EATING AND DRINKING

4

This module covers the following information:

Eating and drinking

Introduction to solid food

Helping your child to eat and drink enough and safely

1. Environment and hygiene
2. Diet
3. Understanding how your child feeds
4. Positions for feeding
5. Utensils
6. Food textures

Learning to chew and bite

Monitoring progress

Sharing emotions and feelings

EATING AND DRINKING

Facilitator Tips:

Eating and drinking are important for the health and growth of all children. Muscle tone and co-ordination of children with disabilities can be different to other children and this may change the way that they eat and drink (creating a risk of it going down the wrong way, onto the lungs), and their ability to be able to eat and drink enough (risking malnutrition and dehydration).

It is important to recognise that lack of money and time can make the preparation of special food challenging for many caregivers. Identifying local nutrition programmes is also important, to help you to clarify how the most vulnerable children and families could be linked into their services.

It is important for parents to understand that the notes made by the health team in the child's notebook, especially in the growth and body weight section, allow assessment of the child's risk and vulnerability to low weight.

Important:

If there are children in the group who are fed with a gastrostomy feeding device, it is important to find out if they are allowed to take some food or drink by mouth. If not, you need to make a plan so that they do not feel left out of the group. Groups in Rio de Janeiro used this time for the parents to practice play and positioning with their child and volunteers. This should be planned before the session so that the family knows what to expect and to ensure that you are following the medical guidelines that they have been given. Discussions about nutrition, balanced eating, and positioning for eating are important to everyone, even those who are fed via a gastrostomy.

Materials — 5 minutes

Welcome everyone to the group. Images 4.01-4.04.

For icebreaker: Jug of water and cups.

For demonstrations: Large rag doll, small towels you can roll up, large plastic cup, small cut away cup, dessert spoon, plastic teaspoon, display materials. Local foods from each category of nutritional group (photos or real items).

For explanations: Pictures for positioning section.

For practical feeding session: Plastic teaspoons and cut away cups for each caregiver and child. Home-made child food (e.g. bean soup, vegetables, porridge), bananas/soft fruit. Biscuits for the caregivers.

Icebreaker — 10 minutes

This icebreaker is designed to help everyone to understand what it feels like to be fed by someone else, and not fed in a good way.
The caregivers (**NOT** children) work in pairs: ask everyone to take turns to feed one another. Try different positions. The person being fed should be given a sip of water with their head leaning back, and then turned to one side, then flopping forwards.

This activity is important for participants to put themselves in their child's position. One father explained that they often hear the information in a theoretical way so it is not easy to understand.

"All the dynamics today show us how our children feel. We are experiencing the difficulties that our children pass through every day. Because you feed your child every day, it becomes automatic, so some mistakes are involuntary. I am learning more in these practical activities." **Father, Rio de Janeiro**

Ask

"In which position was it easy to swallow? Which position was it difficult to swallow in? How did it feel to be fed?"

Explain

Put up the outcomes (on a flipchart) and go through them with the group.

Today is going to focus on eating, drinking and swallowing. Some children who have difficulties with this may have a feeding tube called a gastrostomy. We won't be covering this today and if there are children in the group with this, explain that is it important to discuss any questions that you may have with your medical team and make plans together.

By the end of the session, you will:

- Know what a balanced diet is and how to maximise your child's nutritional intake to reduce the risk of malnutrition.
- Learn ways for you and your family to feed your child so that you reduce the risk of food/drink going onto the lungs.
- Understand the importance of introducing solid foods to your child at the right time.
- Know ways to encourage your child in independent feeding.

Ask — 5 minutes

"What does your child eat and drink?"

Write a list of the foods that everyone mentions to use later in the food grouping activity.

INTRODUCTION TO SOLID FOOD

Ask — 15 minutes

"What kinds of difficulties do you have with feeding your child?"
Write up responses and ensure all of the following are discussed.

Difficulty controlling my child's head

- Her head is floppy and she struggles to keep it upright.
- She pushes her head backwards.

Difficulty controlling my child's body

- She cannot sit by herself and struggles to keep her body upright.
- It is difficult to hold her body upright as she pushes back or struggles to keep her body still.

Difficulty controlling my child's mouth/lips/tongue

- She struggles to close her mouth and food or drink spills out.
- She struggles to chew her food.
- She struggles to swallow/takes a long time before swallowing her food.
- She chokes/coughs a lot when eating.
- She pushes the food out of her mouth with her tongue.

Mood

- She is often very unhappy during mealtimes and cries and rejects her food.

Other problems

- She often vomits after eating.
- She suffers from frequent constipation.
- I feel frustrated when feeding her.

Ask

Discuss in pairs: *"How do you feel about other family members helping your child to eat and drink?"*

Caregivers may be concerned with others helping with eating and drinking.

Recognise:

Your child's different way of eating and drinking puts her at risk of food or drink going onto the lungs.

Your child's muscles may also get tired during the meal and then she can't get enough food and will need to eat more often.

Family members can help your child with eating and drinking because you can start learning together.

A mother spoke of the experience of feeding her daughter who has used the gastrostomy device since 5 months old. Despite being encouraged by her medical team, the mother was afraid that her child would choke on food. She said that she tried to put food in her daughter's mouth so that she can taste food, and at the same time she has physical difficulties with feeding her child. Eating on the street is a challenge and letting other people feed her daughter is too. This was an important moment for this mother, in which she was able to talk and think about her daughter's diet.

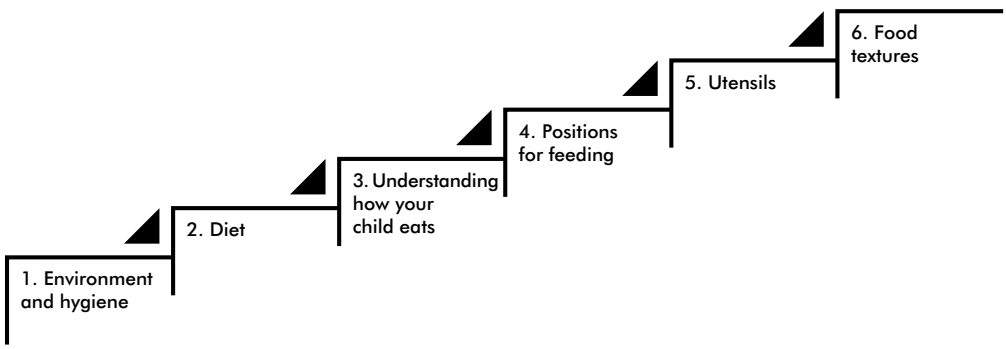
HELPING YOUR CHILD TO EAT AND DRINK ENOUGH AND SAFELY

Materials

Image 4.01.

Explain

There are 6 key aspects to helping your child learn to eat and drink safely and comfortably:



1. Environment and Hygiene — 5 minutes

Ask

"Has anyone got any tips on hygiene?"
For example: don't use a dirty cloth to clean with because our children are at a high risk of infection.

Write the list of examples on the flip chart.

"Where do you choose to feed your child, and why? What is your routine before you feed your child?"

Discuss that everyone may have different places where they like to feed their child for different reasons. Cleaning routines include washing both your hands and the hands of your child with soap and water, as well as the utensils.

If your child gets distracted when eating, what is she distracted by? Ask what solutions everyone has found to decreasing distractions.

2. Diet — 20 minutes

Ask

Discuss with a neighbour: *"When and why was your child introduced to solid foods?"*

Explain

When a child reaches 6 months, she **needs to have solid food as well as milk** in order to grow, even when she has developmental difficulties.

Eating and drinking are important for nutrition and hydration, and so for growth and health. Eating and drinking are also important for exercising parts of the mouth that are helpful for learning to talk.

If your child finds eating and drinking difficult, giving small amounts often will build up her nutrition.

Materials

Images 4.02 (a-b)

Ask

"What is a nutritious or 'balanced' diet?"

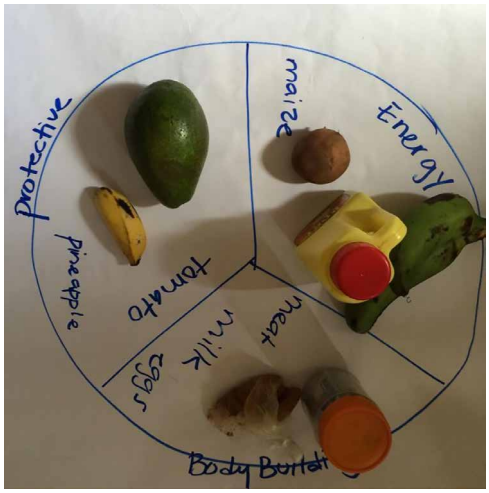
Show the poster and discuss the food groups and that a combination of these will give energy and vitamins, which ALL children need.

Activity

Draw a circle divided into three sections labelled:

- Body building foods
- Protective foods
- Energy giving foods

Show the different local foods and ask everyone to place the food into the three groups. Also use the list you made earlier of foods that they give their children. Each child needs a combination of these foods to grow, develop, and gain weight.



Facilitator Tips:

You can compare these food groups to a tractor:

- Tractor body = formed by food builders
- Lubrication for the gears = fed by the food regulators
- Fuel = energy foods

"I really enjoyed separating food, even when we go to the nutritionist, we do not know everything." **Mother, Salvador**

Explain

Children with developmental difficulties need a balanced diet that is especially high in energy, which comes from fat and oil.

Your child may get tired easily when eating and this will increase the risk of food going down the wrong way onto her lungs. It will also mean that she can't eat a large amount of food at one time. She therefore needs small meals given more often (e.g. 6 small meals instead of 3 bigger meals).

Children need the equivalent of at least 4 cups of fluid per day. As drinking can be difficult, your child will need to take sips of fluid throughout the day.

This will help reduce the side-effects of dehydration, such as constipation, and give her more energy. Constipation is very common in children with congenital zika syndrome and can cause them pain and discomfort.

Ask

"How can your family help to increase the amount of water that your child drinks through the day?"

Avoid adding sugar to your child's food and drinks. Try to add pureed fruit instead. If children get used to sugar added to their food, they will not accept food that is not sweet later on. Also, sugar causes tooth decay and health problems later.

Changes as your child gets older:

As children grow, they start to breastfeed less and eat more, and begin to drink water from a cup.

For example:

Children who are less than 9 months old

- Mainly breastfeed.
- Start learning to drink sips of water from a cup.
- Start eating 2-3 small meals (each meal about 2 full tablespoons) a day.

Children 9 and 12-month old infants

- May start breastfeeding less and drink more water.
- Start eating 4-5 meals (each meal about 4 full tablespoons).

Infants over 1 year

- May continue to breastfeed, but take more water from a cup.
- Now need to eat more food (approximately 6 meals a day).

3. Understanding how your child eats 10 minutes

Activity

In groups of three, discuss how you have learned to help your child to eat and drink over the last few months.

What do your child's reactions to food and drink tell you?
Ask the groups to share their ideas.

Ensure that the following points are covered:

- Give small mouthfuls, and one mouthful at a time.
- Give your child plenty of time.
- Provide support to her jaw if she struggles to keep her mouth closed when there is food inside. This will reduce the amount of food she spills from her mouth and therefore help her to eat more.

- Talk to her and encourage her to eat and have fun at mealtimes.
- Be gentle. If she cannot finish her food because she is getting tired, offer her more milk until she is satisfied.
- Watch your child's reactions to see when she is ready for the next mouthful. Never force feed.
- Start with food – finish with a sip water or milk so that she doesn't fill up on liquid before eating.
- Stop when she indicates that she is tired or has eaten enough.

It is important to give time to all the practical activities. One father in a group said that there are many things that they are just learning now through this group,

"Imagine this, our children have been in treatment with speech therapists and physiotherapists and they are teaching us to feed our children, but here with these practical activities we can put ourselves in our child's position and learn even more."

Facilitator Tips:

If you have a child in the group with a gastrostomy, it may be helpful to have a group discussion about this, so that the caregivers feel supported.

For your information, gastrostomy is nothing more than placing a small flexible tube directly into the stomach to allow feeding in children where the oral route/mouth cannot be used.

In some cases it may be temporary, and you use the gastrostomy until you can eat again, but in others it may be necessary to keep the tube for several years or even for a lifetime.

For children who find eating and drinking very difficult, they may be at risk of taking food and drink into the lungs, which causes pneumonia. Therefore, it is important for caregivers to talk to their child's health team to report coughing or other signs of difficulty, and to better understand when a gastrostomy is needed.

It may be interesting for families to talk to the families of children who already use a gastrostomy. Ask if this is possible.

It is important to be aware of the following guidelines:

Before feeding any child with a gastrostomy tube, place her in a stroller or chair, or with the bed head raised so that the body is semi-upright or upright. The child needs to stay like this for 30 minutes after the feed to avoid reflux (regurgitation). (Image 4.02c).

WASH YOUR HANDS BEFORE AND AFTER ANY HANDLING

4. Positions for feeding 20 minutes

Materials

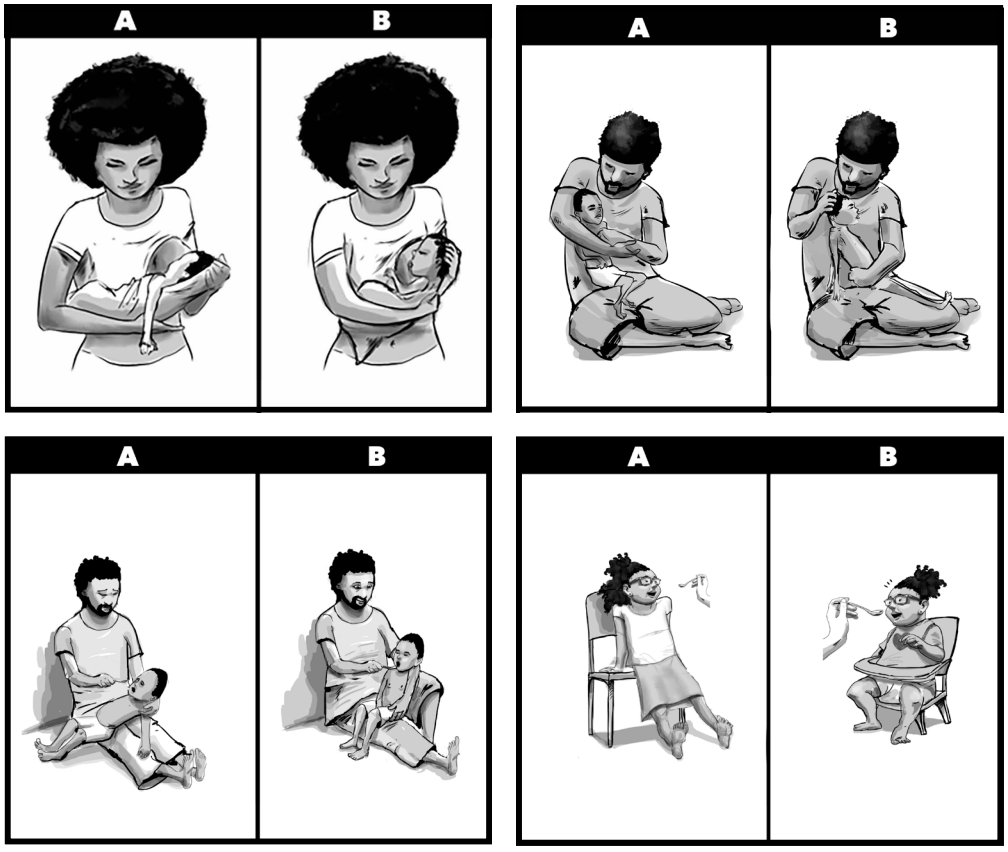
Images 4.03 (a-d). Photocopy 2 sets and cut out.

Facilitator Tips:

This is a good time to reinforce the learning from last week on positioning.

Activity

In 2 groups, look at the card sets (a+b) showing different positions.
Ask the groups to choose which they think is the best position for feeding from each set.



Ask

Ask a different person each time to explain one card: *"Can you say why you chose one position rather than the other?"*

Explain

Both the child and the caregiver need to be positioned well. Children are held in a reclined position when they are breastfed. As they get older and their neck becomes longer, they need to be held more upright to make sure food doesn't go down the wrong way onto their lungs. This is not a 'safe' way to feed as it causes chest infections, which are dangerous for your child. Sitting up also allows children to chew and swallow more easily and to learn to feed themselves. It also reduces the risk of vomiting.

Facilitator Tips:

You will need to be flexible with the timing of activities that involve food and eating. Sometimes children are hungry early and the time for practicing eating will need to be changed. Sometimes caregivers are full after tea and may not wish to participate in activities where they are eating.

You can do the next section during the break. Ask everyone to reserve three foods of their choice, with all three consistencies. Practice using the cup, spoon and solids, provided in this session, with the food chosen. Set aside time for everyone to experiment, discuss and complete.

Activity

Sit on a chair in the middle of the group in a poor position.

Ask the group how they would change your position to make it better for eating. As each person makes a suggestion, ask them to come and correct your position

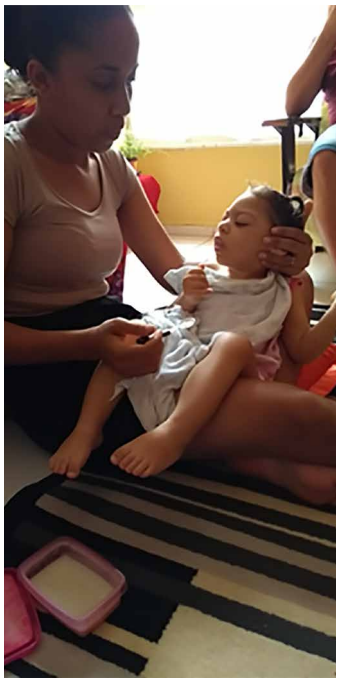
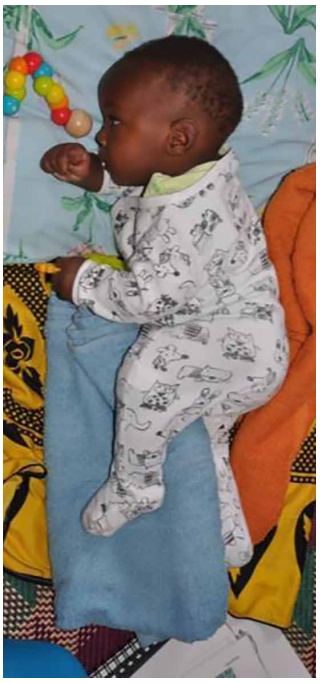
Point out that if you start with the bottom and hips and get them centered and at the back of the chair, it is easier to position the rest of the body.

Demonstrate

Use a doll (or one of the children in the group) and demonstrate how to position a child for feeding when sitting on a chair or sitting on the floor (next page):

Materials

Images 4.04 (a-c).

If you are sitting on a chair, couch, or bed:

- Make sure that you are comfortable with your back supported.
- Keep your upper arm firmly against the top of her head, and not behind her neck. Make sure you can see your elbow.
- Have your child's bottom firmly between your legs so that she cannot push back.
- If you raise the leg she is sitting on, by putting something under your foot, it will help to make her back straight.
- Bring her arms forward so that her shoulders also come forward.

If you are sitting on the floor:

- Sit with your back against a wall to rest your back.
- Keep your upper arm firmly against the top of your child's head – not behind her neck.
- Make sure you can see your elbow.
- Put a cushion under your raised knee to keep yourself comfortable and to keep her back straight.
- Make sure your child's bottom is well between your legs so that you can keep her hips firmly bent.

Sitting in a supportive chair (for older children)

- Feeding your child on your lap is likely to be difficult if she is bigger or older and it does not support herself well.
- For older children, a supportive seat may be the only way to achieve a good feeding position. As your child grows you need to make sure that the chair still fits. Do not squeeze her into one that she has grown out of.
- Make sure she is correctly seated and positioned by using rolled up towels or cloths if necessary to support her.

Ask

"If you have had difficulty with your child vomiting after feeding, what positions have you found helpful?"

Keeping your child either sitting, upright in a seat or lying on her side on a cushion for 20-30 minutes after meals will reduce vomiting after eating.

Children with developmental difficulties can seem uncomfortable after eating and may vomit because their stomach muscles are weak and let the food come back up either during or after feeds.

Explain

Explain the following summary points for positioning:

- Be sure your child is in a good position before you begin feeding her.
- The good position you use will make feeding easier and safer.
- It is especially important that the head is not leaning back or flopping sideways to make swallowing easier and safer.
- You can play with your child in these positions too – that way she gets used to the position before you try feeding her, and you also get comfortable with using these positions.

Activity 30 minutes

Allow the group time to try out the positions and see which works best for their child. You can assist by checking positions and helping everyone to problem solve, and to encourage and support each other to adjust the positions.

5. Utensils 20 minutes

Spoon

Show a small metal spoon, a big metal spoon and a plastic teaspoon.

Participants found this part helped them with communication with their child.
"I did not know that you had to show the spoon to the child." **Mother, Salvador**

Ask

"Which is better for feeding your child and why?"

Make sure the following points are covered:
A good quality plastic teaspoon is best, it gives small mouthfuls, which are easier and safer for your child, and it prevents harm if your child bites hard onto it.

Metal is often too hard/sharp for your child's mouth. (Image 4.05a).

Activity

In pairs:

- One person is the caregiver and the other is the child.
- Take the caregivers away from the group so that the 'children' cannot hear what you are telling them.
- Tell the caregivers that they must feed the 'child' **very quickly** with the big spoon.
- The caregiver then feeds the child with a few big spoons of yoghurt very quickly.

Explain

A child's tongue moves forwards and backwards when she drinks from the breast or bottle. As she gets older, your child has to learn to keep her tongue inside her mouth when she eats and drinks.

When using a spoon to feed your child:

- Give food from the front and straight.
- Give food at her pace.
- Place the spoon with the food touching the top lip so that she can feel it and use her top lip to remove the food from the spoon.
- She will suck on the spoon like she did on the breast/bottle at first.
- Your child should bring her jaw up, but if she doesn't, place your finger under the jaw and give some support.

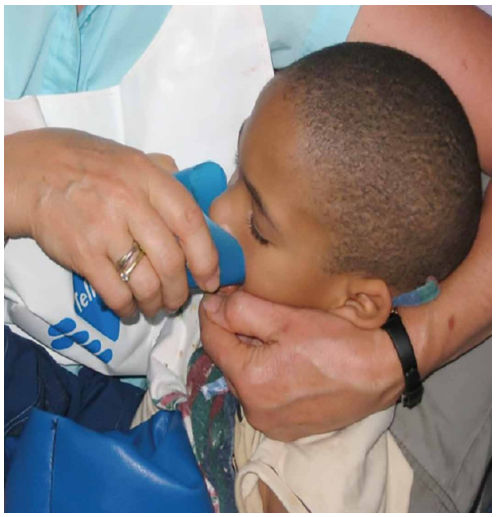
Don't lift the spoon up and drag it against the top gum when taking it out, keep the spoon straight as you take it out of her mouth.

Remember, some children who are breast or bottlefed may not like to eat from a spoon or drink from a cup at first. Keep trying and they will get used to it.

You can encourage your child in independent feeding by putting her hand on the spoon. You can put your hand over her hand. Together, hand over hand, you can help your child to learn to feed herself.

Cup

Show a plastic cup and a plastic cup with one side cut away. Pass them around for participants to try. (Images 4.05 b-c).



Facilitator Tips:

The cut out section in the cup allows the cup to be tipped upward without having to move the child's neck back in order to finish drinking. The child drinks from the side that is not cut out.

Activity

Ask everyone to look up to the ceiling and try and swallow.

How difficult does it feel? What kinds of cups do you think are better for giving your child a drink and why?

Make sure the following points are covered:

- The cup that is not cut away makes the child tip her head back to drink, making swallowing the liquid harder.
- When using the cut away cup you can see the liquid in the cup and how much you are giving the child.
- You can also use a short clear cup that you can see through e.g., a medicine cup.

Explain

A cup is introduced when:

- Your baby cannot suck or gets tired on the breast or bottle.
- Your child is 6 months and ready to drink sips of water.

Ask

"What could go/has gone wrong with cup feeding?"
Write up responses and use the list below to ensure all the following difficulties are discussed:

- Child may not wake up.
- Child may not actively swallow.
- Milk may spill from the mouth.
- Child may cough/choke.
- Child might breathe milk into the lungs.
- Child may not control how fast the milk comes out of the cup.

Explain and demonstrate

- Your child needs to be alert and able to suck/sip.
- Position your child upright.
- Present the cup at your child's lips and tilt a little allowing the liquid to touch the upper lip then wait. Do not pour liquid into the mouth.
- If your child struggles to close her mouth, help her by placing your finger under the jaw and lips for support.
- Give single sips and observe the swallow.
- If your child is sucking and swallowing, lower the cup after every 3 sips for a short break.

"Even with my daughter using a gastrostomy I could talk about the difficulties of feeding her." **Mother, Rio de Janeiro**

Bottle Feeding

Ask

Many parents in Brazil use bottles to feed their child.
"Who feeds their child with a bottle? Can you explain why?"

Facilitator Tips:
Many participants are apprehensive about changing the way that they feed their child, because either it is easier or they find it difficult to feed their child with a spoon or a cup. This is a good place to gently start this conversation.

Reinforce that the cup will help their child to learn to sip and suck well.
Bottles encourage tongue patterns that babies use.
This makes it harder for your child to learn to eat food.
Being fed with a bottle discourages independence and self-feeding.
Feeding purees through a bottle is unsafe as your child needs to use more mature tongue movements and be sitting more upright in order to swallow puree safely.
The teat of a bottle can easily carry germs and so is less hygienic.

Activity

Allow everyone to try out cup feeding.
Observe and advise to ensure correct technique.

6. Food textures — 15 minutes

Facilitator Tips:

This discussion on textures can be included with the activities, they do not have to occur separately.

Materials

Images 4.05 (a-c).



Activity

Show a banana and a biscuit, and other common foods.
Ask the caregivers to discuss if the food items are:

- Hard or soft?
- One type of texture or more?
- Can they be made into smooth puree?
- How can they be made into puree?

Liquids: are runny and can be difficult to control in the mouth. Liquid runs quickly and can go down the wrong way, into the lungs. Liquids should therefore be given very carefully.

Solids: When we introduce solids, children must get used to eating food that's firmer than milk, and feels different in their mouths. Children with developmental difficulties may have problems chewing. This is because they may not have the muscle power or co-ordination, so we need to make solid food moist and soft so that they can manage it. It is important to introduce solid food as this is more nutritious than liquids.

- We start with smooth food – not too runny, not too solid. As your child starts to develop better control over her tongue and mouth, you can slowly increase the thickness of the food.
- Your child may have difficulty controlling food that has more than one consistency, with both hard bits and liquid, such as bean soup. This is not 'safe' food as it can easily cause choking.
- Banana can be pureed by mashing with a spoon. A biscuit can be moistened with some milk.
- Bean or vegetable soup has hard bits and liquid. This is two textures.

Showing your child the whole food before you mash it up will help her to understand what it is. For example, showing her a banana and then mashing it up in front of her.

If your child has a healthy balanced diet with fresh food cooked and prepared in a way that your child can manage (in terms of texture), this will help her body to be in the best position to be healthy and process the medications that your child is taking.

Ask

"What is one point that change at home and tell you will other members of your family about?"

LEARNING TO CHEW AND BITE

Activity

When a child is able to eat smooth thick consistency foods well, she can be taught to chew soft foods. Ask everyone to eat a biscuit to feel the mouth movements for chewing.

Try to chew and swallow with your mouth open. Do you also need to close your mouth to swallow?

Ask

"What kinds of solid foods have you tried with your child?"

Cooked vegetables such as cassava and potato, biscuits, soft fruits are good for teaching a child to chew. The food should break easily in the mouth and become puree when chewed a few times.

Biting

When your child is able to chew soft foods, e.g., banana, you can help her learn to bite harder foods e.g., biscuits. It is helpful to place a piece of food between the teeth at the side, rather than the front of the mouth.

Ask

Break into two groups.

"What would make you think your child needs help with eating and drink? What would be the reasons that you would take your child to the doctor?"

Answers may include your child:

- Has stopped growing
- Is loosing weight
- Has chest infections
- Is dehydrated
- Vomits during or after meals

These things are different from what you see day to day during meals, these are signs that are good to discuss with your doctor.

MONITORING PROGRESS

Ask each caregiver to identify 2 things that they have learnt today about feeding that they will try at home and share with another member of the family at home.

Ask **10 minutes**

Think back to session 2 where you looked at stepping stones to help your child learn:

"What have you learnt today that would help your child practice these? What are you going to do at home from today's session to help your child's development?"

Materials

Flipchart with take home messages.

Take Home Messages:

- Your child may take time to learn to chew and eat solid foods and drink from a cup. She needs help to learn these skills in the right way.
- She may have difficulties with eating and drinking. These difficulties can result in malnutrition and chest infections. There is a lot that you and your family can do to help reduce these difficulties.
- If your child has swallowing difficulties, it is important that she is seen by your medical team.

You can:

- Position your child in an upright position, with her chin tucked in slightly.
- Feed her small and frequent meals of a balanced diet, which has extra fat or oil in it.
- Introduce foods that are smooth and moist. Not too runny, not too solid or chewy.
- Give your child small spoonfuls of food and small sips of water, slowly, using a small plastic spoon and small cup.
- Give positive verbal encouragement and do not force feed.
- Teach other family members to feed your child in the same way you do.

SHARING EMOTIONS AND FEELINGS

Ask

"How did this session feel? Did it raise any emotions or feelings that you did not expect? How have you been feeling this week?"

Allow time for discussion and interaction with each other.

Facilitator Tips:

Situations that can be challenging is if answers is unspecific: for example "everything is ok" or "I am tired".

You can encourage everyone to talk more by asking "why?" or "what happened" or "how do you feel about that?"