

Feeding Tips: Successful Transitions

Change can be challenging, especially when it comes to feeding and eating. For some children, transitioning from a bottle to a cup, from breast milk to formula or from one group of foods to another can be a bumpy road. Here are some tips to smooth the way.

- If at first you don't succeed: In typical development, research shows that children may need as many as 20 exposures to a new food before they will try it. If a new food is rejected, don't assume your child doesn't like it. Keep it in the rotation of presented foods and read on for strategies to promote acceptance.
- Fading: Fading is a strategy where a small amount of a new food (usually liquid, like formula, or a puree) is mixed with a large amount of a preferred liquid or food. The goal is acceptance of the new combination, even if the child notices a difference. The ratio of new to old is gradually increased over time. For some children this may be VERY slow. The most important factor is that once you begin the transition, try not to return to the preferred food or liquid if your child refuses. Make the ratio smaller, and keep moving slowly forward!
- Schedule and Routine: Providing meals and snacks seated at a table, in a booster seat or highchair at regular intervals throughout the day creates hunger, establishes predictability and can provide four to six opportunities for a child to have exposure to a new food or liquid.
 - > For infants transitioning to solids, one to two opportunities to practice spoon feeding daily is recommended. For many young children, three meals and three snacks a day is a typical schedule, for older children it may be three meals and two snacks daily. Grazing, or eating and drinking small amounts of food or liquid on demand throughout the day actually results in less intake over the course of the day, and eliminates hunger as a motivator to try something new.
 - > If your child is transitioning to a formula-only diet, maintaining a schedule and routine surrounding mealtimes remains important in order to foster the developmental opportunities surrounding mealtimes (language, social, and fine motor skills), and maintain a foundation for future diet expansion.
- Choices: Offer choices where any choice is acceptable. Giving children as much control as possible in meal planning, cup selection, plates, bowls etc. will foster investment in the mealtime process and increase motivation and participation. "Do you want sweet potato fries or mashed sweet potatoes for lunch today?" "Do you want to take the sports bottle or the straw cup to school?" Choices are especially important when children are having preferred foods removed from their diet, giving the child control over what they can have, and shifts the focus off of what they can't.

- Language - the power of what you do and don't say: What comes out of your mouth is just as important as what goes into your child's. Avoid asking questions if you don't want to accept "no!" as an answer. For example, "It's time for a snack!" versus "Do you want a snack?" What you communicate non-verbally is just as important. If the look on your face says "yuck!" as you and your child are trying rice bread for the first time, you are likely to influence your child's lack of acceptance.
- Try It!: Trying a new food or liquid doesn't have to mean eating it or drinking it on the first presentation. It may mean exploring that food with all your senses: What does it feel like? Smell like? How does it feel on my tongue and teeth? Don't be afraid to be playful with food (those sweet potato fries make a great mustache!). The goal is to build familiarity and comfort, and eventually- try it!
- Consistency: When embarking on a transition, any transition, the consistency with which you practice any of the above strategies with your child will have an impact on success. The more consistent you are, the faster your child learns.

When to seek help?

If the road to new formula or foods is feeling a little too bumpy, talk to your pediatrician about seeking help from a Feeding Specialist. Feeding Specialists are typically Speech-Language Pathologists or Occupational Therapists who specialize in feeding and swallowing development and difficulties.

Here is a list of criteria to help you decide:

- Your child's nutrition or growth are compromised
- Your child is unwilling to accept recommended diet/foods
- Your child is unwilling to drink recommended supplement or formula
- Your child is not participating in mealtimes
- Mealtimes are stressful
- Feeding issues disrupt daily life
- Your child is unable or unwilling to eat certain textures of food
- Your child is not feeding self as expected for age/ability



Acknowledgement

Nutricia North America would like to thank Angela Haas for providing these feeding tips. Angela Haas, MA, CCC-SLP is a Pediatric Feeding and Swallowing Specialist at a Children's Hospital. Angela has 18 years of experience evaluating and treating children with feeding and swallowing difficulties, and has conducted research in the areas of feeding, swallowing, mealtime dynamics, gastrointestinal dysfunction and food allergies.