



Supporting the feeding of babies and children (0-18 months) with eating, drinking and swallowing difficulties

Some babies and children have difficulties with eating and drinking because their development is slower than expected.

Signs that your baby or child may be having difficulties:

- They may cough, choke, gag or splutter when taking milk or solid feeds. You may be worried about milk or food going into their lungs.
- They may turn away during feeds, due to breathlessness.
- Their eyes may water when feeding.
- Their skin may change colour (flushing, pale, or blue).
- They may have more infections than other children.
- They may take longer to feed than usual due to their difficulties.

How your health visitor can help you:

- They can offer emotional and practical support if you are worried about your baby's/child's feeding and/or development.
- Learn about feeding cues, how to respond to them and reduce the risk of carrying on feeding when it's better to pause or stop.
- They may refer your baby/child to a speech and language therapist, a dietitian, a children's doctor or your GP.
- Discuss regular weight checks for your child/baby agreeing how often these should be.
- Signpost you to support groups locally, or to other parents who have had similar experiences.

More information on Page 2

For additional Parent Tips see www.ihv.org.uk

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Helping your baby or child feed safely

Here are some Top Tips to make feeding easier for you and your baby/child, and reduce the chances of milk or food going down the wrong way.

1. Supporting your baby/child to be healthy

- It is important that your baby has enough food and drink to grow and develop.
- The [Better Health Start For Life - NHS Start For Life](https://bit.ly/3PpS6jg) (<https://bit.ly/3PpS6jg>) has advice when introducing solid foods to help your baby/child have a healthy diet. This includes which foods to offer your baby, and which foods should be avoided.
- Fruits and vegetable are great first foods but it is important to move on to offer a wider range of foods, such as proteins (meat, fish, eggs, beans, tofu) and dairy (yoghurt, cheese, milk free alternatives) for extra nutrition.
- Many processed and pre-packaged foods contain additional salt and sugar that are not suitable for a baby's or child's diet. Please speak to your health visitor for support if you rely on these foods. A dietitian and/or doctor can advise if changes are needed to your baby's/child's diet to keep them healthy. This could include adding extra calories or additional nutrients to food.
- Regular weights are needed to monitor your baby's growth if changes are made to their diet.
- It is recommended that all babies who are being breast/chest fed are given vitamin D drops containing 8.5 to 10 mcg vitamin D from birth.
- All children from 6 months to 5 years should take a supplement containing vitamins A, C and D unless they are taking more than 500ml of infant formula a day. See our [parent tip about vitamins A, C and D](https://bit.ly/35vrRU8) (<https://bit.ly/35vrRU8>) for more information.
- Until your baby is 12-months-old, the only milk they need is breast/chest milk or first infant formula (first milk), unless a different formula is recommended by your doctor or dietitian. If you are worried about how your baby is feeding, please contact your health visitor for support. If you think that your baby does not tolerate a specific infant formula, then speak to your health visitor or GP.

2. Changing the consistency (make-up) of food or drink

This would be advised and monitored by a speech and language therapist, but keep in touch with your health visitor for support while awaiting a referral. Once referred, the speech and language therapists may advise:

- Changing the temperature of food/drink (for example, warm or cooler) depending on which your child enjoys most.
- Changing the taste of food/drink and will explain how to do this. For example, to stronger flavours, or more plain flavours, depending on which your child enjoys the most.
- Increasing or decreasing the amount of food/drink offered and looking at when and how often it is given.
- Trying different feeding utensils, for example, a flatter smaller plastic spoon may be easier to take food from. Some babies/children may need specific bottles or feeding utensils to make it easier for them to feed, or smaller steps in how tastes are offered, for example, starting with finger dips of milk, puree or sauces.
- Pureeing food or thickening it - the safe make-up of food and drink needs a speech and language assessment.
- Presenting different foods so they do not touch each other.
- Mixing 'liked' foods with disliked foods, or giving them at the same time.
- Mixing milk with a thickener (Carobel) to reduce the risk of milk going down the wrong way. **This must only be done following specialist advice as it may be dangerous, causing your baby/child to choke or not get the correct amount of food/milk they need.**
- Keeping a food diary for a few days to help monitor how your child responds to any changes.

[More information on Page 3](#)

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3. Positioning

Advice about posture and supportive seating requires assessment by a speech and language therapist, physiotherapist and/or occupational therapist. Some babies and young children may have difficulties sitting independently. If you think your baby is ready for food but cannot sit, talk to your health visitor or GP.

Positioning advice will include:

- Ensuring your baby/child is sitting upright for eating and drinking, providing support for head control.
- Using an appropriately supportive seat/chair for feeding.
- It is advised that you do not “prop feed” babies (propping their bottle against something like a pillow when they are feeding). This may lead to choking and is dangerous.

4. Responding to cues for feeding

Cues are the signs that your baby/child is ready to take another mouthful of food or drink.

Some feeding cues that your baby/child may give you:

- They may change their breathing or have repeated swallows, which can mean that your baby is not ready for another mouthful.
- They may turn away when being offered milk or food. They may be doing this due to:
 - discomfort
 - breathlessness
 - food going down the wrong way
 - they are full
- They may refuse to feed, letting you know that they can't take any more food or drink at that time.
- When unwell, they may be more likely to refuse feeds.
- Remember feeding is a great time to bond with your baby and have special time together; try and enjoy it and make it as least stressful as possible.

5. Speed (pace) of feeding

- It is helpful to take more time between each spoonful to prevent overfilling of your baby's/child's mouth and reduce the risk of choking.
- Pacing can help with being ready for the next mouthful.
- Your baby/child may feed more slowly due to reduced control of the swallowing muscles. Your health visitor and speech and language therapist can help you understand this, especially if you have other children who take less time to feed/eat, or there is time pressure for mealtimes.

6. Introducing new textures

- This includes using small steps to introduce your baby/child to more lumpy foods or foods that require chewing.
- Messy play activities can help your baby/child touch new or previously rejected textures – your baby/child may need to explore a new texture or food, before they accept touching or tasting it.
- Your baby may have difficulties moving on to puree foods. Offering small amounts of safe to eat new foods or textures can help.
- Finding the cause of feeding difficulties needs specialist assessment and may need investigation.

7. Physical support

- If your child struggles to control their posture or the muscles of the mouth, physical support may be required at mealtimes to enable some food or fluid to be taken.
- Speech and language therapists can advise you how to do this. For example, placing a thumb underneath the chin bone to help a child close their mouth, or the side of your finger underneath the chin bone to help stabilise their jaw when drinking from a cup.

More information on Page 4

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Useful links

- Unicef Baby Friendly:
 - [Responsive Feeding Info sheet, Supporting close and loving relationships \(https://bit.ly/3Z2xbWX\)](https://bit.ly/3Z2xbWX)
 - [Foreign language resources \(https://bit.ly/3ufepOO\)](https://bit.ly/3ufepOO)
- iHV Top Tips for Parents:
 - [How to help if your Baby has Reflux \(https://bit.ly/3uf74Pg\)](https://bit.ly/3uf74Pg)
 - [Preventing choking \(https://bit.ly/3GhDwTj\)](https://bit.ly/3GhDwTj)
 - [Vitamins A, C and D \(https://bit.ly/35vrRU8\)](https://bit.ly/35vrRU8)
- NHS:
 - [Reflux in babies \(https://bit.ly/3PsqJ8y\)](https://bit.ly/3PsqJ8y)
 - [How to stop a child from choking \(https://bit.ly/3PB2pS1\)](https://bit.ly/3PB2pS1)

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