

# m e m o

**DATE:** June 3, 2020  
**TO:** Coordinators and LA Staff  
**FROM:** Carole Kelnhofer, Training Coordinator  
**SUBJECT:** Trauma effects on child and infant feeding behaviors - Topic of the Month

Lives disrupted by crisis may affect all family members differently. While infants and children struggle to respond to these changes, parents may find them acting out in a variety of ways. One way children may express their discomfort with their world is through changes in feeding behaviors. While some changes in feeding can be normal, others are cause for concern.

## **Common Feeding Behavior Changes**

- Prolonged or disruptive mealtimes.
- Food refusal or picky eating.
- Emotional grazing or overeating.

Childhood nutrition is essential to adequate growth, development, immunity, and learning. Children that refuse to eat certain foods or food groups may fall short on some essential vitamins and minerals. Short-term feeding behavior setbacks are usually not cause for concern, while long term they may contribute to changes in growth and development.

Growth is a reflection of health. When a child is under- or over-nourished due to changes in feeding behaviors, they may become at-risk for more serious pathological conditions. Understanding the underlying factors that lead to changes in daily eating habits is the first place to start.

How can WIC help? For parents, understanding what normal feeding development looks like can help with understanding what may be a real concern. Begin with having a discussion about their child's eating to determine if what is happening is normal or cause for concern.

## **Question To Ask About Feeding**

- What concerns do you have about your child's eating?
- Has this always been a concern or is this new?
- Does your child have any medical problems that could be causing the change?
- Have there been changes in the home environment?
- Have you noticed a change in your child's growth?
- Have you noticed changes in your child's development?

- How has this change affected mealtimes?
- How do you (the parent/caregiver) respond to changes in eating?

When there is a medical condition or the feeding behavior leads to adverse changes in growth or development, it is a red flag for a referral to the child's pediatrician or health care provider.

### **WIC's Role**

WIC staff use the [nutrition risk assessment](#) (MOM 5.3) to develop a picture of nutritional status and health for each participant. The anthropometrics and hematological information provide a framework for the assessment information. Through the health and dietary assessment, staff are able to develop a picture of underlying feeding behaviors that may be affecting growth and development. By using participant centered services ([PCS Counseling Skills](#)) during the assessment, we are able to gain trust while allowing the parents to openly explore their child's feeding behaviors. With the fully completed assessment, we are able to determine the appropriate individualized risk codes and course of action.

### **Assessment Tools**

[Training Tool for Child Assessment Questions](#) (PDF)

Complete [Child](#) Question Dietary Assessment Tool (PDF)

[Child Mid Certification](#) Assessment Questions

[Training Tool for Infant Assessment Questions](#) (PDF)

Complete [Infant](#) Question Dietary Assessment Tool (PDF)

[Infant Mid Certification](#) Assessment Questions (PDF)

[Breastfeeding Woman Mid Certification](#) Assessment Questions (PDF)

### **Dietary Risk Codes**

[Dietary \(Risk Criteria #400-#429\)](#)

### **Things to Consider before Providing Education**

- Have you completed the full assessment and determined risk codes?
- Has the family spoken to their medical professional?
- How will culture influence education/recommendations?
- Is the family open to education/referrals?
- What resources/referrals will benefit the family?

An individualized approach to assessment and education ensures that each participant is treated fairly and respectfully. Determine what you can do to assist once all information is gathered. If no concerns are identified, offer praise and tips to continue to promote healthy eating habits.

## Offering Tips to Promote Healthy Eating

- Set a good example by eating meals together as a family.
- Involve child in meal planning and prep; children like to help.
- Serve regular healthy meals and snacks; consistency is key.
- Serve a variety of colors and textures at mealtimes.
- Provide child size (age appropriate) portions.
- Try [Family Style Meal: 101](#); allow child to serve themselves.
  - Builds skills and independence at mealtime.
  - Allows child to decide how much to eat.
  - Encourage parent to let child decide; no nagging or force feeding.
- Provide some foods a child is more likely to eat.
- Avoid mealtime distractions with no television, phones, or tablets.
  - Avoid grazing with focused family meals; [Family Meals Focus](#).
- Enjoy mealtime conversations; children like to talk and be listened to.
  - [Family meals mean love and security](#) at mealtime.
  - Provide a relaxing environment to eat without stress.
  - Ask about your child's day and share about yours.
  - Ask how your child likes the meal or what their favorite meals are.

## Referrals

Know when to refer. A concern of an underlying medical condition, should be referred to a medical professional. A need for additional food or financial support, referral can be made to food shelves or economic assistance programs.

## Practice Activity with PCS

Below is a scenario of a staff member discussion regarding changes in child feeding behavior with a parent. Notice how PCS is used in the conversation.

- ✓ **READ** through the scenario and think about questions you would ask.
- ✓ **PRACTICE** open-ended questions, affirmations, reflective listening, and summarizing.
- ✓ **SHARE** your knowledge and skills with the next participant.

**Scenario:** The WIC Office is currently closed due to a pandemic. The parent (Emily) of a three year old child (Jack) is on the phone today for a recertification appointment. The parent has provided current measurements for her child via fax from her child's pediatrician. The parent have also provided verification that the family is receiving unemployment and SNAP benefits. Physical presence has been waived at this time. The staff notices that the child's hemoglobin

level is normal; growth records show that the child had not gained weight although he did grow a little over an inch since his last visit with WIC.

**Staff:** Hello Emily, I am so glad you were able to make the time to speak with me today. This appointment should take about a half hour. I really appreciate you sending in the measurements for Jack and income for the family. That helps a lot! Are you ready to get started?

**Parent:** Hi. Yes, just give me a moment while I check on my child. (pause) Okay, looks like he is still napping so this is perfect timing.

**Staff:** Great. I'd like to start by asking if there are any concerns you or your doctor have about Jack's growth?

**Parent:** Um, no not really. I was just at the pediatrician for his well-child check. The doctor did mention that he hasn't gained any weight but I guess I wasn't surprised since he has been pickier with his eating lately.

**Staff:** Okay, what did the pediatrician have to say about the Jack's weight?

**Parents:** She said it can be normal when there is a change in a child's regular routine.

**Staff:** Oh, can you share with me what has changed about Jack's routine?

**Parent:** I guess it started when I began working from home. He used to eat his breakfast and lunch at daycare but now he is home all day with me. Maybe this is normal, I don't know.

**Staff:** That's a big change for both of you being home all day! Can I ask, did the daycare ever express concerns about Jack's eating in the past?

**Parent:** No. Not that I can remember.

**Staff:** So does it seem like this could be a change from how he normally ate breakfast and lunch?

**Parent:** Well, he has always been a really good eater at dinnertime. But now, he has been eating so slowly at every meal. He takes one bite and will literally chew forever. I just don't have the time to have lunch last all afternoon.

**Staff:** I can understand that. How does the meal usually end?

**Parent:** It ends when I take his plate away and tell him to go play.

**Staff:** Okay, how does Jack respond to that?

**Parent:** Well honestly, by that time he seems to be done anyway.

**Staff:** Can you tell me a bit about how Jack lets you know when he is hungry?

**Parent:** Oh, he's not shy when it comes to food. He will eat anything I offer.

**Staff:** Great. So if he doesn't finish his meal, does he usually have a snack or wait until the next meal?

**Parent:** I always keep fruit out for him to grab, but if he doesn't want that he will ask for something else.

**Staff:** Wow, it sounds like you have prepared for healthy snacking.

**Parent:** Well, Jack was a chubby baby. I like to have healthy snacks around so he doesn't always eat sweets. I think that is why the pediatrician isn't really concerned.

**Staff:** That’s great! So what I’m hearing is Jack lost a little weight, but between eating more slowly and snacking on fruits your pediatrician is not worried.

**Parent:** That’s right. She said he may be shedding some of his baby weight and anyway their appetite can change when they get around this age. She said I should bring him back in if his appetite doesn’t improve or I notice he is losing weight in the next few months. In the meantime, I plan to offer Jack a vitamin each day. My pediatrician recommended one I could buy that would work for his age.

**Staff:** It sounds like you got some good information from your pediatrician. It is common for toddlers to go through a decreased appetite since their growth is slowing down at this age. I would agree with your pediatrician, if you continue to have concerns give her a call. Your plan to offer Jack a vitamin seems like a solid one. We will go ahead and recertify Jack today. However, if you have any concerns, you are welcome to call us anytime.

**Parent:** Thanks, I really appreciate that. I think it may just be a phase but it’s good to know I can call when I have concerns.

**Staff:** Absolutely, and if you are interested in learning more about picky eating and easy meals you can access more information on the WIC app. You can look on the “Health & Nutrition Tips” tab for a list of topics. Thanks for taking the time with me today Emily, it was great chatting with you!

## **Resources**

[A Child’s Appetite](#), [Feeding with Confidence](#), [Choose a Healthy Plate for Kids](#), [Mealtime Routines](#), [Picky Eaters](#), Minnesota WIC Nutrition Education Cards.

[The First 3 Months- Help Your Baby Learn Healthy Eating](#), [Feeding an Older Infant](#), Minnesota WIC Nutrition Education Cards.

[Wichealth.org](#), Lessons: Healthy Families, Infants, Children Ages 1-5.

[Easy, affordable and healthy eating tips during the coronavirus disease \(COVID-19\) outbreak](#), UNICEF for every child. Guidance and Tips for Families. Ideas to help families maintain a nutritious diet during a pandemic.

[How to Approach Feeding Difficulties in Young Children](#), National Center for Biotechnology Information. Yang H. R. (2017). *Korean Journal of Pediatrics*, 60(12), 379–384.

[Childhood Feeding Problems and Solutions](#) and [Intervening with Pediatric Feeding Disorders](#), Ellyn Satter Institute (ESI).

[Challenging Behaviors](#), Zero to Three. Challenging behaviors are common and can be expected, explore topics in early development and well-being at [ZeroToThree.org](#).

[Nutrition: Ages and Stages](#), [healthyeating.org](#). The American Academy of Pediatrics (AAP).

[Mealtime Conversations](#), The Center for Early Learning Literacy (CELL). For practitioners working with infants. (PDF)

*Continue to send any topic suggestions or feedback to [carole.kelnhofer@state.mn.us](mailto:carole.kelnhofer@state.mn.us) or your State WIC Consultant.*

## References – Complete Listing of Hyperlinks

### Nutrition Risk Assessment

([https://www.health.state.mn.us/docs/people/wic/localagency/program/mom/chsctns/ch5/sctn5\\_3.pdf](https://www.health.state.mn.us/docs/people/wic/localagency/program/mom/chsctns/ch5/sctn5_3.pdf))

### PCS Counseling Skills

(<https://www.health.state.mn.us/people/wic/localagency/training/pcs/skills/counseling.html>)

### Training Tool for Child Assessment Questions

(<https://www.health.state.mn.us/docs/people/wic/localagency/training/pcs/assessment/child.pdf>)

### Child Question Dietary Assessment Tool

(<https://www.health.state.mn.us/docs/people/wic/localagency/training/pcs/assessment/completechild.pdf>)

### Child Mid Certification Assessment Questions

(<https://www.health.state.mn.us/docs/people/wic/localagency/training/pcs/assessment/mcachild.pdf>)

### Training Tool for Infant Assessment Questions

(<https://www.health.state.mn.us/docs/people/wic/localagency/training/pcs/assessment/infant.pdf>)

### Infant Question Dietary Assessment Tool

(<https://www.health.state.mn.us/docs/people/wic/localagency/training/pcs/assessment/completeinfant.pdf>)

### Infant Mid Certification Assessment Questions

(<https://www.health.state.mn.us/docs/people/wic/localagency/training/pcs/assessment/mcainfant.pdf>)

### Breastfeeding Woman Mid Certification Assessment Questions

(<https://www.health.state.mn.us/docs/people/wic/localagency/training/pcs/assessment/mcabf.pdf>)

### Dietary Risk Criteria #400 & #428

(<https://www.health.state.mn.us/people/wic/localagency/nutrition/riskcodes/dietary/index.html>)

### Family Style Meals: 101

([https://ihcw.aap.org/Documents/Food/Family%20Style%20Meals\\_Final.pdf](https://ihcw.aap.org/Documents/Food/Family%20Style%20Meals_Final.pdf))

Family Meals Focus (<https://www.elynsatterinstitute.org/family-meals-focus/#Index%20of%20topics>)

Family meals mean love and security (<https://www.elynsatterinstitute.org/family-meals-focus/9-family-meals-mean-love-and-security/>)

### A Child's Appetite

(<https://www.health.state.mn.us/docs/people/wic/nutrition/english/childappetite.pdf>)

Feeding with Confidence

(<https://www.health.state.mn.us/docs/people/wic/nutrition/english/childconfidence.pdf>)

Choose a Healthy Plate for Kids

(<https://www.health.state.mn.us/docs/people/wic/nutrition/english/childplate.pdf>)

Mealtime Routines

(<https://www.health.state.mn.us/docs/people/wic/nutrition/english/childmealtimes.pdf>)

Picky Eaters

(<https://www.health.state.mn.us/docs/people/wic/nutrition/english/childpicky.pdf>)

The First 3 Months- Help Your Baby Learn Healthy Eating

(<https://www.health.state.mn.us/docs/people/wic/nutrition/english/inffirstthree.pdf>)

Feeding an Older Infant

(<https://www.health.state.mn.us/docs/people/wic/nutrition/english/infolder.pdf>)

Wichealth.org (<https://www.wichealth.org/>)

Easy, affordable and healthy eating tips during the coronavirus disease (COVID-19) outbreak

(<https://www.unicef.org/coronavirus/easy-affordable-and-healthy-eating-tips-during-coronavirus-disease-covid-19-outbreak>)

How to Approach Feeding Difficulties in Young Children

(<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5752637/>)

Childhood Feeding Problems and Solutions (<https://www.ellynatterinstitute.org/how-to-feed/childhood-feeding-problems/>)

Intervening with Pediatric Feeding Disorders (<https://www.ellynatterinstitute.org/how-to-feed/intervening-with-pediatric-feeding-disorders/>)

Challenging Behaviors (<https://www.zerotothree.org/early-development/challenging-behaviors>)

ZerotoThree.org (<https://www.zerotothree.org/early-development>)

Nutrition: Ages and Stages (<https://www.healthychildren.org/English/ages-stages/toddler/nutrition/Pages/default.aspx>)

Mealtime Conversations

([http://www.earlyliteracylearning.org/cellpract\\_pract/infant/PGPrac\\_I\\_MealtimeConv\\_WM.pdf](http://www.earlyliteracylearning.org/cellpract_pract/infant/PGPrac_I_MealtimeConv_WM.pdf))