

# Pediatric Feeding Disorders: How Can We Help?

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# Overview

- Pediatric Feeding Disorders
- Feeding services at Sanford Fargo
- Assessment of Feeding Disorders
- Evidence based treatment

We have nothing to disclose.

# Pediatric Feeding Disorder

- Definition
  - Impaired oral intake that is not age-appropriate
- Associated with one of the following:
  - Medical condition
  - Nutritional deficiencies
  - Feeding skill deficits
  - Psychosocial dysfunction

# Pediatric Feeding Disorders

- Causes
  - Complex chronic health conditions
  - Pain or discomfort with feeding (reflux, EOE, food allergies)
  - Negative experiences with feeding
  - Negative experiences related to the mouth
  - Motility problems
  - Poor oral motor skills (dysphagia)
  - Muscle tone differences
  - Neurodevelopmental differences
  - Anxiety
  - ADHD
  - Sensory differences
  - Child temperament (slow to adapt, easily over-stimulated)
  - Parent-child conflict, parental anxiety

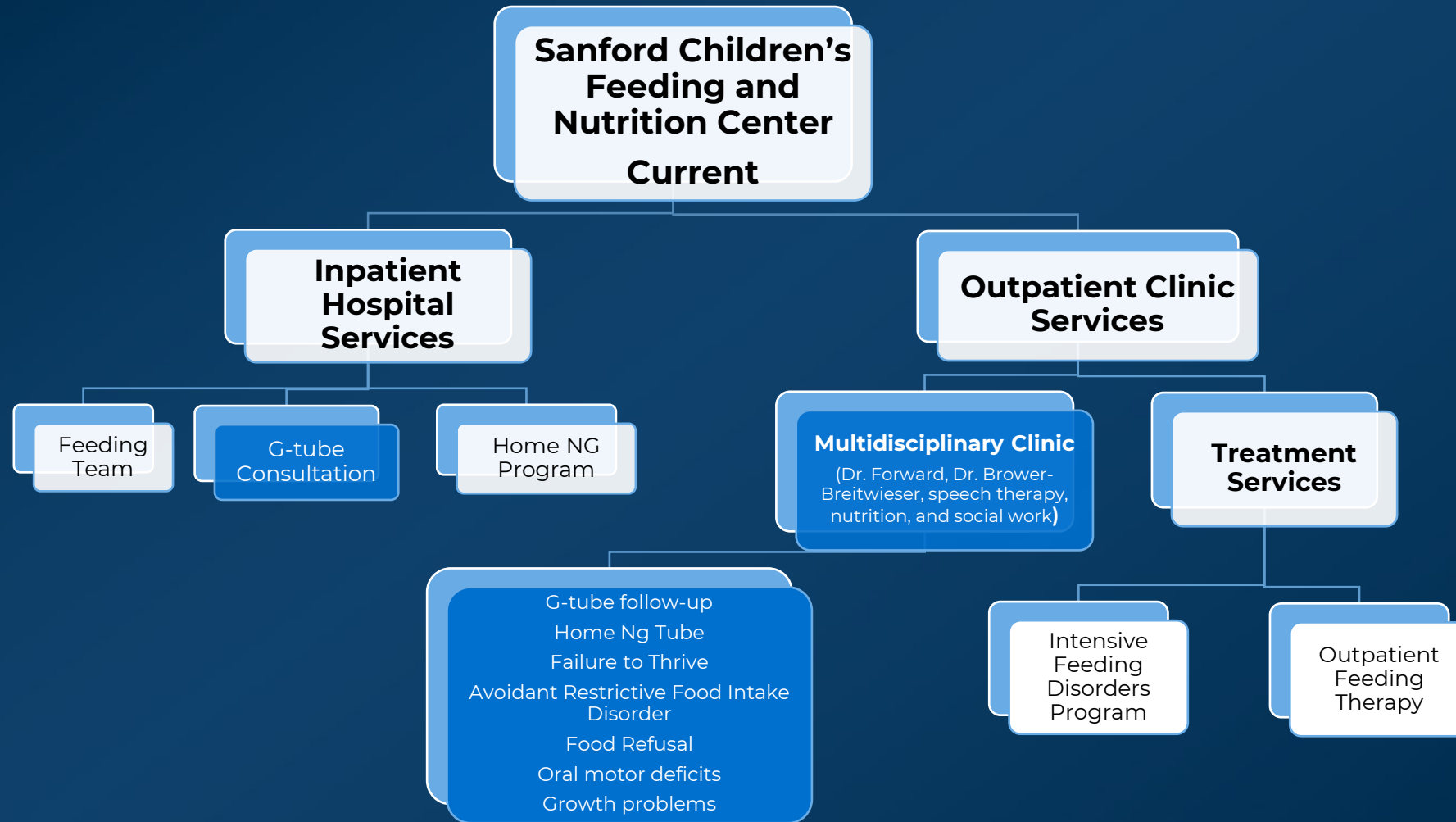
# Sanford Children's Feeding and Nutrition Center Opened January 2022

- Vision

- Create a place for Sanford Health pediatric patients and their families to receive excellent evidence based feeding disorders care.
- We strive to provide a service that is effective, efficient, and family centered.

- Purpose

- Multidisciplinary care
- Optimize our processes
- Family centered care
- Cost/time savings—same day g-tubes, etc.



# Assessment of Feeding Disorders

## 2 year old patient in for WCC

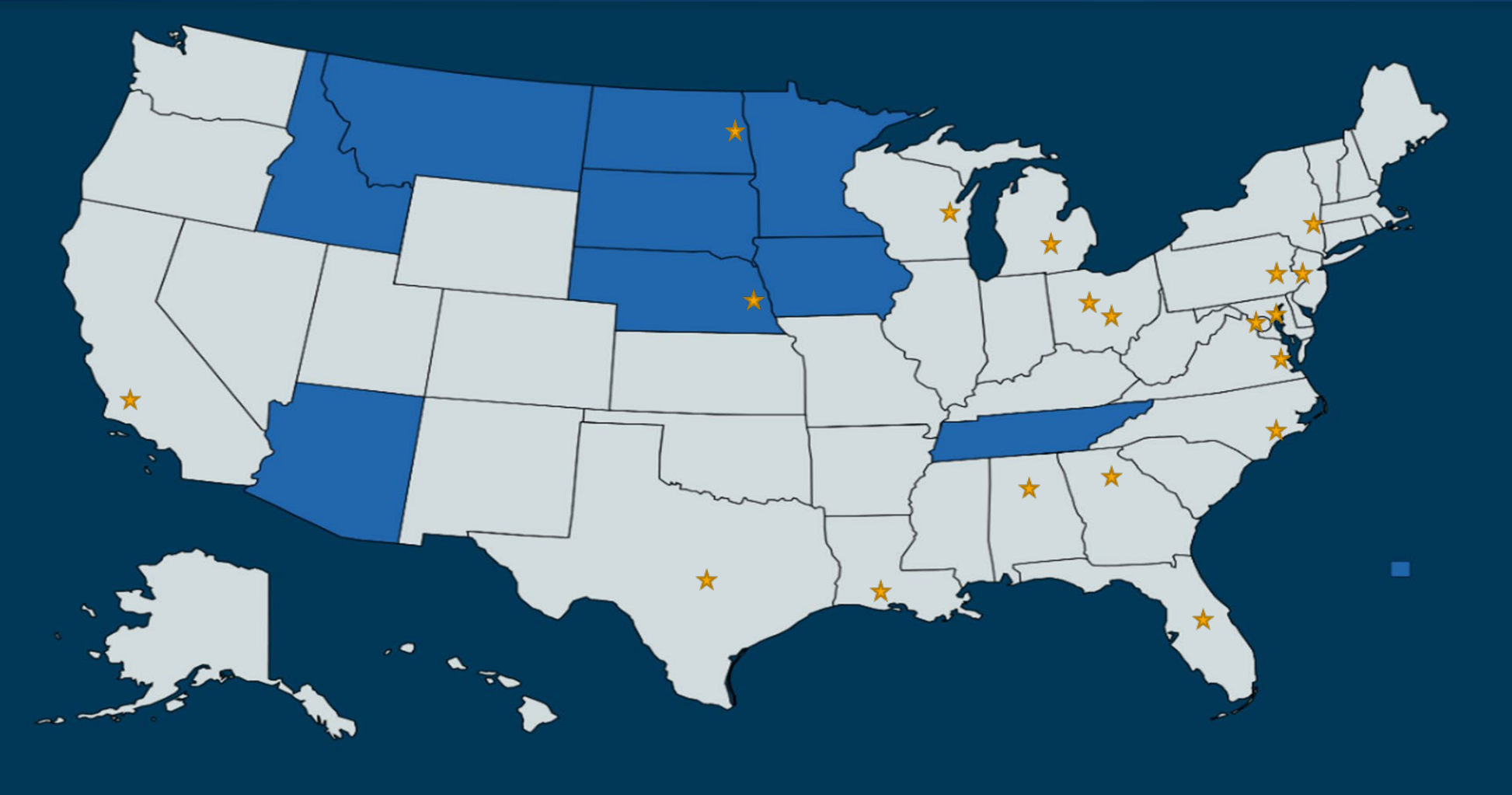
- CC: “He won’t eat his anything!”
- What questions should you ask?
  - Schedule
  - Volumes served vs accepted
  - Variety
    - Vitamin C, Calcium, Iron
  - Behavior in different settings/with different caregivers
  
- When should you refer to the Feeding Clinic?



# Treatment of Feeding Disorders

- Skill building/dysphagia models
- Appetite manipulation
  - This CAN be helpful for children with enteral feeding tubes.
  - Does not expand diet for restrictive feeders. Parents will have to buy more chicken nuggets....
- Sensory based models
  - New evidence demonstrating ineffective strategy for all feeding disorders outside of basic dysphagia
- Behavioral feeding interventions
  - Significant body of research supporting use
  - Intensive feeding program considered standard of care (2017) when both organic and behavioral causes of the feeding disorder are identified





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# Intensive Feeding Program

- Rationale:
  - Intensive Feeding Programs considered gold standard
  - Nearest program--Nebraska
  - Cost:
    - \$800,000-cost to maintain g-tube from infancy-18 years of age
    - Frequent medical visits
- Sanford Children's Intensive Feeding Program
  - Opened March 2016
  - 238 patients admitted
  - Outcome data
    - Pre/Post admission
    - Every 3 months for 3 years

Questions?

# References

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