

# Raising Successful Eaters

## Empowering Parents 2023

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[\*\*<scan to view the slides\*\*](#)

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01

# Disclaimers

# About Me:

## About Me:

1. ECSE Program Coordinator at Kent ISD
2. Speech-language pathologist
3. Mom



# Keep in mind...



**Feeding/eating development is complex and multifactorial.**

Feeding development cannot be isolated from full development: social-emotional, motor, sensory, cognitive, communication

Feeding/eating disorders are best supported through a **multidisciplinary team**.

Birth-5 is a huge range to address milestones.



02

# Context of Feeding/Eating



We must be mindful of cultural differences related to feeding & developmental norms.

Common examples: utensil use, time on the bottle, independence at mealtime, timing of when solids are offered, parental involvement in spoon-feeding, etc.

**Differences are just differences.**



# Context of Feeding/Eating

History tells us a story. Feeding/eating are **subject to human influence**: business (industry), politics, culture, social media.

Feeding/eating styles **can be “trendy.”** Here are a few examples:

- Breastfeeding (wet nursing, formula, bottle, breast, “fed is best”)
  - [New York Times \(2018\)](#)
  - [Time Magazine \(2018\)](#)
- “Developmental feeding”/spoon-feeding (thin liquids, puree, soft solids, bite-sized solids)
- Baby-led weaning

**All humans are subject to implicit biases around food & eating.**



# Context of Feeding/Eating

Feeding/eating styles can be “trendy.” Here are a few examples:

- Breastfeeding (wet nursing form “feeding” best)
  - New York Times
  - Time
- “Developmentally appropriate” (soft solids, bite-sized)
- Baby-led weaning

**It is a personal/family decision & that is OKAY.**

Feeding/eating styles are also influenced by the food industry (industry), parents, and cultural norms.

All humans are subjected to implicit biases around food & eating.





03

**“Drive by” of  
Feeding/Eating Milestones**

# Developmental Milestones for Feeding

## FEEDING MILESTONES

*for children birth to three*

0-3

MONTHS

- Breast or bottle feeding
- Turns head towards nipple when cheeks are stroked
- Coordinates suck, swallow, and breathe
- Demonstrates many reflexes to protect the airway

3-6

MONTHS

- Breast or bottle feeding
- Reflexive sucking is replaced by learned motor patterns
- Oral cavity expands with downward, forward growth of the mandible
- Beginning hand to mouth play and exploration

6-9

MONTHS

- Start solid foods if baby has trunk control for independent sitting and head control
- Introduce purees or use a baby-led weaning approach
- Emerging tongue lateralization
- Munching and gnawing develops
- Lip closure helps propel foods backward
- Introduce finger feeding

9-12

MONTHS

- Introduce open cup and straw (can as early as 6 months depending on core strength)
- Chewing includes rotary movements
- Can manage soft cubes (once crawling)
- Self-feeding skills improve

FREE RESOURCE COLLABORATION: CONTENT PROVIDED BY @PLAYINGATYOURPLATE  
WWW.MOMMYANDMEMILESTONES.COM

12-15

MONTHS

- Wean from the bottle
- Introduce self-feeding with spoons
- Eats three meals and two snacks a day
- Change in taste bud perception

15-18

MONTHS

- Holds cup with 2 hands
- Drinking 4-5 consecutive drinks
- Begins exploring self-feeding with a fork
- Rotary chew emerges
- Active tongue lateralization

18-24

MONTHS

- Self-feeding is the child's primary way of eating
- Managing most table foods
- Chewing a wide range of foods
- Chews with lips closed

24-36

MONTHS

- Uses a rotary chew
- Efficient in open cup drinking
- Able to use utensils to self-feed
- Able to eat all table foods



This resource was created with McKenzie Hoffman  
Follow her @playingatyourplate on Instagram  
for tips and additional information on these topics!



WWW.MOMMYANDMEMILESTONES.COM

# Developmental Milestones for Feeding

## Evidence-Based Feeding Norms

the  
INFORMED SLP



So what does the research tell us about feeding milestones in typically developing children? Surprisingly little, really; there's a lot more work to be done in this area. Most feeding norms you see come from non-peer-reviewed books and theses. In the chart below, we've summarized our findings from the research evidence that are most relevant to caregivers. Scan the QR code to read all our findings and understand the limitations of this research.

NEW!

3-6  
MONTHS

- Breast or bottle
- Reflexive suck
- Oral cavity
- Beginning exploration

6-9  
MONTHS

- Start solid
- Introduce weaning
- Emerging munching
- Lip closure
- Introduce

9-12  
MONTHS

- Introduce as 6 months
- Chewing in
- Can manage
- Self-feeding

FREE RESOURCE COLLABORATION: COM  
WWW.MOMMYAND

### <6 Months

- Opens mouth when food approaches (4.5 mos.)
- Reaches for food when hungry (5.5 mos.)

### 9-12 Months

- Efficiently eats **purees** and **soft, lumpy food**
- Eats foods more and more often
- Variety of **mandibular movements** when chewing (9 mos.)
- 15% of babies use a **straw** to drink; many use sippy cups; caregivers often need to assist with cup drinking

### 2 Years

- Can use **tongue to lateralize** food vs. fingers or head movement
- Takes ~13 bites to eat a cracker, <20s to eat a graham cracker, and less than 180s to eat a Salada cracker
- Closes lips** for swallowing (lip pursing)
- Still needs caregivers' help with **open cups**

### 4-5 Years

- Take ~3s to eat a spoon of applesauce or 10-11s to eat a chewable food (raisins or crackers)
- Takes 5-7 bites to eat a cracker
- Closes lips** for swallowing, puckering at corner of lips
- Occasionally uses fingers** in mouth to move food
- Smoother tongue lateralization** emerges

### 15 Years+

- Bites are larger and more consistently sized
- Chews efficiently**, using about 2-3 bites to eat a cracker

### 6-9 Months

- Often on **purees** until 8-9 mos., then consumes food with **tiny lumps**
- Tongue lateralization** appears, along with a marked change in chewing skills (6-10 mos.)
- Can reach for food and **rake** it towards themselves (8-9 mos.)

### 12 Months

- Eating more **table foods**; chews and swallows without choking (12 mos.)
- Half of 18-mo-olds **press lips together** to initiate swallow
- Can **self-feed** soft finger foods (15-16 months)
- Can use a **sippy cup** independently (16 months)
- Bites onto cup lid as a transition to **open cup drinking** (15-18 mos.)

### 3 Years

- Takes 12 bites to eat a cracker and less than 150 sec to eat a Salada cracker
- Closes lips** for swallow (puckering more at the corners)

### 6-12 Years

- Takes 3-5 bites to eat a cracker
- Chews more efficiently** than in early childhood
- By 9-12 years, has similar **bite force** and skill to adults when eating hard foods
- Should not need fingers** to manipulate foods in the mouth

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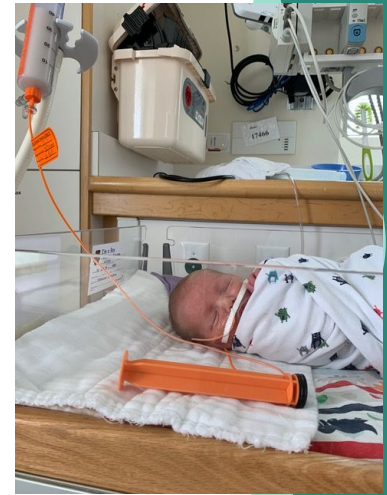
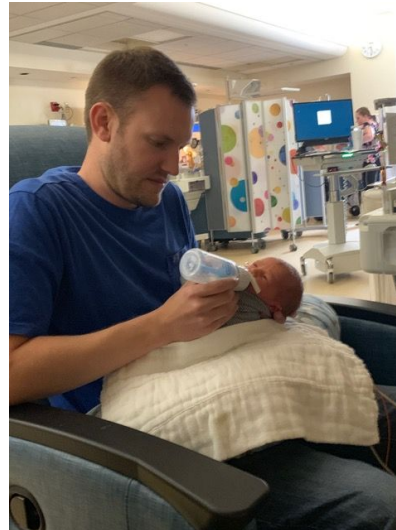
# Early Eating

Nutrition source is: **breastmilk or formula.**

Lots of options for mode of eating: breast, bottle, syringe, NG/G-tube (gavage), spoon, lact-aid, etc.

“Suck: swallow: breathe” pattern

Common positions: cradle, football hold, side-lying, supported upright



# Introduction to Solids

## Prerequisites:

- Stable head & neck control
- Strong core stability –ability to sit upright without support or propping
- Bring items to mouth
  - Reaching out, grasping and bringing to mouth

Preparing food **appropriately & safely** to your feeding approach & your child's developmental skills

Prior to 12 months, **breastmilk/formula remains the primary source of nutrition** even when starting solids.







# Transition to Table Foods



## Things to consider:

- Meltable solids are fine (but can be a tricky consistency).
- At 12 months, PCPs will say the child can start cow milk as a drink (not as a direct replacement for breastmilk/formula).
  - The aim is to decrease milk quantities to promote table food quantities
    - <2 cups (16oz) ([CDC recommendations](#))
- Introduce a straw
- Looking for the development of oral motor skills: lip closure, munching, tongue lateralization, rotary chew.
- ~12-15 months: “3 meals & 2 snacks”

# Continuing Feeding Development

What happens after solids are started?

- Child continues to expand feeding/eating experiences, including exploring a range of sensory input:
  - Taste, texture, smell, temperature, sensation/feeling
- Taste preferences continue to grow, adapt, change as we age.
- Children eventually grow into adults. Work to establish strong mealtime behaviors and routines, starting in the early years.





04

# Eating/Feeding Worries

# Toddler Eating: Why do we see a change?

Hunger &  
growth slow  
down

Neophobia

Budding food  
preferences

Teething

Big ideas,  
limited  
language

Testing  
boundaries

# Toddler Eating: Why do we see a change?

Hunger  
growth spurts

Budding food preferences

Development

Teething

Language

Testing boundaries

# “Typical Toddler”

“Stages” to feeding development (12-36 months):

- Food Refusal
- Demanding favorite foods:
  - Snacks = “predictable”
- Asking for snacks
- Eating one bite then wanting to leave table
  - Child hunger level vs. craving movement



## “Typical Toddler” (cont.)

- Highchair refusal
- Oral exploration (putting objects in mouth)
- Throwing food
  - Learning about reactions
  - Feedback (& learning about gravity)
  - Child hunger levels
- Preference towards milk
- Selective eating, “picky eating” & tantrums



# Selective Eating vs. Picky Eating

**Selective Eating:** typical & temporary stage of feeding development where a toddler may express preferences in food (related to taste, appearance and/or texture).

**Picky Eating:** consistent, poor intake with food refusal that lasts several meals in a row; may have additional factors contributing to avoidance (e.g., sensory, social emotional factors, developmental delays, etc.)





# Picky Eating(cont.)

Picky Eating/ “picky eater” means different things to different people.

Common “Signs” (Solid Starts, 2023):

- Often unhappy around mealtimes: fighting, yelling, crying, or just generally stressed or anxious at most meals
- Refuses to eat what is served, demands preferred foods
- Will not taste or explore new foods
- Will not eat a certain category of food (*i.e.*, vegetables or proteins) or even certain textures or colors.
- Only eats a small number of foods
- Insists on eating things in a very specific way (*i.e.*, only specific brands; only if the food is served in the original bag/box; only when food is cut exactly so; only if food is not touching)
- Difficulty gaining weight or gaining weight rapidly
- Gagging on food occasionally at meals

# Picky Eating (cont.)

**Picky Eating:** prolonged picky eating behaviors *could lead* to a diagnosis of...

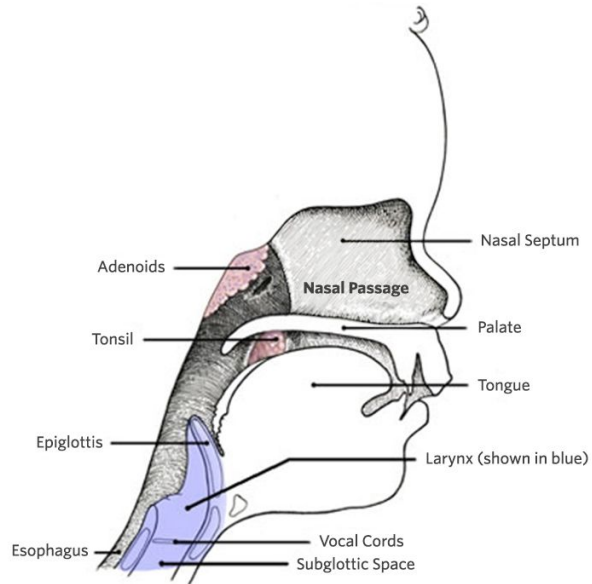
**Picky Eating Disorder:** impaired oral intake that is not age-appropriate and is associated with medical, nutritional, feeding skill and/or psychosocial dysfunction. Behaviors may be characterized by one or more of the following:

- Refusing age-appropriate or developmentally appropriate foods or liquids
- Accepting a restricted variety of foods or quantities of foods/liquids
- Displaying disruptive or inappropriate mealtime behaviors based on developmental levels
- Failing to master self-feeding skills expected for developmental levels
- Failing to use developmentally appropriate feeding devices and utensils
- Experiencing less than optimal growth

*\*If you notice a combination of the items listed above, it may be worth having a discussion with your child's pediatrician.*

# Oral Motor Concerns/Coughing

Side View of Internal Throat Structures



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## Talk with your PCP.

**Dysphagia:** swallowing disorder in any of the 4 phases of swallowing (oral prep, oral transit, pharyngeal, esophageal) which impacts the movement/flow of saliva, food and/liquid through the mouth to the stomach

## Signs & Symptoms:

- Oral: poor tone, difficulty chewing/manipulating food, difficulty managing food/managing secretions, cannot remove food from spoon with lips, difficulty with straws
- Pharyngeal: nasal regurgitation, gagging, coughing, choking, wet vocal quality, frequent severe respiratory illness, congestion consistently after meals
- Esophageal: reflux, vomiting

\*not exclusive

**1-2 in isolation DOES NOT MEAN THE CHILD HAS DYSPHAGIA**



05

# General Ideas for Raising Successful Eaters

# Key Ideas to Feeding Success:

- Family routines around food
- **Zero-pressure** eating environments

**YOU** are your child's  
best teacher!



# Key Ideas to Feeding Success:

- Model curiosity around food

*"I wonder what this broccoli would taste like if we sprinkled parmesan on it."*

*"What noise do you think it will make when we bite into a carrot?"*

- Describe food by attributes
  - E.g., Crunchy, sweet, tart, orange, shaped like a triangle, slimy, etc.
  - Avoid assigning subjective descriptions such as *good, bad, yucky*, etc.
  - De-incentive "desserts" or "treats" by offering small amounts with dinner occasionally
    - Aim to avoid offering preferred items (e.g., dessert) as a reward



→ "You can have dessert if you eat your carrots..."

# Key Ideas to Feeding Success:

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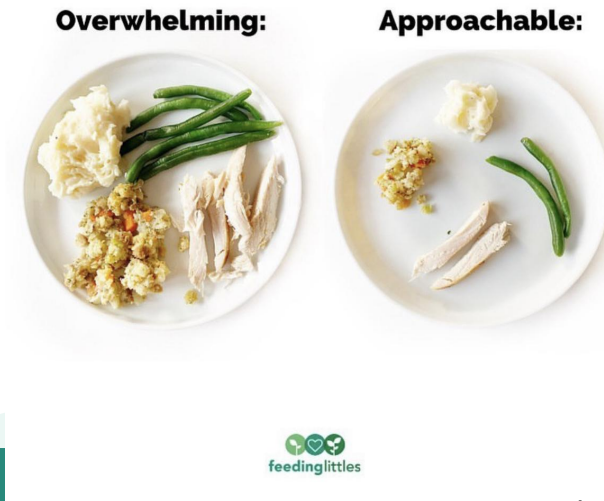


→ "You can have dessert if you eat your carrots"



# Key Ideas to Feeding Success:

- Portion sizes
- Exposure to food (15-20x)
  - Emphasis on **early exposure**





# • Is my child ready?



- Developmentally ready:
  - Head/neck control
  - Core stability (sitting up independently)
  - Oral motor readiness
- **90/90/90 positioning**
- **Child "readiness"**: hunger level, amount of milk consumption, distractions in the eating environment
- **Child status**: tired, sick, teething

● Solid Starts (2022)

# Is my child ready? (cont.)

- Movers:
    - **What opportunities does my child have to move during the day?**
      - Vestibular = rhythmic movement (e.g., swinging, bouncing, jumping, wagon rides, etc.)
      - Proprioceptive = muscle input or heavy work (e.g., carrying, lifting, climbing, etc.)
- **The need to move can impact body “preparedness” to sit & attend at mealtime**



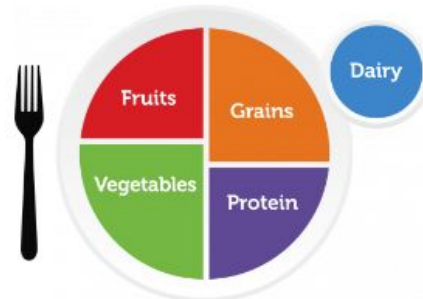
# Is my child ready? (cont.)



- Movers (cont.):
  - How long am I expecting my child to sit at the table?
    - Mindfulness of meal length
    - 5 minutes is a long time in toddler land!→ **Why is sitting at the table important to me?**
  - **Add sensory input** at mealtime:
    - Wiggle seat, weighted toy/blanket in lap, access to a squish ball or pop-it toy
    - Standing at table (e.g., “Food stays at table”)
    - Turn on music
    - Profile of the Plate

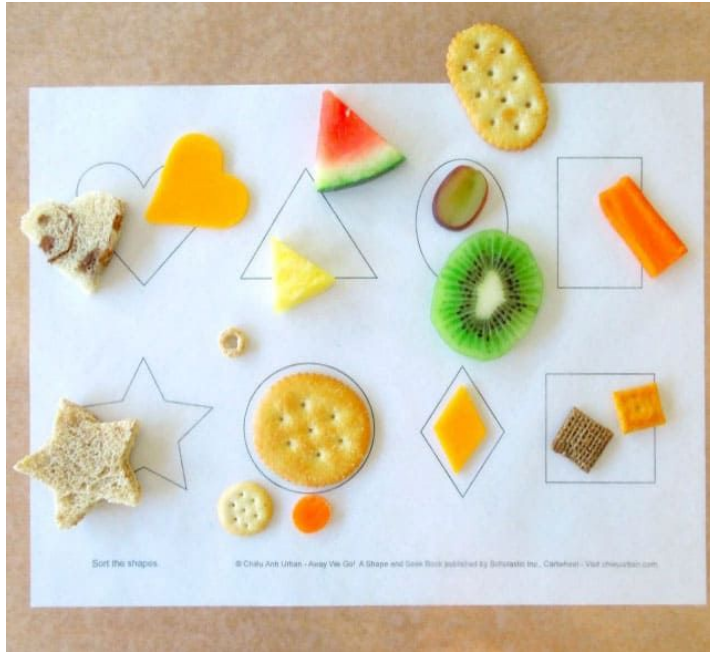
# Profile of the Plate

- Expanding on offering **sensory input** at mealtime, you may consider offering a range of sensory experiences at mealtime:
  - **Texture:** crunchy, mushy, tough (jerky)
  - **Taste:** sweet, spicy, citrus, tangy, savory
  - **Temperature:** warm food, ice in drink, frozen veggies
  - Includes visual & smell!
- **Use the [MyPlate](#)** to help guide a range of offerings.





# Offering Changes & Choices



- **Seating:** sit on lap, highchair, positioning support (FEET)
- Make-up of plate:
  - offer **small portions with choices** (~4-5)
  - offer one new food with a “safe” food(s)
  - **isolate & label** items on the plate
  - offer a **dip or “sprinkles”** (chia seeds, cheese, nutritional yeast, etc.)
  - add seasonings
- **Size\*/Shape** of food: go big, cut in unique shapes
  - \*never compromise choking hazards
- Utensils: **offer choice** of utensil, change the type of utensil

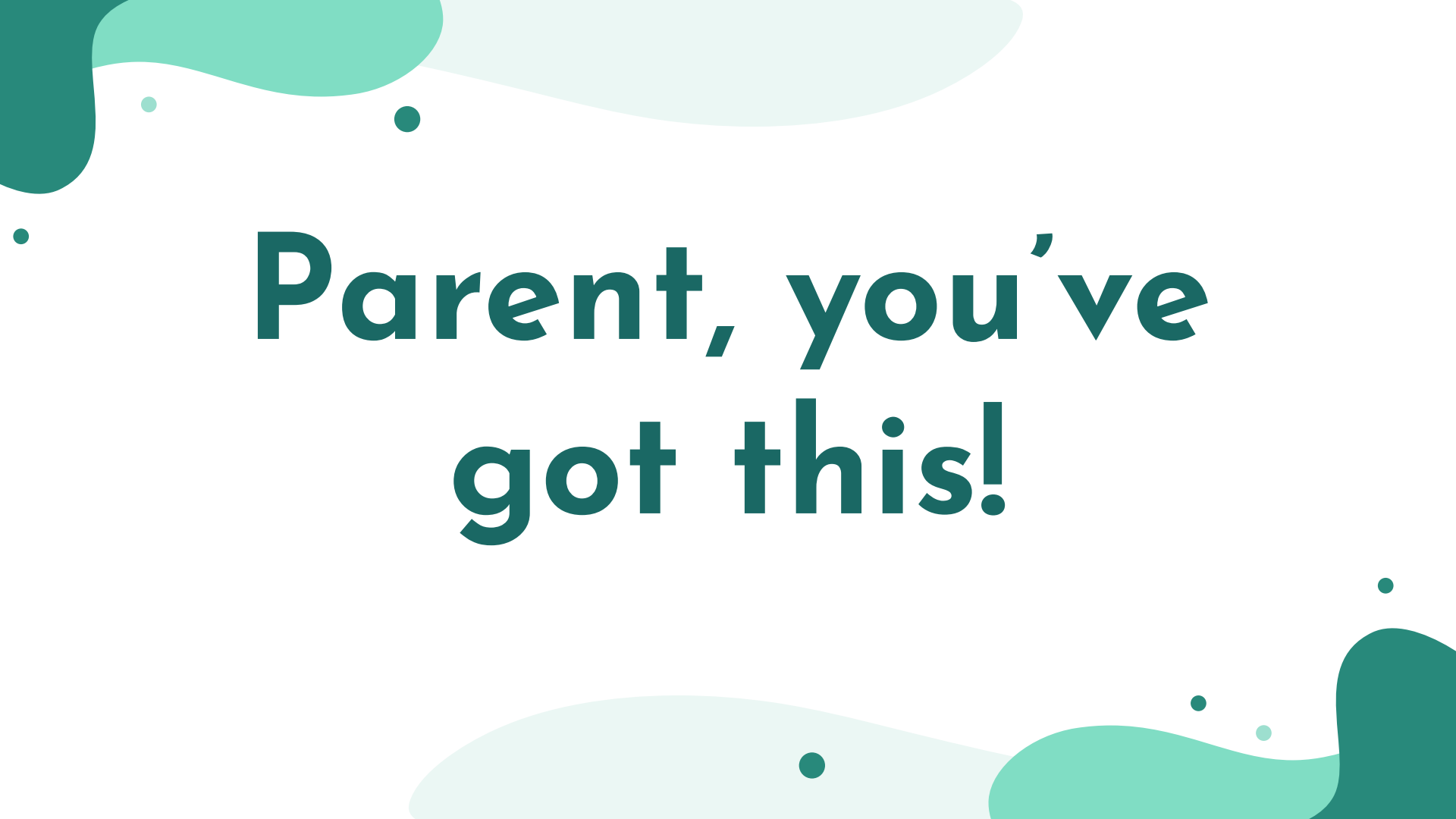


# Show, Invite & Wait



- **Model** eating behaviors (chewing, dipping, utensils)
- Allow opportunity for **exploration & play** with textures & food (MESSY EATING/PLAY IS OKAY!)
- Allow toddlers to “help” with prep
- **Be patient and limit “demands”** (“zero pressure eating environments”)
- Eating models (parents/caregivers) need to monitor their emotional state
- **Consistency is key**





**Parent, you've  
got this!**



# questions?

Thank you!

How to Contact Me:  
Merin DeKruyter, MA CCC-SLP  
[merindekruyter@kentisd.org](mailto:merindekruyter@kentisd.org)

**Please complete the parent survey!**



**Be sure to step by the check-out table to  
grab the Continued Learning Bag!**



# Resources for Families

# Feeding/Eating Resources

## Social Media Feeding/Toddler Eating Resources:

- @feedinglittles
- @solidstarts
  - [Solid Starts Website](#)
- @kids.eat.in.color
- @mymunchbug\_melaniepotock
- @playingatyourplate



Kids Eat in Color



## Concerns with eating/feeding: TALK WITH YOUR PCP!

- Outpatient feeding: Mary Free Bed, Corewell Health
- Private practice (looking for a SLP/OT who specializes in feeding/eating)



feedinglittles



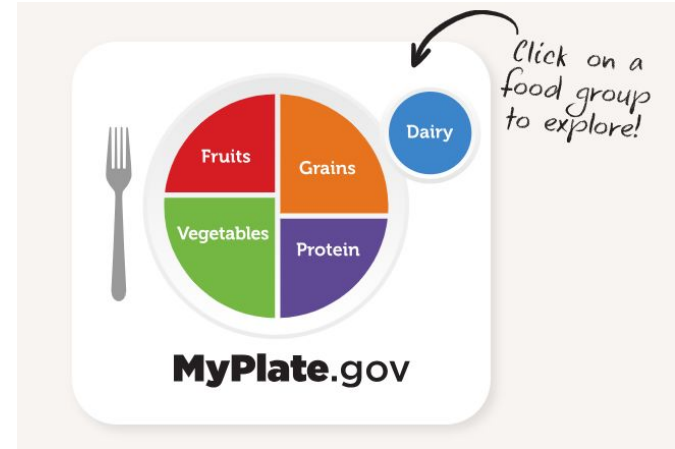
# Nutrition/Food Resources

## Nutrition

- [Myplate.gov](https://www.myplate.gov)

## Food Needs/Support

- [www.accesskent.com/departments/communityaction/TEFAP.htm](http://www.accesskent.com/departments/communityaction/TEFAP.htm)
- Search for food distribution sites closest to your home address
  - [www.feedwm.org/findfood](http://www.feedwm.org/findfood)
  - 211
  - App: "findhelp"
- Participation in school meals (free for ALL students this year!)
  - Many Food & Nutrition departments will work with families if there are special dietary needs/requests



# Glossary of Terms



- Oral Motor Skills: the strength, coordination and precision of the mouth, tongue, face needed to perform appropriate functioning related to speech, feeding and swallowing.
- Feeding: process involving any aspect of eating or drinking (including gathering and preparing food and liquid for intake, sucking or chewing and swallowing)
- Swallowing: a complex process during which saliva, liquids and foods are transported from the mouth into the stomach while keeping the airway protected. There are 4 phases of swallowing.
- Suck, Swallow, Breathe: typical pattern of intake during infancy (on bottle or nipple); typically 1:1:1 at the start of a feed for nutritive sucking & lengths to 2-3:1 towards the end of a feeding session (fatigue)
- Dysphagia: swallowing disorder in any of the 4 phases of swallowing (oral prep, oral transit, pharyngeal, esophageal) which impacts the movement/flow of saliva, food and/liquid through the mouth to the stomach
- Aspiration: food, liquid or saliva reaches past the level of the vocal folds (towards the lungs)

# Glossary of Terms

- Food Sensitivity/Intolerance: gastrointestinal (digestive) tract has difficulty breakdown specific components of a food
- Food Allergy: severe food intolerance triggering an immune-mediated response to food
- Selective Eating: typical & temporary stage of feeding development where a toddler may express preferences in food (related to taste, appearance and/or texture).
- Picky Eating: consistent, poor intake with food refusal that lasts several meals in a row; may have additional factors contributing to avoidance (e.g., sensory, social emotional factors, developmental delays, etc.)
- Picky Eating/Feeding Disorder: impaired oral intake that is not age-appropriate and is associated with medical, nutritional, feeding skill and/or psychosocial dysfunction. Behaviors may be characterized by one or more of the following:
  - Refusing age-appropriate or developmentally appropriate foods or liquids
  - Accepting a restricted variety of foods or quantities of foods/liquids
  - Displaying disruptive or inappropriate mealtime behaviors based on developmental levels
  - Failing to master self-feeding skills expected for developmental levels
  - Failing to use developmentally appropriate feeding devices and utensils
  - Experiencing less than optimal growth
- Avoidant/Restrictive Food Intake Disorder (ARFID): an eating/feeding disturbance (e.g., apparent lack of interest in eating or in food, avoidance based on sensory characteristics of food, concern about aversive consequences of eating), as manifested by persistent failure to meet appropriate nutritional and/or energy needs associated with one (or more) of the following:
  - Significant weight loss (or failure to achieve expected weight gain or faltering growth in children)
  - Significant nutritional deficiency
  - Dependence on enteral feeding or oral nutritional supplements
  - Marked interference with psychosocial functioning



# References

American Speech-Language-Hearing Association (n.d). *Pediatric Feeding and Swallowing*. (Practice Portal). Retrieved Aug. 2023, from [www.asha.org/practice-portal/clinical-topics/pediatric-dysphagia/](http://www.asha.org/practice-portal/clinical-topics/pediatric-dysphagia/).

*Baby Throwing Food on the Floor?* (2023). Solid Starts. Retrieved Aug. 2023. <https://solidstarts.com/baby-or-toddler-throwing-food-on-the-floor/>

Beck, C. (2016, Oct. 26). *Attention, Behavior and Meal Time Problems*. The OT Toolbox. Retrieved Sept. 2023 from <https://www.theottoolbox.com/attention-behavior-and-meal-time-problems/>

Brown, L. (2022). Early and Bright. Retrieved Oct. 2019 from <https://www.earlyandbrightslp.com/communication-milestones>

Caron, C. (2018, July 14). *Breast-feeding or Formula? For Americans, It's Complicated*. The New York Times. Retrieved Aug. 2023 from <https://www.nytimes.com/2018/07/14/health/trump-breastfeeding-history-nyt.html>

*Causes of Picky Eating* (2023). Solid Starts. Retrieved Aug. 2023. <https://solidstarts.com/causes-of-picky-eating/>

*Cow's Milk and Milk Alternatives* (2022). Center for Disease Control and Prevention. Retrieved Aug. 2023 from <https://www.cdc.gov/nutrition/infantandtoddlernutrition/foods-and-drinks/cows-milk-and-milk-alternatives.html>

# References

Feeding Littles (2023). Retrieved Aug. 2023. <https://feedinglittles.com/>

*How to Feed Your Child When They're Sick* (2022, Jan. 19). Feeding Littles. Retrieved Aug. 2023. <https://feedinglittles.com/how-to-feed-your-child-when-theyre-sick/>

*Is My Child a Picky Eater* (2023). Solid Starts. Retrieved Aug. 2023. <https://solidstarts.com/toddler-selectivity-vs-picky-eating/>

Marshall, J. & Tickner, H. (2023, Aug. 12). *Fantastic Feeding Norms and Where to Find Them*. The Informed SLP. Retrieved Sept. 1, 2023 from <https://www.theinformedslp.com/review/fantastic-feeding-norms-and-where-to-find-them>

*Normal Toddler Mealtime Behaviors* (2023). Solid Starts. Retrieved Aug. 2023. <https://solidstarts.com/normal-toddler-mealtime-behaviors/>

Rothman, L. (2018, July 31). *Desperate Women, Desperate Doctors and the Surprising History Behind the Breastfeeding Debate*. Time. Retrieved Aug. 2023 from <https://time.com/5353068/breastfeeding-debate-history/>

Solid Starts (2023). Retrieved Aug 2023. <https://solidstarts.com/>