feeding

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Signs of Readiness for Eating Independently

- Good eating position is achieved: Sitting is stable with head control in midline.
- Medically cleared to be safe to eat by mouth. Aspiration risk has been evaluated.
- Staff can assess and interpret feeding cues, even subtle non-verbal signs of problems.

Readiness Signs in the Feeder



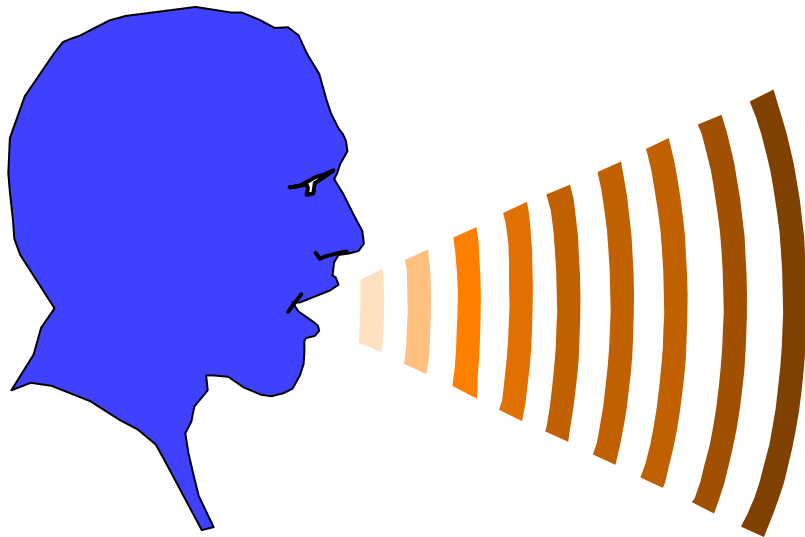
- Does not rush meal.
- Waits for sign for next bite or spoonful.
- Responds to non-verbal cues, gestures, or other types of communication.
- Shows interest and encouragement.

Readiness Signs of Person being Fed



- Is he now at a safe weight; even if a small weight loss?
- Is she able to indicate hunger and thirst?
- Is the schedule to feed when he is awake and alert to work on eating?

Signs that Feeding is Dangerous



- Change of color, suggesting not getting sufficient oxygen.
- “wet cough” after a meal.
- Choking, coughing, or crying as a sign of discomfort.

Selecting Foods



Meal/Snack Patterns



- Eating more often may be less tiring than fewer larger meals.
- Toddlers: 6 times/day
Children: 3-6 times/day
- Wait about 3 hours for hunger; cannot eat all the time.



Foods that are crunchy

- Chips, French fries, crackers are easily to find inside the mouth. “Strong mouth feel”
- Crunchy foods that soften in the mouth can be safe, if they do not easily stick together.
- Can be eaten with hands and large size so easily to hold.
- Generally high calories if fried.

Portions of Foods



- Small portions are better than large.
- Customize for the child's size and interest.
- Too much pressure to eat it all may result in less being eaten.

What can interfere with Feeding?

- **CONDITIONS THAT DECREASE WILLINGNESS TO EAT:**
- Oral thrush or any mouth or teeth pain.
- GI discomfort (reflux, slow gastric emptying, constipation).
- Too many changes at once.
- Feeding position uncomfortable.

Eating/Feeding Interventions

- Can be part of the Educational Plan at school. Learn to accept new food there.
- Monotonous foods may work best to gain skills, just 5-8 foods at first.
- Mushy foods without strong tastes are better accepted by reluctant eaters; mashed potato, pasta, scrambled eggs.
- Balance drinks with solid foods.

Food as a social activity



- Learn to enjoy others while eating.
- Allows slow pace of eating.
- Social pressure to enjoy eating.
- Time to use practice ways to indicate likes.

Make the Child Part of Meal-Time



- Children need to be at the dinner table for social reasons.
- Learning to use a spoon or cup is easier watching others.
- May be willing to try new foods seeing others eat them.

Oral Eating in children fed by a gastrostomy

- The nutritional quality of what is eaten by mouth is not crucial since nutrition into the gastrostomy can meet basic needs.
- Preserve hunger by separating time to eat from gastrostomy feeding times.
- Reward oral eating; it can be fun.
- Oral snacks or treats are OK.

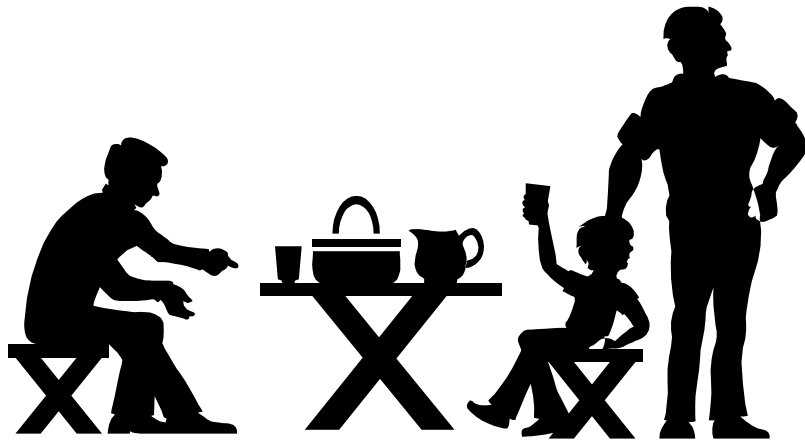
Liquid Nutrition: Make or Buy

- Home made mixtures can be less expensive.
- Gives parents a role in preparing food for the child.
- Risk from bacterial contamination.
- Unknown and changing ingredients.
- Purchased Formulas
- Sanitary so less likely to be a source of illness.
- Known nutrient composition.
- Does not require work or staff time to prepare.

The Goal of Feeding Independence may not fit

- Children with a high frequency of illness.
- A better goal may be preventing or delaying the onset of likely complications (continued ability to control constipation, or reflux)
- The family may need to discuss problems in feeding their child, especially if they have difficulty for a long time.

Nutrition Needs and Eating Independently



- Nutrition needs are assessed over time, not by one meal or day.
- Goals of therapy guide eating independence goals.
- Nutrition needs support health overall.