

Picky Eating

Ellerslie Medical Centre Handout, 2017.

Information adapted from Dr. Kay Toomey and Dr. Clare Wall.

There is a difference between picky eating and problem feeders. Being a problem feeder is a bigger problem and needs a referral to a trained dietician or specialist.

	Picky Eaters	Problem Feeders
Number of foods	30 or more	20 or less
Food fads	Foods are lost due to “burn out” because of a food fad (i.e. only wanting to eat that food) but are usually re-gained after a 2 week break	Foods lost due to food fads are NOT re-acquired after taking a break, often resulting in decreasing numbers of foods eaten.
New foods on plate	Tolerates them, may touch or taste (even if reluctantly)	Cries and fall apart with new foods with complete refusal.
Textures	Eats a variety of textures (e.g. puree, proteins, meltables, fruits)	Refuses entire categories of food textures or nutrition groups (e.g. hard mechanical, meats, vegetables, soft cubes). Also sensitive to sound, touch, smell
Family dynamics	Frequently eats a different set of foods at a meal than the rest of the family but typically eats with the family.	Almost always eats different foods than the family and often doesn’t eat with them
Failure to thrive	No failure to thrive	Failure to thrive (weight below 3 rd centile)

Normal for toddlers to be fussy feeders

- **Neophobia** – Toddlers are built to be cautious of new foods for safety reasons. In the past, a lot of food was dangerous!
- **Independence** - Attention seeking and demonstration of independence
- **Food preferences** – Food exposure when they were a fetus, in their first year of life and their genes all play a role in their food preferences.

Try and try again

- It takes multiple tries for children to learn to accept new foods
 - A few tries in infants
 - 5-10 tries in toddlers
 - 15 or more tries in 3-4 year olds

Other Tips

- Eat in a calm, relaxed environment, at a special place, with the family, without distractions and at a set time.
- Don’t force your child to eat anything, fighting just attaches negative emotions to the food and makes the struggle worse. Simply prepare healthy foods, and if they don’t eat it then try again later. Finish meal within 20-30 mins (i.e. no long periods and no chasing around room)

- Try new food/textures along with familiar foods. Don't make separate meals for your child but make do include something you know they'll eat.
- Finger foods as often as possible (allows them to interact more with the food)
- Positive reinforcement (that isn't food) such as "well done" (during meal not only at the end) and sticker books in older children. NOT "you're making mum so happy" (this tells them that they control your emotions).
- Don't worry about the mess! Making a mess is an important step in development.
- Limit top ups (e.g. milk top ups, no more than 500mL a day)
- Present variety of foods in a box and encourage them to help themselves
- When older encourage to be involved with food preparations.
- Daycare environment is good for picky eaters.
- Spit cup or napkin – allow your child to spit out foods into a cup or napkin to increase confidence that they don't have to swallow.
- Portions need to be appropriate. A toddler portion is about ¼ of an adult portion. Big portions can be overwhelming

Feeding strategies specific to first year of life

- Time as a fetus and first two years are very important to nutrition. Baby tastes foods in amniotic fluid and breast milk.
- Exclusive breast milk until 6 months
- Then rapid introduction of solids going through liquids, chunky foods, finger foods etc
- More emphasis on self-feeding, but very early on feeding needs to be guided by parents obviously. Finger foods ASAP and lots of them.
- Introduce all common allergens at the 6 month mark

Supports available – SOS (sequential and sensory approach)

- SOS (sequential and sensory approach) is the only thing with evidence backing its effectiveness. This program works to systematically desensitise your child to new foods.
- \$700-800 in private through Massey university ([PiFaN](#)) and through dieticians and paediatricians that are trained in SOS. There are also University of Auckland clinics (but only run Oct to Dec each year). If you see a dietician or paediatrician make sure they are trained in SOS.

Supplements

- Iron deficiency in 11-14% of healthy children, 6% iron deficient. The more cow's milk your child takes in the more likely they are to become iron deficient.
- Ok to have general supplement or toddlers milk that has vitamins and minerals to take parental anxiety away. But food first. There is nothing we can prescribe, all over the counter.

Ongoing Monitoring

- Check heights and weights every year.

STEPS TO EATING

Adapted from Kay A Toomey Ph.D.

In learning how to eat, kids start at the bottom step and over time reach the top.

Eating

Taste

- chews and swallows whole bolus independently
- chews, swallows whole bolus with drink
- chews, swallows some and spits some
- bites, chews "x" times & spits out
- bites pieces, holds in mouth for "x" seconds & spits out
- bites off piece & spits out immediately
- full tongue lick
- licks lips or teeth

Touch

- tip of tongue, top of tongue
- teeth
- lips
- nose, underneath nose
- chin, cheek
- top of head
- chest, neck
- arm, shoulder
- whole hand
- fingertips, finger pads
- one fingertip

Smells

- leans down or picks up to smell
- odour in child's forward space
- odour at table
- odour in room

Interacts With

- uses utensils or container to serve self onto own plate/space
- uses utensils or a container to stir or pour food/drink outside of own space
- uses utensils or a container to stir or pour food/drink for others
- assists in preparation/set up with food

Tolerates

- looks at food when directly in child's space
- being at the table with the food just outside of child's space
- being at the table with the food ½ way across the table
- being at the table with the food on the other side of the table
- being in the same room

The Top 10 Myths of Mealtime

Myth #1. Eating is instinctive - FALSE

Eating is only instinctive during very early life. Until six months of age we have primitive reflexes that help us eat, after six months these reflexes drop out, and eating is a purely learned behaviour.

Myth #2. Eating is easy - FALSE

Eating is actually the MOST complex physical task that humans learn to do. It requires multiple organ systems, dozens of muscles to work in a coordinated way and utilises all our senses. Learning, Development, Nutrition and Environment also all have to be integrated.

Myth #3. Eating is a two-step process. 1) You sit down & 2) You eat - FALSE

There are actually around 25 steps for learning to eat for typical children and around 32 for children with feeding problems

Myth #4. If a child is hungry enough, he/she will eat. Kids won't starve themselves - FALSE

This is true for about 94-96% of children. However, for the other 4-6% with feeding problems, they WILL starve themselves, and using this strategy is very harmful. No amount of hunger will overcome that for these children eating doesn't work. Children are simple, if it hurts/doesn't work then they won't do it or cry and run away. If the child has a medical problem, that may also suppress their hunger.

Myth #5. Kids only need to eat three times a day - FALSE

Due to their small stomachs, it often takes five to six meals a day to get enough calories for proper growth and development.

Myth #6. It is not appropriate to touch or play with your food - FALSE

Wearing your food and being messy is a normal part of the process of learning to eat. Children learn a great deal about food before they even enter their mouths. It is play with a purpose.

Myth #7. Children should mind their manners - FALSE

The skills for eating need to come first, manners second. Mealtimes are a teaching opportunity, and children learn better when food is engaging, interesting and attractive. Mealtime discussion should also be focused on the food, and the adults should model how to eat.

Myth #8. When kids don't eat, they have EITHER a behavioural OR physical problem - FALSE

A large amount of feeding problems are due to a combination of both physical and behavioral issues. Physical problems can lead to feeding problems, and the other way around - poor feeding can lead to compromised nutritional status. It is not helpful to say that the problem is either behavioural or physical.

Myth #9. Certain foods should only be eaten at certain times of the day - FALSE

Food is food, labelling foods to only be eaten at certain times, or to be "good" or "bad" isn't helpful in teaching children to have a healthy relationship with food. Junk foods play a role as a stepping stone as they are easier to manage.

Myth #10. Eating is the body's number 1 priority - FALSE

Eating is actually number 3. Number 1 is breathing, number 2 is balance for not falling over.