

Pediatric Feeding

**Anne Beeson CCC-SLP,
Cassandra Solvik CCC-SLP, and
Ericka Obert CCC-SLP**

Talking Points:

- Typical picky eating vs disordered picky eating
- Pediatric feeding disorder
- Neurodiverse feeding
- Responsive feeding
- Tongue tie

Typical Picky Eating

- Reluctance to try new foods.
- Consuming a limited variety or amount.
 - Less than 30 foods
 - Rejection of food textures/flavors
 - Strong preferences
- Long mealtimes
- Given special meals with accommodations.

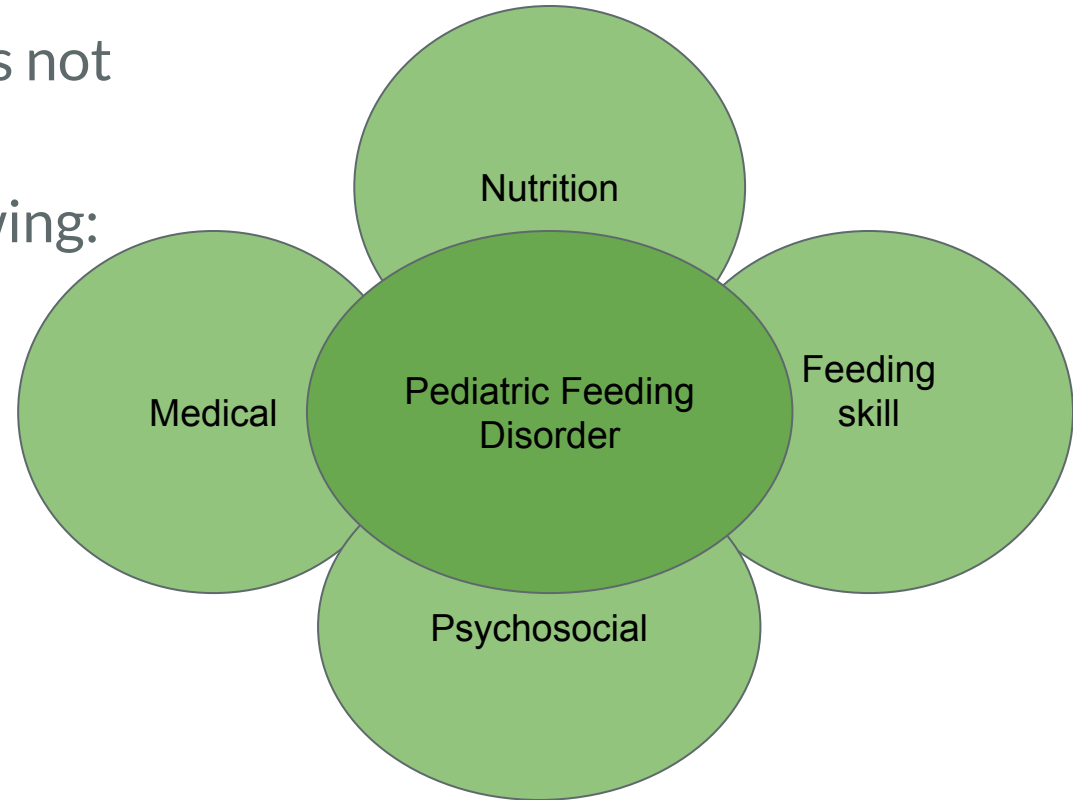
Taylor et al. 2015
Kerzner et al, 2015

Disordered Picky Eating

- Persists for more than 2 years of feeding difficulties.
- Severity more significant
 - Less than 15 foods
 - VERY strong likes and dislikes
- Refusal to try new foods
- Growth/nutrition concerns may be present
- May have skill deficit
- Significant mealtime disruptions

What is Pediatric Feeding Disorder (PFD)?

- Impaired oral intake that is not age appropriate.
- Associated with the following:
 - Medical
 - Psychosocial
 - Feeding skill
 - Nutrition

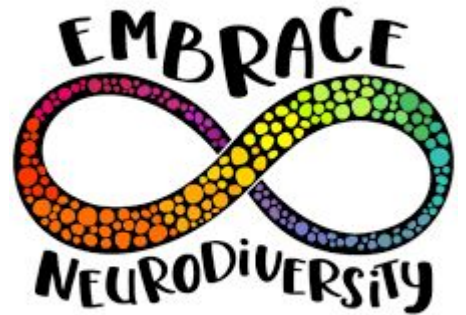


1. Field, Garland, & Williams 2003
2. Goday et al, 2019
3. Mannion, Leader, Healy 2013
4. Mannion + Leader 2016
5. Pediatric Feeding Disorder fact sheet, 2021

Neurodiverse Feeding Approaches

- Shift in Expectations
 - Autistic kids may eat different than our expectations.
- Reinforce autonomy & Build a relationship
 - Establish trust
- Strength Based
 - Focus on current strengths
 - Our responsibility to modify environment & support their needs

(Dorsey, n.d.), (Rowell et al., 2021)



Principles of Responsive Feeding

1. Autonomy
2. Competence
3. Trust



Key Points: Responsive Feeding

- Child-led and motivated
- Caregiver's job to read/ID child's cue
- Behaviors are communication
 - Both caregiver and child behavior



(Cormack, Rowell, & Postavaru, 2020)
(Rowell et al., 2021)
(Walton et al., 2017)

What this looks like at mealtime?



Tongue Tie

“Tethered oral tissues”

Hot topic-identification and intervention/treatment has significantly increased



Lip tie



Cheek tie (buccal tie)



What does the research say?

- Low to insufficient evidence (Razdan et al., 2020) for tongue tie release
- Lip & buccal ties do not have any evidence to support releasing to improve breastfeeding outcomes
- Presence of lip tie did not impact experience of breastfeeding Razdan et al., (2020)
- Less than 50% of infant/mom dyad had feeding difficulties despite presence of tongue tie
- Multidisciplinary approach to frenotomy evaluation reduced surgical intervention with improved breastfeeding (Caloway et al., 2019)

What do the doctors agree on?

- Consensus studies-ENTs agree tongue tie is over diagnosed and over corrected.
- Surgery to correct a cheek tie should not be done
- Breastfeeding and maternal pain can improve without surgical intervention
- No evidence to support post care exercises (massaging, parent pulling tongue, stretches)

We all have these tissues

It's all about function!!!!

- Often ties that are identified are just normal variations
- “tethered oral tissues” are blamed for a feeding problems and are “cut”, but feeding problems continue to persist.

Doesn't tongue tie impact speech, sleeping, orofacial development?

- No evidence tongue tie specifically influences any of them. (Messner et al., 2020)
- Releasing a lingual frenulum may actually cause or exacerbate obstructive sleep apnea.

Surgery recommended? Now what?

- Dentist vs ENT
- Laser vs scissors/clip
- Pre and post oral motor exercises
- Oral aversion with persistent negative oral experiences
- No evidence-based “stretching” protocol
- May cause oral aversion
- Stretching/reopening of wound may actually worsen scarring



Key points for tethered oral tissues

- Get a functional evaluation with a speech pathologist prior to surgical intervention
- Avoid negative oral experiences
- Avoid oral motor exercises that are outside of functional practice
- Consider the secondary impact of the heat with the laser-discuss this with your ENT or dental provider.

Questions???

References:

- Cormack, J., Rowell, K., & Postăvaru, G. (2020). Self-determination theory as a theoretical framework for a responsive approach to child feeding. *Journal of Nutrition Education and Behavior*, 52(6), 646-651. <https://doi.org/10.1016/j.jneb.2020.02.005>
- Dorsey, R. (n.d.). Revisiting Avoidant Restrictive Feeding Intake Disorder...Again...and
- Again...and Again. Retrieved from <https://dorseyslp.com/blog/arfidagain> (no longer available)
- Rowell, K., Wong, G., Cormack, J., & Moreland, H. (2021). Responsive feeding therapy: Values and practice. Retrieved from <https://responsivefeedingpro.com/wp-content/uploads/2021/10/RFTValues-and-Practice.v2.pdf>
- Walton, K., Kuczynski, L., Haycraft, E., Breen, A., & Haines, J. (2017). Time to re-think picky eating?: A relational approach to understanding picky eating. *The International Journal of Behavioral Nutrition and Physical Activity*, 14(1), 62-62. doi.org/10.1186/s12966-017-0520-0
-