

PART 2:

FEEDING ACROSS THE AGES: INFORMATION FOR SUPPORTING FEEDING DEVELOPMENT AND FINDING SOLUTIONS FOR FEEDING CHALLENGES

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PART 2 | CHAPTER 2

THE FIRST YEAR OF LIFE: 0-12 MONTHS OLD

Section 2.1: Important Developmental Milestones for Feeding: 0-12 Months Old

Section 2.2: Basic Feeding Guidelines for the Child 0-12 Months Old

Section 2.3: Feeding Positioning for the Child 0-12 Months Old

Section 2.4: Beyond the Meal: Tips for Supporting the Child 0-12 Months Old



SECTION 2.1: IMPORTANT DEVELOPMENTAL MILESTONES FOR FEEDING: 0-12 MONTHS OF AGE






THE IMPORTANCE OF DEVELOPMENTAL MILESTONES

During the first year of life, babies make many advancements in their development. At times, it can feel like a baby is changing every single day. Skills that babies acquire must be viewed holistically. All areas of development are connected and influenced by one another. When caring for babies 0-12 months old who may need extra help with feeding, it is critical to consider all areas of development to know how best to provide support.



For more information about each developmental domain, refer to the Introduction.

EXAMPLE OF A HOLISTIC VIEW OF FEEDING (0-12 MONTHS OLD):

DEVELOPMENTAL AREA	DEVELOPMENTAL MILESTONES (SKILLS)
 Adaptive	Baby receives good sleep mixed with periods of being awake and alert.
 Motor Communication Cognitive	Baby brings her hands to her mouth to indicate she is hungry.
 Social-Emotional Communication Vision	Baby expresses excitement when she sees the bottle.
 Social-Emotional Communication Hearing	Baby becomes calm before the feeding when spoken to by her caregiver.
 Adaptive Motor	Baby comfortably and safely sucks from the bottle.

Feeding is a complex process and all areas of development are involved. Even when just one area is not working well, it can create challenges for a baby and her caregivers. Therefore, it is critical to look at babies broadly to understand their full range of capacities and needs.

By understanding these basic milestones of development (also known as skills) and how they work together, caregivers can more easily identify when development is going well and when there may be a problem.



The earlier challenges can be identified, the sooner support can be provided resulting in happier and healthier babies.



Remember: Development is a process and there is a large range of times when babies and children gain skills. The timeframes and skills shared in this manual are provided as a reference guide. We have chosen to include the most prominent skills across each developmental area and how they relate to feeding. Caregivers who work with children of all ages should become familiar with these milestones to best meet the needs of the children they serve.

Two babies enjoy each other's company during floor time play.



COMMON DEVELOPMENTAL SKILLS^{23,24,25,26}:

BABIES 0-3 MONTHS OLD:

<p>Adaptive:</p> 	<ul style="list-style-type: none"> ⇒ Moves head toward bottle and/or breast when offered ⇒ Sucks and swallows well when feeding – seldom coughs or chokes and feedings take no more than 30 minutes at a time ⇒ Drinks 60 to 180 ml (2 to 6 fl. oz.) of liquid each feeding around six plus times per day ⇒ Sleeps for two to four hour stretches
<p>Communication:</p> 	<ul style="list-style-type: none"> ⇒ Turns head toward voices and sounds ⇒ Makes different cries for different needs such as hungry, uncomfortable, pain, tired, etc. ⇒ Makes different noises other than crying such as cooing or gurgling ⇒ Shows interest in looking at faces
<p>Fine and Gross Motor:</p> 	<ul style="list-style-type: none"> ⇒ Lifts and holds head up while lying on stomach ⇒ Brings hands to mouth ⇒ Attempts to reach for or grab toys and other objects held above chest ⇒ Stretches and kicks when on back
<p>Cognitive:</p> 	<ul style="list-style-type: none"> ⇒ Notices and explores own hands ⇒ Mouths toys or objects ⇒ Looks back and forth between faces and objects ⇒ Watches faces or objects move slowly in front of face
<p>Social-Emotional:</p> 	<ul style="list-style-type: none"> ⇒ Gazes at others ⇒ Recognizes familiar voices, faces and objects ⇒ Smiles and makes sounds with others ⇒ Becomes calm with touching, rocking, bouncing, patting, gentle sounds or when comforted/spoken to
<p>Vision:</p> 	<ul style="list-style-type: none"> ⇒ Moves eyes to watch objects and faces while lying on back ⇒ Stares at objects or faces if held 20 to 25 cm (8 to 10 inches) away ⇒ Looks at faces of others with great interest ⇒ Looks at hands
<p>Hearing:</p> 	<ul style="list-style-type: none"> ⇒ Responds to voices and sounds in environment ⇒ Reacts to loud sounds by becoming startled or moving body ⇒ Turns head toward voices and sounds ⇒ Vocalizes when spoken to by others

COMMON DEVELOPMENTAL SKILLS^{23,24,25,26}:

BABIES 3-6 MONTHS OLD:

<p>Adaptive:</p> 	<ul style="list-style-type: none"> ⇒ Sucks on finger(s) or hands ⇒ Shows interest in solid foods (around 5 to 6 months old) ⇒ Drinks 180 to 240 ml (6 to 8 fl. oz.) of liquid at each feeding, four to six times per day ⇒ Sleep for four to 10 or more hour stretches at night
<p>Communication:</p> 	<ul style="list-style-type: none"> ⇒ Listens and responds when spoken to by others ⇒ Repeats simple sounds and facial expressions ⇒ Begins to babble using a greater variety of sounds ⇒ Expresses pleasure and displeasure using different kinds of sounds
<p>Fine and Gross Motor</p> 	<ul style="list-style-type: none"> ⇒ Rolls from back to stomach and from stomach to back ⇒ Reaches both hands to play with feet while lying on back ⇒ Uses both hands to explore objects and reach ⇒ Sits for at least five seconds with support from a caregiver
<p>Cognitive:</p> 	<ul style="list-style-type: none"> ⇒ Explores objects in a variety of ways ⇒ Repeats movements with arms and legs to cause actions to happen again (cause and effect) ⇒ Follows a disappearing object ⇒ Drops objects on purpose
<p>Social-Emotional:</p> 	<ul style="list-style-type: none"> ⇒ Smiles and laughs and seeks comfort from others ⇒ Calms with rocking, touching, bouncing, patting, and gentle sounds ⇒ Pays attention to their name when it's called
<p>Vision:</p> 	<ul style="list-style-type: none"> ⇒ Reaches for objects and may bat at them with hands ⇒ Recognizes familiar faces and objects such as his bottle ⇒ Turns head to see an object or face ⇒ Picks up an object that is dropped
<p>Hearing:</p> 	<ul style="list-style-type: none"> ⇒ Repeats familiar sounds ⇒ Makes more sounds and uses a wider variety of sounds such as “baba,” “mama,” etc. ⇒ Uses a greater variety of high, low, soft and loud sounds ⇒ Reacts calmly and without great upset to everyday sounds

COMMON DEVELOPMENTAL SKILLS^{23,24,25,26}:

BABIES 6-12 MONTHS OLD:

<p>Adaptive:</p> 	<ul style="list-style-type: none"> ⇒ Takes foods from a spoon and tries to feed self finger foods ⇒ Holds or supports bottle when drinking ⇒ Drinks from an open cup with support ⇒ Cooperates in dressing/undressing activities
<p>Communication:</p> 	<ul style="list-style-type: none"> ⇒ Responds with gestures to certain words (“up,” “bye”) ⇒ Follows simple directions (“Give me ___”) ⇒ Makes several more sounds ⇒ May say one to two words meaningfully
<p>Fine and Gross Motor:</p> 	<ul style="list-style-type: none"> ⇒ Picks up small item using thumb and finger ⇒ Pokes using a finger ⇒ Stands alone while holding onto something for support ⇒ Walks three or more steps with support
<p>Cognitive:</p> 	<ul style="list-style-type: none"> ⇒ Repeats familiar movements such as clapping, waving, banging objects, etc. ⇒ Moves to get objects ⇒ Looks at pictures in books or magazines ⇒ Realizes objects and people exist even when they cannot be seen
<p>Social-Emotional:</p> 	<ul style="list-style-type: none"> ⇒ Reaches for familiar adults ⇒ Shows affection for familiar adults ⇒ Repeats facial expressions, actions and sounds of others ⇒ Shows preferences for certain activities, objects, places and people
<p>Vision:</p> 	<ul style="list-style-type: none"> ⇒ Shows preferences for certain colors ⇒ Reaches for objects and grasps with greater accuracy ⇒ Locates small objects ⇒ Watches objects that are moving quickly
<p>Hearing:</p> 	<ul style="list-style-type: none"> ⇒ Listens when spoken to ⇒ Understands words for familiar items (e.g., bottle, bath) ⇒ Repeats the sounds of others more often ⇒ Makes more sounds, sound combinations and may even say one to two words meaningfully



SECTION 2.2: BASIC FEEDING GUIDELINES FOR THE CHILD 0-12 MONTHS OLD

TYPICAL FEEDING DEVELOPMENT

A child's feeding skills are directly related to her entire body's movement and overall development. The "hips and the lips" are connected. How a child sits upright, reaches for food, expresses hunger with sounds and recognizes her bottle — are all examples of how the entire body is connected during a mealtime. Therefore, if there is a problem in even one area of development, there is a chance feeding development may be affected.

When feeding development is going well, a typical progression of skills for a baby 0-12 months old can look similar to this:

AGE IN MONTHS	TYPICAL FEEDING SKILLS AND DEVELOPMENT
0 – 3 Months	<ul style="list-style-type: none"> ○ Sucking and swallowing when born ○ Rooting reflex present to help baby find liquids ○ Requires total support of caregiver for positioning during feedings ○ Feedings every two to four hours ○ 30 to 120 ml (1 to 4 fl. oz.) of liquid taken per feeding ○ Breast milk or formula only provided via breast and/or bottle
3 – 6 Months	<ul style="list-style-type: none"> ○ Improved head and neck control ○ Sucking and mouthing on hands and objects ○ Held in more upright position for feedings by caregivers ○ Four to six feedings each day ○ 180 to 240 ml (6 to 8 fl. oz.) of liquid taken per feeding ○ Breast milk or formula provided and solid foods are slowly introduced
6 – 9 Months	<ul style="list-style-type: none"> ○ More active participant in feedings ○ Sitting upright with little to no support ○ Fed in upright seated position with support from chair or feeder ○ Taking more solid foods such as smooth purees, soft mashed foods, etc. ○ Learning to eat and drink from a spoon and cup ○ Taking solids and breast milk or formula via breast, bottle or cup ○ Early chewing patterns begin ○ Taking larger amounts of foods/liquids at meals, less often throughout day
9 – 12 Months	<ul style="list-style-type: none"> ○ Holding a bottle or cup during feedings and self-feeding finger foods ○ Eating foods with different textures such as chopped table foods ○ Biting down through certain foods using gums or teeth ○ Moving foods to sides of mouth using tongue ○ Showing more mature chewing patterns ○ Taking larger amounts of foods/liquids at meals, less often throughout day

During the first year of life, many changes take place in a baby’s feeding development. Babies move from being fed solely by breast or bottle, to taking a good portion of their nutrition each day from solid, whole foods. Understanding what these transitions look like and approximately when they should happen will make it easier for caregivers to guide these transitions (for example, sitting upright in a chair, introduction of solid foods, cup drinking, spoon feeding) in a timely manner.

A caregiver and newborn baby gaze and smile at each other.



For information on breastfeeding, refer to Chapter 1, Section 4.

For more information on types of bottles, cups and spoons, refer to Chapters 1 and Appendix 9G.

For a quick reference guide, refer to the Feeding Skill Timeline in Appendix 9A.

BOTTLE FEEDING

Babies 0-12 months of age receive the majority of their nutrition through liquids (i.e., breast milk, formula). Babies are first offered liquids via the breast and/or a bottle. As a baby grows stronger over the first year of life, bottle feeding will gradually be replaced with more opportunities for eating solid foods and drinking liquids using a cup.

By 12 months old, most babies transition from bottle to cup drinking. Some children older than 12 months will continue to take a bottle before naps or bedtime. However, weaning entirely from the bottle between 12-18 months old is ideal. Breastfeeding can continue for as long as a mother and child would like.



A caregiver and child gaze at one another during a bottle feeding. Feedings are one of the best times to interact with a child.



EXTENDED BOTTLE USE HAS RISKS:

Children can develop problems with their teeth such as tooth rotting, decay and malformation. When teeth and mouths hurt, children stop eating.

Children can experience difficulties learning important feeding skills such as chewing foods and drinking from cups.



TYPICAL BOTTLE-FEEDING AMOUNTS FOR THE CHILD 0-12 MONTHS OLD

AGE	NUMBER OF FEEDINGS	AMOUNT OF BREAST MILK OR FORMULA
0-3 Weeks	Eight to twelve feedings a day	30-90 ml (1 to 3 fl. oz.) every two to three hours 240-720 ml (8 to 24 fl. oz.) total
3 Weeks – 3 Months	Six to eight feedings a day	90-120 ml (3 to 4 fl. oz.) 720-960 ml (24 to 32 fl. oz.) total
3-6 Months	Four to six feedings a day	120-240 ml (4 to 8 fl. oz.) 720-960 ml (24 to 32 fl. oz.) total
6-9 Months	Six feedings a day	180-240 ml (6 to 8 fl. oz.) 960 ml (32 fl. oz.) total
9-12 Months	Three to five feedings per day	210-240 ml (7 to 8 fl. oz.) 720 ml (24 fl. oz.) total
12+ Months	Up to four times a day	120 ml (4 fl. oz.) cow/soy/milk/yogurt

A caregiver carefully bottle feeds a newborn baby. She will need smaller, more frequent feedings during her first few months of life.



WEANING FROM THE BOTTLE

The ideal time to wean a baby from the bottle is between 12-18 months old. Generally, weaning from a bottle is a gradual process that can start before 12 months old. A baby may be introduced to a cup as early as 6 months old and should have had ample opportunities to explore and use a cup before completely removing the bottle.

SIGNS A BABY IS READY FOR BOTTLE WEANING

Able to sit up right on his own

Able to eat from a spoon

Shows increased interest in solid foods

Shows increased interest in cup drinking



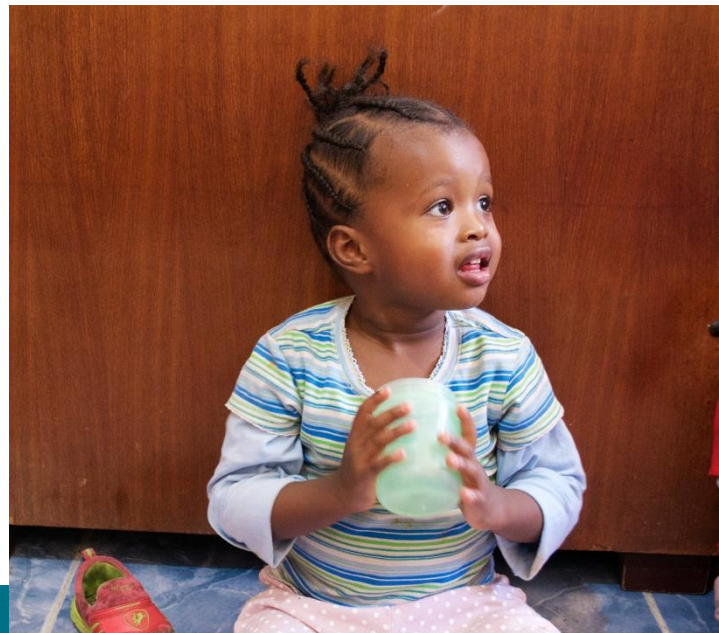
TIPS FOR WEANING A BABY OFF OF A BOTTLE²⁷:

- ① *Choose to wean a baby during a relatively stress-free time.* For example: It is not a good idea to start a wean if a baby has recently arrived at your center, recently been transferred to a new room, if he is sick or just getting over being sick, if a primary caregiver is gone or has left a facility permanently or if he has had a big change in his home (such as a new baby arriving).

- ② *Introduce lots of opportunities for cup drinking before weaning and start at an early age.* For example: Offer an empty cup to a baby to hold and play with as early as 3 to 6 months old. Help a baby hold the cup, and slowly tilt small amounts of liquids into her mouth. Cups with handles can be helpful for a baby first starting out.
- ③ *Try substituting an open cup or closed sippy cup for a bottle during one daily feeding.* Choose a feeding when the baby usually takes a smaller amount. Offer the cup at this same time each day for one to three weeks. Each week after, offer the cup at an additional feeding, slowly reducing the number of bottles the baby receives during the day.
- ④ *Consistency is key.* Consistently offer the baby the cup at the chosen feeding time each and every day.
- ⑤ *Communication is important.* Every caregiver must be aware that a baby is transitioning from the bottle to a cup.
- ⑥ *Sucking can be a helpful way for babies to become calm (and regulate) their bodies.* Because of this, some babies may take longer to wean from the bottle – beyond the ideal window of time. Offering these babies access to pacifiers for sucking or cups that look similar to a bottle may be necessary.
- ⑦ *Offer additional comforts during weaning.* Special comforts can include: A special blanket or lovey (as age-appropriate), play soothing music or sing to the baby, let the baby know how this might be hard for her (for example: “You want your bottle. It’s hard learning something new.”) and spend extra time cuddling with her.

INTRODUCING CUPS

Babies 0-12 months old receive the majority of their nutrition through liquids (i.e., breast milk, formula). As a baby grows stronger over the first year of life, breast and bottle feeding will gradually be replaced with more opportunities for cup drinking. Most babies can be introduced to a cup between 6-9 months old. This is a terrific time since babies this age are eager to learn new skills. If cup drinking opportunities are postponed for too long (for example, after the child grows to be 12 months old), it can make cup drinking and bottle weaning much more difficult. As with bottle feeding, signs that a baby is ready for cup drinking are similar:



By 12 months old, most babies have made or are in the process of transitioning from breastfeeding or bottles to cups.



Also similar to bottle feeding, is the amount of fluids offered to a baby via cup over the course of the day. When cups are initially introduced, a baby will continue to be primarily fed using a bottle. As a baby is learning how to drink from a cup, the amount of liquids they drink from it will be very small. Do not expect a baby to take the same amount of liquid from a cup that they usually take from a bottle. Slowly, as a baby becomes more comfortable and skilled, her cup drinking volumes will increase.



TIPS FOR INTRODUCING A CUP:

- ① **Offer lots of practice.** Allow lots of opportunities for exploring and playing with cups before asking a baby to drink from one. For example: Offer an empty cup to a baby to hold during a mealtime.
- ② **Small, slow, and thick.** Offer small amounts of liquid slowly. Offer thicker liquids or a smooth puree in a cup at first. Thicker liquids move slower, giving a baby more time to prepare for the liquid.
- ③ **Offer help in the beginning.** Help a baby hold the cup, and slowly tilt small amounts of liquid into his mouth. Cups with handles can be helpful for a baby first starting out.
- ④ **Offer a cup that suits the baby.** For example: A smaller size cup so that a baby can put her hand around it. Or try a closed cup with a soft spout that is similar to a bottle.
- ⑤ **Consistency is key.** Consistently offer the baby the same cup at the same time each and every day.
- ⑥ **Communication is important.** Every caregiver must be aware that a baby is transitioning to a cup and support routine cup offerings.



Cup drinking is a skill that takes practice and time. On average, babies will master cup drinking in approximately three to six months. This means that they will need extra support from caregivers during this transition.

INTRODUCING SOLIDS

Babies 0-12 months old receive the majority of their nutrition through liquids, such as breast milk or formula. At 6 months old, most babies are ready to be offered their first tastes of solid foods. As a baby grows stronger over the first year of life, a baby's consumption of liquids will slowly reduce with increased opportunities for eating solid foods. When babies eat solid foods, they are exposed to many new tastes and textures. It's an exciting time in life.

SIGNS A BABY IS READY FOR SOLID FOODS

- Able to sit up right on his own
- Able to hold head upright with good control
- Able to reach out and grab objects
- Shows increased interest in solid foods
- Opens mouth in anticipation of food on utensil

As with cup drinking, when solid foods are first introduced, a baby will take small amounts. The main source of nutrition will continue to be liquids from the bottle or breast. As a baby is learning how to eat solids and as her body becomes used to them, the amount of foods she eats will increase over time. Do not expect a baby to take large amounts of solid foods right away.



A caregiver offers solid foods to several young new eaters.

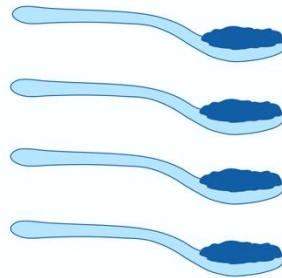


Transitioning to solid foods is a process that involves skill and takes plenty of practice and time (and it will be messy). On average, babies will master eating solid foods by around 2 to 3 years old. This means that they will need extra support from caregivers for quite a bit of time

TYPICAL SOLID FOOD AMOUNTS FOR THE CHILD 0-12 MONTHS OLD

6 MONTHS

1-2 meals per day



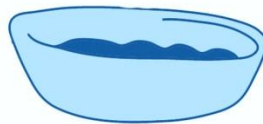
840-960 ml
milk per day (on average)



30-60 g
baby food per meal

7-9 MONTHS

2-3 meals per day



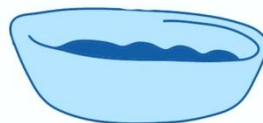
840-960 ml
milk per day (on average)



56-112 g
baby food per meal

10-12 MONTHS

3 meals per day



540-720 ml
milk per day (on average)



112-168 g
baby food per meal



TIPS FOR INTRODUCING SOLID FOODS:

- ① **Offer lots of practice.** Allow lots of opportunities for exploring foods before asking a baby to eat them. For example: Eat foods around a baby so he will see how the food looks and experience its smell. Let a baby touch an offered food with his hands before ever offering it to him to eat.
- ② **Choose to introduce foods during a relatively stress-free time.** For example, it is not a good idea to begin introducing solid foods if a baby has recently arrived at your center, recently been transferred to a new room, if she is sick or just getting over being sick, if a primary caregiver is gone or has left a facility permanently or if she has had a big change in her home such as a new baby arriving.
- ③ **Seat baby upright for all meals.** Use a chair or hold baby in your arms with good positioning.
- ④ **Slow and small.** Offer one food at a time in the beginning to see if a baby has allergic or other negative reactions to foods. Offer small amounts of food at a time in order to not overwhelm a baby.
- ⑤ **Eat together.** Eat along with a baby, known as “family style,” to teach a baby what eating is like. Babies best learn through seeing and doing.
- ⑥ **Offer a spoon that suits the baby.** For example, a smaller size spoon that fits comfortably inside her mouth. Solid foods can also be introduced on a caregiver’s clean finger.
- ⑦ **Consistency is key.** Consistently offer a baby solid food at the same times each and every day.
- ⑧ **Communication is important.** Every caregiver must be aware that a baby is transitioning to solid food.

Young babies are learning all about solid food as they take tastes off of a spoon when offered by their caregiver.





Babies are more likely to eat a food that they are able to touch and explore



KEY POINTS FOR THIS AGE

During the first year of life, babies are growing incredibly fast and each day brings opportunities for countless moments to learn. Because babies are developing so many new skills over this first year of life, caregivers play an essential role. A supportive caregiver is able to understand when a baby is ready to try something new such as solid foods. They also know when she may need extra time or support taking a bottle or drinking from a cup. For babies to become successful eaters, they must be supported by knowledgeable and attentive caregivers.

IMPORTANT POINTS TO REMEMBER:

- ① All areas of a baby's development are connected. Growth in one area leads to growth in another, including feeding skills.
- ② When feeding is going well, babies can handle new challenges such as transitioning to cup drinking and learning to eat solid foods.
- ③ Caregivers must understand what's expected for babies so that they know when to offer new experiences (for example, cup drinking, solid foods) and when a baby may need more time or support.
- ④ The first year of life is an exciting time as babies are expanding their tastes and growing their interest in eating real, whole foods.



SECTION 2.3: FEEDING POSITIONING FOR THE CHILD 0-12 MONTHS OLD

THE IMPORTANCE OF FEEDING POSITIONING

The way we position a baby during a feeding is very important. Certain positions can make feeding much easier for a baby, and some positions can make feedings more challenging and even unsafe.



Good positioning has many benefits for babies and caregivers such as:

- ✓ More timely feedings
- ✓ Increased ability to accept different textures
- ✓ Better oral intake
- ✓ Improved growth and nutrition
- ✓ Reduced occurrence of illness and death

- ✓ When positioning is good, babies and caregivers are happier, and feedings are a positive experience.

Poor positioning has many risks such as:

- ∅ Inefficient and longer feedings
- ∅ Reduced ability to accept different textures
- ∅ Inadequate oral intake
- ∅ Poor growth and nutrition
- ∅ An increased occurrence of illness and death

- ∅ When positioning is poor, feedings can be a stressful, negative experience for babies and their caregivers.



This section covers the best positions for bottle feeding babies and which positions are best suited for each baby. This section will also discuss the best positions for finger and spoon feeding for babies 6-12 months old, and who is best suited for each position⁷.

BENEFITS AND RISKS OF POSITIONING FOR FEEDING:

BENEFITS OF GOOD POSITIONING

- ↑ Efficiency of feedings
- ↑ Capacity for successfully taking different foods
- ↑ Baby's intake during feedings
- ↑ Baby's enjoyment of feedings
- ↑ Baby's interest in and capacity for feeding themselves
- ↑ Baby's overall growth and nutrition
- ↓ Occurrence of aspiration, illness, death

RISKS OF POOR POSITIONING

- ↓ Efficiency of feedings
- ↓ Capacity for successfully taking different foods
- ↓ Baby's intake during feedings
- ↓ Baby's enjoyment of feedings
- ↓ Baby's interest in and capacity for feeding themselves
- ↓ Baby's overall growth and nutrition
- ↑ Occurrence of aspiration, illness, death



A caregiver practices good positioning while feeding a young baby.



KEY POINTS WHEN CHOOSING A FEEDING POSITION FOR A BABY 0 – 12 MONTHS OLD:



Is the baby's head and neck well supported?



Is the baby's trunk (body) well supported?



Is the baby upright enough?



Is the flow of the bottle too fast or too slow for the baby?



How is gravity impacting how the baby feeds?

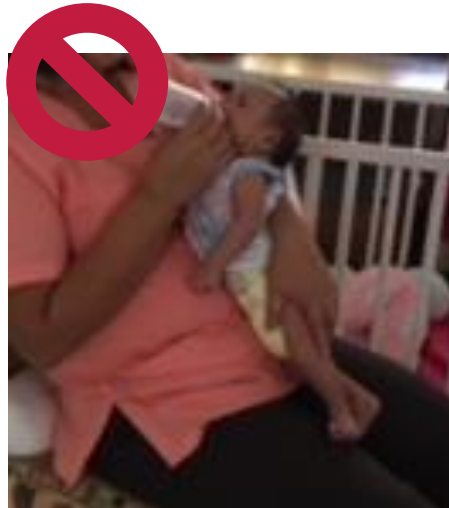


Is the feeder/caregiver comfortable in this position?

Additionally, you may need to consider other individual needs of a baby such as:

- ① *What is the size of the baby?* A larger baby may be more challenging to hold in certain positions.
- ② *How strong is the baby?* A weaker baby may need a position that offers the most support, whereas a stronger baby may need a position that requires less.
- ③ *Does the baby appear comfortable in the position?* An uncomfortable baby is a baby who will not feed well.
- ④ *Is the baby fussy?* A fussy baby is a baby who will not feed well.
- ⑤ *Is the baby coughing or choking often in this position?* A coughing or choking baby is at risk for poor nutrition, illness and unsuccessful feedings.

EXAMPLES OF GOOD AND POOR POSITIONING FOR BOTTLE FEEDING



GOOD POSITIONING

- Baby is elevated with head higher than hips
- Head and neck are well supported by caregiver's arm and chest
- Baby is tucked close to caregiver's body
- Arms and legs are tucked toward baby's body so he can touch bottle
- Hips are slightly bent
- Bottle is in a neutral position

POOR POSITIONING

- Baby's head and neck are not well supported
- Head and neck are extended too far back
- Baby's hips are not flexed
- Baby's back is arched
- Arms are unsupported without access to bottle
- Baby looks uncomfortable
- Bottle is tilted too high to accommodate baby's extended head

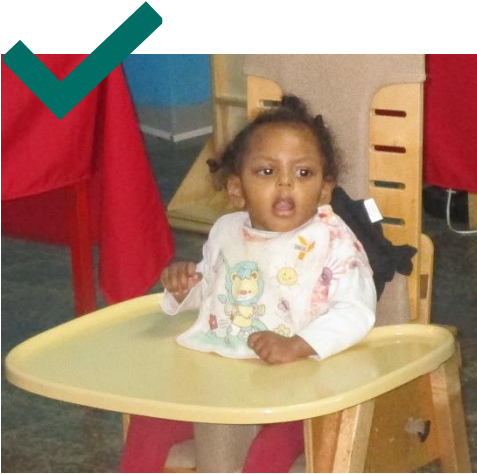
POOR POSITIONING

- Baby is lying down flat on back while feeding
- No caregiver is present
- This position is very dangerous and can cause sickness and death
- Never feed a child or let them feed themselves lying flat on their back
- Caregivers must always be present for feedings



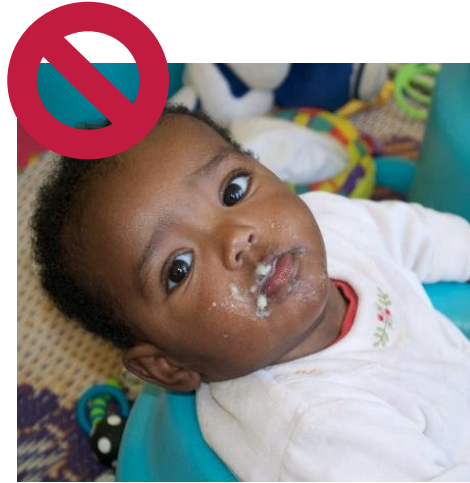
Holding babies while feeding is essential for healthy development.

EXAMPLES OF GOOD AND POOR POSITIONING FOR EARLY SPOON FEEDING



GOOD POSITIONING

- Baby is in well-supported chair and upright position
- Head, neck and trunk are well supported
- Hips are flexed
- Knees are bent at 90-degree angle
- Feet are supported with cushions
- Arms are free for touching foods and supported by tray



POOR POSITIONING

- Baby's head and neck are not well supported by chair
- Head and neck are extended too far back
- Trunk and arms are not supported well in chair, making it impossible for baby to reach and touch foods
- Chair offers poor overall support
- Baby is almost lying down flat for feeding



POOR POSITIONING

- Baby's head and neck are not well supported
- Chin is tucked too far forward
- Baby's arms and legs are unsupported and splayed away from her body
- Hips are not bent
- Body is facing outward away from her caregiver's body



Remember: Bottles should never be propped during feedings. Bottle propping (i.e., positioning a bottle in a baby's mouth so a caregiver does not need to hold the baby or the bottle during a feeding) has serious consequences such as ear infections, reflux, choking, poor intake and nutrition and impaired skills relating with others. This can be dangerous for a baby and it does not promote positive relationships between caregivers and babies. Never prop a bottle.

BEST POSITIONS FOR BOTTLE FEEDING, SPOON FEEDING AND CUP DRINKING

As babies grow and develop, the position they are fed in will most likely need to change. For example, a newborn baby who is fed a bottle in the cradle position, will eventually sit upright in a high chair for meals when he tries solid foods at 6 months old.



If the current position does not feel right to you or for the baby, it's OK to try a different position. Sometimes caregivers must try multiple positions until they find the just right fit.

Listed below are the most common positions used for feeding babies who are 0-12 months old. Many positions may fit the needs of a single baby.

CRADLE POSITION

HOW TO: Place baby's head in the fold of your arm. Support baby's body with both of your arms and your chest. Keep baby in an elevated position while feeding. Baby's head should be higher than his hips.



BEST FOR: All babies 0-12 months old; bottle feedings

ESPECIALLY GOOD FOR:

- babies 0-6 months old
- babies who need extra postural support (help getting and staying in a good, stable position) that cannot be offered or maintained by a chair
- babies who are best regulated (calmed) when held by caregivers



SIDE-LYING POSITION

HOW TO: Place baby on her side with her body and head rotated out and away from your body. Baby can be placed directly on your lap, on a pillow/cushion or along crossed legs. Gently support baby's head and body using your hands. Baby's head is positioned higher than her hips.

BEST FOR: All babies 0-12 months old; bottle feedings

ESPECIALLY GOOD FOR:

- babies 0-6 months old
- babies who leak liquids from their mouths when feeding
- babies who need a slower pace when feeding (i.e., babies born early, babies with syndromes, babies exposed to alcohol/drugs, etc.)
- babies who spit up frequently or have pain/discomfort with feedings (GER/GERD)
- babies who tire easily during feedings
- babies who have trouble focusing during feedings

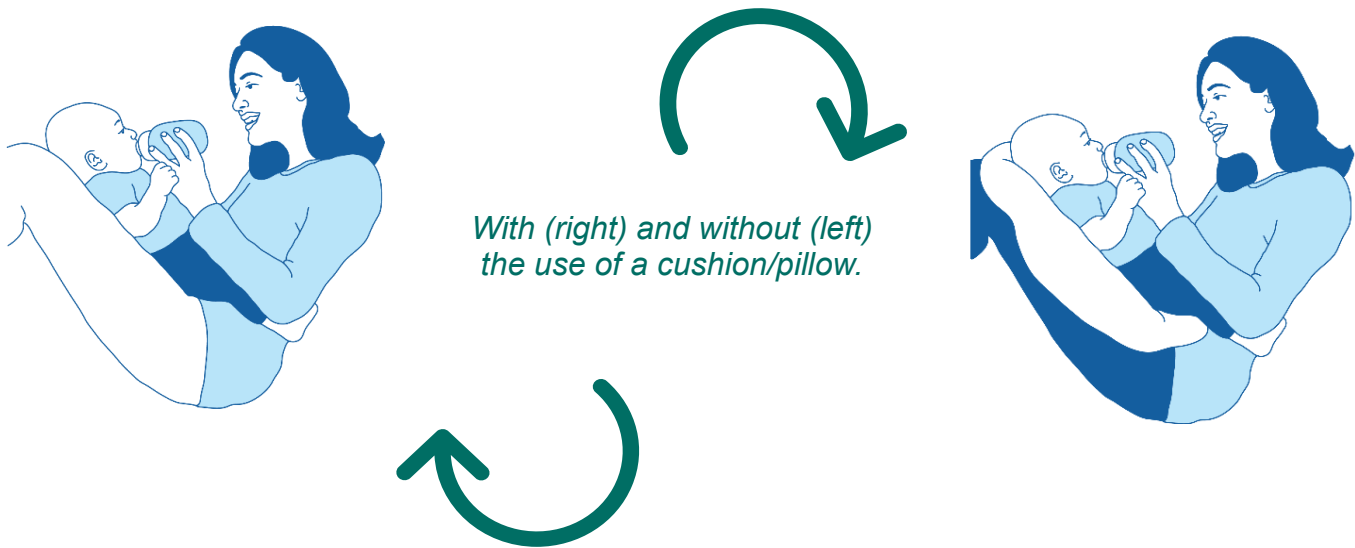
RECLINED POSITION (ON LAP OR ON PILLOWS/CUSHIONS)

HOW TO: Place baby directly on your elevated knees or on a pillow (or towel, cushion, etc.) that is placed on your elevated knees. Baby should be facing you with his head resting on your knees and/or the pillow. Rest your body against a comfortable surface such as a couch, bed or wall with pillows or padding.

BEST FOR: All babies 0-12 months old; bottle feedings

ESPECIALLY GOOD FOR:

- babies 0-6 months old
- babies who spit up frequently or have pain/discomfort with feedings (GER/GERD)
- caregivers who tire easily from holding a baby



UPRIGHT SEATED FORWARD POSITION (IN BABY SEAT/HIGH CHAIR)



HOW TO: Place baby in a well-supported position in a baby seat or high chair. Baby should be facing you in the comfort of the seat. You should be holding the bottle, cup and/or spoon and/or baby can assist with this when able. Using a tray or table with the seat or chair is helpful for encouraging a baby to explore foods and feed himself using fingers, utensils and cups.

BEST FOR: Most babies 6-12 months old; spoon feeding, finger feeding, cup drinking, bottle feedings

ESPECIALLY GOOD FOR:

- babies 6-12 months old who have good head and neck control for sitting upright with little to no support when placed in a chair or seat.

SWADDLING FOR THE BABY^{28,29}

Swaddling is a method for wrapping babies while offering them the benefits of a calming and safe position for feedings and sleep.

REASONS TO SWADDLE:

- A swaddled baby feels like they are in the comfort and security of her mother's belly.
- Swaddling offers warmth and reduces the chance that a baby will be disturbed by her own startle reflex.
- Swaddling feels like a warm hug, is soothing and helps calm babies for eating and sleeping.

HOW TO: Swaddling a baby requires a blanket, towel or cloth that is at least 101 centimeters (40 inches) by 101 centimeters (40 inches) in size. It is recommended to use blankets made of thin and stretchy material for swaddling so that it wraps easily and keeps the baby from getting too hot. There are several ways to swaddle a baby. Find the method that works best for you and for your baby.

BEST FOR: Most babies 0-4 months old; bottle feedings



A caregiver holds a beautifully swaddled newborn baby.

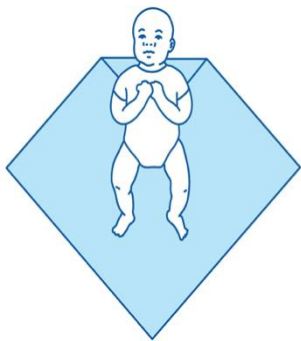
ESPECIALLY GOOD FOR:

- babies 0-4 months old
- babies who become overwhelmed during feeding (for example, babies born early, babies with syndromes, babies exposed to alcohol/drugs, etc.)
- babies who have trouble focusing during feedings
- babies who are difficult to calm
- babies who often wake or startle themselves with their own movements

THINGS TO REMEMBER:

- Swaddling is only meant to be used with a baby during the first few months of life (0-4 months).
- Leave ample room for a baby’s feet when swaddling to avoid hip injuries and overheating.
- As babies get older, they may do best when swaddled with one arm out.
- If baby is starting to roll onto his tummy, swaddling should be stopped to keep baby safe.
- If baby is breaking free from a swaddle (leading to lose blankets in a crib), swaddling should be stopped or a safer blanket should be used to keep baby safe.
- Some babies do not enjoy being swaddled and alternatives must be found.
- Babies should not be swaddled all day and night – they need time to move their bodies freely so they can grow strong and healthy.
- Swaddling often works well for helping babies become calm enough for sleep.

STEPS FOR SWADDLING A BABY



STEP 1



STEP 2



STEP 3



STEP 4

STEP 1: Lay a blanket on a flat surface in a diamond shape with two corners facing north and south (top and bottom). Fold down the top corner of the blanket about 10 to 16 cm (4 to 6 inches). Place baby on his back on the blanket with his neck on the fold you just made. Gently wrap one side of the blanket across his body. Snugly tuck under his back. Keep his hips loose (slightly bent “frog legs”) and avoid pulling or straightening his legs, which can lead to hip injuries.

STEP 2: Wrap the bottom corner of the blanket up toward the baby’s chest and unwrapped shoulder.

STEP 3: Wrap the other side of the blanket around him.

STEP 4: Tuck the corner into the front pocket you’ve made.



FEEDING POSITIONING CHECKLISTS FOR THE 0-12 MONTHS OLD

Follow these positioning guidelines when feeding babies 0-6 months and 6-12 months old to decrease the risk of aspiration, illness and to increase safety and comfort during feedings.

0-6 MONTH FEEDING POSITIONING CHECKLIST

AT 0-6 MONTHS A BABY'S:

head is centered and in midline position

body is swaddled (0-4 months)

chin is slightly tucked forward

shoulders are naturally rounded

body is supported firmly by a caregiver's body, arms and chest

hips should be lower than the head

6-12 MONTH FEEDING POSITIONING CHECKLIST

AT 6-12 MONTHS A BABY'S:

- hips should be positioned at 90 degrees and lower than the head

- body (trunk) should be upright and well supported by caregiver's body or chair - not leaning forward, backward or to either side

- shoulders should be level and facing forward

- head is centered and in midline, neutral position with chin slightly tucked

- knees should be at a 90-degree angle

- feet flat on floor, foot rests or against caregiver's body



KEY POINTS FOR THIS AGE

Feeding a baby can be much more complex than simply getting a bottle and giving it to a baby. Good positioning can make feedings safe, enjoyable and support development, whereas poor positioning can lead to many challenges for babies and caregivers. Caregivers must be skilled in understanding the essential aspects of correct positioning for feedings so that babies are fed efficiently, safely and comfortably.

IMPORTANT POINTS TO REMEMBER:

- ① Feeding positioning can positively or negatively impact a baby's feeding skills.
- ② The way we position a baby for feedings is very important. The correct level of support a baby is given will increase her success during feedings.
- ③ Caregivers must always consider the key aspects of positioning and a baby's individual strengths and needs in order to choose the best position for feeding.



SECTION 2.4: BEYOND THE MEAL: TIPS FOR SUPPORTING THE CHILD 0-12 MONTHS OLD

The first few months of life are an important time for a baby. Babies are learning so much about themselves and the world around them through their everyday experiences and relationships with their caregivers. In this section, we will share simple ideas to encourage healthy development across all areas of a baby's first year of life – beyond the feedings.

By incorporating these supports for a baby during everyday activities and routines, caregivers can support a baby's development in an efficient way that requires very little extra time. Try adding them into mealtimes, dressing/undressing routines, during diaper changes, bath time, when offering comfort and when providing care for multiple babies at a time (for example, while changing one baby, another baby is enjoying time on the floor near her caregiver).



MOTOR MOVEMENTS

Supporting a baby's motor development is something that can easily be done each and every day. When a baby is able to move her body and explore the world, she is growing both her body and brain. Additionally, supporting a baby's movement directly supports feedings. Strong babies with good motor skills typically have fewer issues with feedings, and issues are able to be resolved more quickly.

MOTOR (PHYSICAL) ACTIVITIES

DESCRIPTION (WHAT IT LOOKS LIKE)

Tummy Time Modified Tummy Time

- ⇒ Place baby on her tummy on the floor, on a blanket or on a bed (supervised).
- ⇒ Offer baby your face, a toy or a mirror to look at during tummy time to make it more enjoyable.
- ⇒ Roll up a small blanket, towel or cloth and put it under her chest for extra support while she is on her tummy.
- ⇒ Offer *modified tummy time* for the baby who is having trouble being on his tummy. Place baby on your chest or on a squishy, soft ball. Baby is still practicing tummy time, but he is not working as hard.
- ⇒ Small amounts of tummy time practice throughout the day is ideal.

Playtime on Floor	<ul style="list-style-type: none"> ⇒ Encourage daily play on the floor to increase baby's independence in movement. ⇒ Place toys around her when she is laying or sitting on the floor to encourage movement in different directions. ⇒ Encourage baby to have ample and equal time on her back, sides and tummy so she can learn to use all of these important muscles.
Sitting and Standing Play	<ul style="list-style-type: none"> ⇒ Help baby practice sitting upright on the floor and standing upright by offering frequent opportunities for practice. ⇒ Offer different items for him to reach for and offer them from different locations (in front of him, to his left/right sides, slightly elevated in front of him). ⇒ Spend time interacting with him while he is practicing his sitting. ⇒ Having baby sit near you using your body as support is a great way to build his strength. ⇒ Sitting for mealtimes and reaching for food is great practice during the day. ⇒ Stand at a table or couch or chair with her holding on. ⇒ Hold baby upright in a standing position for short bursts while interacting together. ⇒ Hold her hands while in a standing position and help her move forward.
Reaching, Grasping and Letting Go	<ul style="list-style-type: none"> ⇒ Place objects near enough for baby to reach and touch with his hands. ⇒ Try gently tapping baby's hands with an object to encourage reaching and grasping. ⇒ Once baby is grasping objects and letting them drop, encourage him to pick them back up for more practice. ⇒ Objects that hang from "jungle gyms" are great for encouraging reaching and grasping. ⇒ Reaching and grasping finger foods is a perfect time for this type of work.
Finger and Hand Play	<ul style="list-style-type: none"> ⇒ Encourage finger and hand movements using different objects and toys. ⇒ Place small toys into a container, box or bag and let baby move the toys in/out of the container. ⇒ Play with toys that have holes to help her learn how to poke and point with her fingers. ⇒ Play with toys that make loud noises (for example, blocks, pots, pans, instruments, etc.) and encourage banging them together. ⇒ Begin offering finger foods to help baby with using her finger and thumb to pick up items.

This young child is getting strong and having fun by practicing tummy time during playtime on the floor.



PLAY AND LEARNING

Supporting a baby's early play and learning is something that can easily be done each and every day. In fact, the main way babies learn is through play. Therefore, when a baby is able to play, explore objects, interact with others and discover its environment, the baby is growing a strong brain.

DESCRIPTION (WHAT IT LOOKS LIKE)

<p>Watching and Looking</p>	<ul style="list-style-type: none"> ⇒ Place baby under a mobile, jungle gym (or similar items with dangling objects) so she can gaze at different sights. ⇒ Try holding objects in front of baby (about 30 cm [12 inches] from her face), and moving them side to side for baby to follow. ⇒ Move your face from side to side for baby to follow during playtime on the floor or during activities such as diaper changes. ⇒ Hide an object under a cloth and then let baby have fun finding it.
<p>Talking, Singing and Reading</p>	<ul style="list-style-type: none"> ⇒ When together, talk about what you are doing, what baby is doing and what is happening around you and baby. ⇒ Sing songs and share poems or rhymes. ⇒ Read or tell stories. ⇒ Cut out large pictures from magazines or look at bright colored books together. ⇒ Label objects and people you see, and describe what's happening in a picture, a room or outside. ⇒ Name body parts as you dress and undress a baby.
<p>Playtime on Floor</p>	<ul style="list-style-type: none"> ⇒ Play with baby where she is at – on her level – which is most often on the floor. ⇒ Make silly faces and sounds with baby, shake a rattle, look at each other in a mirror during tummy time and play peek-a-boo or patty cake games. ⇒ Babies enjoy playing with bells, balls, rattles, dangling toys, large blocks, tin cups, spoons, pots, pans, teethingers, books with pictures, mirrors, toy cars, stacking cups, squeaky toys, etc.



This young boy is learning so much during playtime on the floor with blocks. He's also practicing sitting up all by himself.



COMMUNICATION AND RELATIONSHIPS

Supporting a baby's early communication and relationships is something that can easily be done each and every day. Positive relationships are the primary way to build strong children and supporting a baby's earliest forms of communication is a wonderful way to nurture relationships between caregivers and babies. When caregivers are deeply connected to babies, babies feel safe, secure and ready to learn and grow.

COMMUNICATION AND RELATIONSHIPS ACTIVITIES	DESCRIPTION (WHAT IT LOOKS LIKE)
Playtime on Floor	<ul style="list-style-type: none"> ⇒ When together, talk, tell stories, read and sing or hum to baby. ⇒ Make silly faces and sounds together. ⇒ Share special rhymes or poems, look at pictures and play simple games such as peek-a-boo. ⇒ Repeat baby's sounds and encourage talking between the two of you.
Calming and Soothing	<ul style="list-style-type: none"> ⇒ During moments of upset, use the same movements and sounds repeatedly to soothe baby such as rocking, swaying, bouncing, patting, massaging, singing, shushing, etc.
Connecting	<ul style="list-style-type: none"> ⇒ Connect with baby in different ways. Repeat the sounds that baby makes or her faces, such as smiling and sticking her tongue out. ⇒ Take time to gaze at baby during activities such as diaper changes, feedings and bathing. ⇒ Use touch to connect with baby, such as snuggles, hugs, massage, wearing, holding and carrying, etc.
Consistently Care	<ul style="list-style-type: none"> ⇒ When baby expresses upset (for example, hungry, dirty diaper, sick, pain, wanting attention), respond to him consistently and in a timely manner with soothing words and/or touch and physical comfort.

These young children are getting lots of necessary practice moving their bodies while exploring their surroundings with a caring adult and their friends.



KEY POINTS FOR THIS AGE

Being a supportive caregiver means supporting babies not just during mealtimes, but also during all other moments throughout the day. Every activity and routine throughout the baby's day is an opportunity to enhance a baby's life. Use convenient objects from your environment, and offer short, frequent moments throughout the day for activities. Since development is interconnected, often times multiple areas can be supported simultaneously through the incorporation of one simple activity.

IMPORTANT POINTS TO REMEMBER:

- ① All areas of a baby's development are connected. Support in one area can positively impact another area.
- ② Supporting the whole child will also support feeding development.
- ③ Babies will reap the benefits when caregivers find small moments throughout the day to incorporate activities that support total development.



PART 2 | CHAPTER 3

THE GROWING CHILD: 12-24 MONTHS OLD

Section 3.1: Important Developmental Milestones for Feeding: 12-24 Months Old

Section 3.2: Basic Feeding Guidelines for the Child 12-24 Months Old

Section 3.3: Feeding Positioning for the Child 12-24 Months Old

Section 3.4: Beyond the Meal: Tips for Supporting the Child 12-24 Months Old



SECTION 3.1: IMPORTANT DEVELOPMENTAL MILESTONES FOR FEEDING: 12-24 MONTHS OLD

THE IMPORTANCE OF DEVELOPMENTAL MILESTONES






During the second year of life, children make many advances in their development.

Physically, the toddler moves their body more often in a greater variety of ways. Socially and emotionally they are learning how to express their wants, needs and feelings using words as well as feeling a deep connection with special caregivers. All these advances lead a toddler to explore the world using all these new skills. Each area of development is linked and influence each other. It is important to view the toddler’s development in a holistic way. When working to support children 12-14 months of age who need extra help with feeding, it is critical to consider all areas of development.



For more information about each developmental domain, refer to the Introduction.

EXAMPLE OF A HOLISTIC VIEW OF FEEDING (12-24 MONTHS OLD):

DEVELOPMENTAL AREA	DEVELOPMENTAL MILESTONES (SKILLS)
 Adaptive	Child receives good rest at night and daily naps.
 Motor Communication Cognitive	Child reaches for food when hungry or says “water” when thirsty.
 Social-Emotional Communication Vision	Child shouts with joy when she sees her caregiver bringing food.
 Social-Emotional Communication Hearing	Child smiles and speaks when fed and spoken to by her caregiver.
 Adaptive Motor Cognitive	Child sits upright in a chair and feeds herself food using her hands and a spoon.



Communication | Cognitive

Child shows understanding of simple directions given during meals (“Time to eat,” “Wash your hands,” “All done.”).

Feeding is a complex process and all areas of development are involved. Even when just one area is not working well, it can create challenges for a child and her caregivers. Therefore, it is critical to look at children broadly in all areas to understand their abilities and their needs. By understanding these basic milestones of development (also known as skills) and how they work together, caregivers can become experts at knowing when development is going well and when there may be a problem. Skills are interconnected, and there are always opportunities to support every area of development during simple, everyday activities such as mealtimes.



The earlier challenges can be identified, the sooner support can be provided, resulting in happier and healthier children and caregivers.



Remember: Development is a process. There is a large range of typical times when children develop these skills. Caregivers need to be familiar with common developmental milestones to best meet the needs of the children they serve.

Young children are seated around a table for a meal. Meals with friends are always better.



COMMON DEVELOPMENTAL SKILLS^{23,24,26}

CHILDREN 12-18 MONTHS OLD:

<p>Adaptive:</p> 	<ul style="list-style-type: none"> ⇒ Drinks from an open cup with less support ⇒ Drinks from a straw with support ⇒ Moves food to sides of mouth for chewing textured foods ⇒ Tries to wash own hands and face
<p>Communication:</p> 	<ul style="list-style-type: none"> ⇒ Responds to simple directions (“No,” “Give me ____,” “Put it on the table”) ⇒ Identifies familiar objects and people ⇒ Uses gestures to express self (waving, reaching, pointing, pushing away, shaking head for “yes” and “no”) ⇒ Repeats words and uses more single words to express self
<p>Fine and Gross Motor:</p> 	<ul style="list-style-type: none"> ⇒ Uses utensils to feed self with greater ease ⇒ Places objects in containers ⇒ Moves from hands and knees to standing without support ⇒ Takes steps without support
<p>Cognitive:</p> 	<ul style="list-style-type: none"> ⇒ Points to gain attention of others and to request items ⇒ Enjoys pretend play (for example, feeding dolls and animals) ⇒ Combines related objects (for example, putting spoon in a bowl) ⇒ Knows everyday uses (for example, stirs or eats off of spoon, brushes teeth with a toothbrush, sweeps with a broom)
<p>Social-Emotional:</p> 	<ul style="list-style-type: none"> ⇒ Attempts to comfort others who are upset or in distress ⇒ Wants to do many things without help from others ⇒ Looks to caregivers for reassurance when faced with something new ⇒ Separates from a caregiver in a familiar setting without getting upset
<p>Vision:</p> 	<ul style="list-style-type: none"> ⇒ Points to, looks at or pats pictures in books or displayed photos ⇒ Recognizes own face in reflection ⇒ Judges distances with greater accuracy ⇒ Matches similar looking objects
<p>Hearing:</p> 	<ul style="list-style-type: none"> ⇒ Understands the meanings of more words ⇒ Responds to simple directions and their name ⇒ Repeats familiar sounds and words more often ⇒ Makes more sounds and learns to say more words

COMMON DEVELOPMENTAL SKILLS^{23,24,26}

CHILDREN 18-24 MONTHS OLD:

<p>Adaptive:</p> 	<ul style="list-style-type: none"> ⇒ Drinks from a cup and from a straw without support ⇒ Feeds self using fingers and utensils without support ⇒ Tries to scoop, fill and pour both foods and liquids ⇒ Eats most adult table foods
<p>Communication:</p> 	<ul style="list-style-type: none"> ⇒ Responds to more complex directions (“Get your spoon and give it to me.”) ⇒ Points to objects, pictures and people when named by others ⇒ Has at least 50 to 200 words they can say all on their own ⇒ Puts words together to say simple phrases (“More water,” “Milk, please,” “No, my cup”)
<p>Fine and Gross Motor:</p> 	<ul style="list-style-type: none"> ⇒ Uses one hand more often than another ⇒ Uses hand to hold plate or bowl when scooping with hands or utensils ⇒ Walks longer distances with greater control and with less support ⇒ Begins walking up stairs
<p>Cognitive:</p> 	<ul style="list-style-type: none"> ⇒ Begins sorting objects by type, shape and color ⇒ Uses substitute objects to represent other objects (for example, uses stick as spoon, uses brush as phone) ⇒ Stacks several blocks without support ⇒ Tries to figure out how objects work
<p>Social-Emotional:</p> 	<ul style="list-style-type: none"> ⇒ Shows pride when doing something well ⇒ Shows strong desire to take care of own needs ⇒ Shows defiant behavior (doing what they are told not to do) ⇒ Asks for help when having trouble
<p>Vision:</p> 	<ul style="list-style-type: none"> ⇒ Finds specific items in pictures ⇒ Focuses on objects near and far ⇒ Points to simple body parts when asked ⇒ Repeats hand movements such as scribbling with a crayon and paper
<p>Hearing:</p> 	<ul style="list-style-type: none"> ⇒ Distinguishes differences in speech sounds with greater ease ⇒ Repeats words and simple phrases more often ⇒ Uses more sounds in words with greater accuracy ⇒ Responds to more complex directions with greater ease



SECTION 3.2: BASIC FEEDING GUIDELINES FOR THE CHILD 12-24 MONTHS OLD

TYPICAL FEEDING DEVELOPMENT

A child's feeding skills are directly related to her entire body's movement and overall development. The "hips and the lips" are connected. How a child moves her body from side to side and up and down, holds herself upright in a chair, picks up foods with her fingers, uses objects for feeding herself such as a cup and spoon, expresses hunger using words and simple phrases and responds to caregivers giving directions for preparing for mealtimes are all examples of how the entire body is connected during a mealtime. Therefore, if there is a problem in even one area of development, there is a chance feeding development may be disrupted.

When feeding development is going well, a typical progression of skills for a child 12-24 months old can look like this:

AGE IN MONTHS	TYPICAL FEEDING SKILLS AND DEVELOPMENT
12-18 Months	<ul style="list-style-type: none"> ○ Holding and drinking from a cup with some loss of liquid ○ Trying to drink from a straw ○ Using fingers to feed self and trying to use utensils ○ Eating foods with different textures with growing success (for example, chopped table foods) ○ Biting down through tougher foods using gums or teeth ○ Chewing in a more mature manner ○ Taking larger amounts of foods and liquids during meals
18-24 Months	<ul style="list-style-type: none"> ○ Drinking from a cup with little if any loss of liquid ○ Drinking from a straw without support ○ Using fingers and utensils to feed self with greater success ○ Eating most food textures now and with success ○ Showing mastery of most oral-motor skills by 24 months

Many changes continue during the second year of feeding development. Young babies who only eat a small amount of solid food in addition to bottle nutrition become toddlers who eat primarily solid foods and discontinue using bottles. During this time, children also move from being fed by their caregivers to taking more of an active role in learning how to feed themselves using fingers, cups and utensils. By the age of 2 (24 months), most children have the oral-motor skills necessary to handle all types of solid foods. That's a lot of change! For children to successfully make these transitions, it's essential that caregivers have a general idea of what to expect from children. It is helpful for caregivers to understand typical development in order to know the right times to assist the progression of feeding skills. These skills include advancing to different textures, open cup drinking, straw drinking and self-feeding with a spoon.

In the following sections, we will share the different ways to feed children 12-24 months old using cups, straws and utensils and when to introduce them.

An older child helps feed another younger child during mealtime. Peers can be great helpers, too.



For more information on types of cups, bowls, plates, and spoons, refer to Chapters 1 and Appendix 9G.



CUP DRINKING

Most children can be introduced to a cup between 6-9 months old. This is a terrific time to introduce cups since children at this age are eager to learn new skills. If cup drinking opportunities are postponed for too long (after 12 months), it can make the process of cup drinking and bottle weaning much more difficult. By 12-24 months old, a child should be skillful in cup drinking and be able to manage an open cup, sippy cup and straw. It is during this time that caregivers will shift their focus from introducing cups to encouraging more interest in and opportunities for successful cup drinking.



TIPS FOR ENCOURAGING USE OF A CUP:

- ① **Offer lots of practice.** Allow lots of opportunities for drinking from cups during every meal throughout each day. The more a child practices cup drinking, the better he will become at it.
- ② **Small, slow and thick.** Offer small amounts of liquid slowly. Offer thicker liquids or a smooth puree in a cup at first. Thicker liquids move slower, giving a child more time to prepare for the liquid.
- ③ **Offer help in the beginning.** Make sure the child is sitting upright, help the child hold the cup to their lips and slowly tilt a small amount of liquid into the mouth.
- ④ **Offer a cup that fits the child.** Typically cups that are light weight and smaller tend to fit the smaller size and needs of a child. A smaller cup can be easier child to hold with both of their hands. it can also be helpful to use cups with one or two handles on the sides. A closed lid cup with a soft spout can be part of a transition to support a child reluctant to switch to cup drinking.
- ⑤ **Consistency is key.** Consistently offer the child the same cup at the same time each and every day.
- ⑥ **Communication is important.** Every caregiver must be aware that a child is transitioning to a cup and support routine cup offerings.
- ⑦ **Drink from cups together.** Children like doing what others are doing. When you drink from an open cup at mealtimes and snacks, it helps children learn new skills.

TYPES OF CUPS



There are many different types of cups available to choose from for a child. Finding the right cup that fits a child's needs is an important guideline to follow. Some children will do well with any cup they are offered. However, not all cups will work well for every single child. Cups will vary in size, shape, material and design. Always choose a cup based on the child's developmental skills and individual needs.

For children 12-24 months old, opportunities to learn how to drink from an open cup are important. Although sippy cups are helpful for preventing messes, they can also limit a child's skill development.

Open cup drinking has several benefits including:

- Improving strength, control and movement of the jaw
- Improving mastery of all the muscles of the mouth
- Improving swallowing skills (strengthens swallowing development)
- Improving development of fine motor skills and coordination



ISSUES RELATED TO PROLONGED OR OVERUSE OF SIPPY CUPS:

- Limited development of jaw strength leading to difficulty chewing foods
- Reinforcement of sucking patterns leading to challenges developing more mature feeding skills such as chewing
- Inhibited swallowing development leading to unsafe feedings
- Problems with dentition and speech sound development leading to tooth rotting, decay, malformation and difficulty understanding a child's speech



STRAW DRINKING³⁰

Many children learn how to drink from a straw at a very young age — as early as or before 12 months old. Successful straw drinking is largely based on a child's experience. If a child has many opportunities to practice drinking from a straw, she can easily master this skill at a young age.

Straw drinking also has several benefits including:

- ① Improving strength, control and closure of the lips
- ② Improving sucking skills
- ③ Improving swallowing skills
- ④ Offering an easier way for many children with disabilities or medical needs to drink independently



TIPS FOR INTRODUCING STRAWS:

- ① **Offer lots of practice.** Allow lots of opportunities for drinking from straws during every meal throughout each day.
- ② **Offer help in the beginning.** Help a child hold the cup with straw, and support her with sipping small amounts of liquid at a time. Also, make sure her body is positioned well with adequate support.
- ③ **Offer a straw that suits the child.** A short straw takes less effort to pull liquid into the mouth. A wider straw requires less lip strength for pulling liquids into the mouth and fluid flows at a slower rate. If drinking a thicker liquid, a wider straw can be helpful to more easily move fluid upward and into the mouth. Experiment with different lengths and sizes (diameters) of straws to find the right fit for a child.
- ④ **Consistency is key.** Consistently offer a child many opportunities to practice using a straw at meals. The more a child practices straw drinking, the better she will become at it.
- ⑤ **Drink from a straw together.** Drink from a straw with a child during meals and across the day. This helps children learn how to use straws. Children also like doing what others are doing, so this is a great way to help them become more interested in and successful at straw drinking.



SOLID FOODS

By 12 months old, most children have been enjoying tastes of solid foods for several months. The reliance on liquids will slowly lessen with increased opportunities and interest in eating solid foods. By 12-24 months old, a child should already have had multiple experiences touching foods with his fingers and receiving them off of a spoon when fed by his caregivers. It is during this time that caregivers will shift their focus from spoon feeding children themselves, to encouraging more opportunities for children to take control of their own self-feeding.

Between 12-24 months old, children are most capable of eating:

TYPES OF FIRST FOODS	EXAMPLES
Smooth, whole foods	<ul style="list-style-type: none"> ○ Yogurt ○ Mashed potatoes ○ Avocados ○ Fruit purees such as applesauce
Soft, chopped (appropriately sized) table foods that easily fall apart in the mouth	<ul style="list-style-type: none"> ○ Biscuits ○ Cheese ○ Shredded chicken ○ Beans ○ Soft breads ○ Berries ○ Tender meats ○ Steamed or boiled vegetables
Crunchier, chewier solids and slightly harder fruits and vegetables	<ul style="list-style-type: none"> ○ Crackers ○ Cereals ○ Chips ○ Broccoli ○ Oranges

As children in this age range begin eating a wider variety of food textures, they also begin showing an increased interest in feeding themselves using their hands and utensils. Finger feeding and spoon feeding are highly encouraged with young children, as these experiences allow children the chance to explore foods and become comfortable with them prior to tasting and eating them. Below are simple tips for encouraging finger feeding and spoon feeding with children 12-24 months old.



Feeding is a sensory experience. Very often children will taste a food only after they have been given the opportunity to touch it first. Allowing children the chance to explore foods with their hands leads to greater comfort around foods and a stronger readiness to eat them.

A young girl feeds herself a tasty banana using her hands.



TIPS FOR ENCOURAGING FINGER FEEDING:

- ① **Offer lots of practice.** Allow lots of opportunities for finger feeding during every meal throughout each day.
- ② **Find a good position.** Help a child find a seated position that gives the most stability in their body for using their hands and fingers for feeding. Also, a good position will allow them access to a table and/or tray.
- ③ **Offer foods that suit the child and work well for finger feeding.** Choose finger foods wisely. Some foods work better as finger foods than others (pieces of cheese are easy; yogurt is hard). Offer foods in a variety of lengths, shapes, textures and weights to help a child gain more experience. Offer larger chunks of food to younger children because they are easier to grasp and hold. Offer smaller pieces of food to slightly older children because they are good for developing better fine motor (hand and finger) skills.
- ④ **Start small.** Offer a small amount of food at a time in order to not overwhelm a child.
- ⑤ **Expect a mess.** Crushing and crumbling finger foods (and getting messy) is normal for children in the beginning. Getting messy is part of the learning process.
- ⑥ **Consistency is key.** Consistently offer a child many opportunities to practice finger feeding at meals. The more a child practices, the better she will become at it.
- ⑦ **Eat together.** Eat finger foods with a child during meals and across the day. This helps children learn how to use their hands and fingers for eating and which foods are best for this task. Children also like doing what others are doing, so this is a great way to help them become more interested in and successful at finger feeding.



GOOD FIRST FINGER FOODS

- ⇒ *Ripe fruits*
- ⇒ *Cooked vegetable strips*
- ⇒ *Cheese strips or cubes*
- ⇒ *Crackers, cereals, toast, tortilla, rice, baby biscuits*
- ⇒ *Scrambled eggs*
- ⇒ *Meat slices*
- ⇒ *Fish, chicken*



Remember: When offering a child new foods and food experiences, always keep a careful eye on him to make sure he is safe at mealtimes. Avoid offering young children foods that are round shaped (for example, grapes, sausages, sliced hot dogs) because they can choke on them.



Learning to eat solid food is a skill that takes practice and time. On average, children will master eating solid foods by around 2-3 years old. This means that during the 12-24 month period, they will continue to need extra support from caregivers.

A girl practices feeding herself using a spoon.





TIPS FOR ENCOURAGING SPOON FEEDING:

- ① **Find a good position.** Help a child find a seated position that gives the most stability in her body for using her hands and fingers for feeding. Also, a good position will allow her access to a table and/or tray. Eat alongside a child as a way to teach her what it's like to eat from a spoon.
- ② **Offer lots of practice.** Allow lots of opportunities for spoon feeding during every meal throughout each day.
- ③ **Offer foods that suit the child and work well for spoon feeding.** Choose foods wisely. Some foods are easier to eat when first learning how to use a spoon. Offer foods that are easier to scoop onto a spoon and that will stick on the spoon and not fall off (thicker purees). Offer a spoon that suits the child. For example, young children typically do best with a smaller size spoon bowl that fits well inside their mouth. Choose a spoon with a shorter handle to make self-feeding easier for a child.
- ④ **Start small.** Offer a small amount of food at a time in order to not overwhelm a child.
- ⑤ **Make it stick.** Use a damp washcloth or a non-skid mat under the plate or bowl to make scooping with a spoon easier.
- ⑥ **Consistency is key.** Consistently offer a child many opportunities to practice using a spoon at meals. The more a child practices spoon feeding, the better he will become at it.
- ⑦ **Expect a mess.** Getting more food on their bodies and trays than in their mouths is normal for children just learning how to feed themselves with spoons. Getting messy is part of the learning process.
- ⑧ **Eat together.** Eat with a spoon alongside a child during meals and across the day. This helps children learn how to use spoons for eating. Children also like doing what others are doing, so this is a great way to help them become more interested in and successful at spoon feeding.



Children learn best by watching and doing. First, they watch others and then they try for themselves. Eating with caregivers is a beneficial way to support a child's learning process for feeding and mealtimes.

THE IMPORTANCE OF SPOON SIZE

Often children want to feed themselves, but the spoon they are given does not fit their growing needs.

Children (with and without disabilities) need spoons that:

- ① fit their own smaller sized mouths.
- ② have a handle that is shorter to make aiming for their mouths easier.
- ③ are an appropriate weight to hold and lift repeatedly to their mouths.



This child is easily able to hold this lightweight maroon spoon and bring it to her mouth. It also has a smaller bowl that fits well inside her mouth and a shorter handle.



These children have adult-sized metal spoons. The bowl is very large and does not easily fit inside their small mouths. The handles are too long and make aiming for their mouths harder.



For more information on spoon feeding, refer to Chapter 1 and 2.
For more information on the anatomy of the spoon, refer to Appendix 9H.



KEY POINTS FOR THIS AGE

During this next year of life, children are rapidly developing in all areas, including what they are eating and drinking and how they are involved in these activities. As a child's skills grow, caregivers must be ready to change the types of foods offered, the ways a child eats and the levels of support they provide.

IMPORTANT POINTS TO REMEMBER:

- ① Even as a child grows older, every area of development remains connected. As a child's skills grow stronger, they are ready to take on more challenges such as different food textures, straw drinking and feeding themselves, etc.
- ② Caregivers must understand what is expected for children this age so they know when to offer new experiences, such as open cups, straws or new food textures, and when a child may need more time or support.
- ③ The same feeding supplies cannot always be used with every single child — we can't use a "one size fits all" approach.
- ④ When given ample opportunity and early on, children can quickly learn how to become more active participants in mealtimes.



SECTION 3.3: FEEDING POSITIONING FOR THE CHILD 12-24 MONTHS OLD

THE IMPORTANCE OF FEEDING POSITIONING

Proper positioning of a child during a feeding is very important. Certain positions can make feeding much easier for a child, and some positions can make it more challenging and even unsafe.



Good positioning has many benefits for children and caregivers such as:

- ✓ More timely feedings
- ✓ Increased success eating different types of foods
- ✓ Increased intake
- ✓ Increased success with self-feeding
- ✓ Increased enjoyment of eating and mealtimes
- ✓ Improved growth and nutrition
- ✓ Reduced occurrence of illness and death

- ✓ When positioning is good, children and caregivers are happier, and feedings are a positive experience.

Poor positioning has many risks such as:

- ∅ Inefficient and longer mealtimes
- ∅ Reduced success accepting and managing different foods
- ∅ Reduced intake
- ∅ Reduced enjoyment of eating and mealtimes
- ∅ Increased difficulty with self-feeding
- ∅ Poor growth and nutrition
- ∅ Increased occurrence of illness and death

- ∅ When positioning is poor, feedings can be a stressful, negative experience for children and their caregivers.



This section discusses the best positions for feeding children 12-24 months old, how to create these positions and which children are best suited for each position.

This caregiver practices good positioning while feeding this young child.



KEY POINTS WHEN CHOOSING A FEEDING POSITION FOR A CHILD 12-24 MONTHS OLD:



Is the child's head and neck well supported?



Is the child's trunk (body) well supported?



Is the child upright enough?



Is the feeder/caregiver comfortable in this position?

Additionally, you may need to consider other individual needs of a child such as:

- ① *What is the size of the child?* A larger child may be more challenging to hold in certain positions.
- ② *How strong is the child?* A weaker child may need a position that offers more support, whereas a stronger child may need a position that requires less.

- ③ *Is the child trying to feed herself?* A child who is not feeding herself may be very capable when given appropriate supports and plenty of opportunities to practice.
- ④ *Does the child appear comfortable in the position?* An uncomfortable child is a child who won't eat well.
- ⑤ *Is the child feeding well in this position or is she fussy?* A fussy child is a child who won't eat well.
- ⑥ *Is the child coughing or choking often in this position?* A coughing or choking child is at risk for poor nutrition, illness and poor feedings.

EXAMPLES OF GOOD AND POOR POSITIONING FOR FEEDING THE CHILD 12-24 MONTHS OLD OF AGE (ON LAP)



GOOD POSITIONING

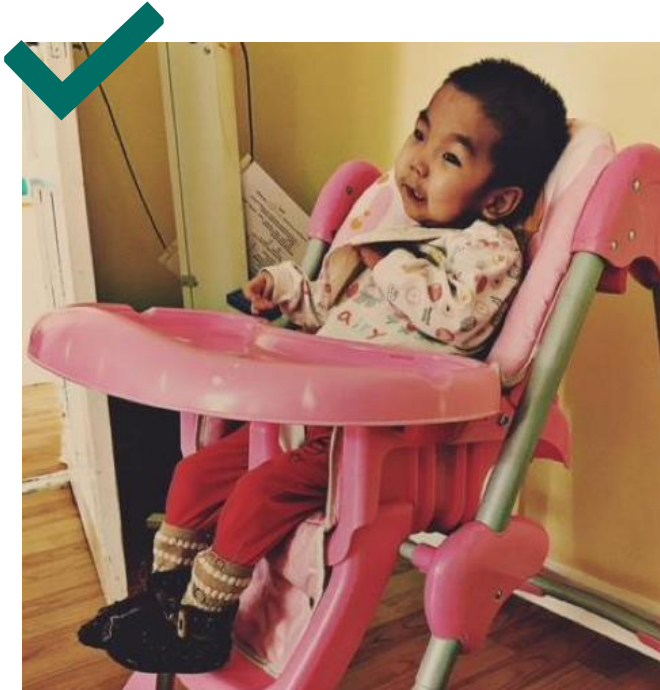
- Child is elevated with head higher than hips
- Head and neck are well supported by caregiver's arm and chest
- Head is in a neutral and forward position
- Child is tucked close to caregiver's body
- Arms and legs are tucked toward child's body
- Hips are slightly bent
- Spoon is offered in line with child's mouth



POOR POSITIONING

- Child's head and neck are not well supported
- Head and neck are extended too far back
- Hips are not flexed
- Back is arched
- Child looks uncomfortable
- Spoon is tilted too high to accommodate child's extended head

EXAMPLES OF GOOD AND POOR POSITIONING FOR FEEDING THE CHILD 12-24 MONTHS OLD (IN CHAIR)



GOOD POSITIONING

- Child is in well-supported chair and in upright position
- Head, neck, trunk and shoulders are well supported using chair
- Extra blankets and cushions used appropriately to support position
- Hips are flexed
- Knees are bent at 90-degree angle
- Feet are supported with foot rest
- Tray accessible for child
- Arms are free for touching foods and supported by tray

POOR POSITIONING

- Child is reclined and too far back from tray, making touching foods difficult
- Head, neck and shoulders are not well supported by chair
- Feet are hanging in the air without support
- Child is sliding down in chair
- Knees are straight and not bent

BEST POSITIONS FOR CUP DRINKING, FINGER FEEDING AND SPOON FEEDING

As children grow and develop, the position used for feeding may need to change. For example, a caregiver may have held a 12-month-old young child on her lap while feeding her. As the young child becomes a toddler, she will be able to sit in a chair at the table with older children for meals and begin feeding herself.



If the current position does not feel right to you or for the child, it's OK to try a different position (and chair). Sometimes caregivers must try multiple positions until they find the "just right fit."

Listed below are the most common positions used for feeding children 12-24 months old. Multiple positions may fit the needs of a single child but not all of these positions will work for every child.

UPRIGHT SEATED FORWARD POSITION (ON LAP OR ON FLOOR)

HOW TO: Place child in a well-supported position (1) seated upright on your lap, or (2) in a well-supported seated position on the floor. Child should be facing you while in your lap or on the floor.

BEST FOR: most children 12-24 months old; spoon feeding, cup drinking, straw drinking

ESPECIALLY GOOD FOR:

- children 12-18 months old who are fed by their caregivers



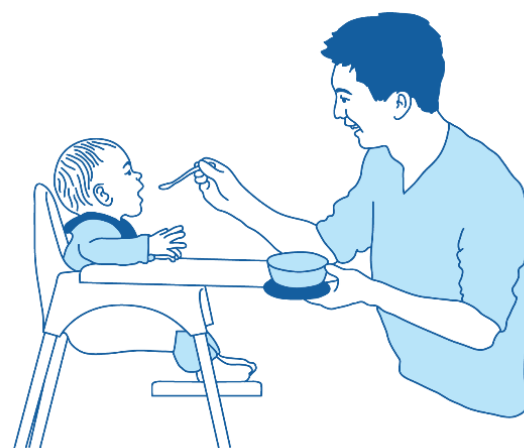
UPRIGHT SEATED FORWARD POSITION (IN CHILD SEAT/HIGH CHAIR)

HOW TO: Place child in a well-supported position in a child seat or high chair. Child should be facing you in the comfort of the seat. You should be holding the food, cup and/or spoon and/or the child can assist. Using a tray or table with a seat or chair is helpful for encouraging exploration of foods and self-feeding using fingers, utensils and cups.

BEST FOR: most children 12-24 months of age; spoon feeding, finger feeding, cup drinking, straw drinking

ESPECIALLY GOOD FOR:

- children 12-24 months old who are ready to begin learning to feed themselves
- children who are refusing to be fed by caregivers





FEEDING POSITIONING CHECKLIST FOR THE CHILD 12-24 MONTHS OLD

AT 12-24 MONTHS A CHILD'S:

hips should be positioned at 90-degrees and lower than the head

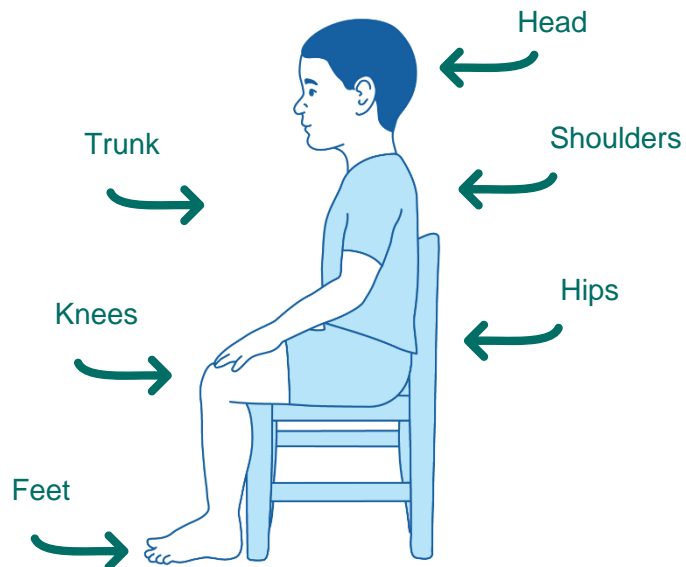
body (trunk) should be upright and well supported by caregiver's body or chair – not leaning forward, backward or to either side

shoulders should be level and facing forward

head is centered and in midline, neutral position with chin slightly tucked

knees should be at a 90-degree angle

feet flat on floor, foot rests or against caregiver's body





KEY POINTS FOR THIS AGE

As a child grows, mealtimes become a more complex and interactive process. Good positioning remains critical in the success a child has when eating. Good positioning also provides a child with more physical stability for becoming an effective self-feeder. Caregivers must be skilled in understanding the essential aspects of appropriate positioning for mealtimes so that children are fed safely and comfortably and also offered time to grow skills and independence at meals.

IMPORTANT POINTS TO REMEMBER:

- ① Good feeding positioning leads to safety while eating, improved skills for eating and increased capacity for self-feeding.
- ② Caregivers must always consider the key aspects of positioning and a child's individual needs in order to choose the best position for mealtimes.



SECTION 3.4: BEYOND THE MEAL: TIPS FOR SUPPORTING THE CHILD 12-24 MONTHS OLD

The second year of life continues to be an important time for a child. Children are learning so much about themselves and the world around them through their everyday experiences and relationships with their caregivers. And because they are wiser and stronger, they can do so much more! This section shares simple ideas to encourage healthy development across all areas of a child's second year of life – beyond the feedings.

By incorporating these ideas 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. Try adding these ideas into mealtimes, dressing/undressing routines, during diaper changes, bath time, when offering comfort and when providing care for multiple children at a time. For example, while feeding one child, another child is enjoying playtime on the floor near her caregiver and peer.



MOTOR MOVEMENTS

When a child is able to move her body and explore the world, she is growing her body and her brain. Additionally, supporting a child's movement directly supports feedings. Strong children with good motor skills typically have fewer issues with feedings, or issues are resolved sooner.

MOTOR (PHYSICAL) ACTIVITIES

DESCRIPTION (WHAT IT LOOKS LIKE)

Big Movement Play

- ⇒ **Play house:** Make play houses out of large boxes for children to explore and maneuver around. Cut holes in the sides for windows and doors. Have fun crawling in and out of the "house."
- ⇒ **Play ball:** Take turns throwing, rolling and kicking a ball back and forth. Have several children play together.
- ⇒ **Push play:** Offer children opportunities to push and pull big items to practice taking steps. Large toy cars and trucks, objects with wheels, push toys, boxes, laundry baskets and lightweight furniture (chairs) all work well.
- ⇒ **Outside play:** Encourage children to play with balls, practice going up and down stairs and ramps, climb playground equipment (if you have it) and have fun running and exploring.
- ⇒ **Wagon ride:** Encourage a child to fill a wagon with friends or other objects and then give them a ride by pulling or pushing. Laundry baskets or a box with a string/rope attached works, too.

- ⇒ **Stair climbing:** Hold a child's hand while practicing walking up and down stairs. Walking up just a few stairs (one to three) is perfect.
- ⇒ **Freedom to explore:** Offer lots of opportunities for children to freely explore their environments using big movement skills such as crawling, standing, walking, running, etc.

Movement and Music

- ⇒ **Dance party:** Play music you enjoy and dance together.
- ⇒ **Sing-along:** Sing songs, perform finger rhymes and move your bodies.
- ⇒ **Make music:** Have fun making your own music (shaking and banging) using toy instruments or everyday items such as pots and pans.

Finger and Hand Play

- ⇒ **Table time:** Use a small table, box or upside-down laundry basket as a table for children to use for playing (blocks, puzzles, etc.), eating and artwork (scribbling, painting, drawing, etc.).
- ⇒ **Block time:** Have fun stacking blocks and then knocking them down. Larger blocks are easier to stack.
- ⇒ **Basketball:** Toss items into a laundry basket, box, container or trash can as a game. Use objects such as soft balls, small pillows, bean bags, stuffed animals as the "ball."
- ⇒ **Dump and fill:** Collect containers and have fun dumping and filling them with objects. Shoes boxes, cardboard boxes, Tupperware and buckets all work well.
- ⇒ **Art time:** Have fun making designs and pictures using crayons, markers, chalk, pencils, paint or even water and dirt. Use fingers or brushes.
- ⇒ **Big helpers:** Ask children to be helpers for daily activities such as dressing/undressing, washing hands and other clean-up activities.

These children enjoy lots of time outside for running, jumping, climbing and moving their bodies in different ways to build motor (muscle) skills and have fun.





PLAY AND LEARNING

Supporting a child’s early play and learning is something that can easily be done each and every day. The main way young children learn is through play. Therefore, when a child is able to play, explore objects, interact with others and discover his environment, it is helping him grow a strong brain that will serve him well as he becomes an adult.

PLAY AND LEARNING ACTIVITIES	DESCRIPTION (WHAT IT LOOKS LIKE)
<p>Talking, Singing, Reading, and Learning</p>	<ul style="list-style-type: none"> ⇒ Story time: Have fun reading books together or telling your favorite stories. Share nursery rhymes or special traditional tales. ⇒ Music time: Listen to music and sing songs with a child. Have fun singing along to the songs that you know. ⇒ Talking time: Talk about what a child is doing, what you are doing and what you are doing together. Use words to name shapes, colors, numbers, letters, body parts, animals, foods, action words, feelings and other common everyday items and familiar people. ⇒ Play time: Have fun with pretend play. Take care of baby dolls together (feed them, burp them, put them to rest), have a tea party, pretend to cook dinner or imagine that you are all fun animals. ⇒ Number time: Use numbers throughout the day with a child. Count everything — the number of chairs in a room, children, shoes, balls, etc.
<p>Playtime on Floor</p>	<ul style="list-style-type: none"> ⇒ Play on the child’s level: Children this age enjoy playing on the floor with items such as containers, blocks, balls, stacking cups/toys, bubbles, pots and pans, play dishes, dolls, cars/trucks, big outdoor toys, books, puzzles, homemade Play-Doh and art activities.

These young children have fun playing games with each other and their caregivers during the day.



COMMUNICATION AND RELATIONSHIPS

Supporting a child's early communication and relationships is something that can easily be done each and every day and is a wonderful way to nurture relationships between caregivers and children. Positive relationships are the primary way to build strong children, despite hardships they may encounter. When caregivers are deeply connected to children, children feel safe, secure, and ready to learn and grow.

COMMUNICATION AND RELATIONSHIPS ACTIVITIES	DESCRIPTION (WHAT IT LOOKS LIKE)
Playtime on Floor	<p>⇒ Relate often: When together, talk, tell stories, read and sing or hum to a child. Make silly faces and sounds together. Share special rhymes or poems, look at pictures and play simple games such as peek-a-boo. Repeat a child's sounds, words and encourage talking back and forth with one another.</p>
Calming and Soothing	<p>⇒ Teach regulation: When a child becomes upset, use the same movements and sounds repeatedly to soothe them such as rocking, swaying, bouncing, patting, massaging, singing, shushing, etc.</p> <p>⇒ Advance notice: Talk to a child ahead of time about new routines, events and people.</p> <p>⇒ Choice making: Offer a child two choices to help her cope with feelings and options. ("Do you want a book or blocks?")</p> <p>⇒ Share feelings: Help a child identify his emotions by talking about them. Give names for these emotions to help a child understand what they and others may be feeling.</p>
Positive Interactions	<p>⇒ Connect often: Repeat the sounds and words that a child makes or her faces, such as smiling and sticking her tongue out. Take time to gaze at a child during activities such as diaper changes, feedings and bathing. Use touch to connect with a child, such as snuggles, hugs, massage, wearing, holding and carrying, etc.</p>
Consistently Care	<p>⇒ Respond well: When a child becomes upset due to hunger, discomfort, sickness, pain, wanting attention, etc., respond to him consistently and in a timely manner with soothing words and/or touch and physical comfort.</p>

This young boy enjoys one on one time with a special caregiver while playing outside together.



KEY POINTS FOR THIS AGE

Being a supportive caregiver means supporting children not just during mealtimes, but during all moments throughout the day. Every activity and routine throughout the child's day is an opportunity to enhance a child's life. These activities don't need to be complicated or done for hours at a time and anything can become a toy. Use convenient objects from your environment, and offer short, frequent moments throughout the day for activities. Since development is interconnected, often times multiple areas can be supported simultaneously through the incorporation of one simple activity.

IMPORTANT POINTS TO REMEMBER:

- ① All areas of a child's development are connected. Support in one area can positively impact another area. Furthermore, supporting the whole child will also support feeding development.
- ② Children this age are becoming more active and interested in people, objects and activities happening around them. It's the perfect time to encourage early skills such as self-feeding.
- ③ Children will reap the benefits when caregivers find small moments throughout the day to incorporate activities that support total development.



PART 2 | CHAPTER 4

THE TODDLER YEARS: 24-36 MONTHS OLD

Section 4.1: Important Developmental Milestones for Feeding: 24-36 Months Old

Section 4.2: Basic Feeding Guidelines for the Child 24-36 Months Old

Section 4.3: Feeding Positioning for the Child 24-36 Months Old

Section 4.4: Beyond the Meal: Tips for Supporting the Child 24-36 Months Old



SECTION 4.1: IMPORTANT DEVELOPMENTAL MILESTONES FOR FEEDING: 24-36 MONTHS OLD





THE IMPORTANCE OF DEVELOPMENTAL MILESTONES

During the third year of life (from 24-36 months old) children continue to show steady growth in their development as well as mastery of many skills. During this age range, children will often be referred to as “toddlers.” They are showing increasing physical strength and stability in their bodies, expressing themselves using more words and lengthier phrases, feeling security and comfort in their primary relationships, interacting more with friends, problem-solving dilemmas, playing in more robust ways and enjoying doing many tasks all on their own. Because all areas of development are linked and influenced by one another, it is important to view a child’s development holistically. When working to support children 24-36 months old who may need extra help with feeding, it is critical to consider all areas of development.



For more information about each developmental domain, refer to the Introduction.

EXAMPLE OF A HOLISTIC VIEW OF FEEDING (24-36 MONTHS OLD):

DEVELOPMENTAL AREA	DEVELOPMENTAL MILESTONES (SKILLS)
 <p>Adaptive</p>	<p>Child receives good rest at night and daily naps.</p>
 <p>Motor Communication Cognitive</p>	<p>Child sits in her mealtime chair and uses words to let her caregiver know she is hungry.</p>
 <p>Social-Emotional Communication Vision</p>	<p>Child smiles and cheers with excitement when she sees her caregiver coming to her chair with food.</p>
 <p>Social-Emotional Communication Hearing</p>	<p>Child responds to her caregiver’s questions during meals (“Do you want more?” “Would you like more water?”) using words and gestures.</p>



Adaptive | Motor | Cognitive |
Social-Emotional | Communication

Child insists on feeding herself using her hands and a spoon and says, "I did it!" when she is successful.



Communication | Emotional
Cognitive | Social-

Child helps wash her hands and face and she cleans up her spot after mealtimes with support.

Feeding is a complex process and all areas of development are involved. Even when just one area is not working well, it can create challenges for a child and her caregivers. Therefore, it is critical to look at children broadly in all areas to understand their abilities and needs. By understanding these basic milestones of development (also known as "skills") and how they work together, caregivers can become experts at knowing when development is going well and when there may be a problem. Additionally, because skills are interconnected, it's a great reminder that there are always opportunities to support every area of development during simple, everyday activities such as mealtimes.



The earlier challenges can be identified, the sooner support can be provided, resulting in happier and healthier children and caregivers.



Remember: Development is a process and there is a large range of times when babies and children gain skills. Caregivers should become familiar with these milestones to best meet the needs of the children they serve.

Toddlers enjoy outside activities together. Play is how children learn and develop strong bodies and minds.



COMMON DEVELOPMENTAL SKILLS^{23,24,26}

CHILDREN 24-30 MONTHS OLD

<p>Adaptive:</p> 	<ul style="list-style-type: none"> ⇒ Drinks from a cup and straw with greater ease ⇒ Feeds self using fingers and utensils with greater ease ⇒ Washes hands and face with support ⇒ Eats most all table foods with mastery – but may show strong preferences for certain foods
<p>Communication:</p> 	<ul style="list-style-type: none"> ⇒ Responds to simple questions ⇒ Understands different sizes (“big” and “little”) ⇒ Asks for help with personal needs using words ⇒ Puts more words together to say phrases (“I want _____,” “More water, please”)
<p>Fine and Gross Motor:</p> 	<ul style="list-style-type: none"> ⇒ Throws a ball with some accuracy ⇒ Catches a ball by trapping it against his chest ⇒ Walks and runs longer distances without support ⇒ Creeps backward down steps without support
<p>Cognitive:</p> 	<ul style="list-style-type: none"> ⇒ Matches objects to corresponding pictures ⇒ Tells own age ⇒ Completes play involving multiple steps such as feed the doll, burp the doll, put the doll to bed, etc. ⇒ Understands the concepts of “one,” “one more” and “all”
<p>Social-Emotional:</p> 	<ul style="list-style-type: none"> ⇒ Claims certain objects as being her own (“mine”) ⇒ Notices when others are sad, upset or happy ⇒ Avoids common dangers such as fire, knives, stoves, etc. ⇒ Takes turns occasionally when provided support
<p>Vision:</p> 	<ul style="list-style-type: none"> ⇒ Tries to imitate drawing lines and circles ⇒ Scans an array of pictures ⇒ Watches and repeats actions of other children ⇒ Recognizes familiar adults in pictures
<p>Hearing:</p> 	<ul style="list-style-type: none"> ⇒ Distinguishes differences in speech sounds with greater ease ⇒ Repeats words and lengthier phrases often ⇒ Uses more speech sounds correctly in words ⇒ Responds to more complex directions with greater ease

COMMON DEVELOPMENTAL SKILLS^{23,24,26}

CHILDREN 30-36 MONTHS OLD

<p>Adaptive:</p> 	<ul style="list-style-type: none"> ⇒ Drinks from a cup and from a straw with mastery ⇒ Feeds self using fingers and utensils with mastery ⇒ Washes hands and face without support ⇒ Cleans up spills and messes with support
<p>Communication:</p> 	<ul style="list-style-type: none"> ⇒ Responds to multistep directions ⇒ Identifies objects by function (you eat with a ____, you drink from a ____) ⇒ Relates personal experiences through words ⇒ Uses phrases of two or more words
<p>Fine and Gross Motor:</p> 	<ul style="list-style-type: none"> ⇒ Cuts paper with scissors ⇒ Uses hand to hold paper in place when drawing ⇒ Walks backward at least 10 feet ⇒ Walks up and down stairs with support from a rail, wall or person
<p>Cognitive:</p> 	<ul style="list-style-type: none"> ⇒ Matches objects by color, size and shape ⇒ Counts to at least five ⇒ Puts graduated sized objects in order such as stacking rings or cups ⇒ States gender (boy or girl)
<p>Social-Emotional:</p> 	<ul style="list-style-type: none"> ⇒ Transitions between activities with greater ease and less support ⇒ Shows affection toward other children ⇒ Participates in small groups with greater ease ⇒ Shows a growing independence with refusal of help from others
<p>Vision:</p> 	<ul style="list-style-type: none"> ⇒ Matches objects to pictures ⇒ Matches big and little objects ⇒ Sorts at least four colors ⇒ Finds tiny details in picture books
<p>Hearing:</p> 	<ul style="list-style-type: none"> ⇒ Distinguishes differences in speech sounds with greater ease ⇒ Repeats words and lengthier phrases often ⇒ Uses more speech sounds correctly in words ⇒ Responds to more complex directions with greater ease



SECTION 4.2: BASIC FEEDING GUIDELINES FOR THE CHILD 24-36 MONTHS OLD

TYPICAL FEEDING DEVELOPMENT

A child's feeding skills are directly related to her entire body's movement and overall development. The "hips and the lips" are connected. How a child holds her body upright in a chair, picks up small pieces of food using her fingers, feeds herself bites of food from a utensil, expresses her daily needs using words and responds to directions and questions from caregivers when preparing for meals are all examples of how the entire body is connected when a child eats. Therefore, if there is a problem in even one area of development, there is a chance feeding development may be disrupted.

When feeding development is going well, a typical progression of skills for a child 24-36 months old can look like this:

AGE IN MONTHS	TYPICAL FEEDING SKILLS AND DEVELOPMENT
24-30 Months	<ul style="list-style-type: none"> ○ Holding and drinking from a cup with minimal loss of liquid ○ Drinking from a straw with minimal support ○ Using fingers and utensils to feed self with minimal support ○ Eating a variety of food textures with minimal support ○ Chewing foods in a mature manner ○ Taking appropriate amounts of foods/liquids during meals
30-36 Months	<ul style="list-style-type: none"> ○ Drinking from a cup with no loss of liquid and without support ○ Drinking from a straw without support ○ Using fingers and utensils to feed self without support ○ Eating most food textures without support ○ Showing mastery of all oral-motor skills for eating and drinking

At this age, children are primarily relying on whole foods for their daily nutrition, and they are expanding the types of foods they are able to eat. Additionally, children continue to take an even larger role in feedings themselves using fingers, cups, straws and utensils. By around 2 years old (24 months), most children have the oral-motor skills necessary to handle all types of solid foods. That's a lot of change in a very short period of time. In order for children to successfully make these transitions, it's essential that caregivers have a general idea of what to expect from children. Also, it's helpful to understand typical development so that caregivers can introduce each transition, such as different textured foods, cup drinking, spoon feeding and straw drinking, in a timely manner to assist children with appropriately advancing their skills.

In the following sections, we will share the different ways to feed children 24-36 months old using cups, straws and utensils.

A group of toddlers sit around a table eating lunch. Eating together helps children learn valuable skills for feeding and healthy relationships.



For more information on types of cups, straws and spoons, refer to Chapter 1 and Appendix 9G.



CUP DRINKING

By 24-36 months old, most children should already be drinking from cups. Typically, by 24 months old, a child should show mastery of cup drinking and be able to manage an open cup, sippy cup and a straw. It is during this time of 24-36 months old that caregivers will continue to support a child's comfort and confidence drinking liquids from cups on a daily basis. If cup drinking opportunities are postponed (after 12 months old) or if a child is provided with limited opportunities to practice, it can make the process of cup drinking much more difficult as well as impact oral-motor skill development.



For more information on cup drinking, refer to Chapters 1, 2 and 3.

STRAW DRINKING³⁰

By 24-36 months old, most children have the capacity to successfully drink from a straw. Children can learn to drink from a straw as early as 9-12 months old. Successful straw drinking is largely based on a child's experience. If a child has many opportunities to practice drinking from a straw, he can easily master this skill at a young age. It is during this time of 24-36 months, that caregivers will continue to support a child's comfort and confidence using straws on a regular basis. If a child is provided with limited opportunities to practice straw drinking, it can make the process of drinking from a straw more difficult later on in the child's life.



For more information on straw drinking, refer to Chapters 1, 3 and 9.

SOLID FOODS

By 24-36 months old, most children should be eating a balanced diet of solid, whole foods. Additionally, they are eating these foods often each day, and they are using their fingers and utensils to feed themselves during meals.

Learning to eat solid foods takes practice. On average, children will master eating solid foods by around 2-3 years old. This means that over time during the 24-36 month period, they will need a decreasing amount of support with the feeding process.



GROWING INDEPENDENCE

As children in this age range are now regularly eating a wider variety of food textures and larger amounts of food at meals, they also show a strong desire to feed themselves using their hands and utensils. Finger feeding and spoon feeding are highly encouraged with young children, as these experiences allow them the chance to explore foods and become comfortable with them prior to tasting and eating them. Don't forget to also provide opportunities for cup drinking.

PICKY EATING⁷

Children 24-36 months old often show increasingly strong food preferences during mealtimes. This is because between 2-3 years old, children have a huge burst in their cognitive (brain) growth, which makes trying new foods stressful and more challenging for their bodies. This can also make mealtimes more difficult for caregivers. Often, children will refuse to try new foods, they will refuse to eat familiar foods that they have previously enjoyed and they will request or want to eat the same foods for long stretches of time. Children this age do have the skills to eat a wide range of food textures; however, they are more selective in their tastes due to their developing brains.

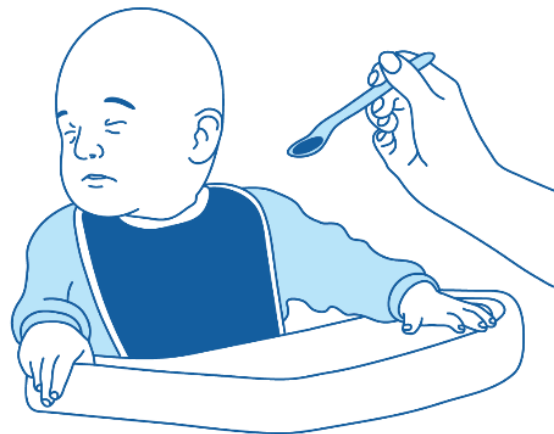


Feeding is a sensory experience. Very often children will taste a food only after they have been given the opportunity to touch it first. Allowing children the chance to explore foods with their hands leads to greater comfort around foods and a stronger readiness to eat them.



Remember: If solid food opportunities are postponed (beyond 6 months) or if a child is provided with few opportunities to practice eating foods and feeding themselves, it can make the process of eating much more difficult as well as impact oral-motor skill development.

It's important to remember that picky eating is a phase, and most children will move out of it.





TIPS FOR WORKING WITH PICKY EATERS

- ① **Offer exploration and often.** Allow children the opportunity to explore foods (new and familiar) with their hands and utensils. Offer lots of opportunities for food exploration throughout each day. The more a child can touch, smell, see, and experience a food, the more comfortable she will become with tasting it!
- ② **Encourage food interaction.** Allow children the opportunity to feed themselves. When children feel more in control at mealtimes, they are more open to eating foods. Also, offer children the chance to serve themselves food at meals. When children are able to interact with food in different ways (including serving it to themselves), they become more familiar with foods and more open to eventually eating them.
- ③ **Slow, small and familiar.** Offer small amounts of new foods at a time to avoid overwhelming a child. More food can be provided once the first serving is finished. Offer new foods alongside familiar foods the child already enjoys. This reduces stress by letting a child see how they have options, including something they're accustomed to.
- ④ **Consistency and frequency are key.** Consistently offer a child many opportunities to become comfortable with foods at meals. Offer new foods often. When children are able to experience unfamiliar foods often, it reduces their stress and increases their interest and comfort for eating them. Just because a child refuses a food once or twice, does not mean that they don't like it.
- ⑤ **Eat together.** Eat alongside a child. Children like doing what others are doing, so this is a great way to let them know that foods are safe and nourishing. Allow children the opportunity to eat alongside peers. At this age children learn a great deal from their peers. This means that group mealtimes are a wonderful chance for children to expand what they will eat just by watching their friends.
- ⑥ **Learn outside of a mealtime.** Have fun experiencing foods in ways other than eating. Look at pictures of foods, play with pretend food, and talk about foods you see in your environment, such as at the local market or in the kitchen.



Children this age must often be exposed to a food 20 or more times before deciding to eat it, so eating new foods can take time and patience.



***Remember:** If a child is showing very strong preferences, they are eating very little at meals and this is happening over a prolonged period of time without improvement, caregivers should consider a referral to a specialist to determine if something bigger is going on. Some diagnoses are more prone to extreme picky eating (also known as “problem eating”) such as autism and children with sensitive sensory systems.*



SIGNS OF PROBLEM FEEDING (EXTREME PICKY EATING)

- ⇒ Child eats less than four different foods or shows a steady reduction in types of foods he will eat
- ⇒ Child shows strong preferences for certain types of foods (only crunchy foods, only warm foods, only orange-colored foods, only sweet foods, only one brand of food, etc.)
- ⇒ Child shows extreme upset when offered certain foods, especially new foods
- ⇒ Child shows strong preferences for eating foods in certain ways (same cup/bowl, foods must be separated and cannot touch, whole and not cut, etc.)



For more information on solid foods, refer to Chapters 1, 2 and 3.

For more information on the anatomy of the spoon, refer to Chapter Appendix 9H.



KEY POINTS FOR THIS AGE

During this exciting time of life, children continue to show big bursts in development, including the types of foods they are capable of eating, and the ways in which they are wanting to actively participate in the mealtime process. As a child's skills continue to mature, caregivers play a large role in supporting a child's interest in enjoying a wider variety of foods and in their advancement of self-feeding skills.

IMPORTANT POINTS TO REMEMBER:

- ① Children this age enjoy being more independent, including feeding themselves. Providing children with lots of opportunities to practice feeding themselves makes them better eaters and helps them feel more confident.
- ② Caregivers should expect that children this age, when given ample opportunity, are capable of completing challenging eating experiences such as chewing more textured foods, using straws and drinking from cups with little to no support.
- ③ Picky eating is very common during this age. Most children will grow out of this, but if they do not, caregivers can offer support by encouraging mealtimes that offer lots of time for children to explore food safely and on their own terms.
- ④ When given opportunity, support and time, most children will grow to have a diverse diet consisting of a variety of nutritious food flavors and textures.



SECTION 4.3: FEEDING POSITIONING FOR THE CHILD 24-36 MONTHS OLD

THE IMPORTANCE OF FEEDING POSITIONING

The way we position a child during a feeding is very important. Certain positions can make eating and self-feeding much easier for a child, and some positions can make it more challenging and even unsafe.



Good positioning has many benefits for children and caregivers such as:

- ✓ More timely feedings
- ✓ Increased success eating different types of foods
- ✓ Increased intake
- ✓ Increased success with self-feeding
- ✓ Improved growth and nutrition
- ✓ A reduced occurrence of illness and death

- ✓ When positioning is good, children and caregivers are happier, and feedings are a positive experience.

Poor positioning has many risks such as:

- ∅ Inefficient and longer mealtimes
- ∅ Reduced success accepting and managing different foods
- ∅ Reduced intake
- ∅ Increased difficulty with self-feeding
- ∅ Poor growth and nutrition
- ∅ An increased occurrence of illness and death

- ∅ When positioning is poor, feedings can be a stressful, negative experience for children and their caregivers.



BENEFITS AND RISKS OF POSITIONING FOR FEEDING:

BENEFITS OF GOOD POSITIONING

- ↑ Efficiency of feedings
- ↑ Capacity for successfully taking different textures of foods
- ↑ Intake during feedings
- ↑ Enjoyment of feedings
- ↑ Interest in and capacity for feeding themselves
- ↑ Overall growth and nutrition
- ↓ Occurrence of aspiration, illness, death

RISKS OF POOR POSITIONING

- ↓ Efficiency of feedings
- ↓ Capacity for successfully taking different textures
- ↓ Intake during feedings
- ↓ Enjoyment of feedings
- ↓ Interest in and capacity for feeding themselves
- ↓ Overall growth and nutrition
- ↑ Occurrence of aspiration, illness, death



This caregiver practices good positioning while feeding this child who needs extra support.



KEY POINTS WHEN CHOOSING A FEEDING POSITION FOR THE CHILD 24-36 MONTHS OLD:



Is the child's head and neck well supported?



Is the child's trunk (body) well supported?



Is the child upright enough?



Does the child need extra support with making feedings slower?



Is the feeder/caregiver comfortable in this position?

Additionally, other areas to consider include:

- ① *What is the size of the child?* A larger child may be more challenging to hold in certain positions. A smaller child may need extra physical supports for sitting upright in a chair such as cushions, pillows and an elevated foot rest.
- ② *How strong is the child?* A weaker child may need a position that offers more support, whereas a stronger child may need a position that requires less.
- ③ *Is the child trying to feed herself?* A child who is not feeding herself may be very capable when given appropriate supports and plenty of opportunities to practice.
- ④ *Does the child appear comfortable in the position?* An uncomfortable child won't eat as well.
- ⑤ *Is the child feeding well in this position or is she fussy?* A fussy child won't eat as well.
- ⑥ *Is the child coughing or choking often in this position?* A coughing or choking child is at risk for poor nutrition, illness and poor feedings.

EXAMPLES OF GOOD AND POOR POSITIONING FOR FEEDING THE CHILD 24-36 MONTHS OLD AGE (IN LAP/HELD BY CAREGIVER)



GOOD POSITIONING

- Child is elevated with head higher than hips
- Head and neck are well supported by caregiver's hand, arm, and chest
- Head is in a neutral and forward position
- Child is tucked close to caregiver's body
- Arms and legs are loose for participating in eating
- Hips are slightly bent
- Spoon is offered in line with child's mouth

POOR POSITIONING

- Child's head and neck are extended too far back
- Hips are not flexed
- Legs are tucked in and do not allow freedom for necessary bending and flexing
- Child looks uncomfortable
- Spoon is presented too high to accommodate child's extended head while also forcing him to extend his head more



Better positioning always leads to better and safer feeding for a child.

EXAMPLES OF GOOD AND POOR POSITIONING FOR FEEDING THE CHILD 24-36 MONTHS OLD (IN CHAIR)



GOOD POSITIONING

- Child is in well-supported chair and upright position
- Head, neck, trunk and shoulders are well supported using chair and tray
- Hips are flexed
- Knees are bent at 90-degree angle
- Feet are well supported on floor
- Tray is accessible for child and appropriate height for child's arms to rest on
- Arms are free for touching foods

POOR POSITIONING

- Child's head and neck are not well supported and they are extended too far back
- Hips are slightly flexed, but sliding down and forward in chair
- Back is slightly arched
- Knees are not bent at 90-degrees
- Feet are falling off of foot rest
- Arms are hanging without support, making touching foods difficult
- Child looks uncomfortable
- Spoon is tilted too high to accommodate child's extended head

BEST POSITIONS FOR CUP DRINKING, FINGER FEEDING AND SPOON FEEDING

As children grow and develop, the position they are fed in may need to change. For example, a 24-month-old child who is sitting in a well-supported high chair, will eventually move to sitting in a child's size chair with a matching table (with less support) as she shows strength and readiness for this transition.



If the current position does not feel right to you or for the child, it's OK to try a different position (and chairs, tables and trays). Sometimes caregivers must try multiple positions until they find the "just right fit."

Listed below are the most common positions used for feeding children 24-36 months old. Many different positions may fit the needs of a single child.



UPRIGHT SEATED FORWARD POSITION (ON LAP OR ON FLOOR)

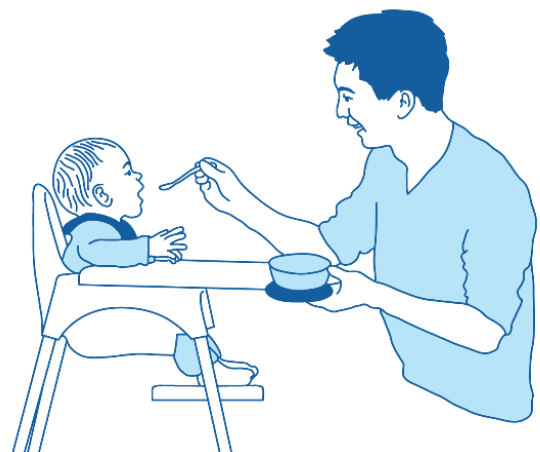
HOW TO: Place child in a well-supported position (1) seated upright in your lap, or (2) on the floor. Child should be facing you while in your lap or on the floor. Using a tray or table can be helpful for encouraging exploration of foods and self-feeding using fingers, utensils and cups.

BEST FOR: Most children 24-36 months old; spoon feeding, finger feeding, cup drinking, straw drinking.

UPRIGHT SEATED FORWARD POSITION (IN CHILD SEAT/HIGH CHAIR)

HOW TO: Place child in a well-supported position in a child seat or high chair. Child should be facing you and/or peers while seated. You can hold the food, cup and/or spoon, and the child should also be given the opportunity to assist with feeding. Using a tray or table with a seat or chair is helpful for encouraging exploration of foods and self-feeding using fingers, utensils and cups.

BEST FOR: Most children 24-36 months old; spoon feeding, finger feeding, cup drinking, straw drinking.





FEEDING POSITIONING CHECKLIST FOR THE CHILD 24-36 MONTHS OLD

AT 24-36 MONTHS A CHILD'S:

- hips should be positioned at 90-degrees and lower than the head

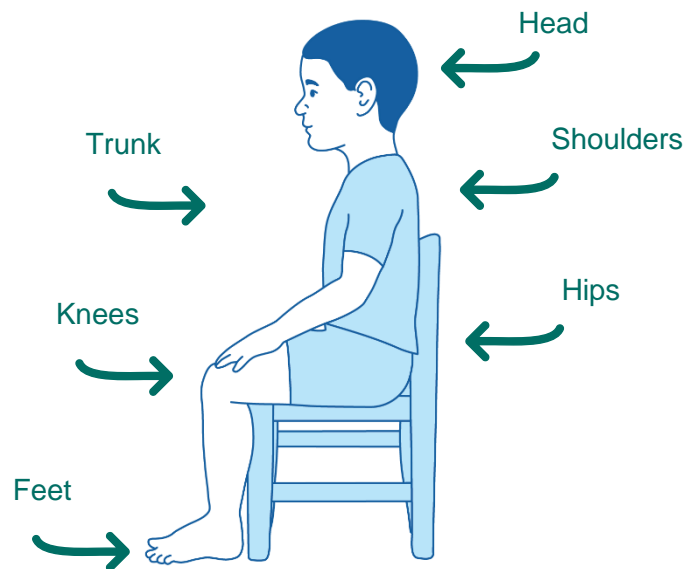
- body (trunk) should be upright and well supported by caregiver's body or chair – not leaning forward, backward or to either side

- shoulders should be level and facing forward

- head is centered and in midline, neutral position with chin slightly tucked

- knees should be at a 90-degree angle

- feet flat on floor, foot rests or against caregiver's body





KEY POINTS FOR THIS AGE

During this age range, mealtimes become a more interactive process for children and caregivers with its own set of challenges, such as picky eating. As children grow older, they begin taking on more responsibilities during mealtimes, such as feeding themselves. They also can become temporarily more selective in the foods they are open to eating. Good positioning remains critical in the success a child has when eating. For mealtimes to be a safe, comfortable time where children can grow their self-feeding skills, they must be positioned properly. Caregivers play a key role in their success.

IMPORTANT POINTS TO REMEMBER:

- ① Good feeding positioning leads to safer eaters, improved oral motor skills for eating and increased confidence and capacity for self-feeding.
- ② Caregivers must always consider a child's individual needs in order to choose the best position for mealtimes even as a child grows bigger, stronger and more independent.
- ③ By 24-36 months old, when provided appropriate positioning and practice, children will become skilled self-feeders.



SECTION 4.4: BEYOND THE MEAL: TIPS FOR SUPPORTING THE CHILD 24-36 MONTHS OLD

Children are continuing to learn so much about themselves and the world around them through their everyday experiences and relationships with their caregivers. They are wiser and stronger, more curious and determined to do so much all by themselves. In this section, we will share simple ideas to encourage healthy development across all areas of a child’s third year of life — beyond the feedings.

By incorporating these ideas 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. Try adding these ideas into mealtimes, dressing/undressing routines, during diaper changes, bath time, when offering comfort and when providing care for multiple children at a time.



For example, when feeding one child, another child can be enjoying playtime on the floor near her caregiver and peer.



MOTOR MOVEMENTS

Supporting a child’s motor development is something that can easily be done each and every day. When a child is able to move her body and explore the world, she is helping both her body and brain to grow. Additionally, supporting a child’s movement directly supports feedings. Strong children with good motor skills typically have fewer issues with feedings and any issues are resolved sooner.

MOTOR (PHYSICAL) ACTIVITIES

DESCRIPTION (WHAT IT LOOKS LIKE)

Big Movement Play

- ⇒ **Play house:** Make play houses out of large boxes for children to explore and maneuver around. Cut holes in the sides for windows and doors. Have fun crawling in and out of the “house.”
- ⇒ **Play ball:** Take turns throwing, rolling, kicking and catching a ball back and forth. Have several children play together.
- ⇒ **Soccer play:** Turn a box on its side and pretend it’s a soccer goal. Have fun kicking a ball into the goal.
- ⇒ **Balloon play:** Kick, toss and punch a balloon in the air around a room among several children.
- ⇒ **Kangaroo hop:** Place an object on the floor as the “starting line.” Encourage children to hop as far as they can from the starting line.
- ⇒ **Outside play:** Encourage children to play with balls, practice going up and down stairs and ramps, climb playground equipment (if you have it) and have fun running, jumping and exploring.

	<ul style="list-style-type: none"> ⇒ Wagon ride: Encourage a child to fill a wagon with friends or other objects and then give rides by pulling or pushing. Laundry baskets or a box with a string/rope attached works, too. ⇒ Stair climbing: Hold a child's hand while practicing walking up and down stairs. ⇒ Freedom to explore: Offer lots of opportunities for children to freely explore their environments using big movements such as crawling, standing, walking, running, jumping, etc.
<p>Movement and Music</p>	<ul style="list-style-type: none"> ⇒ Dance party: Play music you enjoy and dance together. ⇒ Sing-along: Sing songs, perform finger rhymes and move your bodies. ⇒ Make music: Have fun making your own music (shaking and banging) using toy instruments or everyday items such as pots and pans.
<p>Finger and Hand Play</p>	<ul style="list-style-type: none"> ⇒ Pouring play: Practice pouring different items from cup to cup or pitcher to cup. Items to pour: rice, dried beans, sand, water, popcorn seeds, rocks, etc. ⇒ Table time: Use a small table, box, or upside-down laundry basket with chairs for playing (blocks, puzzles, etc.), eating and artwork (scribbling, painting, drawing, cutting, folding). ⇒ Block time: Have fun stacking blocks and then knocking them down. Larger blocks are easier to stack. ⇒ Basketball: Toss items into a laundry basket or trashcan as a game. Objects: soft balls, small pillows, bean bags, stuffed animals, etc. ⇒ Dump and fill: Collect containers and have fun dumping and filling them with objects. Shoes boxes, cardboard boxes, Tupperware and buckets all work well. ⇒ Art time: Have fun making designs and pictures using crayons, markers, chalk, pencils, paint or even water and dirt. Use fingers or brushes. ⇒ Big helpers: Ask children to be helpers for daily activities such as dressing/undressing, washing hands and other cleanup activities.

Children gather to play ball outside. Time for movement such as running, jumping and climbing is very important for every child.





PLAY AND LEARNING

Supporting a child’s early play and learning is something that can easily be done each and every day. In fact, the main way children learn is through play. When a child is able to play, explore objects, interact with others and discover his environment, it is helping him grow a strong brain that will serve him well as he becomes an adult.

PLAY AND LEARNING ACTIVITIES	DESCRIPTION (WHAT IT LOOKS LIKE)
<p>Talking, Singing, Reading and Learning</p>	<ul style="list-style-type: none"> ⇒ Story time: Have fun reading books together or telling your favorite stories. Share nursery rhymes or traditional tales. Ask for help turning pages, pointing out pictures, answering questions (“What happens next?”) and telling the story. ⇒ Music time: Listen to music and sing songs with a child. Have fun singing along to the songs that you know. ⇒ Talking time: Talk about what a child is doing, what you are doing and what you are doing together. Use words and phrases to describe shapes, colors, numbers, letters, body parts, animals, foods, action words, feelings and other common everyday items and familiar people. ⇒ Playtime: Have fun with pretend play. Play with dolls, have a tea party, pretend to cook dinner, play “house” or imagine that you are all fun animals. ⇒ Dress-up time: Have a dress-up box with different types of clothing and accessories for children to explore such as dresses, shirts, pants, shoes, hats, scarves, gloves, belts, etc. ⇒ Number time: Use numbers throughout the day with a child. Count everything — the number of chairs in a room, children, shoes, balls, dolls, blocks, etc. ⇒ Sorting time: Sort everyday objects by color, shape, size, type, etc. Have fun sorting in piles or containers for dumping and filling.
<p>Playtime on Floor</p>	<ul style="list-style-type: none"> ⇒ Play where the child is at – on his level– and follow his lead. Let a child guide their play with you. Children this age enjoy playing with containers, blocks, balls, pots and pans, play food and dishes, dolls, cars/trucks, big outdoor toys, books, puzzles, homemade play-doh or clay, art activities, musical instruments, plastic animals and dinosaurs, hula hoops, trampoline with handles, ball pits, flashlights, forts, tents, etc.



A young girl enjoys singing and dancing outside. She is learning through play.



COMMUNICATION AND RELATIONSHIPS

Supporting a child’s early communication and relationships is something that can easily be done each and every day. Positive relationships are the primary way to build strong children, despite hardships they may encounter. Further, supporting a child’s communication is a wonderful way to nurture relationships between caregivers and children. When caregivers are deeply connected to children and showing how they understand what a child is expressing, children feel safe, secure and ready to learn and grow.

COMMUNICATION AND RELATIONSHIPS ACTIVITIES	DESCRIPTION (WHAT IT LOOKS LIKE)
<p>Play and Interactions</p>	<ul style="list-style-type: none"> ⇒ Relate often: When together, talk, tell stories, read and sing or hum to a child. Make silly faces and sounds together. Share special rhymes or poems, look at pictures and play simple games such as “chase,” “hide-and-seeK,” or “Simon Says.” Repeat a child’s words and encourage back and forth conversations with one another.
<p>Calming and Soothing</p>	<ul style="list-style-type: none"> ⇒ Teach regulation: During moments when a child becomes upset, use the same movements or sounds repeatedly to soothe him such as rocking, swaying, bouncing, patting, massaging, singing, shushing, jumping or music. ⇒ Heads-up: Talk to a child ahead of time about new routines, events, new foods and people. Use picture schedules to alert children to what is happening next. ⇒ Choice making: Offer a child two choices to help cope with feelings and options (“Do you want a book or blocks?”).

	<p>⇒ Share feelings: Help a child identify emotions by talking about them. Give names for feelings to help a child understand.</p>
Positive Interactions	<p>⇒ Connect often: Repeat the words and phrases that a child says or faces a child makes, such as smiling. Take time to gaze at a child during activities such as diaper changes, feedings, playtime and bathing. Use touch to connect, such as snuggles, hugs, massage, wrestling/rough play, wearing, holding, carrying, etc.</p> <p>⇒ Sharing is caring: Teach children how to share and take turns by doing these with them during play and when interacting with others. Use simple phrases repeatedly to help teach these concepts (“My turn,” “Your turn,” “Can I have a turn?” “In 1 minute.”).</p>
Consistently Care	<p>⇒ Respond well: When a child expresses they’re upset, respond consistently and in a timely manner with soothing words and/or touch and physical comfort.</p>

A group of toddlers sit together in a classroom for an activity. They are learning from their caregivers and also from each other.





KEY POINTS FOR THIS AGE

Being a supportive caregiver means supporting children during all moments throughout the day, including those activities that extend beyond mealtimes. Every activity and routine throughout a child's day is an opportunity to enhance development and quality of life. These activities don't need to be complicated or done for hours at a time. Use convenient objects from your environment, and offer short, frequent moments throughout the day for activities. Since development is interconnected, often times multiple areas can be supported simultaneously through the incorporation of one simple activity.

IMPORTANT POINTS TO REMEMBER:

- ① Children learn best through meaningful experiences and interactions that occur every day. Caregivers must offer a wide variety of activities for each child so that they do not just survive, but they thrive.
- ② When caregivers support a child's entire development by encouraging play, movement and positive interactions with others, they will also be supporting a child's feeding development.
- ③ Children will reap the benefits when caregivers find small moments throughout the day to incorporate activities that support total development.



PART 2 | CHAPTER 5

THE OLDER CHILD: 36 MONTHS AND OLDER

Section 5.1: Important Developmental Milestones for Feeding: 36 Months and Older

Section 5.2: Basic Feeding Guidelines for the Child 36 Months and Older

Section 5.3: Feeding Positioning for the Child 36 Months and Older

Section 5.4: Beyond the Meal: Tips for Supporting the Child 36 Months and Older



SECTION 5.1: IMPORTANT DEVELOPMENTAL MILESTONES FOR FEEDING: 36 MONTHS AND OLDER





THE IMPORTANCE OF DEVELOPMENTAL MILESTONES

From 36 months and older, children continue to make strides across all areas of development. During this age range, children are showing increasing physical strength, mobility, agility and coordination in their bodies. They are expressing themselves using more complex sentences, which are based on more complex feelings and thoughts. Older children in this age range demonstrate robust relationships, finding a greater interest in making friends and playing together. In addition, they continue to enjoy doing many daily activities such as washing their hands and feeding themselves all on their own. Because all areas of development are connected and influenced by one another, it is important to view a child’s development holistically. When working to support children 36 months and older who may need extra help with feeding, it is critical to consider all areas of development.



For more information about each developmental domain, refer to the Introduction.

EXAMPLE OF A HOLISTIC VIEW OF FEEDING:

DEVELOPMENTAL AREA	DEVELOPMENTAL MILESTONES (SKILLS)
 Adaptive	Child receives good rest at night and may or may not take a nap.
 Motor Communication Cognitive Adaptive	Child washes her hands after being told that it’s “time for lunch.”
 Social-Emotional Vision	Child shows delight when she sees the food being brought to the table.
 Social-Emotional Communication Hearing	Child responds to her caregiver’s questions during meals (“Do you want more rice or chicken?”) using spoken words.



Adaptive | Motor | Cognitive |
Social-Emotional

Child insists on feeding herself using her hands and a spoon and says, “I did it!” when she is successful.



Communication | Cognitive | Social-Emotional

Child helps wash her hands and face and she cleans up her spot after mealtimes.

Feeding is a complex process, and all areas of development are involved. Even when just one area is not working well, it can create challenges for a child and her caregivers. Therefore, it is critical to look at children broadly in all areas to understand their abilities and their needs. By understanding these basic milestones of development (also known as “skills”) and how they work together, caregivers can become experts at knowing when development is going well and when there may be a problem. Additionally, because skills are interconnected, it’s a great reminder that there are always opportunities to support every area of development during simple, everyday activities such as mealtimes.



The earlier challenges can be identified, the sooner support can be provided, resulting in happier and healthier children and caregivers.



Remember: Development is a process and there is a large range of times when babies and children gain skills. Caregivers should become familiar with these milestones to best meet the needs of the children they serve.

Friendship and play are essential for robust child development.



COMMON DEVELOPMENTAL SKILLS^{23,24,26,31}

CHILDREN 36 MONTHS OF AGE AND OLDER:

<p>Adaptive:</p> 	<ul style="list-style-type: none"> ⇒ Requests for food to be passed at a meal ⇒ Serves self at a meal ⇒ Puts away dirty dishes in a sink, bucket or dishwasher ⇒ Cleans up spills and messes at a meal
<p>Communication:</p> 	<ul style="list-style-type: none"> ⇒ States full name ⇒ Answers questions when told a short story or idea ⇒ Uses facial expressions and body language to express emotions ⇒ Uses more complex sentences made up of multiple words
<p>Fine and Gross Motor:</p> 	<ul style="list-style-type: none"> ⇒ Feeds self using utensils and drinks from an open cup ⇒ Hops and balances on one foot ⇒ Walks down stairs alternating feet
<p>Cognitive:</p> 	<ul style="list-style-type: none"> ⇒ Understands “more” and “less” ⇒ Counts to at least 20 ⇒ Recounts familiar stories
<p>Social-Emotional:</p> 	<ul style="list-style-type: none"> ⇒ Shares items (still may need support from time to time) ⇒ Returns objects to their appropriate locations ⇒ Shows pride in accomplishments ⇒ Shows empathy for others
<p>Vision:</p> 	<ul style="list-style-type: none"> ⇒ Copies making different shapes ⇒ Identifies different colors ⇒ Recognizes letters/print and ready to begin reading
<p>Hearing:</p> 	<ul style="list-style-type: none"> ⇒ Distinguishes differences in speech sounds ⇒ Repeats more complex words and lengthier sentences ⇒ Marks sounds at the beginning, middle and ends of words ⇒ Talks clearly so that others understand most of what is said



SECTION 5.2: BASIC FEEDING GUIDELINES FOR THE CHILD 36 MONTHS AND OLDER

TYPICAL FEEDING DEVELOPMENT

A child's feeding skills are directly related to her entire body's movement and overall development. The "hips and the lips" are connected. How a child holds her body upright in a chair, feeds herself using fingers and utensils, expresses her ideas using words and responds to directions from caregivers during a mealtime are all examples of how the entire body is connected when a child eats. Therefore, if there is a problem in even one area of development, there is a chance feeding development may be disrupted.

When feeding development is going well, a typical progression of skills for a child 36 months and older can look like this:

AGE IN MONTHS	TYPICAL FEEDING SKILLS AND DEVELOPMENT
36 Months and Older	<ul style="list-style-type: none"> ○ Drinking from a variety of different cups without support ○ Drinking from a variety of different straws without support ○ Using fingers and utensils to feed self without support ○ Eating food textures without support ○ Washing hands and face before and after meals without support ○ Cleaning up dishes and area after meals with minimal to no support ○ Showing mastery of oral-motor skills for eating and drinking

By 36 months of age, most children have mastery of skills that allow them to be successful and independent eaters. They eat a diverse array of food flavors and textures. Additionally, children are now feeding themselves on their own during meals using fingers, cups, straws and utensils — while also creating less of a mess.

In order for children to successfully reach these exciting milestones, it's essential that caregivers have a general idea of what to expect from children during this age range, but also in the years that came before. It's helpful that caregivers have a solid understanding of all child development so that they can appropriately monitor and support the advancement of each child's skills.

In the following sections, we will share the different ways to feed children 36 months and older using cups, straws and utensils.



For more information on types of cups, straws, and spoons, refer to Chapter 1 and Appendix 9G.



CUP DRINKING

By 36 months and older, most children should be successfully drinking from cups. Children should have experience and success drinking from a wide variety of cups: open cups, sippy cups and cups of varying shapes, sizes and weights. If cup drinking opportunities are postponed (after 12 months) or if a child is provided with limited opportunities to practice, it can make the process of cup drinking much more difficult as well as impact oral-motor skill development.



For more information on cup drinking, refer to Chapters 1, 2 and 3.

STRAW DRINKING³⁰

By 36 months and older, most children should have had the opportunity to practice drinking from a straw. Additionally, it's valuable for children to have experience and success drinking from a wide variety of straws: short, long, narrow, thick. If straw drinking opportunities are postponed (after 12 months) or if a child is provided with limited opportunities to practice, it can make the process of drinking from a straw more difficult and limit oral-motor skill development.



For more information on straw drinking, refer to Chapters 1 and 3.



It is by this age that the role of the caregiver shifts to supporting a child's ongoing confidence and independent use of drinking liquids from cups and straws on a regular basis.

SOLID FOODS

By 36 months old, most children should be successfully eating a balanced diet of whole solid foods. They should have opportunities to eat solid foods each day, and they should be feeding themselves using fingers and utensils. If eating and self-feeding opportunities are postponed (after 6 months) or if a child is provided with limited opportunities to practice, it can make the processes of eating and self-feeding much more difficult as well as impact oral-motor and fine motor skill development.



On average, children will master eating solid foods by around 2-3 years old. This means that by 36 months old, children should have all of the oral-motor and fine motor skills to eat table foods.



GROWING INDEPENDENCE

As children in this age range are now regularly eating a wide variety of food textures and larger amounts of food at meals, they also show a strong desire to feed themselves using their hands and utensils. They are also becoming much better (and less messy) when doing so. Finger feeding and self-feeding using utensils continue to be highly encouraged with children 36 months and older, as these experiences provide them the chance to explore foods and become comfortable with them prior to tasting and eating them. Plus, when children are able to feed themselves on their own, they often eat more, giving them a sense of pride and accomplishment.

PICKY EATING⁷

Children 36 months and older may show tendencies for food pickiness; however, it is typically not as strong as what is seen from 24-36 months old. Another picky eating phase is sometimes seen between 7-8 years old. This happens because during this age children have a huge burst in their cognitive (brain) growth, which makes trying new foods stressful and more challenging for their bodies. For the most part, children 36 months and older are more open and accepting of new flavors and textures.



Children this age must often be exposed to a food 20-plus times before deciding to eat it. Therefore, eating new foods can take time and patience.



For more information on solid foods, refer to Chapters 1, 2 and 3.

For more information on supporting picky eating, refer to Chapter 4.



KEY POINTS FOR THIS AGE

From 36 months and older, children continue to display progress in all areas of development. They are now master eaters and independent self-feeders. Although children may not need as much support as they grow older, caregivers still play a vital role in offering care on a daily basis from showing a child how to eat a new food, to making them feel comfortable and proud while eating and cleaning up after themselves.

IMPORTANT POINTS TO REMEMBER:

- ① Even the development of the older child remains connected and skills are dependent on one another. Caregivers must continue to monitor the older child's skills to make sure they continue to stay on track.
- ② Caregivers should expect that children this age, when given ample opportunity, can typically eat all foods and feed themselves independently using a variety of methods such as fingers, utensils, cups and straws.
- ③ Giving children opportunities to feed themselves during mealtimes is important. This helps them reach mastery and gives them feelings of pride and accomplishment.



SECTION 5.3: FEEDING POSITIONING FOR THE CHILD 36 MONTHS AND OLDER

THE IMPORTANCE OF FEEDING POSITIONING

The way we position a child during a feeding is very important. Certain positions can make eating and self-feeding much easier for a child, and some positions can make it more challenging and even unsafe.



Good positioning has many benefits for children and caregivers such as:

- ✓ More timely feedings
- ✓ Increased success eating different types of foods
- ✓ Increased intake
- ✓ Increased success with self-feeding
- ✓ Improved growth and nutrition
- ✓ Reduced occurrence of illness and death
- ✓ Children and caregivers are happier and mealtimes become a positive experience
- ✓ When positioning is good, children and caregivers are happier, and feedings are a positive experience.

Poor positioning has many risks such as:

- ∅ Inefficient and longer mealtimes
- ∅ Reduced success accepting and managing different foods
- ∅ Reduced intake
- ∅ Increased difficulty with self-feeding
- ∅ Poor growth and nutrition
- ∅ Increased occurrence of illness and death
- ∅ Mealtimes can become a stressful struggle for children and their caregivers
- ∅ When positioning is poor, feedings can be a stressful, negative experience for children and their caregivers.





Please refer to Chapter 2, Section 2.3 for a detailed chart of Benefits and Risks of Positioning for Feeding.

This section discusses the best positions for feeding children 36 months and older, how to create these positions and which children are best suited for each position.



KEY POINTS WHEN CHOOSING A FEEDING POSITION FOR THE CHILD 36 MONTHS AND OLDER:



Is the child's head and neck well supported?



Is the child's trunk (body) well supported?



Is the child upright enough?



Does the child need extra support with making feedings slower?



Does the child need extra support for self-feeding?



Is the feeder/caregiver comfortable in this position?

A caregiver works to provide proper positioning for two children during a lunch meal. These caregivers have learned that when children are in well-supported positions, they can feed themselves more successfully.



Additionally, you may need to consider other individual needs of a child such as:

- ① *What is the size of the child?* A larger child may be more challenging to hold in certain positions. A smaller child may need extra physical supports for sitting upright in a chair such as cushions, pillows and an elevated foot rest.
- ② *How strong is the child?* A weaker child may need a position that offers more support, whereas a stronger child may need a position that requires less.
- ③ *Is the child trying to feed herself?* A child who is not feeding herself may be very capable when given appropriate supports and plenty of opportunities to practice.
- ④ *Does the child appear comfortable in the position?* An uncomfortable child won't eat as well.
- ⑤ *Is the child feeding well in this position or is she fussy?* A fussy child won't eat as well.
- ⑥ *Is the child coughing or choking often in this position?* A coughing or choking child is at risk for poor nutrition, illness and poor feedings.

EXAMPLES OF GOOD AND POOR POSITIONING FOR FEEDING THE CHILD 36 MONTHS AND OLDER (IN CHAIR)



GOOD POSITIONING

- Child is seated upright in chair
- Head is in a forward position
- Knees are at 90-degrees
- Feet are well supported by a footrest
- Tray is at an appropriate height for added positioning support and self-feeding

POOR POSITIONING

- Child is seated upright in chair
- Hips are slightly flexed
- Knees are at 90-degrees
- Feet are well supported BUT head and neck are extended up and back
- Torso is twisted
- No table or tray to support positioning and self-feeding



When a child's body feels well-supported, she can focus on what matters most: eating

BEST POSITIONS FOR EATING AND DRINKING

Listed below is the most common position used for feeding children 36 months and older. Also, as children grow larger and stronger, the chair/seat and table they are using will most likely need to change or be modified.

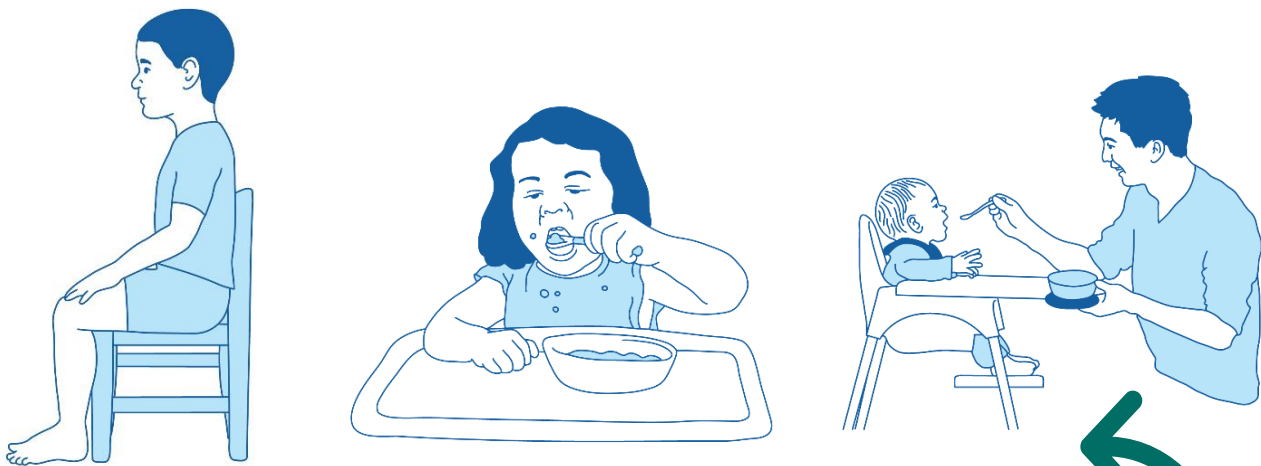


If the current position does not feel right to you or for the child, it's OK to try a different position (and chairs, tables, trays and cushions). Sometimes caregivers must try multiple positions until they find the "just right fit."

UPRIGHT SEATED FORWARD POSITION (IN CHILD SEAT/ HIGH CHAIR)

HOW TO: Place child in a well-supported position in a child seat or high chair. Child should be facing you and/or peers while in the comfort of the seat. You can be holding the food, cup, and/or spoon and the child should also be given the opportunity to assist with feeding.

BEST FOR: Most children 36 months and older; spoon feeding, finger feeding, cup drinking, straw drinking



Using a tray or table with a seat or chair is helpful for encouraging exploration of foods and self-feeding using fingers, utensils and cups.





FEEDING POSITIONING CHECKLIST FOR THE CHILD 36 MONTHS AND OLDER:

AT 36 MONTHS AND OLDER A CHILD'S:

- hips should be positioned at 90-degrees and lower than the head

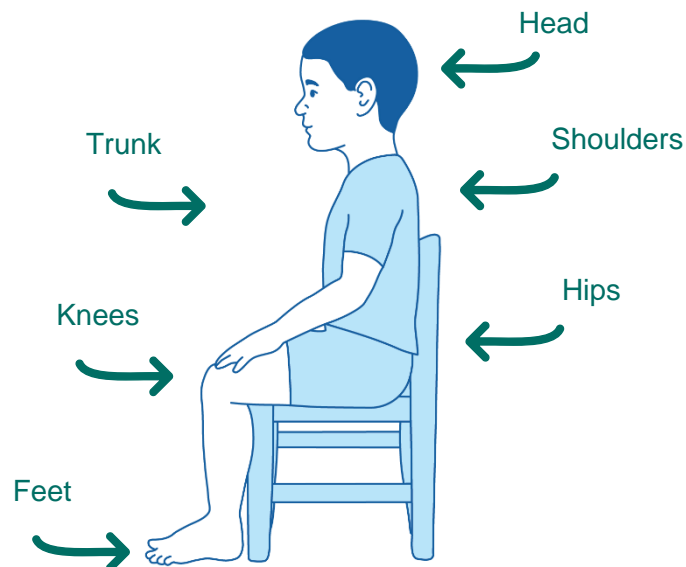
- body (trunk) should be upright and well supported by caregiver's body or chair — not leaning forward, backward or to either side

- shoulders should be level and facing forward

- head is centered and in midline, neutral position with chin slightly tucked

- knees should be at a 90-degree angle

- feet flat on floor, foot rests or against caregiver's body





KEY POINTS FOR THIS AGE

During this time of life, mealtimes have become an interactive process for children and caregivers. By 36 months old, children take even more responsibility during mealtimes, serving themselves, feeding themselves and cleaning up after eating. Good positioning remains critical in the success a child has when eating, and helps them stay more focused during mealtimes. Good positioning also provides a child with more physical stability and independence for effective and confident self-feeding. Caregivers must be skilled in understanding the essential aspects of appropriate positioning for mealtimes so that children can eat safely, comfortably and independently.

IMPORTANT POINTS TO REMEMBER:

- ① Good positioning for feeding leads to safer and easier eating for children and increased confidence and success with self-feeding.
- ② Always consider the key aspects of positioning for every child in order to make mealtimes safe, successful and enjoyable.
- ③ By 36 months old, when provided appropriate positioning and practice, most all children can eat and drink independently.



SECTION 5.4: BEYOND THE MEAL: TIPS FOR SUPPORTING THE CHILD 36 MONTHS AND OLDER

During the first 36 months of life, children have made incredible changes in their development. By this time in life, they show a healthy interest in the world around them and a determination to explore, learn from others and thrive. This section discusses simple ideas to encourage healthy development across all areas of the older child's life, beyond the feedings.

By incorporating these ideas 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. Try adding these ideas into mealtimes, dressing/undressing routines, during diaper and toileting routines, bath time, when offering comfort, and when providing care for multiple children at a time, such as while toileting one child, another child is nearby waiting for her turn.



MOTOR MOVEMENTS

Supporting a child's motor development is something that can easily be done each and every day. When a child is able to move her body and explore the world, she is growing her body and her brain! Additionally, supporting a child's movement directly supports feedings. Strong children with good motor skills typically have fewer issues with feedings, or issues resolve sooner.

MOTOR (PHYSICAL) ACTIVITIES

DESCRIPTION (WHAT IT LOOKS LIKE)

Big Movement Play

- ⇒ **Play ball:** Take turns throwing, rolling, kicking and catching a ball back and forth. Try it alone or have several children play together in a fun game.
- ⇒ **Soccer play:** Turn a box on its side and pretend it's the goal. Have fun kicking a ball into the goal.
- ⇒ **Kangaroo hop:** Place an object on the floor as the starting line. Encourage children to hop as far as they can from the starting line.
- ⇒ **Outside play:** Encourage children to play with balls and playground equipment (if you have it). Encourage big movements such as running, jumping, climbing and exploring.
- ⇒ **Stair climbing:** Allow a child to practice walking up and down stairs. Make it a game and see who can reach the top first.
- ⇒ **Freedom to explore:** Offer lots of opportunities for children to freely explore their environments using big movements, such as crawling, standing, walking, running, jumping, etc.
- ⇒

Movement and Music

- ⇒ **Dance party:** Play music you enjoy and dance together.
- ⇒ **Sing-along:** Sing songs, perform finger rhymes, and move your bodies.
- ⇒ **Make music:** Have fun making your own music (shaking and banging) using toy instruments, everyday items such as pots and pans or real instruments such as guitars, pianos, drums and bells.

Finger and Hand Play

- ⇒ **Table time:** Use a small table, box, or upside-down laundry basket with chairs for playing (blocks, puzzles, etc.), eating, artwork (scribbling, painting, drawing, cutting, folding) and schoolwork (writing, math).
- ⇒ **Block time:** Have fun stacking blocks and building towers and buildings.
- ⇒ **Basketball:** Toss items into a laundry basket or trash can as a game. Objects can include soft balls, small pillows, bean bags, stuffed animals, etc.
- ⇒ **Art time:** Have fun making designs and pictures using crayons, markers, chalk, pencils, paint or even water and dirt. Use fingers or brushes.
- ⇒ **Big helpers:** Ask children to be helpers for daily activities such as dressing/undressing, washing hands, serving food for themselves and others, opening and closing doors, pouring liquids at meals, sweeping and other clean-up activities.



Older children enjoy daily outside time where they can run, jump, slide, swing and play with each other.



PLAY AND LEARNING

Supporting a child’s early play and learning is something that can easily be done each and every day. In fact, the main way young children learn is through play! So, when a child is able to play, explore objects, interact with others, and discover his environment, he is growing a strong brain that will serve him well as he grows to become an adult.

PLAY AND LEARNING ACTIVITIES	DESCRIPTION (LOOKS LIKE)
<p>Talking, Singing, Reading and Learning</p>	<ul style="list-style-type: none"> ⇒ Story time: Have fun reading books together or telling your favorite stories. Share nursery rhymes or traditional tales. Ask for help turning pages, pointing out pictures, answering questions (“What happens next?”) and recounting the story. ⇒ Music time: Listen to music and sing songs with a child. Have fun singing along to the songs that you know. ⇒ Talking time: Talk about what a child is doing, what you are doing and what you are doing together. Use words and phrases to describe shapes, colors, numbers, letters, body parts, animals, foods, action words, feelings and other common everyday items and familiar people. ⇒ Play time: Have fun with pretend play. Play with dolls, have a tea party, pretend to cook dinner, play “house” or imagine that you are all fun animals. ⇒ Pretend play: Make a playhouse, store, farm or a boat out of a large box. Explore and maneuver around the creation. ⇒ Dress-up time: Have a dress-up box with different types of clothing and accessories for children to explore (dresses, shirts, pants, shoes, hats, scarves, gloves, belts, costumes, etc.) ⇒ Number time: Use numbers throughout the day with a child. Count everything — the number of chairs in a room, children, shoes, balls, dolls and practice telling time. ⇒ Sorting time: Sort everyday objects by color, shape, size, type, etc. Have fun sorting in piles or containers for dumping and filling.
<p>Playtime on Floor</p>	<ul style="list-style-type: none"> ⇒ Play where the child is at – on his level – and follow his lead. Let a child guide their play with you. Children this age enjoy playing with: blocks, balls, play food and dishes, dolls, cars/trucks, big outdoor toys, books, puzzles, homemade Play-Doh or clay, art activities, musical instruments, plastic animals and dinosaurs, hula hoops, ball pits, flashlights, forts, tents, toy tools, tricycle with helmet child-size furniture, chalk, board games, etc.

A girl has fun playing on the floor in her classroom with her caregivers and friends.



COMMUNICATION AND RELATIONSHIPS

Supporting a child’s early communication and relationships is something that can easily be done each and every day. Positive relationships are the primary way to build strong children and supporting a child’s communication is a wonderful way to nurture relationships between caregivers and children. When caregivers are deeply connected to children and show that they understand what a child needs, children feel safe, secure and ready to learn and grow.

COMMUNICATION AND RELATIONSHIPS ACTIVITIES

DESCRIPTION (LOOKS LIKE)

Play and Interactions

- ⇒ **Relate often:** When together, talk, tell stories, read and sing or hum to a child. Share special rhymes or poems, look at pictures and play games or do activities together. Repeat a child’s words and encourage back and forth conversations with one another.

Calming and Soothing

- ⇒ **Teach regulation:** When a child becomes upset, use the same movements and sounds repeatedly to soothe him such as rocking, swaying, bouncing, patting, massaging, singing or music.
- ⇒ **Heads-up:** Talk to a child ahead of time about new routines, events and people. Use picture schedules to alert children to what is happening next.
- ⇒ **Choice making:** Offer a child two choices to help cope with feelings and options: "Do you want a book or blocks?"

	<p>⇒ Share feelings: Help a child identify emotions by talking about them. Give names for feelings to help a child understand. For example: “You feel frustrated when other children take your toys without asking.”</p>
<p>Positive Interactions</p>	<p>⇒ Connect often: Repeat the words and phrases that a child says or faces, such as smiling. Gaze at a child during activities such as diapering and toileting, mealtimes, playtime and bathing. Use touch to connect with a child, such as snuggles, hugs, massage, wrestling/rough play, holding, etc.</p> <p>⇒ Sharing is caring: Teach children how to share and take turns by doing these with them during play and when interacting with others. Use simple phrases repeatedly to help teach these concepts (“My turn,” “Your turn,” “Can I have a turn?” “In 1 minute.”).</p>
<p>Consistently Care</p>	<p>⇒ Respond well: When a child expresses they’re upset, respond consistently and in a timely manner with soothing words and/or touch and physical comfort.</p>



A group of boys show the importance of friendship and relationships.



KEY POINTS FOR THIS AGE

Being a supportive caregiver means supporting children throughout the day, including at mealtimes, playtime and during daily routines. Every activity and routine throughout a child's day is an opportunity to enhance development and quality of life. These activities don't need to be complicated or done for hours at a time. Use convenient objects from your environment, and offer short, frequent moments throughout the day for activities. Since development is interconnected, often times multiple areas can be supported simultaneously through the incorporation of one simple activity.

IMPORTANT POINTS TO REMEMBER:

- ① No matter how independent a child's skills may be, they still need attention and thoughtful interaction from caring adults every day.
- ② Encouraging daily movement, play and positive interactions with others are the best ways to support a child's total development.
- ③ Children will reap the benefits when caregivers find small moments throughout the day to incorporate activities that support total development.

