

QA13 – Expanding Variety of Food for a Prematurely Born Toddler

QUESTION:

A 2 ½ yr. old toddler born at 23 weeks has a very limited diet. Sieved foods were started at 1 yr corrected age. Mashed foods were later included in his diet. At 15 months of age he started refusing food. Mom and child recently moved here from another state.

The child will eat only pudding, yogurt and cereal. He takes one bottle of whole milk and one bottle of 2 oz regular milk mixed with 6 oz. formula. The physician recommended to use formula instead of regular milk. He didn't tolerate PediaSure and mom did not want to use it. His occupational therapist feels there are some sensory issues with this child and definitely behavioral issues. Mom seems to push too hard or not enough. The child is growing appropriately. How much do we need to worry about supplementation while we work on expanding his diet?

ANSWER:

The 2 ½ yr old described has a significant number of complicating feeding issues including parent/child interactional and behavioral problems along with a history of delayed textural feeding progression for corrected age and possible on-going tactile sensitivities. Although this child is reportedly not demonstrating growth problems at this time, any one of these problems places this child at risk for long term feeding problems and poor growth in the future.

One of the primary goals of effective treatment by a team of professionals from disciplines in Pediatric Medicine, OT or Speech Pathology, Nutrition, and the Psychosocial arena is to create a comfortable and non-threatening feeding situation by which the child may begin to unlearn negative feeding experiences of the past. Maximizing the use of foods and beverages a child is most comfortable with and minimizing transitions are two significant parts of this goal. Use of infant formula beyond one year of age can provide nutrients needed for a limited diet. However, it is important to remember that formula is often undesirable for a child who has progressed to a variety of other tastes and may hinder the ultimate intervention goal of providing a positive feeding experience for the child. Moreover, increasing the number of beverage transitions between formula and milk may lengthen the amount of time it takes for a child to feel comfortable with feeding.

While supplementation of a restricted diet is important, use of an infant formula may not be the most productive manner to do so depending on the individual circumstances of the child. In this case, the child's favorite foods are relatively healthy providing a good supply of calories, protein, calcium, iron and B vitamins (assuming the cereal is fortified). In order to decrease the number of food transitions for this child and provide foods he/she is comfortable with, continued use of milk plus a liquid multivitamin added to the child's food or taken by mouth would likely be the most beneficial supplementation solution, and most conducive to the overall behavioral treatment goals.

In the future, if the child's overall intake volume decreases, and growth problems arise, extra calories can be provided by adding cream, ovaltine, or Carnation Instant Breakfast to the child's milk, yogurt, and pudding.

Expanding a child's food variety can be a long process, particularly for those with sensory and behavioral issues. It is important to remember that too much discomfort and uncertainty during feeding situations may cause a child to further reduce the number of foods they are willing to eat. Many children, however, can be successfully treated by maintaining one or two food/beverage changes at a time with as little disruption from the child's comfort level as possible. Some families also require feeding specialists to model appropriate parental response to a child's negative feeding behavior, and introspective psychosocial therapy to help parents sort through stresses in their life and carry out treatment recommendations consistently

Reference:

- 1) Kessler DB, Dawson P: Failure to Thrive and Pediatric Undernutrition. Baltimore, MD. Paul Brooks Publishing, 1999.