

RESOURCE LIST FOR DIFFICULT FEEDERS FROM NEWBORN TO TODDLERS - TIPS, TRICKS & WHEN TO SEEK HELP

Suzanne Partridge Lopez, OT/L

Referrals:

- INTOT Developmental Center (360)736-4359
- Growing Together (360)827-6093
- Providence Outpatient Therapy (360)330-8720
- IBCLCs in Lewis County:
Sara Spencer @ NW Peds (360) 736-6778

WIC has two IBCLCs, but WIC representative reports that she doesn't feel diagnosing lip and tongue tie is within their scope of practice. They would refer back to pediatrician.

Sarah Cassidy @ Initiating Lactation (360)292-5146
www.inlactation.com She does office/home visits for Lactation Consults, rents pumps and does breastfeeding classes. She has Facebook page as well.

LaLeche League of Olympia/Thurston County – see Facebook page

LaLeche League of Lewis County – see Facebook page

- Ask your pediatrician for a referral for OT or Speech Therapy to address feeding needs. Depends on clinic/therapist as to which discipline will address feeding.

Tongue & Lip Tie Resources:

<https://blog.asha.org/2017/08/22/three-structures-in-a-childs-mouth-that-can-cause-picky-eating/>

https://www.youtube.com/watch?v=R_qnkhwl84

- Dr. Ghaheri <http://www.drghaheri.com/blog/> (503) 488-2626
- <https://www.drstevenlin.com/baby-tongue-tied-check-normal-tongue-vs-tongue-tie/> (parent friendly article)
- <https://vimeo.com/86784777>
- <https://www.zaghimd.com/>
- <https://www.youtube.com/watch?v=jCFuvkjOr5s>
- Dr. Ben Ruder, Small to Tall Dentistry, <http://smalltall.info/>, (360) 459-5885
- Dr. Andrea VanCleave, Olympia Pediatric Dentistry, <https://www.olyprd.com/> 360-352-3515

<http://llofwa.org/la-leche-league-lewis-county>, Alissa (360) 209-2046, lalecheleaguelewiscounty@gmail.com

Safe Bottle Feeding:

<http://www.bestforbabes.org/the-babes-guide-to-bottle-feeding/>

<https://www.youtube.com/watch?v=3aQAYiLP7zI>

<https://www.youtube.com/watch?v=5e1KBtjYYns>

Straw and Cup Drinking:

<http://heymommies.com/sippy-cup-vs-straw-cup/>

<http://heymommies.com/5-tips-for-weaning-from-a-bottle-to-cup/>

Transitioning to Solids:

<https://blog.asha.org/2016/06/23/5-myths-and-truths-about-choking/>

<http://pediatrics.aappublications.org/content/125/3/601>

<https://scienceofmom.com/2012/02/27/10-tips-for-starting-your-baby-on-solid-food/>

<https://yourkidstable.com/how-to-transition-your-baby-or-toddler/>

<https://blog.asha.org/2014/02/04/baby-led-weaning-a-developmental-perspective/>

<http://www.babyledweaning.com/>

<http://www.analyticalarmadillo.co.uk/2013/09/13-baby-led-weaning-myths.html>

http://apps.who.int/iris/bitstream/10665/44117/1/9789241597494_eng.pdf?ua=1&ua=1

<https://www.romper.com/p/5-signs-your-picky-child-isnt-getting-enough-nutrients-you-need-to-see-a-doc-8014598>

<https://www.families.com/helping-your-child-with-hypersensitive-gagging>

<https://singingthroughtherain.net/2013/03/tips-for-children-with-feeding-disorders.html>

<https://www.arktherapeutic.com/blog/teaching-the-concept-of-biting-and-chewing/>

<https://www.arktherapeutic.com/blog/food-refusal-is-it-oral-motor-or-sensory-related/>

<https://www.arktherapeutic.com/blog/10-tips-for-kids-who-need-to-chew-an-oral-sensory-diet/>

5 Myths and Truths About Choking

June 23, 2016 By [Melanie Potock MA](#)

As a pediatric feeding therapist, I often encounter parents with misconceived notions about choking, especially when their children are between 6 months and 4 years old and just learning to eat a variety of solid foods. Below, I list five common myths SLPs can dispel, along with five truths we can share to raise awareness and keep “learning eaters” safe.

Myths:

1. *Coughing while eating signals choking.* Typically, occasional coughing while eating means the child experienced difficulty coordinating the swallowing mechanism, and is attempting to expel any residue from the airway and surrounding area. In order to cough, air must be moving through the airway, so a cough is often a good sign of airway protection. However, be on guard for continued coughing or a significant change in breathing pattern during or after the episode.
2. *Gagging on food means my child is choking.* Gagging is a reflex also helpful for protecting the airway. Although we don't want children to experience repeated episodes of gagging or any negative association with food, the occasional gag occurs when the brain detects a loss of control of the food in the mouth. Still, an active gag reflex is not a foolproof safety mechanism. A child's airway is narrow and food can still become lodged or inhaled much easier than in an adult's.
3. *My baby's “tongue thrust” will protect him from choking.* Babies move their tongues in a forward/backward movement when breast or bottle feeding. When solid foods get introduced, this anterior/posterior movement seems to push food out of baby's mouth until baby learns to propel the food to the back of the mouth for swallowing. Purees help babies learn to manage a safe swallowing pattern and other soft, hand-held foods—avocado or slivers of peeled roasted sweet potato—can gently support feeding skills development. But don't rely on a baby's tendency to push food out before learning to chew and swallow. Learning to eat is a developmental process. Offering [foods too advanced for a child's developmental stage](#) increases the likelihood of choking, especially given [a young child's unique anatomy](#).

4. *Raising the hands above the child's head stops the coughing or choking.* Raising arms when someone coughs might actually make the situation more dangerous. The motion of the arms influences the motion of the child's neck and trunk. In turn, the food causing the coughing can shift and block the airway.
5. *Pat a child's back when they're coughing.* Remember, coughing isn't choking. Patting a child's back when they cough might cause the offending food to fall into the airway and block airflow.

Truths:

1. *A person choking often makes little to no sound.* Always stay present and observant while a young child eats. If the airway becomes blocked, little to no air can pass through the vocal folds. Your eyes most likely will see the choking before you hear anything, if at all.
2. *Call 911 and perform life-saving measures* if a child experiences difficulty breathing, presents with a change of color anywhere about his face or suddenly begins to drool—even if you hear other vocal sounds.
3. *Food can enter the larynx, trachea and/or lungs for a variety of reasons.* Known as “aspiration” or “silent aspiration,” depending on the circumstances, this inhalation of food causes immediate as well as delayed complications. Even if a child isn't choking, aspiration can cause life-threatening issues over time. Bring the following delayed symptoms to the attention of the child's primary health care provider immediately:
 - Difficulty managing saliva.
 - Wet “gurgly” voice quality.
 - Mucous build-up after eating or chronic congestion.
 - Multiple episodes of chronic low-grade fever.
 - History of pneumonia or frequent respiratory infections.
 - Consistently coughing during or after eating or drinking.
 - Fear around eating.

- Decreased interest in eating.
 - Weight loss or apparent poor growth.
 - Consistent discomfort or irritability just before, during or after eating or drinking.
4. *Avoid certain foods unless softened and/or cut, smeared or separated into tiny, manageable pieces.* These foods generate high choking risks unless properly prepared: apples, nuts, seeds, grapes, raw carrots, popcorn, chunks of peanut butter, clumps of raisins or dried fruits, marshmallows, chewing gum, hard candies and meat sticks/sausages.
 4. *Get trained—along with babysitters and older siblings—in CPR and choking first aid, like the Heimlich maneuver.* The [Red Cross offers a reference guide](#), public classes in most hospitals, and online courses and [instructional videos](#).

Melanie Potock, MA, CCC-SLP, treats children birth to teens who experience difficulty eating. She co-authored "[Raising a Healthy Happy Eater: A Stage-by-Stage Guide to Setting Your Child on the Path to Adventurous Eating](#)" (2015), "[Baby Self-Feeding: Solid Food Solutions to Create Lifelong Healthy Eating Habits](#)" and "[Happy Mealtimes with Happy Kids](#)," and produced the kids' CD "[Dancing in the Kitchen: Songs that Celebrate the Joy of Food!](#)" Potock's two-day course on pediatric feeding is offered for ASHA CEUs. She is an affiliate of ASHA Special Interest Group 13, Swallowing and Swallowing Disorders (Dysphagia). mymunchbug.com/contact-us