

When Feeding Problems Become Feeding Disorders

Frequently Asked Questions (FAQ)

All parents want their baby to eat, to grow, to be healthy and happy. It's frustrating and stressful when your baby or child cannot eat or drink successfully. Unfortunately, up to 40% of infants and children have feeding disorders. In children with disabilities, the prevalence of feeding disorders jumps to as high as 90%. Untreated, feeding disorders can cause medical, behavioral and developmental complications that can impact nutrition, self-esteem, family relations, sociability and academic performance.

What is a feeding disorder? A child has a feeding disorder when they are unable to consume an adequate volume of a variety of food to sustain growth and nutrition. Feeding disorders can affect any age.

Common risk factors for feeding disorders include reflux, prematurity, autism, cerebral palsy and Down Syndrome. Vomiting, gagging, coughing, congestion and choking are serious red flags at any age. Feeding disorders are complex, often encompassing medical, sensory-motor and behavioral factors. Quick identification and treatment is vital to reduce the risk of additional behavioral, medical and social complications.

Newborn-feeding disorders include: difficulty breast-feeding, uncoordinated or weak suck patterns, inability or refusal to complete feeding, lengthy feedings, coughing and congestion or the desire to feed when sleeping. If left untreated, newborn-feeding problems can cause difficulty with spoon-feeding, chewing and speech development.

For children with feeding disorders, the introduction of new foods can be a very frightening experience. Children may be able to tolerate smooth puree but refuse, gag or vomit on textured puree. They often have delayed or impaired oral motor and sensory skills. They literally do not know how to chew because they cannot sequence their motor patterns to chew foods to a safe consistency. The child will gag, vomit and eventually refuse certain textures, foods or entire food groups. Often, the protective gag reflex is desensitized enabling large pieces of incompletely chewed or whole food to be swallowed increasing obstruction risks.

Picky eaters often limit the variety of foods to less than 20. Because of the complexity of the skills required to eat vegetables, fruits and meats, they often refuse these foods. Mealtime battles can include; temper tantrums if non-favored foods are offered, refusal to sit, distractions in order to eat, volume and variety limiting, feeding refusals and food throwing. Instead of a time when families come together, mealtimes become a time of stress, frustration and concern.

Only between 3 and 12% of children have a purely behavioral feeding disorder. Yet over 90% of treatment programs apply behavioral approaches to all feeding disorders. Successful treatment focuses first on resolving any medical problems and improving overall health. This allows the child to feel well enough to participate in therapy aimed at learning effective oral motor and sensory skills for feeding.

If this scenario sounds familiar or your child is demonstrating any of the risk factors or characteristics of a feeding disorder, contact your pediatrician and see a specialist like CPD. Feeding disorders are complex and require expertise to help parents and children obtain the skills necessary to bring joy back to mealtime.