



Behavioral Health Nutrition

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BHN Fact Sheet: Feeding Children with Developmental Disabilities

Eating requires that an infant or child be able to suck, chew, and swallow while breathing. Children with developmental disabilities are frequently at risk for feeding problems that impact their growth, nutrition, and immunity to disease. Evaluation by a team of feeding specialists as early as possible helps support skills important for advancing health and overall development.

General Information

Eating challenges vary due to each child's level of nerve and muscle involvement, cognitive or mental processes, and sensory, emotional, and communication skills. These may change as the child grows and develops. A child's cognitive development is often a predictor of ability and skills with eating. Some diagnoses lead to long-term feeding difficulties, especially when a child is not able to safely eat some types of foods.

Nutrition Concerns/ Implications

For children with developmental disabilities, any or all of the skills and abilities needed to take in adequate nutrition may be weak or altered and can result in poor weight gain and growth. Good muscle control is needed to sit up, manage food in the mouth, swallow the food, and then move the food through the digestive tract. This includes oral-motor skills or the movement of the lips, tongue, and jaw needed to effectively feed, eat and swallow. Self-feeding requires more motor skills and coordination. Sensory processes in the way foods look, smell, taste and feel on the hands, lip, and inside of the mouth are all a part of eating. In addition, the child's ability to communicate hunger, food preference and fullness, and understand expectations around mealtime is an important part of eating.

Children who cannot safely eat enough or eat a wide variety of food textures may need supplemental tube feedings to help with growth, weight gain, and health. Regular dental care is very important. Poor oral health, such as cavities, can also interfere with eating. A team of feeding specialists, including dietitians, occupational therapists, speech language pathologists, and psychologists work in combination with your child's own medical care team (pulmonology, gastroenterology, ENT, developmental pediatrics) to provide feeding support. Consultation with your child's educational team is recommended to ensure continuity of your child's care. By working together with the family, specialists can provide support for understanding and coping with feeding challenges.

Nutrition Tips and Advice

Create a pleasant and supportive mealtime environment:

- Limit distractions, such as the television, radio, and/or electronic devices/phones.
- Provide supportive seating with your child's feet firmly on a hard surface, such as a stool under the table. Be sure the hips and head are supported. Rolled towels are helpful to help with positioning.
- Offer foods that are more difficult or new for your child when they are most alert and interested.
- Use appropriate utensils for your child. Consider the weight and shape of utensils.
- Eat meals together as a family. Be a role model.
- Be patient, never force feed or trick your child to eat.

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continued

Feeding-related Issues and Causes	Nutrition Tips Please consult with a RDN (registered dietitian nutritionist) for specific recommendations regarding alterations in diet consistency, portioning sizes, and tube feeding.
<p>Underweight: May result from:</p> <ul style="list-style-type: none"> ◦ High muscle tone ◦ Few opportunities to eat ◦ Long mealtimes ◦ Low appetite from constipation or reflux ◦ Multiple illness or hospitalizations ◦ Medication side effects 	<ul style="list-style-type: none"> • Use high calorie foods such as whole milk, whole milk Greek yogurt, avocado, nut butters; add these to lower calorie foods such as fruits or vegetables. Include olive or vegetable oils in cooking. CAUTION: adding extra fat is helpful for adding calories but too much can increase risk for constipation or aspiration. Discuss with your child's dietitian. • Use supplemental formulas to increase intake, if needed. • Offer small, frequent meals and limit meal times to 20-30 minutes • Treat reflux or constipation, if this is a problem for your child, as directed by physician or healthcare provider.
<p>Overweight: May result from:</p> <ul style="list-style-type: none"> ◦ Low muscle tone ◦ Low or limited physical activity ◦ Medication side effects 	<ul style="list-style-type: none"> • Increase physical activity. Consult with a physical therapist or therapeutic recreation specialist for ideas if needed. • Reduce portion sizes as directed by registered dietitian nutritionist (RDN). • Create a schedule for meals and snacks. Have family meals. • Reduce intake of high calorie foods, such as fried foods and sweets. Eliminate sugary beverages, such as sports drinks, soda and juices • Keep food out of sight or find ways to reduce immediate access <p><i>Note: A child with paralysis or low muscle tone will have lower calorie needs and can benefit from a multivitamin-mineral supplement.</i></p>
<p>Tube feeding: May result from:</p> <ul style="list-style-type: none"> ◦ Inability to swallow safely ◦ Inability to eat enough to grow and gain weight appropriately 	<ul style="list-style-type: none"> • Determine the best choice of nutrition to provide through the tube with your child's medical team. Options include milk based formula, formula with altered proteins (hydrolyzed or elemental), or blended foods • Adjust volume, rate of feedings to help tolerance. • If oral eating is possible, offer tube feedings during or after oral meals.
<p>Reliance on Pureed Foods: May result from:</p> <ul style="list-style-type: none"> ◦ Sensory processing disorders ◦ Chewing difficulty ◦ Swallowing difficulty 	<ul style="list-style-type: none"> • To advance textures, gradually increase the texture of familiar flavors. For example; move from thin purees to thicker purees to chopped soft foods. • Use table foods such as sweet potato, avocado, hummus, or hot cereals in addition to commercial purees • Gradually add texture to food with crushed graham crackers or breakfast cereal, wheat germ, ground nuts.
<p>Constipation: May result from:</p> <ul style="list-style-type: none"> ◦ Changes in muscle tone ◦ Sensory processing disorders ◦ Medication side effects ◦ Low fluid and/or fiber intake 	<ul style="list-style-type: none"> • Medical evaluation • Increase fiber in the diet by including whole grains, fruits and vegetables. • Increase fluids, especially water. • Offer prunes, prune or pear juice • Increase physical activity. • Establish a consistent toileting routine. <p><i>Note: Medication and probiotics may be necessary to maintain regular bowel movements</i></p>