
Picky Eaters

Handout 2: What and how children eat

DISCLAIMER: *These handouts have been produced for children who are having difficulty in eating a range of foods. It is expected that any strategies used within these leaflet are adapted to individual children and that any queries are discussed with a relevant health professional for that child prior to being tried. This information is not for children who have any physical reason that makes eating difficult.*

What is gagging?

Babies are born with a gag reflex that helps them to expel food that the body feels is unsafe for them to swallow. The gag reflex helps prevent choking from occurring by expelling the item just before the swallow has been fully triggered.

Children with a very sensitive gag reflex tend to gag more easily than other children on food that is not smooth. This often looks very scary, as the child can turn red and appear quite distressed. Sometimes the gagging will lead to vomiting.

As the child grows and develops the gag reflex becomes less sensitive and its trigger point can be activated much further back in the mouth.

Children who have a very sensitive gag reflex will gag when new foods are still in their mouth, before they have tried to swallow the food. This can occur when the food is near the front, middle, or back of the mouth.

This does not need a referral to speech and language therapy.

What is the difference between gagging and choking?

Choking is when the airway becomes blocked and the child becomes silent, wide eyed and looks very scared.

Gagging looks like retching and will often occur with retching or coughing sounds.

How children eat - Oral motor skills

Age/stage	Food texture	Oral motor skills
From 6 months when child has achieved head control and can sit up	Smooth Puree (e.g. stage 1 baby food)	<ul style="list-style-type: none"> Learning to separate tongue and jaw movement.
When baby is ready	Mashed lumps in a puree	<ul style="list-style-type: none"> Learning to separate tongue and jaw movement plus increased sensory input
	Bite/melt and bite/suck (e.g. potato or corn based savoury snacks)	<ul style="list-style-type: none"> Bite and initial chew begins
	Soft chew finger foods (e.g. soft cooked veg)	<ul style="list-style-type: none"> Starting to develop rotational chew
	Chewy and hard foods (e.g. raw veg, dried apricot)	<ul style="list-style-type: none"> Developed rotary chew. Able to move food from either side of mouth. Teeth in place.
	Mixture of textures (e.g. beans on toast)	<ul style="list-style-type: none"> Able to separate textures in the mouth and deal with them individually (e.g. swallow sauce, chew beans and toast)

If your child is above the age of 2 years and has no physical difficulty eating but struggles to chew and may gag easily, long hard foods can be helpful. Examples would be large raw carrot stick, raw swede, long stick of beef jerky, long stick of dried mango. The aim of these foods is not to eat, but to develop skill around chewing. This should be a food that the child, if not chewing food yet, cannot get a bite from and cannot splinter in a child's mouth (e.g. ensure carrot stick is large enough to not snap easily and has no little bits hanging from it).

Long hard foods can help move a child's gag reflex back in their mouth and develop 'tongue lateralisation' – this is where the tongue comes to the side of the mouth to hold food in place and is essential for learning to chew. Babies often go through this stage and want to put long hard items like keys, pens and sticks in their mouths to help with this. Non-food alternatives can be useful if you are worried that your child could choke or aspirate on these foods – items like Chewy Tubes that are long tube shapes are alternatives. If possible though, food items are best as they have some sensory properties that help increase tolerance to foods.

What children eat - Nutrition

As long as your child is active and gaining weight, and it's obvious they're not ill, then they're getting enough to eat, even if it may not seem like it to you.

Remember that children's growth rate slows in the second year and if you check weight too often you may become concerned as they may not have put on much. Weight checks every 3 to 6 months should be adequate for most children. Discuss with your health visitor if your child's weight is not following their usual centile position on the growth chart in the red book.

The Eatwell Plate shows the different types of food that make up our diet and gives an idea of the proportions of the different food groups to ensure a healthy diet. It is suitable for children from two years of age and toddlers from one to two years can be aiming towards this proportion of foods, although they may have a little more milk.



It is normal for parents to be concerned if a child does not appear to eat very much or a very broad range of foods; try not to worry about what they eat in a day, but think about what they eat in a week and you could see that they have foods from the food groups.

If your child is not eating any foods from one of the groups, talk to your health visitor for advice. A children's multi vitamin can provide a useful supplement, particularly if they are not eating much from the fruit and vegetables group.

What to do next

Try reading the relevant handouts:

- Picky Eating Handout 1: Introduction
- Picky Eating Handout 3: Sensory issues
- Picky Eating Handout 4: Practical strategies

If you try strategies consistently in these handouts without any success, please discuss your concerns with your child's GP, health visitor or paediatrician. They will be able to refer on to relevant professionals if they feel the level of need is significant.

At present, the NHS provides support for children who are picky eaters that have a physical oral development difficulty, concerns around the safety of their swallow or not gaining weight or growing. If children have none of these issues but continue to be picky eaters, there is no NHS funded service to support picky eating.

Further Reading

Ellyn Satter Institute - <http://ellynsatterinstitute.org/hf/howtofeed.php>

Range of Ellyn Satter's books such as 'Child of Mine: Feeding your child with love and good sense'.

References

Toomey, K.A. 2010. Picky Eaters vs. Problem Feeders: The SOS Approach to Feeding.

Satter, E. 2000. *Child of Mine: Feeding your child with love and good sense*. Bull Publishing.

Contact details

Children's Therapy Services

Bournemouth, Poole and East Dorset: 0300 019 2936

Speech and Language Therapy

Bournemouth, Poole and East Dorset: 0300 019 3208

West Dorset: 01305 254743

Paediatric Dietetics

Bournemouth, Poole and East Dorset: 0300 019 2593

For further general health-related information, please ask the relevant department for an information prescription or contact:

Patient Experience
University Hospitals Dorset NHS Foundation Trust
Longfleet Road
Poole
Dorset
BH15 2JB

Telephone: 0300 019 8499

www.uhd.nhs.uk

We can supply this information in other formats, in larger print or have it translated for you. Please call the Patient Experience Team on 0300 019 8499 or email patientexperienceteam@uhd.nhs.uk for advice.

If you wish to make any comments or to ask about any research evidence used to write this leaflet, please contact the Patient Experience Team on 0300 019 8499, write to the Patient Experience Team (address above) or email patientexperienceteam@uhd.nhs.uk

Poole Hospital, Longfleet Road, Poole, Dorset, BH15 2JB

Author: **Rebecca Shelton** Date: **February 2021** Version: **Three** Review date: **February 2024** Ref: **194/21**

t: 01202 665511 w: www.uhd.nhs.uk : @UHD_NHS : @UHDTrust : @uhd_nhs