



Food for Practicing Biting & Chewing

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Eating can seem simple, but did you know that one in two infants and toddlers are reported by their caregivers to have feeding problems? Fussy or picky eating or not chewing usually pass as children get older, however, mealtimes for some can be fraught with ongoing grimacing and gagging. Children and caregivers may feel distressed, anxious, worried, frustrated and angry when mealtimes are difficult.

What causes mealtime difficulties?

There is a long list of things that can trigger problems with eating, drinking and mealtimes. These include premature or complicated birth, early hospitalisation, medical or developmental conditions, pain, trauma, excessive stress, reflux, vomiting, ear, throat or chest infections, allergies, intolerances, and/or constipation. If a child's developmental milestones were delayed or movements were not even on both sides of the body, then biting and chewing skills may be delayed. Caregivers who have experienced post-natal depression, anxiety or stress may also find mealtimes tricky for their family. Key areas to explore to help improve mealtimes, along with seeking assessment from a health professional, are a child's and caregiver's sensory preferences for mealtimes and a child's history of gross motor developmental milestones.

What are sensory preferences?

Sensory preferences are the sights, sounds, types of touch, smells, tastes, temperatures, textures and types of movement we prefer in our day. Our sensory preferences influence what we detect, tolerate, are distracted or distressed by, avoid, or seek more of.

What are gross motor developmental milestones?

Gross motor developmental milestones are the large muscle movements and skills that a baby uses to roll, sit, crawl & walk. While keeping in mind every baby develops differently, caregivers can talk to a health professional if their child does (or did) not have strength, or symmetry (even on both sides of the body) or did not go through each stage like most other babies. Health professionals who help caregivers understand a child's individual developmental abilities and needs around mealtimes include an occupational therapist, speech pathologist, dietitian, physiotherapist, child health nurse, social worker, clinical psychologist, doctor and paediatrician.

How can I help my child's fussiness at mealtimes and my child's chewing skills?

1. Notice what sights, sounds, types of touch, smells, tastes, temperatures, textures, types of movement, interactions, positioning and surroundings each of you prefer in your day. Sensory preferences influence what we detect, tolerate, are distracted or distressed by, avoid, like or seek more of.
2. Make changes to the mealtime sights, sounds, types of touch, smells, tastes, temperatures, textures, types of movement, interactions, positioning and surroundings, so that mealtimes are emotionally safe and pleasurable for all members of your family.
3. Notice your child's chewing. Children with chewing difficulties may leave food in the middle of their mouth when they chew, or may store it in their cheeks. If food is not chewed properly it does not become small enough to swallow easily. Talk with a child development health professional if you notice your child does not use the tongue to move food to the sides of the mouth to chew with the gums or big (molar) teeth.
4. If you noticed a delay when your child was learning to roll, sit, crawl or walk, or if each side of their body was not even during any stage, ask a paediatric physiotherapist to assess their torso/trunk/abdominal strength and rotation, shoulder girdle strength and body symmetry (evenness). Chewing progresses in most children when gross motor development and differences improve.
5. Ensure your child's mealtime position and posture supports their torso/trunk/abdomen, shoulders and head to be balanced and stable, so that jaw, tongue and lip control are optimal. Provide a foot-rest or ensure feet are on the floor. See pages 20-21 of the SENSE-ational Mealtimes book for more information on mealtime positioning and posture.
6. Notice when your child is most calm-alert and more likely to tolerate tricky food. This could be a specific snack or mealtime through the day, on weekends, on holiday, at playtime or when with a sibling or friend.

7. Use the lists below to identify practice food that is only **slightly** firmer than what your child currently manages. Success with food that is a slightly firmer 'just right' challenge will help improve your child's eating skills toward healthy firm food.
8. Provide new, **slightly** firmer 'just right' practice food that has similar sensory properties (colour, shape, size, feel, smell, taste, temperature and texture/firmness) to their always food when you are both calm-alert. Remember to offer healthy options more often than unhealthy dissolving/collapsing practice food, in addition to their always food.
9. Allow time for your child to explore food with their eyes, nose, spoon, fork, finger, hands, body, lips, teeth, tongue or mouth when calm-alert, at their pace, during play, snacks and meals, with NO PRESSURE to eat. Be playful, be accepting of differences between you both, be curious & empathise with their feelings.
10. Remember your child may need many, **many** opportunities to explore and practice biting and chewing soft food before being able to manage firmer, hard or tough food. Allow your child to spit out food they do not manage to swallow. Perhaps it will feel safer watching a sibling, friend or you doing these steps slowly many, many times before being ready to progress.

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Dissolving/collapsing food

Savoury: Spread meat puree, hummus, cream cheese or avocado on Baby Mum-Mum rusks, Cruskits Original, breadsticks or high fat crackers (e.g. Ritz, Jatz), prawn crackers or pappadums; Cheez Ball puffs, Puffed Wheat cereal; scrambled egg; shredded, cooked zucchini; sweet potato tossed in oil & cooked soft

Easy food

Savoury: moist, slow-cooked fish, chicken thigh/leg; minced lamb, pork & beef; fish, chicken or meat balls/patties/loaf; poached egg; nut spreads; soft legumes, tofu; avocado; soft roast vegetables, soft chips, toast

Medium food

Savoury: fish; moist, slow-cooked chicken breast; minced/moist, slow-cooked lamb, pork & beef; boiled egg; omelet; French toast; sausage; steamed vegetables; pasta, rice, bread

Hard/tough food

Savoury: thin sticks of salad vegetables & raw/slightly cooked vegetables; grilled/fried chicken breast; finely cut lamb fillet/meat on a cutlet bone; finely-cut beef roast/steak with or without a sauce to moisten

Dissolving/collapsing food

Sweet: wafer thin slices of peeled/very ripe/soft (perhaps cooked) banana, pear, mango, peach, nectarine, apple, soft centre of water- and rockmelon; yogurt; sponge biscuits, sponge cake, meringues, wafer biscuits/cones, Cheerios cereal

Easy food

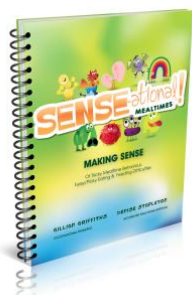
Sweet: canned/peeled/cooked/wafer thin slices of pear/apple; wafer thin slices of ripe/soft/peeled peach, nectarine; whole, ripe, soft Bartlett pear or banana; pikelets, pancakes

Medium food

Sweet: whole or chunks of soft apple; any slightly ripe fruit, Packham pear; grapes, cherry tomato and firm strawberries cut in half

Hard/tough food

Sweet: dried fruit, hard crisp apples



Gillian Griffiths and Denise Stapleton are authors of SENSE-ational Mealtimes, a go-to parent guide book supporting families with varying mealtime difficulties, that can be ordered by visiting <http://sense-ationalmealtimes.com.au> Please like & share our Facebook page to help other families <http://facebook.com/pages/SENSE-ational-Mealtimes>

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