



PART 3 | CHAPTER 6

THE CHILD WITH A DISABILITY OR MEDICAL NEEDS

Section 6.1: General Considerations for the Child with a Disability or Medical Needs

Section 6.2: Common Disabilities with Feeding Challenges

Section 6.3: Beyond the Meal: Tips for Supporting the Child with a Disability or Medical Needs



SECTION 6.1: GENERAL CONSIDERATIONS FOR THE CHILD WITH A DISABILITY OR MEDICAL NEEDS

SUPPORTING CHILDREN WITH DISABILITIES OR MEDICAL NEEDS

Children with disabilities or medical needs require unique care. This care must go beyond the support typically provided during daily routines. Due to these special and sometimes complex needs, it is critical that all caregivers understand how to best support the development of these children while still offering essential relationships that are positive, attentive, and caring.

“MEDICAL NEEDS” OR “DISABILITY” MEAN:

- ① A child who has a condition, disability or chronic illness that impacts her overall growth and development.
- ② A child who is at increased risk of illness, developmental delays and/or death because of this medical need.
- ③ A physical or intellectual condition that impacts a child’s ability to move, sense or participate in daily activities and routines.

EXAMPLES OF CONDITIONS AND ILLNESSES OF CHILDREN WITH DISABILITIES OR MEDICAL NEEDS:

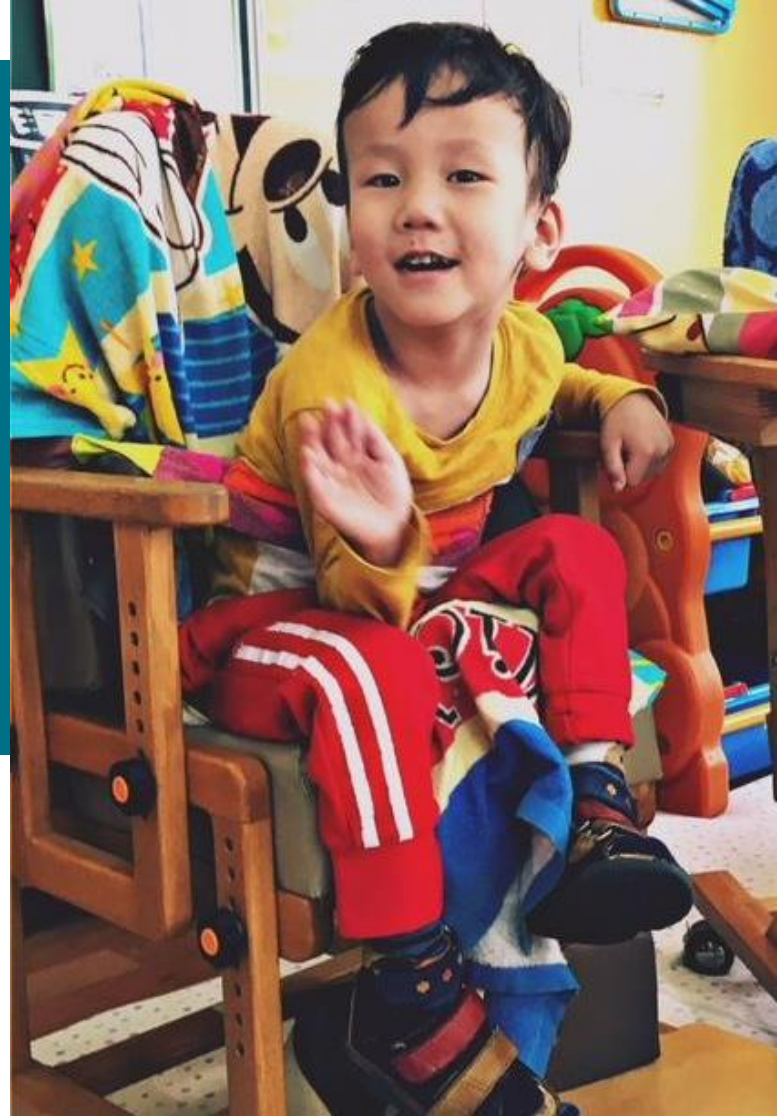
COMMON CONDITIONS AND ILLNESSES

+ Autism	+ Cardiac conditions
+ Cerebral palsy	+ Cleft lip and/or cleft palate
+ Deaf/hard of hearing	+ Down syndrome
+ Failure to thrive	+ Fetal alcohol spectrum disorders
+ Gastrointestinal disorders	+ HIV/AIDS
+ Overweight/obesity	+ Prematurity and low birth weight
+ Severe malnutrition	+ Spina bifida
+ Substance (drug) exposure	+ Vision impairments

The conditions and illness mentioned above are just some of the many disabilities or medical needs children may be born with or that develop over time. There are also genetic conditions, disorders, diseases and even injuries that can affect the health and development of a child before birth or afterward. The sooner each child can be identified and offered the necessary supports, the greater the outcomes will be for that child.



**Every child is a unique individual.
Even though some children have the
same condition, they are still very
different and may have varying needs or
capabilities.
It is critical to look at each child
independently across all areas of
development to best understand their
particular abilities and needs.**





SECTION 6.2: COMMON CONDITIONS WITH FEEDING CHALLENGES

UNDERSTANDING COMMON CONDITIONS

A child's feeding skills are directly related to her entire body's physical and intellectual development. When a condition, illness or disability is present, feeding skills may be impaired. This section shares information about several of the most common childhood conditions and why these children often have feeding challenges, and what those challenges may look like.

COMMON CONDITIONS:

- ① Autism
- ② Cardiac (heart) conditions
- ③ Cerebral palsy
- ④ Cleft lip and/or cleft palate
- ⑤ Deaf and hard of hearing
- ⑥ Down syndrome
- ⑦ Fetal alcohol spectrum disorders and substance (drug) exposed children
- ⑧ Prematurity and low birth weight
- ⑨ Vision Impairments

A girl with a disability feeds herself a meal all on her own. When given the chance, children with disabilities can be successful participating in many daily activities and routines.





Have high expectations.

Children with disabilities can do a lot more than we might expect. Yet, it's hard to grow and learn when you aren't given the chance. Caregivers must give these children lots of opportunities to play, interact, learn and try new things.

 **AUTISM³²**

WHAT IS AUTISM?

Autism, also referred to as autism spectrum disorder (ASD), is a disorder that affects a child's behavior, interactions and communication. It is typically identified during the first two years of a child's life. Because autism is a "spectrum" disorder, every child will have challenges that are unique to him, and the severity of these challenges can range from mild to severe.

Children with autism may have:

- + Repetitive, restricted interests and behaviors
- + Challenges expressing themselves and relating with others
- + Difficulty handling transitions between activities and caregivers and changes in routines
- + Sensory challenges
- + Delays in development
- + Difficulties impacting ability to function in school, work, home and/or the community
- + Needs for alternative forms of communication (sign language, pictures, devices, etc.)

WHY ARE FEEDING CHALLENGES COMMON?

There are several reasons children with autism may have feeding challenges including:

- ① Heightened sensory systems make eating and trying new foods an overwhelming experience.
- ② Motor planning difficulties make organizing the steps for eating and self-feeding challenging.
- ③ Low tone makes eating harder food textures difficult and can lead to overstuffing and choking.
- ④ Rigidity and strong preferences make trying new foods and eating a wide variety of foods difficult.

COMMON FEEDING CHALLENGES	EXAMPLES (WHAT IT LOOKS LIKE)
Extremely Picky Eating	<ul style="list-style-type: none"> ○ Challenges trying new foods and liquids ○ Reduced diet diversity
Oral Motor Challenges	<ul style="list-style-type: none"> ○ Difficulty managing certain food textures ○ Coughing and choking on foods and liquids
Motor Planning Challenges	<ul style="list-style-type: none"> ○ Difficulty with self-feeding
Sensory Sensitivities	<ul style="list-style-type: none"> ○ Severely restricted types of foods child will eat ○ Strong preferences for certain food textures, colors, flavors, temperatures, smells, etc. ○ Strong preferences for certain cups, bowls, plates, feeders, etc. ○ Highly overwhelmed by environment, including with foods and liquids offered ○ Overstuffing mouth with food to “feel” it in their mouth
Gastrointestinal Sensitivities	<ul style="list-style-type: none"> ○ Frequent stomach pains and digestion problems – and often children will not show any signs of discomfort
Growth and Nutrition Concerns	<ul style="list-style-type: none"> ○ Due to improper diet, reduced diet diversity and restricted intake



CARDIAC CONDITIONS

WHAT ARE CARDIAC CONDITIONS?

Cardiac conditions are problems that involve a child's heart. Usually a child is born with this condition, and she may require surgery. The heart can be enlarged or look different from what it should. Sometimes the heart has to work much harder than necessary, which can be dangerous for a child.



Children with cardiac conditions may have:

- + Increased fatigue and tire easily or be very sleepy, especially when feeding
- + Breathing challenges including fast breathing or difficulty breathing
- + Increased sweating
- + Bluish coloring of the lips, tongue and/or nails
- + Delays in development

WHY ARE FEEDING CHALLENGES COMMON?

There are several reasons children with cardiac conditions may have feeding challenges including:

- ① Increased fatigue and sleepiness make eating and/or staying awake to feed difficult.
- ② Increased fatigue and sleepiness can delay physical developmental milestones, which can impact feeding development (poor head and neck strength and ability to sit up right for meals).
- ③ General weakness of the body can result in poor positioning or fatigue with sucking and chewing.
- ④ Breathing difficulties can make sucking, chewing and swallowing exhausting.
- ⑤ Higher energy (food) requirements due to a faster heart rate and breathing can go unmet because of fatigue and increased sleepiness.

COMMON FEEDING CHALLENGES	EXAMPLES (WHAT IT LOOKS LIKE)
Fatigue and Increased Sleepiness	<ul style="list-style-type: none"> ○ Falls asleep frequently during feedings ○ Difficult to wake for feedings ○ Older child avoids certain foods that make him tire more easily
Reduced Feeding Volume or Intake	<ul style="list-style-type: none"> ○ Inability to take full feedings or eat entire meal ○ Takes smaller amounts more often during the day and night
Long Feedings	<ul style="list-style-type: none"> ○ Feedings can take over 30 minutes
Disorganized Feedings	<ul style="list-style-type: none"> ○ Poor coordination of sucking, swallowing and breathing when feeding ○ Fussiness at breast, bottle or meal ○ Gaspings for air or gulping liquids
Oral Motor Challenges	<ul style="list-style-type: none"> ○ Weak suck (possibly liquid leakage from mouth) ○ Difficulty managing certain food textures due to fatigue effect
Food and Oral Aversions	<ul style="list-style-type: none"> ○ Prefers liquids over solids ○ Prefers “easier” (softer) foods over “harder” textured foods ○ Avoids liquids, foods and even feedings knowing that they lead to fatigue
Poor Appetite and Slow Growth	<ul style="list-style-type: none"> ○ Due to reduced intake at feedings, restricted intake, possible development of oral aversions and unmet higher nutritional needs



CEREBRAL PALSY (CP)

WHAT IS CEREBRAL PALSY?

CP is a disorder that affects a child’s ability to move and coordinate the muscles of the body because of damage to the brain. Some children develop CP before they are born, during birth, or during the first years of life. Every child with CP will have challenges that are unique to him, and the severity of these challenges can range from mild to severe. A child’s CP should not worsen over time.



It's important to know that although some children with CP are unable to speak, they often still understand what is being said and what is happening around them. Not all children with CP have cognitive (thinking/mental) delays.



Children with CP may have:

- + High or low tone in parts of the body
- + Delays in development
- + Other health issues: seizures, learning disabilities, vision and/or hearing impairments, constipation (hard, dry stool or less than three stools per week), dehydration, failure to thrive (lack of expected normal physical growth), etc.
- + Needs for alternative forms of communication (pictures, devices, etc.)

WHY ARE FEEDING CHALLENGES COMMON?

There are several reasons children with CP may have feeding challenges including:

- ① Limited movement from irregular muscle control making eating and swallowing difficult, uncomfortable and sometimes even unsafe.
- ② Poor body posture and control of the head and neck and/or body making opening and closing the mouth for eating and swallowing difficult.
- ③ Higher energy (food) requirements due to higher muscle activity can go unmet because of more calories being burned than a child can take in across the day.
- ④ Low tone makes eating harder food textures difficult and can lead to late introductions of these textures that are necessary for proper oral-motor development and expanding diet diversity.



COMMON FEEDING CHALLENGES	EXAMPLES (WHAT IT LOOKS LIKE)
Increased Incidence of Aspiration	<ul style="list-style-type: none"> ○ Delayed (slowed) swallowing of foods and liquids when in the mouth ○ Frequent coughing, choking, gagging vomiting on foods and liquids ○ Wet vocal quality during and following feeds → possible sign of aspiration ○ Frequent lung illnesses or infections
Long Feedings	<ul style="list-style-type: none"> ○ Feedings can take over 30 minutes
Oral Motor Challenges	<ul style="list-style-type: none"> ○ Difficulty using lips, cheeks, jaw and tongue for chewing and swallowing foods ○ Difficulty opening and closing the mouth for eating/drinking from spoons and cups ○ Difficulty transitioning to other foods, especially textured foods that require chewing ○ Delayed oral motor skills for eating harder textures because of late introductions to them
Physical Challenges	<ul style="list-style-type: none"> ○ Difficulty maintaining safe positioning for feedings ○ Extended head and neck positioning (forward, backward, to sides) can make feeding a child challenging and unsafe ○ High tone in the arms, hands and back can make self-feeding challenging
Sensory Sensitivities and Food Aversions	<ul style="list-style-type: none"> ○ Easily stimulated by certain food textures, and temperatures which leads to more muscle tightness (contractions) ○ Highly overwhelmed by environment and types of foods and liquids offered which leads to more muscle tightness (contractions) ○ Prefers liquids over solids ○ Prefers “easier” (softer) foods over “harder” textured foods ○ Avoids liquids, foods and even feedings knowing that they lead to fatigue or are uncomfortable (coughing, choking, etc.) ○ Avoids certain foods due to late introduction or exposure to them
Growth and Nutrition Concerns	<ul style="list-style-type: none"> ○ Malnutrition and dehydration due to reduced intake, diet diversity and higher energy needs



CLEFT LIP AND/OR PALATE (CL/P)

WHAT IS CLEFT LIP/PALATE?

Cleft lip and/or cleft palate are both birth defects of the face. A child is born with a “cleft” or split in the upper lip, nose and/or roof of the mouth (palate). A child can have a cleft lip, a cleft palate or in some cases both. Children typically require many surgeries over several years to repair a cleft.



Children with CL/P may have:

- + Difficulty making sounds and talking (speech or language delays)
- + Failure to thrive (lack of expected normal physical growth)
- + Problems with teeth development and chewing (teeth may be absent, poorly aligned or grow sideways in the mouth)
- + Frequent ear infections and possible hearing loss, if gone untreated

WHY ARE FEEDING CHALLENGES COMMON?

There are several reasons children with CL/P may have feeding challenges including:

- ① Heightened sensitivities of the face due to frequent medical procedures may lead children to react to feedings by crying, pulling away from bottles/spoons/cups or showing discomfort with touch.
- ② Discomfort with feedings (from food coming out of nose, coughing, choking, pain from mouth/face procedures, etc.) may lead to food refusals.
- ③ Difficulty sucking due to the cleft opening(s) may cause challenges with breast and bottle feeding because of the inability to create pressure while sucking.
- ④ Face and mouth (including teeth) abnormalities can make chewing certain textures of food difficult or uncomfortable.
- ⑤ Difficulty keeping foods/liquids in the mouth and appropriately chewing and swallowing them due to cleft openings in the lip and/or mouth.



COMMON FEEDING CHALLENGES	EXAMPLES (WHAT IT LOOKS LIKE)
Inefficient Feedings	<ul style="list-style-type: none"> ○ Poor latch on breast or bottle for sucking due to cleft opening ○ Falls asleep during feeds or “gives up” easily due to poor and inefficient sucking and eating skills ○ Liquids or foods flow out of nose during and after feedings ○ Regular bottles and nipples do not work well with these children
Increased Risk of Aspiration	<ul style="list-style-type: none"> ○ Frequent coughing, choking, gagging or vomiting on foods and liquids ○ Wet vocal quality during and following feeds → possible sign of aspiration ○ Liquids and foods that get stuck in nose can travel down near airway resulting in choking and/or aspiration ○ Frequent lung illnesses or infections
Long Feedings	<ul style="list-style-type: none"> ○ Feedings can take over 30 minutes
Oral Motor Challenges	<ul style="list-style-type: none"> ○ Difficulty sucking, chewing and swallowing liquids and foods ○ Difficulty transitioning to other food textures, especially those that require chewing ○ Delayed oral-motor skills for eating harder textures because of late introductions to them
Sensory Sensitivities and Food Aversions	<ul style="list-style-type: none"> ○ Prefers “easier” (softer) foods over “harder” textured foods ○ Avoids liquids, foods and even feedings knowing that they feel uncomfortable or cause pain ○ Easily overwhelmed by environments, types of foods, liquids and bottles, spoons or cups offered and touch provided to and around the face
Growth and Nutrition Concerns	<ul style="list-style-type: none"> ○ Due to reduced intake at feedings, restricted intake and possible development of oral aversions



DEAF/HARD OF HEARING

WHAT IS DEAFNESS AND HARD OF HEARING (HOH)?

Deafness is when a child cannot hear at all in one or both ears. HoH is when a child can hear certain sounds, but he may not hear all sounds in one or both

ears. A child who is HoH may have a mild, moderate or profound hearing loss. Children can be born deaf or HoH or they can lose their hearing over time.



Children who are deaf or HoH may have:

- + Delays in development, especially early learning and/or communication
- + Difficulties in school or with academics
- + Challenges expressing themselves and relating with others
- + Needs for alternative forms of communication (sign language, pictures, etc.)

WHY ARE FEEDING CHALLENGES COMMON?

There are several reasons children who are deaf or HoH may have feeding challenges including:

- ① Heightened sensory systems make eating and trying new foods an overwhelming experience.
- ② Reduced or limited auditory (hearing) input can make getting calm for feedings and learning certain elements of how to eat more challenging.
- ③ Other additional conditions or illnesses such as visual, physical or cognitive impairments can occur with hearing loss, which can further impact feeding development for a child.

COMMON FEEDING CHALLENGES	EXAMPLES (WHAT IT LOOKS LIKE)
Sensory Sensitivities	<ul style="list-style-type: none"> ○ Highly overwhelmed by environment, especially visual elements ○ Reduced ability to focus at feedings leading to reduced intake
Oral Motor Challenges	<ul style="list-style-type: none"> ○ Difficulty managing certain food textures ○ Delayed oral motor skills for eating harder textures because of late introductions to them
Challenges Associated with Other Conditions (Cerebral Palsy, Autism, Vision Impairments, Etc.)	<ul style="list-style-type: none"> ○ Heightened sensory sensitivities impacting food acceptance ○ Positioning challenges due to muscle tone (high or low)
Growth and Nutrition Concerns	<ul style="list-style-type: none"> ○ Due to reduced intake at feedings, restricted intake and possible delayed introductions of different food textures



DOWN SYNDROME

WHAT IS DOWN SYNDROME?

Down syndrome is a genetic condition a child is born with that causes developmental and intellectual delays. There are several common physical traits that all children have with Down syndrome. However, every child is a unique individual with varying degrees of these characteristics.

Children with Down syndrome may have:

- + Common features: Upward slanted eyes, small ears, protruding (larger) tongue, increased saliva, flat face profile, smaller in height and a deep crease in the center of the hand
- + Low muscle tone
- + Sleep challenges
- + Slow growth
- + Delays in development
- + Other health issues including seizures, vision, hearing, heart and lung (breathing) problems, etc.
- + Needs for alternative forms of communication (sign language, pictures, devices, etc.)



WHY ARE FEEDING CHALLENGES COMMON?

There are several reasons children with Down syndrome may have feeding challenges including:

- ① Sensitive sensory systems can make transitioning to different food textures, flavors and temperatures difficult.
- ② Low tone makes eating harder food textures difficult and can lead to late introductions of these textures that are necessary for proper oral-motor development and expanding diet diversity.
- ③ Low tone can make endurance for eating (especially harder food textures that require chewing) more challenging, leading to reduced intake at meals.
- ④ Behavioral and/or attention challenges, which may look like lack of focus or “acting out behaviors,” make sitting for eating difficult.

COMMON FEEDING CHALLENGES	EXAMPLES (WHAT IT LOOKS LIKE)
Physical Challenges	<ul style="list-style-type: none"> ○ Difficulty maintaining stable position for safe feedings and eating ○ Low tone can lead to slumping or falling over in chairs and difficulty holding head and neck upright for feedings
Inefficient Feedings	<ul style="list-style-type: none"> ○ Falls asleep frequently during feeds ○ Poor coordination of sucking, swallowing and breathing for feedings ○ Older child avoids certain foods that make her tire more easily
Long Feedings	<ul style="list-style-type: none"> ○ Feedings can take over 30 minutes
Oral Motor Challenges	<ul style="list-style-type: none"> ○ Weak suck (possible liquid leakage from mouth) ○ Difficulty managing certain food textures (especially those that require chewing) due to low tone and fatigue effect ○ Coughing or choking often on poorly chewed foods ○ Delayed oral-motor skills for eating harder textures because of late introductions to them
Motor Planning Challenges	<ul style="list-style-type: none"> ○ Difficulty with self-feeding
Sensory Sensitivities	<ul style="list-style-type: none"> ○ Avoids certain foods due to knowing some foods are harder to eat or cause fatigue ○ Strong preferences and heavy reliance on certain “easier” food textures ○ Overstuffs mouth with food to “feel” it in their mouths
Growth and Nutrition Concerns	<ul style="list-style-type: none"> ○ Due to restricted intake and possible delayed introductions of different food textures



FETAL ALCOHOL SPECTRUM DISORDERS (FASD) AND SUBSTANCE EXPOSED CHILDREN³³

WHAT IS FASD AND SUBSTANCE EXPOSURE?

FASD is a range of conditions that a child is born with when his mother drinks alcohol while she is pregnant. A child is born substance exposed when a mother uses drugs while she is pregnant. The type of drug(s), the amount used and when the drugs were used during pregnancy all determine how affected a baby will be when born.



Any amount of alcohol drunk during any time a woman is pregnant can cause a child to have FASD.



Children with FASD or substance exposure may have:

- + Common features for FASD only: small head, smooth ridge between upper lip and nose, small in height, low weight
- + Sleep challenges
- + Increased fussiness and difficulty getting calm
- + Behavior challenges (very active, difficulty paying attention)
- + Learning difficulties (poor memory and reasoning, reduced judgement and problem solving)
- + Other health issues: hearing and vision impairments, problems with kidneys, heart and/or bones
- + Very sensitive sensory systems and ongoing sensory challenges which may result in children being hypersensitive to touch, smell, flavors, sounds, etc.
- + Difficulty handling transitions between activities and caregivers and changes in routines
- + High or low tone in the body and possible tremors
- + Delays in development
- + Difficulties that impact ability to function in school, work, home and/or the community

WHY ARE FEEDING CHALLENGES COMMON?

There are several reasons children with FASD and/or substance exposure may have feeding challenges including:

- ① Extremely sensitive sensory systems and difficulty calming down or being soothed.
- ② Tone variations, physical delays and in coordination with body movements all leading to difficulties with infant feeding and eating a more diverse diet as a child grows older.
- ③ Sleep and alertness challenges such as children may appear very sleepy or have a hard time following a normal sleep schedule.

COMMON FEEDING CHALLENGES	EXAMPLES (WHAT IT LOOKS LIKE)
Fatigue and Increased Sleepiness	<ul style="list-style-type: none"> ○ Falls asleep frequently during feedings ○ Difficult to wake for feedings ○ Older child avoids certain foods that make him tire more easily
Reduced Feeding Volume or Intake	<ul style="list-style-type: none"> ○ Inability to eat entire meal ○ Takes smaller amounts of food more often during the day and night
Long Feedings	<ul style="list-style-type: none"> ○ Feedings can take over 30 minutes
Inefficient Feedings	<ul style="list-style-type: none"> ○ Difficulty with breast or bottle feedings ○ Weak suck (possible liquid leakage from mouth) ○ Increased fussiness during feedings ○ Uncoordinated sucking, swallowing and breathing for feeding
Physical Challenges	<ul style="list-style-type: none"> ○ Difficulty maintaining stable position for safe feedings and eating ○ Low tone can lead to slumping or falling over in chairs and difficulty holding head and neck upright for feedings ○ High tone can lead to overextension of body, head and neck
Sensory Sensitivities and Food Aversions Environmental Challenges	<ul style="list-style-type: none"> ○ Highly overwhelmed by environments, especially bright, loud and active “busy” spaces ○ Strong preferences for certain food textures, flavors, temperatures, etc. ○ Unable to know when he is hungry and/or full from eating or drinking ○ Overstuffs mouth with food to “feel” it better or due to distractions/inattention ○ Challenges trying new foods and liquids ○ Reduced diet diversity
Oral Motor Challenges	<ul style="list-style-type: none"> ○ Weak suck (possible liquid leakage from mouth) ○ Difficulty managing certain food textures (especially those that require chewing) due to low tone, fatigue effect and reduced focus at meals ○ Coughs or chokes often on poorly chewed foods
Slow or Delayed Growth Nutrition Concerns	<ul style="list-style-type: none"> ○ Due to reduced intake at feedings, restricted intake and possible delayed introductions of different food textures ○ Slowed or delayed growth



PREMATURITY AND LOW BIRTH WEIGHT?

WHAT IS PREMATURITY AND LOW BIRTH WEIGHT?

Prematurity is when a baby is born early (before 37 weeks gestation). It is the most common reason babies die and why they are hospitalized after birth. Babies who weigh less at birth are at higher risk of several health conditions (diabetes, obesity and high blood pressure) and infant or child death. Babies who are born early may miss all or part of the vital last trimester in their mother's belly when critical brain, lung and reflex development occurs. Often, these tiny babies are born before their swallowing reflex emerges, which can make early feeding very hard.



Low birth weight refers to a baby born weighing less than 2500 grams, 2.5kg (5 pounds 8 ounces).

Children who are born premature and/or low birth weight may have:

- + Sleep challenges
- + Delays in all areas of development because of being born early
- + Behavior challenges or learning difficulties
- + other health issues including hearing and vision problems, asthma or breathing difficulties, reflux, etc.
- + Sensitive sensory systems
- + Increased fussiness and difficulty becoming calm
- + Lengthy or frequent hospitalizations
- + Digestion issues or lack of appetite

WHY ARE FEEDING CHALLENGES COMMON?

There are several reasons children born premature and/or low birth weight may have feeding challenges including:

- ① Heightened sensory systems and difficulty calming down or being soothed.
- ② Physical body and internal system immaturity due to being born early leading to delayed or absence of necessary skills such as breathing, sucking and swallowing for feeding.
- ③ Sleep and alertness challenges making waking for feedings and staying awake for feedings difficult.
- ④ Heightened sensitivities due to frequent medical procedures may lead children to react to feedings by crying, pulling away from bottles, spoons, cups or showing discomfort with touch or even the sight of the bottle.

- ⑤ Discomfort with feedings (frequent coughing, choking, reflux/spitting up, pain from procedures, etc.) may lead to food refusals.

COMMON FEEDING CHALLENGES	EXAMPLES (WHAT IT LOOKS LIKE)
Fatigue and Increased Sleepiness	<ul style="list-style-type: none"> ○ Falls asleep frequently during feedings ○ Difficult to wake for feedings ○ Older child avoids certain foods that make him tire more easily
Reduced Feeding Volume or Intake	<ul style="list-style-type: none"> ○ Inability to eat entire meal ○ Takes smaller amounts more often during the day and night
Long Feedings	<ul style="list-style-type: none"> ○ Feedings can take over 30 minutes
Disorganized Feedings	<ul style="list-style-type: none"> ○ Difficulty with breast or bottle feedings ○ Weak suck (possible liquid leakage from mouth) ○ Increased fussiness during feedings ○ Uncoordinated sucking, swallowing and breathing for feeding ○ Gasps for air or gulps liquids ○ Higher risk of aspiration
Physical Challenges	<ul style="list-style-type: none"> ○ Difficulty maintaining stable position for safe feedings and eating ○ Low tone can lead to slumping or falling over in chairs and difficulty holding head and neck upright for feedings ○ High tone can lead to overextension of body, head and neck
Oral Motor Challenges	<ul style="list-style-type: none"> ○ Weak suck (possible liquid leakage from mouth) ○ Difficulty managing certain food textures (especially those that require chewing) due to tone issues or fatigue effect ○ Coughs or chokes more often on poorly chewed foods
Sensory Sensitivities and Food Aversions	<ul style="list-style-type: none"> ○ Highly overwhelmed by environments, especially bright, loud and active “busy” spaces ○ Strong preferences for certain food textures, flavors, temperatures, etc. ○ Unable to know when he is hungry and/or full from eating or drinking
Growth and Nutrition Concerns	<ul style="list-style-type: none"> ○ Due to reduced intake at feedings, restricted intake, possible development of oral aversions and digestion issues due to an immature system

VISION IMPAIRMENTS

WHAT ARE VISION IMPAIRMENTS?

Vision impairments are when a child cannot see at all in one or both eyes or she has some degree of vision, but there is an impairment (cortical visual impairment, astigmatism, etc.). Children can be born with a vision impairment or they can lose their vision over time. Often children with visual impairments are not provided ample opportunity to explore their surroundings. This reduced stimulation impacts their learning as well as their interest in and comfort with feeding activities.

Children who have a vision impairment may have:

- + Delayed development, especially physical, early learning and communication
- + Challenges learning how to eat and self-feed because they do not have visual models
- + Difficulties with learning and academics or school
- + Challenges navigating environments
- + Needs for alternative methods for learning and communicating (braille)



WHY ARE FEEDING CHALLENGES COMMON?

There are several reasons children who have vision impairments may have feeding challenges including:

- ① heightened sensory systems make touching and eating new foods a very overwhelming experience.
- ② visual impairments make learning how to move the body more challenging which can also impact feeding development (poor head and neck strength, ability to sit upright for meals, difficulty reaching and grabbing foods, self-feeding, etc.).
- ③ other additional conditions or illnesses such as hearing, physical or cognitive impairments can occur with vision impairments, which can further impact feeding development for a child.
- ④ reduced or limiting vision can make becoming calm for feedings, feeling safe to touch and taste foods and learning certain elements of how to eat more challenging.

COMMON FEEDING CHALLENGES	EXAMPLES (WHAT IT LOOKS LIKE)
Sensory Sensitivities and Food Aversions	<ul style="list-style-type: none"> ○ Highly overwhelmed by environment, especially tactile information (touch and feel) ○ Strong preferences for certain food textures, flavors and temperatures ○ Strong preference for certain bottles, cups, bowls, plates, feeders, etc. ○ Need increased time to touch foods using hands (or feet) first before becoming comfortable tasting ○ Frequently avoiding or refusing being fed by caregivers ○ Slow transitions when advancing diet
Oral Motor Challenges	<ul style="list-style-type: none"> ○ Difficulty managing certain food textures ○ Delayed oral-motor skills for eating harder textures because of late introductions to them
Physical Challenges	<ul style="list-style-type: none"> ○ Difficulty maintaining safe positioning for feedings ○ Difficulty with self-feeding due to sensory sensitivities (tactile defensiveness) and difficulties locating foods
Challenges Associated with Other Conditions (CP, Autism, Hearing Loss, Etc.)	<ul style="list-style-type: none"> ○ Heightened sensory sensitivities impacting food and feeding acceptance ○ Positioning challenges due to muscle tone (high or low)
Growth and Nutrition Concerns	<ul style="list-style-type: none"> ○ Due to reduced intake at feedings, restricted intake and possible delayed introductions of different food textures



SECTION 6.3: BEYOND THE MEAL: TIPS FOR SUPPORTING THE CHILD WITH A DISABILITY OR MEDICAL NEEDS

Condition or not, every single child deserves the same opportunity to grow and develop to their fullest. Despite a child's challenges, it is essential that caregivers understand each child's strengths, capacities and needs. Furthermore, it is vital that all areas of development are supported — not just feedings and mealtimes. By incorporating simple supports for a child during everyday activities and routines, caregivers can support a child's development in an efficient way that requires very little extra time.



For more specific information on activities to support each area of developmental for children with disabilities or medical needs and of varying ages, refer to Chapters 2, 3, 4 and 5.





TIPS FOR SUPPORTING THE CHILD WITH A DISABILITY OR MEDICAL NEEDS

TIP 1:

Healthy relationships aid brain growth. Even though a child may have a disability or medical needs, they still need positive relationships to grow strong and healthy. Positive interactions between children and caregivers support the growth and development of a child's brain, body and mind. Strong brains and bodies grow from quality time with caregivers. Children with disabilities or medical needs who are nurtured by caregivers through daily (frequent) positive interactions are actually healthier and more well-nourished (body and mind). This is important since these children often have difficulties eating and thriving.

TIP 2:

Have high expectations. Children with disabilities or medical needs can do a lot more than we might expect. Yet, it's hard to grow and learn when you aren't given the chance. Caregivers must give these children lots of opportunities to play, interact, learn and try new things.

TIP 3:

Find their strengths. Every child with a disability or medical needs has her own special strengths. It's important for caregivers to identify these and use them to help a child continue to develop.

TIP 4:

Consider the individuality of each child. Every child with a disability or medical needs is different. Despite having a similar condition, they do not always have similar abilities and needs. The care we provide for each child must be individualized.

TIP 5:

Children learn best in the context of positive relationships. Offering positive interactions with a child with a disability or medical needs during mealtimes (and beyond) is the best way to support their development.





KEY POINTS FOR THE CHILD WITH A DISABILITY OR MEDICAL NEEDS

Children with disabilities or medical needs are children who have unique differences and may require extra care and patience from their caregivers. Feedings can be especially challenging for these children. It is valuable for caregivers to understand and anticipate which children may have higher needs, what those needs may be and how to best support them.

IMPORTANT POINTS TO REMEMBER:

- ① Have high expectations. Children with disabilities or medical needs can do a lot more than we might expect. Yet, it's hard to grow and learn when they aren't given the chance. Caregivers must give these children lots of opportunities to play, interact, learn and try new things, including mealtime experiences such as new foods and self-feeding.
- ② Children with disabilities or medical needs who are nurtured by caregivers through daily (frequent) positive interactions are actually healthier and more well-nourished (body and mind). This is important since these children often have difficulties eating and thriving.



For more specific information on how to specifically support feeding for children with feeding challenges, refer to Chapter 7 and the Appendix.