New Mexico Early Childhood Education & Care Department | Family Support and Early Intervention Division
FAMILY INFANT TODDLER (FIT) PROGRAM

CENTER FOR DEVELOPMENT & DISABILITY

Early Childhood Evaluation Program – Technical Assistance & Consultation
Continuing Education series for NM FIT Providers

Dealing with Challenging Behaviors from an Interdisciplinary Perspective: Feeding/Oral Challenges in Infants and Toddlers

Presented by
Julia Oppenheimer, Ph.D.
UNM Associate Professor and Clinical Psychologist, Director for Early Childhood Clinical Services
Kristine Domino, MS-CCC, SLP, Sarah Lancaster, LMSW, Meg McLaughlin, MS, OTR/L, J. Alyx Medlock, MS-CCC, SLP, Osana Abich Oliva, MD, Mareth Williams, MD
Early Childhood Evaluation Program (ECEP) Interdisciplinary Clinical Faculty and Staff

New Mexico Early Childhood Education & Care Department | Family Support and Early Intervention Division
FAMILY INFANT TODDLER (FIT) PROGRAM

CENTER FOR DEVELOPMENT & DISABILITY

Feeding/Oral Challenges in Infants and Toddlers

January 22, 2025
University of New Mexico Health Sciences Center
Department of Pediatrics - Center for Development & Disability



Introductions and Housekeeping

- Today's ECEP Team
- We want to see you - cameras on if you can!
- We want to hear you
  - Please use the chat or jump in with comments, ideas, and questions.
  - Goal is to share experiences and knowledge.



Remember: New and Improved Format!

- Topical Information and Background
- De-identified Case Example(s) and Discussion
- Volunteer case consultation and questions!

***Please note this zoom platform is not HIPAA-compliant - please de-identify any confidential/case-related information.**



Objectives



- Understand typical development of oral skills and feeding skills.
- Be able to recognize signs of oral challenges and feeding problems.
- Become familiar with some strategies to support families and children.



A framework for observation, gathering key information, and ruling out concerns:

1. Rule out possible medical concerns/causes and establish typical development range

2. Use strategies to track concerns (food log) – Looking for “trends” over time

Ask, What have you tried? and, For how long?

3. Look at the concern from different perspectives – consider other discipline lenses (and overlap between these lenses)

4. Consider an outside perspective - consultation or resources

Medical Considerations



Conditions, diagnoses and situations that often have associated oral and feeding concerns

- Prematurity
- Cleft palate
- GERD
- Abuse/neglect
- Very low muscle tone

- Cerebral Palsy
- Down syndrome
- Muscular dystrophies
- Autism

Medical Considerations



- Choking, gagging, vomiting → swallowing or GI problems
- Frequent pneumonia → Dysphagia → CP, Eosinophilic esophagitis (EoE)
- Short stature, abnormal head circumference → Genetic, endocrine conditions
- Easy fatigue with breastfeeding/ eating → Cardiac condition
- Picky eating, overeating → Genetic conditions (e.g. Prader Willi)

Developmental Considerations



- Oral motor skills
- Oral sensory skills
- Early feeding skills

Feeding Skills

Typical development



- Thumb and hand sucking in utero. Brings toys to mouth (4-6 months) and mouthing continues through 18-24 months.
- Begin with taste preferences based on foods mother ate.
- Rejects bitter flavors (2 weeks), rejects sour flavors (2 months), prefers salty flavors (4-6 months).
- Motivated to touch, squish, suck on and eat new foods and flavors (9-12 months).
- Manages firmer foods without choking, tolerates spoon in mouth (12-14 months).
- Progressively able to manage harder textures and bigger bites with practice (14-36 months).

Feeding Skills

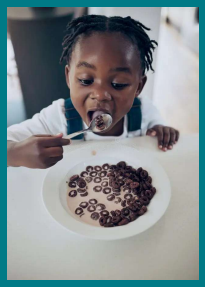
Typical development



- 4-8 months: Purposely spits out food as part of exploration.
- 8-10 months: Ready for finger foods (rakes). May put finger in mouth to move food.
- 10-12 months: Finger feeds soft, chopped foods.
- 12-18 months: Likes messy play. Spoon use improves.

Feeding Skills

Typical development



- 18-24 months: Picks up, dips and brings food to mouth. Increased skill with utensils.
- 2-3 years: May fill spoon with fingers, begins to use fork. May want to eat same foods over and over.
- 3-4 years: Uses utensils well. Likes to help with food preparation.

Feeding Skills

Typical development



- 0-6 months: A phasic bite is present. When gentle pressure is applied to the gums, the baby will open and close his/her jaw to bite.
- 6-9 months: Munch chew pattern emerges. The munch chew pattern combines the phasic bite with tongue movement up to the hard palate.
- 9 months: Controlled/sustained bite emerges. This may continue to mature up to 36 months when it becomes a mature/fully developed pattern.
- 9-36 months: Circular rotary chewing also develops. This is the most mature chewing pattern and sometimes called an adult-like rotary chew (as it is the pattern we use across the lifespan once developed).
- 18 months: Children begin to “clean” food from their lips using the tongue.
- 24-36 months: Begin to elevate the tongue tip to the palate during the swallow.

Feeding Skills

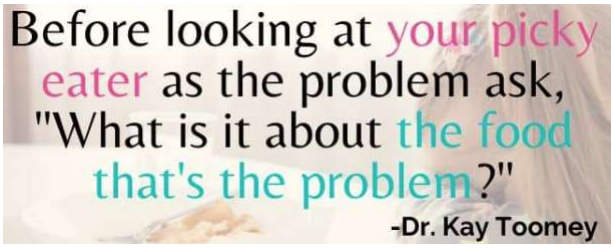
Typical development



- Food neophobia a normal stage of development, most common between age 2 and 5/6 years.
- Picky eating/neophobia peaks between 18-24 months.
- May take 10-15 presentations of a new food before a child will eat it.

Oral Differences and Feeding Concerns…





Picky or Selective Eating



Typical: Between 18-24 months. May need fewer calories than when they growing faster. 1/3 to 1/2 of will outgrow picky eating within 2-3 years.

Or Not: Eats less than 20 different foods. Does not eat foods from most food groups. Losing weight. 3-10% of picky eaters will have persistent challenges and need intervention.

Possible reasons: Medical/food allergy. Developmental delays. Oral-motor delays and sensory processing differences. Negative early experiences.

Possible strategies: Medical interventions. Add strategies to support oral-motor and oral-sensory development.

Picky or Selective Eating



Picky Eaters Versus Problem Feeders

DEFINED BY:	PICKY EATERS	PROBLEM FEEDERS
# of foods in Food Range consistently eaten when presented	Decreased range or variety of foods; typically has 30 or more foods in their Food Range	Restricted range or variety of foods, usually eats less than 20 foods
Loss of foods from Food Range	Foods lost due to "burn out" from Food Jagging are usually eaten again after a 2 week break	Foods lost due to "burn out" from Food Jagging are not eaten again after a break, resulting in a further decrease in the # of foods eaten
Ability to eat foods from all categories of foods (texture and nutrition)	Eats at least one food from most all nutrition or texture groups (e.g. purees, Meltable foods, proteins, fruits)	Refuses entire categories of food textures or nutrition groups (e.g. soft cubes, meats, vegetables, Hard Mechanicals)
Tolerance of New Foods on their plate	Can tolerate New Foods on their plate; usually able to touch or taste food (even if reluctantly)	Cries, screams, tantrums, "falls apart" New Foods are presented; complete refusal
Ability to eat the same foods as their family	Frequently eats a different set of foods at a meal than other family members; (typically eats at the same time and at the same table as other family members)	Almost always eats a different set of foods than their family; often eats at a different time or at a different place than other family members
Duration and report of "pickiness"	Sometimes reported by parent as a "picky eater" at well-child check-ups	Persistently reported by parents to be a "picky eater" at multiple well-child check-ups
Ability to learn to eat New Foods	Learns to eat New Foods in 20-25 steps on a Steps to Eating Hierarchy	Requires more than 25 to learn to eat New Foods

Copyright 2000 / 2010 Dr. Kay A. Toomey kay.toomey@spdstar.org

Mouthing Non-foods & Pica



Typical: Reduces around 18 months, continues to 24 months.

Or Not: Ongoing and persistent mouthing. Eating/swallowing items like paint chips, dirt, rocks, cardboard, tissues. A craving, not just curiosity.

What is **Pica**? A pattern of eating non-foods, which is inappropriate for developmental age, and continues for more than a month.

Possible reasons: Nutritional deficiency, self-soothing

Possible strategies: Diet modifications, supplements, sensory alternatives, behavioral supports

Overstuffing/ Pocketing food



Typical: Happens when eating too fast or as a child is still developing eating skills. Common through age 2.

Or Not: Persistent and ongoing, causes gagging and vomiting.

Possible reasons: Might not be ready (delayed oral-motor or oral-sensory skills)

Hyposensitive (under-responsive): may not feel food in mouth

Possible strategies: Pace bites, use a small spoon

Alternate bite of crunchy food with soft food

Gagging/ Vomiting



Typical: Gag reflex very sensitive first few months. Gagging is common when transitioning to solid foods. When eating too fast. When upset and crying. May see vomiting if running around soon after eating.

Or Not: Persists as chewing and swallowing become more coordinated. If gags as soon as tongue touches or even just looking at food.

Possible reasons: Strong gag reflex. Oral motor delays. Hypersensitive to taste, texture or odor. Enlarged tonsils/adenoids.

Possible strategies: Oral-motor and/or sensory-based interventions. Supportive seating. Calm mealtime routines.

Rumination



Food is swallowed but not yet digested, then regurgitated. It often does not look or sound like vomiting. A child may re-chew and re-swallow the undigested food or spit it out.

Rumination is considered a reflex, not a purposeful behavior and can affect children as well as adults.

Typical: Some mild regurgitation in babies is normal.

Or Not: Rumination is not typical.

Possible reasons: Exact cause isn't known. Brain gut commination is not working well.

Possible strategies: Relearn how to eat and digest food properly. GI and psychology collaboration.

Toothbrushing Troubles



Typical: Resistance is common in toddlers.

Or Not: When it's a daily challenge.

Possible reasons: Strong gag reflex, want independence, sensory over-reaction.

Possible strategies: Social story or video, modeling. Change up the toothpaste flavor or water temperature. Finger-tip or electric toothbrush. Routines.

AAP says kids need help to brush teeth until age 6-8.

Case Example #1

- Initial impressions?
- What do you wonder?
- What are some next steps?

Joash is a 20 month old toddler initially referred for early intervention due to developmental delays and Failure to Thrive. He was born early term at 27 weeks' gestation. He currently uses a pacifier and drinks milk from a baby bottle. He is described as a picky eater and prefers soft foods like yogurt and pancakes soaked in syrup. He tends to overstuff his mouth with foods like pancakes and bananas.

Brushing his teeth is a daily challenge. His parents would like for him to show more interest in tying new foods and to eat some of the foods the rest of the family is eating for dinner. They also wish they had an easier time getting through daily personal care routines.

Case Example #2

- Initial impressions?
- What do you wonder?
- What are some next steps?

Lula is a 32 month old child who is in the care of her grandparents. Her early history is generally unknown, but she may have been exposed to substances prenatally. Lula may also have experienced abuse or neglect early on. She has been receiving early intervention since she came into her grandparents' care around the age of 18 months.

Lula frequently tries to eat non-foods like crayons and chews on the edges of furniture, drywall and carboard boxes. She sometimes gags or vomits with new foods, as well as foods she has been eating for a while.

Her grandparents want to know why it's so hard for Lula to eat sometimes and why she tries to eat things are not food.

Discussion



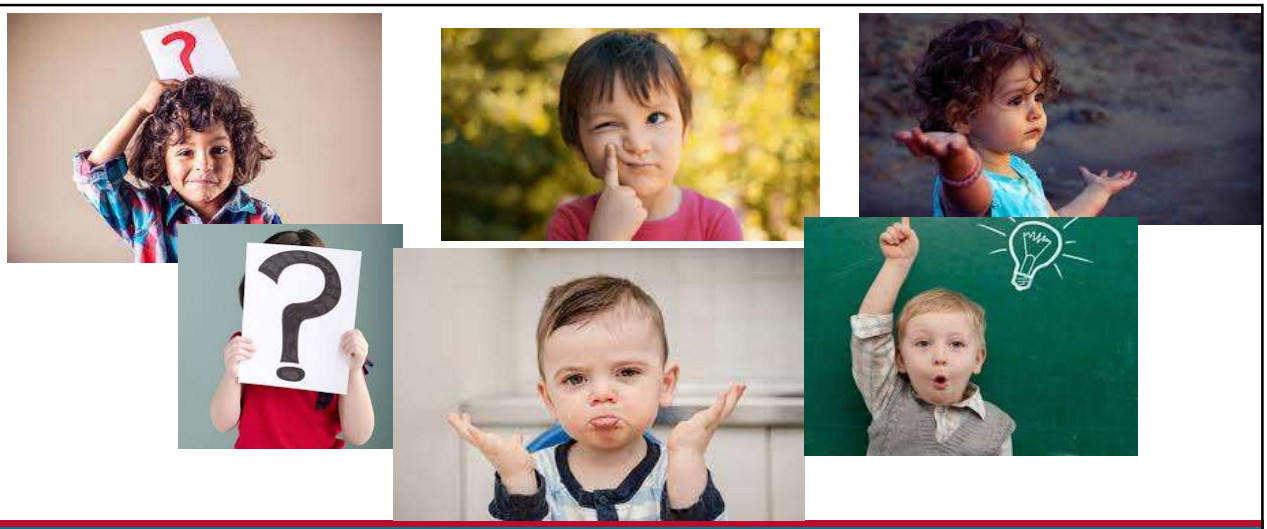
Case examples?

Successes/Challenges?

Resources – Next Steps



- Consult with pediatrician (they may refer for swallow study, or to GI, allergist, or other specialists)
- Request SLP or OT additional assessment
- Pediatric dietitian (some available to consult for EI agencies)
- Pediatric dentist
- Lactation consultant
- Outpatient feeding therapy



Questions

Join us for more ECEP Office Hours!

Next Session February 19, 2025
Topic: Toileting and Elimination Issues in Infants and Toddlers



Contact information



Julia Oppenheimer, PhD, IMH-E®(III)
505-934-2082 (phone)
joppenheimer@salud.unm.edu

University of New Mexico Health Sciences Center
Center for Development and Disability
2300 Menaul Blvd NE
Albuquerque, NM 87107

References



Feeding milestones

- Baby:
  - https://www.healthychildren.org/English/ages-stages/baby/feeding-nutrition/Pages/default.aspx
- Toddler:
  - https://www.healthychildren.org/English/ages-stages/toddler/nutrition/Pages/default.aspx

Resources



Feeding Matters
https://www.feedingmatters.org/

Jenny Friedman
https://www.jennyfriedmannutrition.com/
Book: Stories of Extreme Picky Eating

Book: Food Chaining The Proven 6 Step Plan to Stop Picky Eating, Solve Feeding Problems, and Expand Your Child's Diet by Cheri Fraker et al.

Resources



Get Permission Approach
Marsha Dunn Klein, OTR/L, M.Ed., FAOTA
https://getpermissioninstitute.com/
Book: Anxious Eaters, Anxious Mealtimes

Melanie Potock, MA, CCC-SLP
https://mymunchbug.com/
Book: Responsive Feeding

Resources



SOS Approach

Kay A. Toomey, PhD

https://sosapproachtofeeding.com/

Kids Eat in Color

https://kidseatincolor.com/

Resources



Responsive Feeding:

https://www.ellynsatterinstitute.org/

https://www.healthychildren.org/English/ages-stages/baby/feeding-nutrition/Pages/Is-Your-Baby-Hungry-or-Full-Responsive-Feeding-Explained.aspx

Chicago Feeding Group: https://chicagofeedinggroup.org/

General Resources



Zero to Three

https://www.zerotothree.org/

Pathways

https://pathways.org/

CDC

https://www.cdc.gov/ncbddd/actearly/milestones/index.html

AAP Bright Futures

https://www.aap.org/en/practice-management/bright-futures

What to Expect

https://www.whattoexpect.com/