

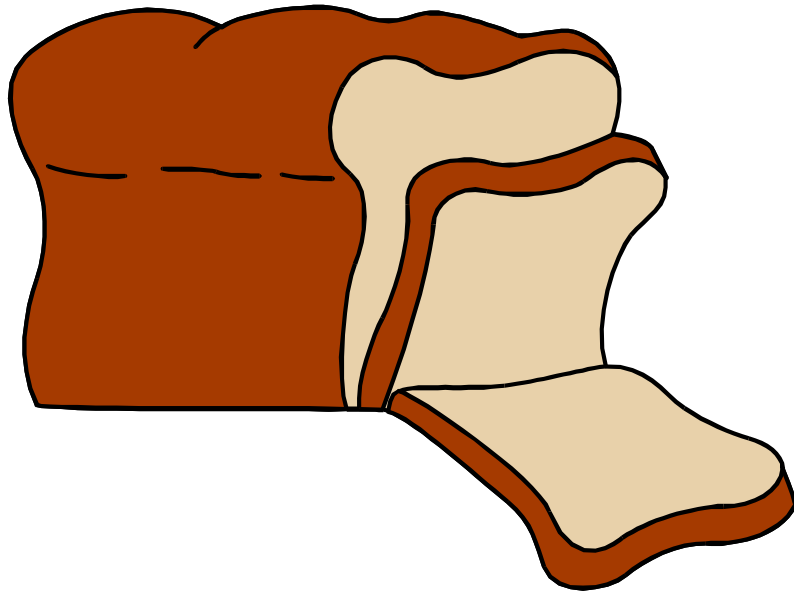
Feeding the Developmentally Disabled Child at Home

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Goals for Food Selection with or without Supplemental Formulas

- To provide adequate calories frequently enough to increase in lean body mass.
- To improve eating/feeding in selecting the meal frequency, composition, position, or texture best for the individual.
- To document progress in feeding/eating independence or needed changes.

Readiness based on Selecting Foods



- How easy or hard foods are to chew.
- How the food softens in the mouth.
- Does it taste good!
- Nutritional quality cannot be a major factor.

Avoid Foods that can choke

- Coin size hard foods the same as the esophagus; grapes, nuts.
- Foods that stick together into a large bolus that cannot be moved from side to side inside the mouth. “Gummy soft foods”
- Foods that are liquid with solids that require chewing; hunks of meat in a soup.

Hard to Eat Foods

- Stringy meats that require chewing.
- Foods that stick to the roof of the mouth (soft bread).
- Sticky foods that require long time in the mouth (caramel)
- Temperature very cold or hot.
- Strong tasting foods; bitter, sour, spicy
- Seeded fruit or those with tough skins.
- Mixtures of hard and soft foods.

Interventions for Feeding/Eating

- If eating hurts and is not related to pleasure, no one will try new foods or eat more.
- Related issues such as the feeding position, constipation, tiredness are important.
- Match the texture of foods and eating skills to the overall developmental level.
- Behavior about eating is learned. Is not eating rewarded by extra attention?

Whose Job is Whose?

- ADULT'S ROLES
 - purchase and offer the right foods and formulas.
 - Don't sabotage by making bad choices easy.
 - don't disrespect the child's internal cues.
- CHILD'S ROLES
 - decide how much to eat of offered foods.
 - tell or show parents when they feel hungry, full, tired, or sick.
 - respond to internal cues of hunger, fullness and illness.

Good Nutrition Practices

- The parents and concerned adults keep eating and feeding fun and positive for the child.
- The parents do not only use food to show love, affection or to interact with the child
- The parents model positive ways to work out their frustrations about the eating.

Behavior can be more limiting than skills



- Is the child using the refusal to eat as a form of communication?
- Is the child reacting to too much pressure in other areas?
- Is there too much noise or confusion to eat in this place?

If Feeding Independence Cannot be Achieved

- Try to meet nutritional requirements with more beverages.
- Thickened liquids are easier to control than water in the mouth. Allows more time for moving tongue inside the mouth.
- Lower number of eating times per day, eat one meal at school, the rest can be liquids.

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.

Feeding Success

- Child enjoys joining others at meal-time.
- Child does not disrupt others while they are eating.
- Child is not socially isolated from others during eating.
- Child may or may not meet nutritional requirements in eating by mouth.