

9M: COMMON FEEDING ISSUES AND SOLUTIONS
QUICK CHARTS

COMMON BOTTLE FEEDING ISSUES AND SOLUTIONS

COMMON ISSUES	POSSIBLE SOLUTIONS
Nipple flow rate is too fast	<ul style="list-style-type: none"> ○ Use pacing to slow flow (Appendix 9J) ○ Use a different position that slows flow (side-lying, seated upright) ○ Hold the bottle horizontally – avoid holding vertically ○ Use a slower flow nipple (smaller hole, smaller level number)
Nipple flow rate is too slow	<ul style="list-style-type: none"> ○ Use a faster flow nipple (larger hole, larger level number) ○ Use a different position that increases flow rate (cradle position) ○ Hold the bottle slightly more vertically
Feedings take longer than 30 minutes	<ul style="list-style-type: none"> ○ Determine the main reason why ○ Check positioning and follow key elements of positioning (Chapter 1, Section 1) ○ Check flow rate and adjust as needed: A flow rate that doesn't match child's skills will lead to longer, less efficient feedings ○ Allow ample breaks if child tires easily ○ Offer smaller, more frequent feedings across the day and night ○ Talk, sing and interact with child during feedings to increase engagement and feeding rate
Fussing when feeding	<ul style="list-style-type: none"> ○ Determine the main reason why ○ Use a different position ○ Use calming strategies before and during feeding (Appendix 9K) ○ Check flow rate and adjust as needed: Too fast or slow of a flow leads to a frustrated, fussy child ○ Offer breaks for a child (burping, patting, rocking) ○ Offer a pacifier for soothing until child can calmly feed
Falling asleep when feeding	<ul style="list-style-type: none"> ○ Determine the main reason why ○ Use a different position that may increase child's alertness ○ Check flow rate and adjust as needed: Too fast or slow of a flow leads to a frustrated, stressed and tired child ○ Watch for feeding cues that indicate when a child is hungry and full (Appendix 9L-2) ○ Talk, sing and interact with child during feeding to increase engagement ○ Use waking/alerting strategies before and during feeding (Appendix 9K)
Choking, coughing or gagging when feeding	<ul style="list-style-type: none"> ○ Determine the main reason why ○ Use a different position that decreases incidence (more upright) and follows key elements of positioning (Chapter 1, Section 1) ○ Check flow rate and adjust – often a slower rate using a slower flow nipple works best

CH. 9 | 9M: COMMON FEEDING ISSUES AND SOLUTIONS

	<ul style="list-style-type: none"> ○ Use pacing to slow flow (Appendix 9J) ○ Offer breaks for a child (burping, patting, rocking) ○ Consider thickening liquids as a last resort (Appendix 9E)
<p>Refusing bottles</p>	<ul style="list-style-type: none"> ○ Determine the main reason why ○ Use a different position that may increase child’s comfort ○ Use calming strategies before and during feeding (Appendix 9K) ○ Check flow rate and adjust as needed: Too fast or slow of a flow → frustrated, stressed child and bottle refusals ○ Watch for feeding cues that indicate when a child is hungry and full (Appendix 9L-2) ○ Use a different bottle, nipple or both ○ Avoid force feeding
<p>Spitting up during and/or after bottles frequently</p>	<ul style="list-style-type: none"> ○ Determine the main reason why ○ Use a different position that decreases incidence (more upright) and follows key elements of positioning (Chapter 1, Section 1) ○ Check flow rate and adjust as needed: Too fast a flow → increased spitting up ○ Watch for feeding cues that indicate when a child is hungry and full (Appendix 9L-2) ○ Avoid overfeeding ○ Offer frequent burping breaks for a child ○ Keep child in an upright position for at least 20 minutes or longer following all feedings ○ Offer a pacifier before and after feedings to reduce spitting up ○ Avoid placing hands on stomach directly after feedings ○ Consider thickening liquids as a last resort (Appendix 9E)

COMMON CUP DRINKING ISSUES AND SOLUTIONS

COMMON ISSUES	POSSIBLE SOLUTIONS
<p>Coughing, sputtering or choking with cup drinking</p>	<ul style="list-style-type: none"> ○ Determine the main reason why ○ Use a different position that decreases incidence (more upright with head forward facing and chin parallel with ground) and follows key elements of positioning (Chapter 1, Section 1) ○ Use smaller sized cups that are easy for child to hold ○ Offer support holding and providing single, small sips for child ○ Offer small amounts of liquid at a time in a cup ○ Offer frequent opportunities to practice cup drinking ○ Encourage small, single sips and a slow rate of drinking ○ Consider thickening liquids to reduce flow rate (Appendix 9E)
<p>Dumping liquid out of cup</p>	<ul style="list-style-type: none"> ○ Offer frequent opportunities to practice cup drinking ○ Drink from a cup with a child to help them learn ○ Offer small amounts of liquid at a time in a cup

CH. 9 | 9M: COMMON FEEDING ISSUES AND SOLUTIONS

	<ul style="list-style-type: none"> ○ Provide positive feedback for a child when they use a cup correctly and do not dump liquid (“Nice job drinking from your cup, Abel.”)
<p>Sticking tongue into the cup</p>	<ul style="list-style-type: none"> ○ Use a different position that offers good body stability and follows key elements of positioning (Chapter 1, Section 1) ○ Offer support holding and providing single, small sips for child ○ Offer frequent opportunities to practice cup drinking ○ Consider thickening liquids slightly or using naturally thickened liquids to slow rate of liquid— gradually reduce thickness as child becomes more confident and successful at cup drinking (Appendices 9E, 9F)
<p>Shaking head or pushing away cup — Refusing cups</p>	<ul style="list-style-type: none"> ○ Watch for feeding cues that indicate when a child is hungry or thirsty and full (Appendix 9L-2) ○ Use calming strategies before and during feeding (Appendix 9K) ○ Use a different position that may increase child’s comfort ○ Use a different cup ○ Slow down the pace of drinking ○ Drink from a cup with a child to help them learn ○ Offer frequent opportunities to practice cup drinking ○ Offer frequent opportunities to play with cups without fluid in them to become more comfortable (during and outside of meals)

COMMON SPOON FEEDING ISSUES AND SOLUTIONS

COMMON ISSUES	POSSIBLE SOLUTIONS
<p>Sitting upright in chair is difficult</p>	<ul style="list-style-type: none"> ○ Determine the main reason why ○ Ensure child is of appropriate age and showing necessary developmental skills for spoon feeding (Chapter 1, Section 6) ○ Use a different position or modify current position to one that offers additional body support and follows key elements of positioning (Chapters 1, Section 1) ○ Use a different chair, table or seating arrangement ○ Offer frequent opportunities to build physical strength for sitting upright outside of meals ○ Ensure meals are no more than 30 minutes ○ Consider shorter, more frequent meals during the day if child’s positioning challenges are due to fatigue
<p>Opening mouth for spoon does not occur or is inconsistent</p>	<ul style="list-style-type: none"> ○ Start meals with a dry spoon. When the child is accepting a dry spoon, try dipping the spoon in food and then increasing the amount as they accept. ○ Watch for feeding cues that indicate when a child is hungry or thirsty and full (Appendix 9L-2) ○ Check positioning, modify as needed, and follow key elements of positioning (Chapters 1, Section 1)

	<ul style="list-style-type: none"> ○ Offer frequent opportunities to play with spoons during and outside of meals to increase child’s comfort ○ Offer frequent opportunities to practice spoon feeding ○ Eat from a spoon with a child to help them learn ○ Use a different spoon ○ Reduce distractions during feedings (face child away from busy rooms and lots of people, reduce noise, dim lighting) ○ Avoid force feeding
<p>Feedings take longer than 30 minutes</p>	<ul style="list-style-type: none"> ○ Determine the main reason why ○ Check positioning and follow key elements of positioning (Chapters 1, Section 1) ○ Offer smaller, more frequent feedings ○ Talk, sing and interact with child during feeding to increase engagement and participation ○ Consider modifying utensils to support child’s success with self-feeding (Appendix 9I) ○ Consider modifying food textures (or offering an easier texture alongside) if current texture may be challenging or requires a significant amount of effort from the child (Appendices 9E, 9F)
<p>Fussing or refusing spoon</p>	<ul style="list-style-type: none"> ○ Determine the main reason why ○ Watch for feeding cues that indicate when a child is hungry or thirsty and full (Appendix 9L-2) ○ Use calming strategies before and during feeding (Appendix 9K) ○ Use a different position that may increase child’s comfort ○ Use a different spoon ○ Slow down the pace of feeding ○ Offer frequent opportunities to practice eating from a spoon ○ Offer frequent opportunities to for child to feed themselves ○ Talk, sing, snuggle and interact with child during feeding to soothe
<p>Choking, coughing or gagging when feeding</p>	<ul style="list-style-type: none"> ○ Determine the main reason why ○ Use a different position that decreases incidence (more upright with head forward facing and chin parallel with ground) and follows key elements of positioning (Chapters 1, Section 1) ○ Slow down the pace of feeding if feeding child ○ Offer smaller bites of food (Appendix 9L-3) ○ Encourage small, single bites, a slow rate of eating and breaks between bites if child is self-feeding ○ Offer frequent opportunities to practice spoon feeding ○ Consider modifying food texture (or offering an easier texture alongside) to one that decreases incidence (Appendices 9E, 9F)

COMMON SELF-FEEDING ISSUES AND SOLUTIONS

COMMON ISSUES	POSSIBLE SOLUTIONS
<p>Accessing utensil, bowl/plate, cup is difficult due to physical, visual or cognitive impairments</p>	<ul style="list-style-type: none"> ○ Ensure child is appropriate age and showing necessary developmental skills for spoon feeding (Chapter 1, Section 6) ○ Use a different position or modify current position to one that offers additional body support and follows key elements of positioning (Chapter 1, Section 1) ○ Use a different chair, table, or seating arrangement ○ Adapt utensils, cups, plates and bowls to match child’s specific needs (Appendix 9G) ○ Use bowls and plates that stick to surfaces and don’t easily move during meals ○ Use mats, plates or baking pans with edges that help a child find food more easily ○ Offer frequent opportunities to practice self-feeding
<p>Dropping food from utensil frequently</p>	<ul style="list-style-type: none"> ○ Watch for feeding cues that indicate when a child is hungry and thirsty and full (Appendix 9L-2) ○ Offer frequent opportunities to practice using spoons ○ Eat from a spoon with a child to help them learn ○ Use a different spoon – child may need smaller size or lighter weight (Appendix 9H) ○ Offer small amounts of food at a time on a spoon ○ Offer food textures that stick to a spoon and don’t easily slip off ○ Provide positive feedback for a child when they use a spoon correctly (i.e., “Wow, well done eating with your spoon, Simone.”)
<p>Feedings take longer than 30 minutes</p>	<ul style="list-style-type: none"> ○ Determine the main reason why ○ Check positioning and follow key elements of positioning (Chapter 1, Section 1) ○ Offer smaller, more frequent feedings ○ Talk, sing and interact with child during feeding to increase engagement and participation ○ Consider modifying utensils, cups, plates and bowls to support child’s success with self-feeding (Appendix 9I)
<p>Refusing to feed self</p>	<ul style="list-style-type: none"> ○ Determine the main reason why ○ Watch for feeding cues that indicate when a child is hungry or thirsty and full (Appendix 9L-2) ○ Use calming strategies before and during feeding (Appendix 9K) ○ Use a different position that may increase child’s comfort ○ Use a different spoon ○ Offer frequent opportunities to practice eating from a spoon and feeding themselves ○ Offer opportunities for child to see others feeding themselves during and outside of meals ○ Offer support feeding child, gradually encouraging them to participate more in the process

Choking, coughing or gagging when feeding

- Determine the main reason why
- Use a different position that decreases incidence (more upright with head forward facing and chin parallel with ground) and follows key elements of positioning (Chapter 1, Section 1)
- Encourage small, single bites, a slow rate of eating and breaks between bites if child is self-feeding
- Cut foods into safe and appropriately sized bites for child
- Offer frequent opportunities to practice self-feeding
- Consider modifying food texture (or offering an easier texture alongside) to one that decreases incidence (Appendices 9E, 9F)

COMMON SENSORY FEEDING ISSUES AND SOLUTIONS

COMMON ISSUES

POSSIBLE SOLUTIONS

Transitioning to different textures or flavors is challenging

- Ensure child is appropriate age and showing necessary developmental skills for transitioning to new texture
- Offer frequent opportunities to explore foods (see, smell, touch) without any pressure for child to eat them during or outside of meals
- Offer new textures or flavors alongside food a child is already familiar with and enjoys
- Offer one new texture or flavor at a time
- Offer small amounts of new textures or flavors at a time
- Offer new textures or flavors often across many meals to increase child's comfort and interest
- Offer opportunities for child to see others eating new textures and flavors
- Avoid force feeding
- Avoid making any other changes to mealtime routines when introducing a new texture or flavor

Child doesn't want to touch foods

- Offer frequent opportunities to explore foods (see, smell, touch) without any pressure for child to eat them during or outside of meals
- Offer opportunities for child to practice getting messy exploring different textures with her hands outside of meals (Play-Doh, sand play, water play, paint, etc.)
- Offer utensils for child to use for touching foods
- Avoid forcing a child to touch foods when they aren't ready

Choking, coughing or gagging when feeding

- Determine the main reason why
- Use a different position that will decrease incidence (more upright)
- Use calming strategies before and during feeding (Appendix 9K)
- Offer frequent breaks for child

- Offer frequent opportunities to explore foods (touching, seeing, smelling)
- Consider modifying food texture (or offering easier texture alongside) to one that decreases incidence (Appendices 9E, 9F)

COMMON POSITIONING ISSUES AND SOLUTIONS

COMMON ISSUES	POSSIBLE SOLUTIONS
<p>Positioning is uncomfortable (for child and/or caregiver)</p>	<ul style="list-style-type: none"> ○ Ensure current position follows key elements of positioning (Chapter 1, Section 1) ○ Modify current position (using pillows, cushions, foot rests, etc.) to make more comfortable ○ Use a different position, chair or seat (child and/or caregiver)
<p>Tilting of head or neck to one side</p>	<ul style="list-style-type: none"> ○ Ensure current position follows key elements of positioning (Chapter 1, Section 1) ○ Use a different position, chair or seat ○ Use small towel or blanket between child’s ear and shoulder of leaning side ○ Use U-shaped pillow to support child’s head in midline position ○ Reposition child so her head and neck are in midline ○ Feed child at midline and at eye level to encourage proper position
<p>Tilting of head or neck up toward ceiling or sky</p>	<ul style="list-style-type: none"> ○ Ensure current position follows key elements of positioning (Chapter 1, Section 1) ○ Use a different position, chair or seat ○ Use small towel or blanket rolled behind child’s neck ○ Use U-shaped pillow to support child’s head in midline position ○ Adjust chair to a more upright position ○ Feed child at midline and at eye level to encourage proper position
<p>Tilting of head or neck down toward chest</p>	<ul style="list-style-type: none"> ○ Ensure current position follows key elements of positioning (Chapter 1, Section 1) ○ Use a different position, chair or seat ○ Add a tray or table for more upper body support for child ○ Adjust chair to a more reclined position ○ Wrap a towel, blanket or strap around the child and chair (between belly and armpits) and gently pull his body into proper midline position ○ Use a U-shaped pillow to support child’s head in midline, forward-facing position ○ Feed child at midline and at eye level to encourage proper position ○

CH. 9 | 9M: COMMON FEEDING ISSUES AND SOLUTIONS

<p>Leaning of body to one side</p>	<ul style="list-style-type: none"> ○ Ensure current position follows key elements of positioning (Chapter 1, Section 1) ○ Use a different position, chair or seat ○ Use a rolled blanket/towel or soft foam and place at side of child's body that is leaning (pelvis to armpit length) ○ Feed child at midline and at eye level to encourage proper position
<p>Stiffening of body backward</p>	<ul style="list-style-type: none"> ○ Ensure current position follows key elements of positioning (Chapter 1, Section 1) ○ Use a different position, chair or seat ○ Bend child's shoulders and back forward while keeping his knees and hips bent and a slight chin tuck of his head (if holding child) ○ Use calming strategies before and during feeding to reduce excess stimulation (Appendix 9K) ○ Feed child at midline and at eye level to encourage proper position
<p>Slipping out of chair or seat</p>	<ul style="list-style-type: none"> ○ Ensure current position follows key elements of positioning (Chapter 1, Section 1) ○ Use a different position, chair or seat ○ Add a tray or table close to child's belly for more upper body support ○ Use seatbelt in chair (if an option) ○ Use non-skid mat or material on child's seat to prevent sliding ○ Use a small rolled or folded blanket/towel under child's knees to support her hips ○ Use a pommel towel/blanket/cushion between child's thighs ○ Ensure child has adequate foot support
<p>Planting child's feet on the floor or a foot rest is not possible</p>	<ul style="list-style-type: none"> ○ Ensure current position follows key elements of positioning (Chapter 1, Section 1) ○ Use a different position, chair or seat ○ Adjust foot support so that child's whole foot makes contact with surface ○ Add or modify existing foot support (books, wood, box, blocks, bricks, bucket, etc.) (Appendix 9I)
<p>No chair or seat is available or fits a child's specific needs</p>	<ul style="list-style-type: none"> ○ Ensure current position follows key elements of positioning (Chapter 1, Section 1) ○ Use a different position, chair or seat ○ Add folded blankets/towels/cushion for child to sit on to raise her to an appropriate level (for a chair that is too big) ○ Use well-supported floor seating ○ Make appropriately fitted seating out of common objects (box, cardboard, laundry basket, etc.) (Appendix 9I)

COMMON ORAL MOTOR FEEDING ISSUES AND SOLUTIONS

COMMON ISSUES	POSSIBLE SOLUTIONS
<p>Transitioning to different textures is challenging</p>	<ul style="list-style-type: none"> ○ Determine the main reason why ○ Ensure child is appropriate age and showing necessary developmental skills for transitioning to new texture ○ Ensure current position follows key elements of positioning (Chapter 1, Section 1) ○ Use alerting strategies such as brushing teeth before feeding (Appendix 9K) ○ Use facial molding techniques to wake a child’s body for eating (Appendix 9J) ○ Offer frequent opportunities to explore foods (see, smell, touch) without any pressure for child to eat them during or outside of meals ○ Offer easier textures alongside new, harder texture to increase comfort and success (Appendices 9E, 9F) ○ Offer new texture alongside food a child is already familiar with and enjoys ○ Offer small amounts of new texture at a time ○ Offer new texture often across many meals each day to increase child’s comfort, practice, and skill ○ Avoid force feeding
<p>Food/liquid frequently falls out of child’s mouth</p>	<ul style="list-style-type: none"> ○ Determine the main reason why ○ Ensure child is appropriate age and showing necessary developmental skills for textures and consistencies being offered ○ Ensure current position follows key elements of positioning (Chapter 1, Section 1) ○ Try using a different cup or utensil ○ Use alerting strategies such as brushing teeth or using vibrating toys before feeding (Appendix 9K) ○ Use facial molding techniques to wake a child’s body for eating (Appendix 9J) ○ Use the Press-Down Technique with spoon feeding and cup drinking (Appendix 9J) ○ For the older child, let them gain feedback by having them eat in front of a mirror ○ Encourage small, single bites, a slow rate of eating and breaks between bites if child is self-feeding ○ If feeding a child, offer small bites and sips at a slow enough rate he can handle ○ Cut foods into safe and appropriately sized bites for child ○ Consider modifying food texture (or offering an easier texture alongside) to one that decreases incidence (Appendices 9E, 9F)

Choking, coughing or gagging when feeding

- Determine the main reason why
- Ensure child is appropriate age and showing necessary developmental skills for textures and consistencies being offered
- Ensure current position follows key elements of positioning (Chapter 1, Section 1)
- Use a different position that will decrease incidence (more upright)
- Try using a different cup or utensil
- Use alerting strategies such as brushing teeth before feeding (Appendix 9K)
- Use facial molding techniques to wake a child’s body for eating (Appendix 9J)
- Encourage small, single bites and sips, and a slow rate of eating and drinking if child is self-feeding
- If feeding a child, offer small bites and sips at a slow enough rate he can handle
- Cut foods into safe and appropriately sized bites for child and offer small amounts of food and liquids at a time
- Consider modifying food texture (or offering an easier texture alongside) to one that decreases incidence (Appendices 9E, 9F)
- Offer frequent breaks for child

Child cannot chew foods adequately

- Determine the main reason why
- Ensure child is appropriate age and showing necessary developmental skills for the texture being offered
- Ensure current position follows key elements of positioning (Chapter 1, Section 1)
- Use alerting strategies such as chewing on a ChewyTube before feeding (Appendix 9K)
- Use facial molding techniques to wake a child’s body for eating (Appendix 9J)
- Offer frequent opportunities to explore foods (see, smell, touch) without any pressure for child to eat them during or outside of meals
- Offer easier textures alongside new, harder texture to increase comfort and success (Appendices 9E, 9F)
- Offer new texture alongside food a child is already familiar with and enjoys
- Offer small amounts of new texture at a time
- Offer new texture often across many meals each day to increase child’s comfort, practice, and skill
- Eat with a child so he can see how others chew food
- Offer long, skinny, crunchy, dissolvable finger foods for chewing practice on the teeth
- Offer foods a child can safely “bite through” for building jaw strength and chewing skills
- Offer gentle reminders and praise during meals (“Chew your food, Jin.” “Nice work chewing your food, Grace!”)
- Always provide 100% supervision during meals as child is at increased risk of choking

Child stuffs mouth with food

- Determine the main reason why
- Ensure child is appropriate age and showing necessary developmental skills for textures and consistencies being offered
- Ensure current position follows key elements of positioning (Chapter 1, Section 1)
- Use alerting strategies such as brushing teeth or using vibrating toys before feeding (Appendix 9K)
- Use facial molding techniques to wake a child's body for eating (Appendix 9J)
- Encourage small, single bites and sips, a slow rate of eating and drinking, and breaks between bites and sips if child is self-feeding
- Cut foods into safe and appropriately sized bites for child
- Offer small amounts of food at a time to pace child's rate of eating
- Offer gentle reminders and praise during meals ("Small bites, Lin." "Nice job taking small bites, Adana!")
- Consider modifying food texture (or offering an easier texture alongside) to one that decreases incidence (Appendices 9E, 9F)

