

# HOW TO MANAGE SIMPLE FUSSY EATING IN TODDLERS

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## LEARNING POINTS

- 1 Toddlers show clear behavioural signals when they have had enough to eat.
- 2 Some parents may need help in recognising these signals.
- 3 Some toddlers have more problems accepting new foods than do others
- 4 The more anxious the parent, the more likely the toddler will have eating problems.
- 5 Toddlers should be allowed to feed themselves, to make a mess and to decide when they have eaten enough.
- 6 Anxious parents are less likely to allow toddlers to take control of mealtimes.
- 7 Parents should not pressure, bribe, disguise foods or force feed their toddler.
- 8 Parents should not use one food as a reward for eating another.
- 9 Parents should give toddlers attention when they are eating, not when they stop eating.
- 10 Too much fluid intake, either milk, juice or squash, may reduce food consumption.
- 11 Constipation, anaemia or other medical conditions need to be treated before trying to change eating behaviours.
- 12 Toddlers should be offered a regular meal pattern of three meals and two to three planned snacks each day.
- 13 Guidance, reassurance and support can give parents the confidence to change toddlers' mealtime routines.

# SUCCESSFUL MEALTIME MANAGEMENT

Most toddlers have good and bad days, when they either eat well or refuse to eat foods that they usually like. However, some toddlers are more difficult with food than others, and this is a problem that concerns many parents, especially when they are trying to follow healthy eating advice. Most toddlers are likely to refuse foods when they enter the neophobic stage of food refusal at the end of the second year<sup>1</sup>.

Toddlers learn by copying other children and adults<sup>2</sup>. Encouraging the family to eat together can be an important part of learning to like new foods.

Successful management of toddler eating behaviour requires a number of skills that parents may need to learn. Indeed, it is significant that many fussy-eating toddlers start to eat more at a nursery, where the staff may be skilled at mealtime management. It is important, however, to remember that some toddlers have more problems with food and food textures than do others, and some toddlers are more neophobic than others.

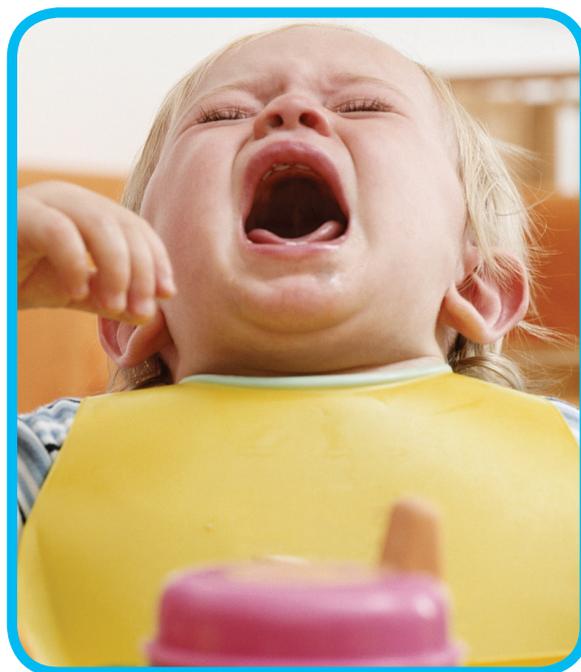
## RECOGNISING SATIETY SIGNALS

Parents can be helped to recognise the behavioural signals that indicate their toddler has had enough food<sup>3</sup>, or that they are not happy with the food that is being offered to them.

Toddlers are saying they do not want more food when they:

- say no
- keep their mouth shut when food is offered
- turn their head away from the food being offered
- push away a spoon, bowl or plate containing food
- hold food in their mouth and refuse to swallow it
- spit food out repeatedly
- cry, shout or scream
- gag or retch

Toddlers showing these behaviours during a meal are trying to avoid being fed. One reason for this may be that the parents are expecting their toddler to eat more than they need to. These parents may, for instance, continue with spoon-feeding long after their child should have begun feeding him/herself. In these cases it is often sufficient simply to reassure the parents that their child is eating enough and growing well.



Parents should be reassured that most toddlers are capable of regulating their intake of food and drinks according to their own particular nutritional needs. [See Factsheet 1.1](#) They should therefore be encouraged to allow their child to progress to self-feeding and feel confident to stop feeding their child when he/she shows signs of food refusal.

## CHECK FLUID INTAKE FROM MILK AND OTHER DRINKS

One common reason why toddlers have no appetite at mealtimes is that they have had too many calories (energy) from drinks such as milk and sweet drinks. About six to eight drinks per day is usually enough – a drink should be offered with each meal and snack. An average drink for a toddler is about 120mls in a cup or beaker. Feeding bottles should have been phased out by 12 months.

### Too much milk

If a toddler is having too much milk from a cup this is easy to reduce. However, if a toddler insists on a bottle, then reducing the amount of milk can be more difficult. Daytime bottles are easiest to remove, especially if the toddler is out of the house and attends a nursery or a playgroup. They should be gradually reduced one by one and replaced with food and a cup of milk.

The evening bottle at bedtime can be more difficult for the toddler to relinquish, but it is less likely to affect food acceptance during the day.

Night-time feeding should be avoided because this will reduce a toddler's appetite for food during the day. When a toddler habitually wakes for a bottle during the night, the volume of milk should be gradually reduced until the toddler has started to eat more during the day. Some parents may do this by gradually diluting the milk with water.

The aim should be to eventually limit milk and milk products to three servings per day. [See Factsheet 1.1](#)

### **Too many sweet drinks**

Similarly, too much fluid from sweet drinks such as fruit juices, squashes and fizzy drinks can suppress appetite for food<sup>4</sup>. Toddlers should have all drinks in cups rather than bottles and water should be given when drinks are demanded between meals and snacks, especially within an hour of a meal or snack. Likewise, too many high calorie snacks in between meals can result in the toddler demanding the snack food and refusing the mealtime food. Parents should therefore follow a regular daily routine of three toddler-sized meals with two to three planned snacks evenly spaced between meals. Any biscuits or sweets should be given as part of the meal or snack, rather than in between.

## **ENCOURAGE THE MOVE FROM SPOON TO SELF-FEEDING**

Toddlers usually want to move on to self-feeding in the second year – they want both to eat with their fingers and gain control of the spoon. This transitional stage is a continuum, and children learn chewing and feeding skills as a result of being given more difficult textures to cope with. This should happen from around 6 or 7 months<sup>5</sup>. If infants do not get experience of more textured food in the mouth, then their ability to process lumpier foods will be delayed<sup>6</sup>, and they will be more reluctant to accept more solid foods. Some toddlers are happy to be spoon-fed, but the later this is left the more difficult will be for them to move on to more appropriate foods, and gain the appropriate feeding skills.

Sometimes parents are also reluctant to progress from spoon-feeding their child with a commercial or home-made baby food. This may be because they are anxious about moving to the next stage of toddlers' diet; they may fear that their child will choke, or fail to eat and

grow if he or she stops these early foods. Also, toddlers often show a disgust gag<sup>7</sup> when trying new foods and tastes and some parents think that their child is choking and do not progress further with food that the child will usually come to like eventually<sup>8,9</sup>.

Parents may also be reluctant to progress to self-feeding because this is a very messy process, and some parents feel anxious and uncomfortable if their child makes a mess, or becomes very messy during the mealtime.

Appropriate guidance can help these parents in making a late transition from spoon to self-feeding. Parents should be advised to try just one meal a day to begin with, at which the toddler is allowed to self-feed. As the toddler becomes more successful at self-feeding, the number of meals at which the parent feeds the child exclusively can be reduced. Of course a toddler should never be left alone to feed him/herself.

It is also important to encourage parents to let their toddler get messy, both at mealtimes and during play<sup>10</sup>. Messy play can help to desensitize hands and face. This in turn makes the child less reluctant to handle foods and feed themselves<sup>11</sup>. Some toddlers are more likely to be sensitive to touch than others, and it is these sensory sensitive children who most need to be encouraged with messy play. Some textures are easier to start with than others. Firmer textures are easier than sticky textures, and it is easier to get the child to touch sticky textures with their hands than to have sticky foods on their face and around their mouth. Sensory sensitive children should be gently encouraged to have a short messy play session every day, if possible, away from mealtimes.

## **AVOID FORCE-FEEDING, REWARDING AND HIDING**

Increased anxiety around mealtimes can result in parents force-feeding their toddlers<sup>3,4</sup>, or trying to reward them for eating food that they do not want. Force-feeding at mealtimes will make a toddler anxious and frightened around food. It can mean that the toddler will lose his/her appetite before he/she even starts the meal<sup>12</sup>.

Other parents coax, bribe and plead<sup>13</sup>, and the mealtime may go on for far too long. Most toddlers eat whatever food they are going to eat in the first 20 minutes of the meal.

It is important that toddlers are given control over their mealtimes and their intake<sup>14</sup>. They need to be allowed

to handle their food, and to make a mess with it. They are usually happier with finger feeding, although they may like help with some runnier foods.

Parental anxiety can affect a child<sup>15</sup>, so parents should be advised not to talk about food and eating in front of their toddler, or to place too much emphasis on how much is eaten at mealtimes. Toddlers are likely to eat more if everyone around them is calm. They will eat more if parents attend to them, by talking or smiling, when they are eating; they will eat less if the parents start to give them more attention when they stop eating.

Some parents try to reward their toddler for eating or use one food as a reward for eating another. For example, they might not give a pudding until a first course is finished. These are not useful strategies. Toddlers can lose their appetite for one taste, and yet still have an appetite for another. Any food that is used as a reward becomes more desirable than the food that they are rewarded for eating<sup>16</sup>.

However, although one food should not be used as a reward for eating another, giving stickers for trying a small taste of a new food away from a mealtime might encourage an older toddler to try a new food<sup>17</sup>, especially if the parent is trying the new taste at the same time<sup>18</sup>.

Parents also try hiding and disguising food in order to get their child to try something new or to eat food that they don't seem to like. This does not work in the expected way with fussy children. If disliked foods touch liked foods then the whole meal can be rejected<sup>19</sup>, and hiding food or disguising tastes has not been found to be successful in getting children to like new foods<sup>20</sup>. Toddlers like to see the food that they are eating, and recognise it as safe to eat. They need to learn to like the tastes of foods that will form part of their diet when they are older<sup>21</sup>.

## CHECK FOR MEDICAL CAUSES

**Constipation** may be due to too little fluid. Check that toddlers are having six to eight drinks per day of about 120mls. Treatment for the constipation, from the GP, needs to begin before trying to change eating behaviours.

### **Anaemia, reflux and swallowing difficulties.**

If you suspect any of these may be part of food refusal refer to the GP for assessment.

## IF LIMITED FOOD INTAKE PERSISTS

It is important to reassure anxious parents that fussy eating will usually resolve in time.

However a minority of toddlers persist in eating very little, or a limited range of foods, and this may affect their growth and development. If no medical cause for the problem can be identified, it is likely that the toddler is strongly neophobic about food, and has extreme sensory sensitivity. Under these circumstances it may be appropriate to refer the child to a clinical child psychologist or a specialist feeding team if available. A dietitian can assess the diet and recommend a supplement if necessary to provide nutrients if the overall diet is not nutritionally balanced.

**Factsheet 2.3** contains information for healthcare professionals, parents and carers of toddlers who are extreme food refusers.

The guidance and content in this Factsheet is based on a combination of evidence based research and practical clinical experience.

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