

Feeding Difficulties



Multiaxial Diagnostic System

First Axis

Feeding difficulty or problem manifested by the child.

Second Axis

Quality of the feeding relationship or disturbance.

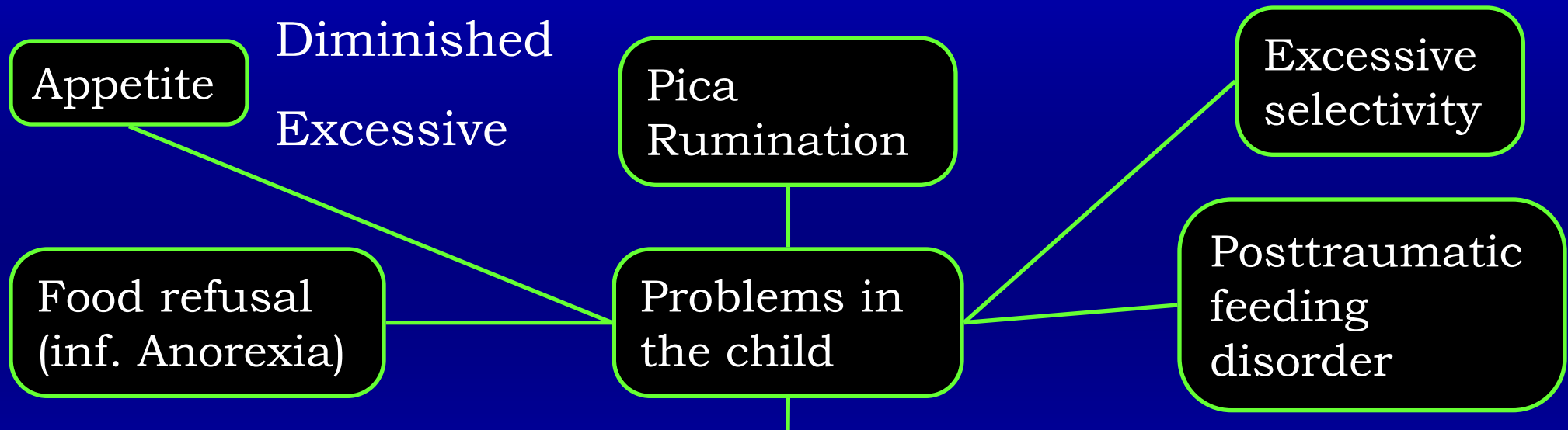
Third Axis

Medical problems, physical causes, medical or physical complications.

Fourth Axis

Family factors, cultural factors, other major stressors on feeding.

Feeding Difficulties in Infants

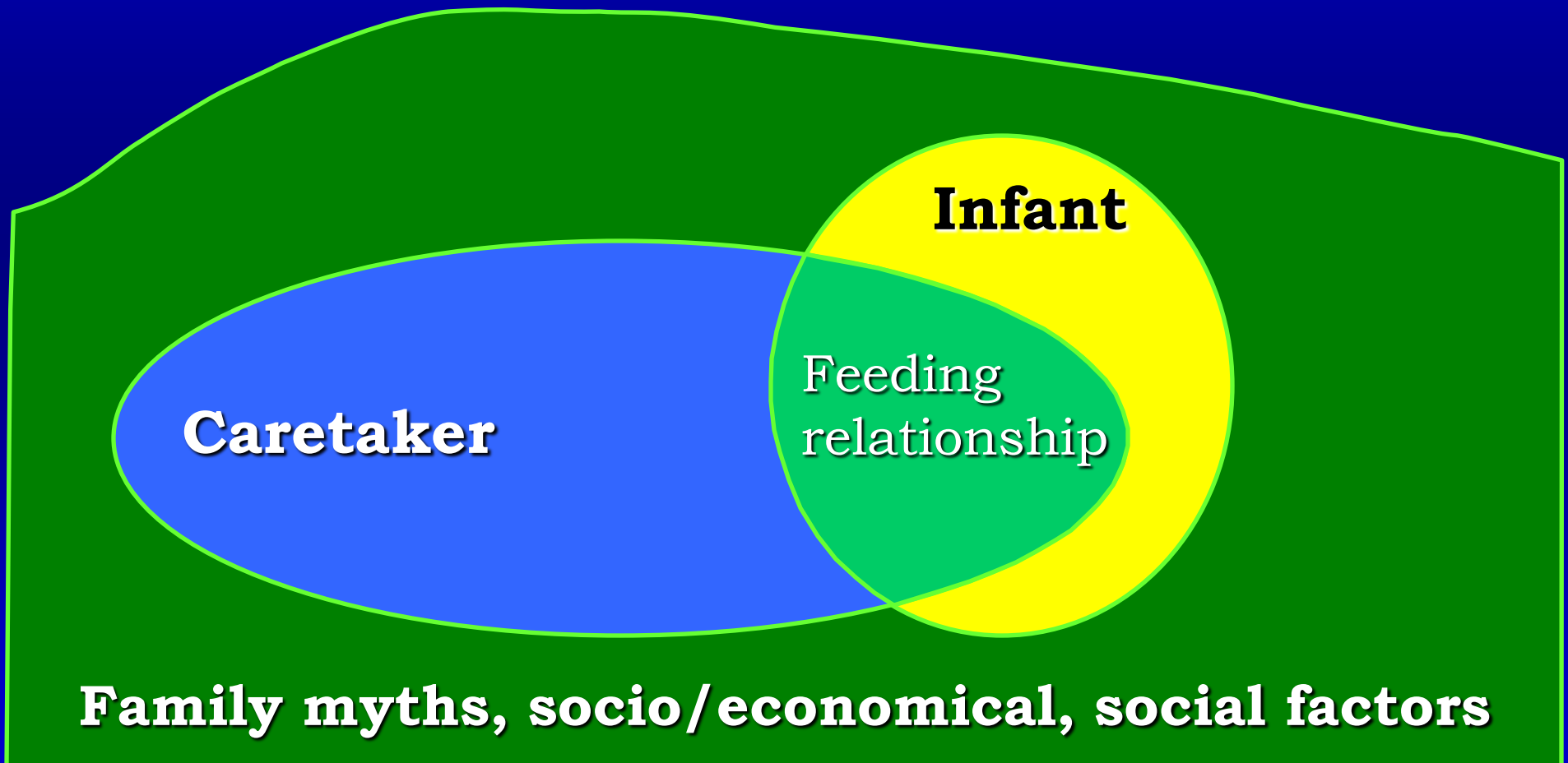


Feeding Skills Disturbances

Problem in sucking
Problem in swallowing
Problem in chewing
Problem with sensitivities

Problem with textures
Regulatory difficulties
Regulation of amount, drinking,
Mealtime behavior problems

Feeding Difficulties in Infants 1





Feeding Difficulties in Infants 2

Development of feeding and eating

Infant

- Development of sucking
- Concentrate on eating and acceptance of food
- Accept new flavors, odors, textures (critical period)
- Ability to chew
- Ability to feed self

Caretaker

- Offer appropriate food, amount, quality
- Provide opportunity for eating, mealtime
- Model, social exchange
- Adapt to child's cues and preferences

Feeding Difficulties in Infants 3

Consequences



Eating Difficulty

(refusal, vomiting, spitting, etc.)

Difficulty in feeding relationship or parental problem

Malnutrition

Failure to thrive

Growth stunting

Continued Feeding problem



Feeding Difficulties in Infants



Overcontrolling

Force feeding
Insist on controlling amount, what the child eats.
Negative experience

Excessively Anxious

Fear the child will die
Offers foods appropriate for a younger child
Overfeeding

Disturbance in the feeding relationship

Part of an overall

Altered parent-child relationship

Underinvolvement

Parent does not offer adequate food, amount, nor try different strategies.
Let child to own devices.

Cultural factors and family myths

Strict vegetarianism
Fear the child will be fat
Distorted perception due to family myths

Feeding Difficulties in Infants



Consequences

Failure to thrive

Overlap with malnutrition

Prevalence in western indust. Countries vs. underdeveloped

Weight below 3rd percentile for at least two months

*or slowing in gain weight

Food is available

Consequences, particularly if in the first year of life

Growth stunting

Overlap with malnutrition

Prevalence high in developing countries (40-60%)

Slowing in growth starts in third month of life

Possibility of catching up with food supplementation

Possible correlation with quality of proteins, zinc, calcium, phosphorus