

SPED

Video:

"Feeding Infants and Young Children with Special Needs"

*note--on website, the video is listed as F-1 "Feeding Development in Down Syndrome."

Feeding a baby. Such a natural uncomplicated thing to do, a happy time of warmth and closeness. Except when you care for a child with problems that make feeding difficult, then meals can be a time of anxiety and frustration for you and the child. This program will explain why some infants and young children have trouble eating and will explore ways to make feeding easier for you both.

Eating is important for many reasons, the most obvious is the child needs enough food and nutrients to grow. Eat is also important to develop muscles in the mouth and face used for speech. Young children who do not get help with their problems may later have delayed or abnormal speech or dental or facial abnormalities.

In addition, meals are important social times for young children and those who care for them. Since feeding is something most adults feel they should be able to do, you may become angry, guilty or upset when you care for a child who is difficult to feed. These feelings may be so strong they effect how you interact with the child.

Eating seems simple, but if you think about it, it really isn't simple at all. It is a complicated process. For example, when a baby drinks from a bottle, the jaw and tongue have to move rhythmically. Lips have to close around the nipple to keep the milk in the mouth. The roof of the mouth has to move rhythmically to keep the milk from coming out the baby's nose. The tongue has to move the milk towards the back of the throat so a swallow reflex can occur.

All this has to be coordinated with breathing. Any problem with coordination or control of jaws, lips, tongue or cheek reflexes can make eating slow and difficult.

There are many reasons young children have trouble eating. Babies who are born early or with a medical problem may have to stay in a hospital for many

months being fed through tubes. Some don't have the energy for eating. If their lungs are not fully developed, they may have trouble eating and breathing at the same time. They may have never learned to associate the good feeling of being full with eating. Some become upset when anything comes near their mouth.

Some are born with abnormalities of the mouth, tongue or throat that make eating difficult. When a child is born with a cleft palate, the roof of the mouth does not close. These children and those born with a cleft lip usually have trouble sucking and swallowing.

Children with neurological problems may find it hard to eat. They may have trouble forming their mouths around a nipple, sucking on it and moving it to the back of the mouth where it can be swallowed.

Some children who are difficult to feed are those with nervous systems that are too easily aroused. These children often overreact to sounds, movements. They may be quick to startle, hard to calm and easily distracted. They may not like to be touched and held. People who care for such a child may mistakenly feel the child does not like them.

"He was 3 weeks premature, resulted in lung disease and cerebral palsy. His increased muscle tone causes problems. He had a feeding tube put in when he was 10 months old which stopped a lot of feedings. He has had a lot of negative oral stimulation. He is afraid to have anything put in or near his mouth for quite some time. "

"Scott has CP and in terms of when I feed him, he is not as relaxed as he is with his mom. When I feed him, getting him in the right position is difficult. A way to overcome that is to try to relax him and feed him the things he is in the mood for that day. That generally enhances his appetite and does fairly good for me. The consistency of the food, you have to keep it thin. With baby food with chunks of meat, he has a hard time with that. He can chew a little bit. He is getting better he still has a difficult time with textures it tends to make him gag a bit. "

Normally children put their hands into their mouths to calm themselves. They learn by exploring toys and other objects with their mouths. Children whose nervous systems are too easily stimulated may also have a gag reflex that is easily stimulated so when they try to eat or explore with their

mouths like other children, they gag instead.

Children with poor muscle tone have difficulty eating as well. Some children have muscles that are too tight. These children may benefit from relaxation techniques before or after feeding.

Other children have muscles that are floppy. They may have a strong gag reflex. They may not have the coordination they need for sucking, chewing and swallowing.

Some children have fluctuating muscle tone. That is it may be too tight at some times and floppy at others. These children need special help with eating.

We have seen there are many different reasons for feeding problems and children and can have serious consequences if not treated. That is why all children with feeding difficulties should have a plan that covers how the child should be fed and the child's nutritional needs.

The plan should be developed by a professional or team of professionals. The team may include a doctor or nurse, OT, a speech language pathologists and a registered dietitian.

Next lets look at some ways you can position children with muscle problems so that eating will be easier for them. If young children with muscle tone problems are not positioned correctly, it is hard for them to eat. So hold the child in the crook of your arm with legs and knees bent and the head bent slightly forward and in the middle of the body.

Some think swallowing is easier if the head is tipped back. This does not make it easier. It makes it harder so be sure the child's head is slightly forward with the chin tucked toward the chest.

Let's see that again. Bend at the hips and knees. The arms forward and bring the head slightly forward. If the head does not come forward naturally, do not push on it from behind. This may cause the head to push back more strongly. Instead reposition the child with the arms forward and one or both of the knees bent.

In a few moments the muscles should relax and the head will come forward.

If the child's legs scissor across each other, you can lift your leg that is under the child or put a roll under the thighs to flex the hips. Or hold the child with one leg bent more than the other and with the legs separated.

Offer the bottle or spoon in the middle of the child's body, not off to one side to put the child in as normal a position as possible. That way the child can control on eating instead of controlling too floppy or too tight muscles.

Some babies are overly sensitive about being touched. They have trouble eating or relaxing while being held. There are several ways to feed a baby like this.

One way is to swaddle the child. Position the arms forward across the chest and flex the hips. Then wrap the child in a soft blanket or towel. Swaddling gives some babies a secure feeling and helps them relax and eat.

Another way to feed an overly sensitive young child is to use an infant seat. Position the child with the knees and hips bent and the arms, shoulders and knees forward. If necessary, use small rolls to keep the head and arms forward or to separate the legs. The roll can be also used under the knees or outside the thigh if the legs flop outward.

Don't just prop the bottle when the baby is fed in the infant seat. Propping increases the danger of choking. This baby needs to see you and hear your soft soothing words just as much as the baby who likes to be cuddled.

Another way to position a child is on a pillow or bolster on your lap. Put the child on your stomach to flex the hips. In this position an older child's legs can be crossed Taylor style or can be separated by your body.

Toddlers with muscle problems may need a special chair to position them for feeding. This chair should have a foot rest to support the feet. The back should be high enough to support the head and neck. The pelvis should be pulled to the back of the chair.

Depending on the child's needs, the chair may have a tray to support the arms and padding along the sides to keep the legs and arms forward.

It may also have padding between the knees to keep the legs from

scissoring. All chairs should have a safety strap at the pelvis.

When you feed an infant or toddler, look at them, smile and talk to him or her.

"Does Paul want more? More? "

Feeding should be a pleasurable time when the child relaxes and feels safe, love and content. It is also an important time for learning so encourage the child to explore the world while feeding by touching the bottle, face and hands.

This demonstration of positioning may have gone quickly so you may wish to stop for review at this point.

In addition to proper positioning, special equipment may make feeding easier. For example many different kinds of nipples and pacifiers are available. They have different strength, shapes and flow rates.

It is not a good idea to enlarge the hole in the nipple. Instead, the professional working with your child can recommend the best nipple to use.

When the child is a little older, different kind of spoons are available. Spoons with a shallow bowl are good for children with poor lip muscles.

There are spoons with different shaped handles for toddlers who have coordination problems and spoons with blunt ends for children with an overactive bite reflex.

When this bite reflex is triggered, the jaw clamps shut, hard. The child has no control over it. If a bite reflex occurs, do not pull on the spoon. Just wait, the jaw muscles will relax in a few moments.

To help prevent this bite, position the child with hips bent, feet supported and arms forward.

If the child has a bite reflex, it is best not to use a brittle plastic spoon or an uncoated metal spoon. A brittle plastic spoon can shatter in a child's mouth. An uncoated metal spoon could cut the gums.

For the same reason, the child who has a bite reflex should not be given a drink from a brittle plastic cup or a glass that might shatter.

To make drinking from a cup easier, you can make a cut away cup from a soft plastic cup. The cup lets you see what is happening and the child does not have to tip backwards so far to get the liquid.

Rest the cup on the child's bottom lip. Don't push down on the lip. Be sure not to touch the teeth. This gives the child a cue to bring the top lip down. These are just a few kinds of special equipment. Many other kinds are available. The child's therapist can help you find or adapt equipment to make feeding easier.

Now that we have seen some equipment for feeding young children, now here are some ways to make the feeding itself easier.

Watch for cues and respect the child's natural rhythms. It will help make feeding easier and more successful. For example, observe if the baby is ready to eat. Is the baby awake, alert and hungry? Some babies don't give cues that they are hungry. Then you will need to initiate the feeding.

Other babies are hard to arouse to full alertness. They may have to be unwrapped, gently patted and talked to until they are ready to eat.

Also watch for cues that the baby wants a break in the feeding or is full. Signs that indicate the child wants a break are crying, pulling away, vigorously moving arms or legs or turning the eyes or head away.

A child who has had enough to eat may turn away, push the food away, or fall asleep.

When most babies take a bottle, their sucking is regular and rhythmically. Children with feeding problems often have poor coordination that makes such rhythmic sucking difficult. Some parents have found it helpful to rock these babies in a rhythm that is the same rhythm as sucking.

Some have found playing music with the same rhythm as sucking also helps.

Some babies have a build up of mucus during feeding which makes it hard to suck, swallow and breathe. One way to deal with this is to take a break for a

few moments so the child has a chance to swallow the mucus and clear the airway.

For slightly older children who do not like to have things in or near their mouths, exposure to new smells, tastes and feels may be helpful. For example, you can put a taste of pureed fruit on a toy and let the child smell it. If the child reacts well, you can gently help the child touch the toy to the lips.

To encourage self feeding, you can try giving a toddler finger foods at the beginning or end of a meal. You might also try putting mashed potatoes or pudding on the child's hands and try to get them to touch their hands to the mouth through imitation or play.

Some other helpful feeding tips involve spoon feeding. Try to have your face at the child's eye level so the child does not have to look up to see you. If the child has to look up, they may begin arching backwards which makes it harder to eat.

Sit directly in front of the child and present the spoon in the middle of the body. To help prevent arching, bring the spoon directly to the child's mouth without moving it up or down too much.

Some children have trouble controlling the muscles in their lips. As a result, they have trouble getting food off a spoon. The natural temptation may be to scrape the food off on the top teeth or gums. However, this is not a good idea because it forces the child's head up and back. This may lead to arching, gagging or tongue thrust.

Instead, rest the spoon on the lower lip and wait for the child to open their mouth. When it does, move the spoon under the front of the tongue and wait for the mouth to close. If the upper lip does not close, you can gently press down on the lip. It helps if the head is tipped down a little. A spoon with a shallow bowl may also be helpful.

Another idea is to thicken liquids a little to make them easier to swallow. You can add baby cereal to formula to thicken it. A bit of yogurt can be added to mix. Apple juice can be thickened by adding apple sauce. Fruit nectars are already a little thickened.

Some children find it easier to swallow when liquids are partly frozen. Slushy liquids seem to stimulate swelling and lesson the build up of mucus. However, a cold temperature like this may turn off some children. If so, talk to the professional who cares for the child.

Many children with feeding problems do not like smooth and textured foods in their mouths at the same time. So if you want to give a toddler vegetable soup for example, you might want to give the vegetables separate from the broth.

Often these children prefer smooth foods like baby food, pudding or mashed potatoes and do not like food with textures. They also need to eat food that has texture. It will probably have to be introduced slowly when the child is ready to learn to chew. The professional who cares for your child can tell you what foods they need and are ready for.

Sometimes a child with a feeding problem holds food in their mouth for what seems to be a long time. Usually not done on purpose, the child just has trouble coordinating the muscles to chew and swallow.

If this is the problem, be patient. Just expect that feeding the child may take longer than normal. They will probably need to be fed more slowly with small bites.

Toddlers can get board or frustrated if they have to sit and eat too long. You may want to introduce food with textures at the beginning of the meal when the child is hungry. Then the rest of the meal can be fairly quick and easy.

Toddlers usually do better whammy small frequent meals that don't frustrate or tire them. A snack can be offered mid morning or afternoon.

In addition, some children can be helped to chew and swallow by jaw control techniques. These should be tried only at the suggestion of the professional who works with your child.

One jaw control technique is done from the front. You put your thumb on the chin, middle finger on the jaw and index finger on the side of the cheek. If the child needs more control, you can put your index finger under the bottom lip and your middle finger under the jaw.

Another technique helps to improve lip closure and is done from the side. Put your index finger over the upper lip, middle finger under the lower lip and your third finger under the jaw. From the supposition, you can help the child with chewing and drinking from a cup.

Let's see those jaw control techniques again. Here is the first done from the front.

Here is another for the child who needs more control.

Here is the third one done from the side.

Some children are easily distracted and need help concentrating on eating. If you care for such a child, you may want to organize the environment to prevent such distractions. Turn the lights down and the television off. Send adults and pets into another room so feeding time can be quiet. You may want to turn the high chair toward a blank wall to minimize distractions.

Children who are learning to self feed may do better if they don't get too much attention while they eat. Just be sure to keep the child in sight for safety reasons.

At this point, you may want to stop to review the equipment and hints to make feeding easier.

Certain safety precautions should be followed by everyone who cares for young children, especially children with feeding difficulties. To help prevent choking, it is best to feed babies in an upright or semi upright position.

Don't give children food they can choke on. This includes raw apples, grapes, vegetables, nuts raisins, popcorn and small slices of hot dog.

Always be alert for signs of choking. Some signs are a wet cough or gurgling after swallowing, widening of eyes, gagging and turning blue.

Take a CPR course. It will include emergency procedures for choking. That way if you are faced with an emergency, you will know what to do.

We have seen a number of things you can do to make feeding a special needs

child easier. Even if you follow these suggestions, the child may still be difficult to feed. Sometimes the parents and caregivers wonder if a child has a behavioral problem related to eating.

If you suspect the child in your care has this problem, try to avoid battles over food. Eating is one thing children can control. In a power struggle, they usually will win. Instead, praise the child for good behavior and for trying.

If the problem persists, a professional should develop an individualized management behavior plan for your child.

If a behavior problem exists, consistency is essential. This includes a consistent time, environment and position for feeding. These can be written down so that a babysitter grandparent or older siblings will all feed the child the same way.

Don't be surprised if the child tests this consistency. This testing is normal.

"One thing that really helped us out a lot was the atmosphere, getting him to relax before you feed him. Being conscious about the surroundings and keeping them as consistent as perhaps the lighting. Even where you feed him makes a difference because he knows. Even if somebody new is around, he knows. Just having that at a conscious level. You think a bit. It does better for Scott. He does eat better when you think about things like that and try to make the situation right for him. "

"If you are really having a hard time, make the room, the light real dim. We noticed Scott likes it when it is more calm. Make your surroundings calmer. Don't have too many interruptions. If you have a toy, it might help. But that tends to distort the child from eating. They will play or look at the toy and not want to eat. "

"I would tell parents of children with feeding problems to start by putting things near their mouths and kissing them. Make it positive. Find one place where you will feed most of the time, tell them it is positive. Do it for 30 seconds, 5-6 times a day. Don't push quantities. Just what they want, what they like and make it positive. Make it private and special for the two of you. "

This program has discussed general ways to make feeding young children easier and more pleasant. The team of professionals caring for the child have specific recommendations. Remember your suggestions will be important too. You know the child best so share your insights with the professional. Together you can find ways to encourage the child to eat. In doing so, you will help the child learn, grow, talk and grow.