

## **FREQUENTLY ASKED QUESTIONS RELATED TO FEEDING**

Some babies do not find sucking easy even though we tend to think that sucking should come naturally to babies. They may not be able to maintain regular sucking movements and they may not have a very strong suck. This makes it difficult and time-consuming to complete your baby's feed.

### **\* What can I do to help my baby suck?**

You may be able to help him or her by reducing any background distractions. Some babies seem to respond well to swaddling (wrapping) in a blanket. You may find that stroking your baby's cheeks towards the lips helps start a sucking action.

There are specialist feeding bottles available which are designed to help with sucking difficulties. They tend to be made of soft plastic which enable the feeder to squeeze the bottle gently in a rhythmic way throughout the feed. You can also find bent bottles in the high street which enable you to feed an infant in a more upright position during feeding. This may help to reduce the gastro-oesophageal reflux (regurgitation of food from the stomach into the gullet) and to protect your baby's airway during feeding.

**You should discuss all these options with your local speech and language therapist before you try a new bottle. If your baby is having difficulty with co-ordinating sucking and swallowing and breathing, then introducing a faster flow of milk may result in further difficulties.**

### **\*When is my child ready to wean onto semi-solids?**

There are a few signs to look out for when you are thinking about weaning your child.

Children without Agenesis of the Corpus Callosum are generally introduced to semi-solids at the age of four months, however it is important to view your child's feeding skills within the context of their overall development. This means that if your child's motor development (co-ordination) is delayed (for example, if he or she has little or no head control) then it may be too early to consider weaning onto solids.

Your paediatrician or dietician will also want to ensure that your child is gaining weight well before starting solids. He or she may want to wait until your child has reached a certain weight.

If your child is moving his or her tongue from side to side, this may be another sign that he or she is ready to eat solids.

**It is important to discuss whether your child is ready to start semi-solids with your local medical team.**

### **\*What kinds of spoons and cups can I use?**

Look out for specific weaning spoons. These are usually trowel shaped with a small tip and a shallow bowl.

There are a number of different special spoons available to purchase. Your local speech and language therapist will usually have access to catalogues for ordering them.

These special spoons tend to look similar to regular spoons but they have flatter surface.

This surface helps children with limited lip seal (that is, they find it hard to close their lips) to remove food from the spoon more easily.

There are also some special cups which help the children who have difficulty with drinking. Many are available in high street shops, particularly if your child can take in drinks only at a certain pace, you may want to find cups which give a slower flow of liquid. This might be a beaker, a sports bottle or a cup with a sunken lid. You may want a more specialised cut-out cup which enables your child to drink without tipping his or her head backwards.

**Remember that pureed food gets thicker and more difficult to eat as it gets colder and you may find a plate warmer helpful in maintaining its consistency. These plates, which are filled with hot water, are available on the high street.**

Chewing food is a complicated process. IT depends on a child being able to co-ordinate a number of different movements and muscles including the tongue, teeth and jaw.

Difficulties with chewing can result in children coughing, gagging and choking on foods and can make them reluctant to try new foods.

**\*How do I move my child onto lumpy foods?**

**Children with no difficulties in chewing continue to improve their chewing skills until they are eight years old so there is plenty of time for your child to improve his or her skills.**

High street shops sell jars of food for seven month old babies but these can be unhelpful because they contain lumps within a sauce, so your child may come across a lump unexpectedly. Other foods which can cause problems in this way are pasta pieces in a sauce and some types of soup.

It may be more helpful to gradually increase the thickness of the purees which you are giving your child rather than suddenly introducing lumps. You may want to introduce finger foods which dissolve easily and then very soft lumpy food such as cooked apple or mashed banana which can be eaten through an early munching movement.

Until your child is able to co-ordinate side-to-side tongue movements and rotational jaw movements together with biting skills then it is important to avoid foods which are difficult to chew.

Foods that are always difficult to chew include meat, bread and cakes, crisps, chewy sweets and raw vegetables.

Your local speech and language therapist may suggest other textures of food which are ideal for developing chewing skills in a more systematic way – for example “bite-and-melt foods” such as tiny pieces of chocolate.

**It is important to discuss moving your child onto semi-solids with your local medical team.**

**\*Why does my child have to be tube fed and will it be for ever?**

There are several reasons why some children are fed by tube. The main ones are usually because a child cannot maintain or gain enough weight through feeding by mouth or that he or she has swallowing difficulties and oral feeding is not safe because of the risk of food or liquid going down the wrong way (into the airway).

It is important for all children to have enough calories each day. Research has shown that children who do not get enough to eat and drink are at risk of developing other problems such as failure to grow and difficult in fighting off infections.

If food or liquid does go down the wrong way (i.e. into the airway towards the lungs) then this is called 'aspiration.'

A small proportion of children with 'Agenesis of the Corpus Callosum' do not respond to aspiration episodes by coughing when food or liquid goes into the airway. This means that they have no way of protecting the airway. Research has shown that if this happens on a regular basis then children can become more prone to respiratory (breathing) difficulties such as wheezing, coughing, chest infections and pneumonia.

Tube feeds are a way of enabling parents and carers to make sure that a child is getting enough nutrition in a safe way. For parents this can reduce the anxiety around meal times. For children it offers the opportunity to eat and drink at their own speed.

Most children who are tube fed are able to have something to eat or drink even if it is only small amounts to 'taste'.

**It is important to speak regularly with your child's local medical team about the recommendations for feeding him or her because these may change over time. Some children who are tube fed may progress to oral feeding if their swallowing function improves although this can take some time.**

**\*What can I do to involve my tube-fed child at meal times?**

It is important to continue to involve your child in mealtimes at home and at school. This enables your child to experience the smells related to foods and the close interactions which happen around the table.

If your child is able to have 'tastes' of food then this would be a good time to offer them. If not, you may want to allow younger children the opportunity to take part in messy food play. This encourages children to touch, feel and smell food and maintain an interest in food without becoming fearful of it.

If your child is not able to taste foods, you may want to give him or her some one-to-one time in another way. You could give him or her a hand massage or sing songs together. It is helpful for children to have pleasant experiences around their faces at all times, especially if they have tubes which go through the nose to the stomach. These experiences could include facial massage, touches to the face, kisses and the opportunity to chew or mouth soft plastic toys.

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