

'Toddlers at the Table: Encouraging Positive Interactions with Food'
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Getting a toddler to eat a healthy meal or snack can be a challenge for any parent. For parents of toddlers with Down syndrome, this can be an even greater challenge. Toddlers with Down syndrome may have difficulty coordinating their oral-motor skills, sensory processing difficulties and/or postural support issues, which can contribute to making mealtimes difficult for both the parents and the child.

Perhaps the most frequently occurring reason why toddlers with Down syndrome may have difficulty coordinating the muscles in and around their mouths is low muscle tone (hypotonia). Hypotonia affects the muscles throughout their oral cavities, resulting in limited tongue and lip movement.

Other toddlers with Down syndrome may have sensory issues surrounding feeding. They may be sensitive to food texture, rejecting all foods that are mushy or crunchy, or sensitive to temperature or strong smells. Many may reject foods on sight or are resistant to anything unfamiliar.

Postural support is another important component for successful mealtimes. Hypotonia also affects the muscles used for sitting upright and balancing, making the child with Down syndrome possibly need more support for sitting in a high chair or booster for meals.

Children who have issues with eating have often had unpleasant, or even frightening, experiences with eating. Some of the most frequently occurring feeding issues associated with toddlers with Down syndrome include: tongue thrusting, poor clearing of food from a spoon, poor seal of the lips on a cup or straw, transitioning between textures, transitioning from the bottle to a cup, delaying self feeding skills and swallowing issues. If your child coughs, chokes or gags while eating and drinking, please consult with your child's speech-language pathologist and paediatrician. These signs may indicate the need for a "swallow study" to be performed to fully evaluate your child's swallowing safety. To address all the issues listed above, your child's speech-language pathologist and/or occupational therapist will develop specific oral-motor and feeding strategies for you and your child based on your child's individual needs.

In order to take in the calories needed for healthy growth, toddlers should be offered 3 meals and 2 snacks each day. At every snack and meal, your child should be offered a protein, a starch and a fruit or vegetable with a drink. A cup is usually introduced between 8-10 months of age, with weaning from the bottle occurring between 12-16 months of age. These age guidelines will vary depending on your child's specific needs.

The reasons behind eating difficulties can be as varied as the children themselves, but the treatment is the same—positive, guided interactions with a variety of food in a safe, supportive environment. Children also need to be taught and encouraged to appropriately refuse foods they are not ready to try. Force feeding should never be an option.

Dr. Kay Toomey has developed the following strategies for parents to use at home (Toomey, 2004):

1. **STRUCTURE**—Provides safety as children learn what to expect, by offering meals at the same time, in the same place and with the same people. Provides awareness of sensations of fullness and hunger through regularly scheduled meals and snacks.
2. **SOCIAL MODELING**—Provides learning through watching others. Achieved by having regular family meals, during which everyone eats the same foods.
3. **POSTITIVE REINFORCEMENT**— Creates a positive, supportive environment by praising any and all positive interactions with food with words, clapping, etc. Avoids negative effects caused by punishment, such as loss of appetite. Decreases attention-seeking through negative behaviours.

4. MAKING FOODS MANAGEABLE— Provides foods in small pieces or thin strips to be easily held or chewed. Limits number of foods to no more than 3 on the plate at once. Involves presenting foods repeatedly—it takes 10-15 interactions, on separate occasions, with the same food for that food to become familiar.

5. ACCESSING COGNITIVE SKILLS—Uses language to describe the food— crunchy, chewy, cold, etc. Provides information about the food to increase familiarity.

6. KEY PHRASES—Provides clear instructions and avoids a battle of wills. Avoids use of “No,” “Stop” and “Don’t” at the table. Offers acceptable alternative behaviour, like “Food stays on the table; you can push your plate away if you are done.”