

Nourishing Infants and Toddlers

Objectives:

1. Discuss the developmental stages of becoming a healthy eater and common challenges
2. Understand responsive feeding
3. Identify the role of ECE professionals in nurturing healthy eaters
Identify one or more nutrition best practice to incorporate in your daily routines with children
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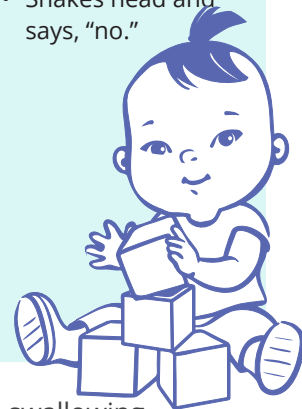
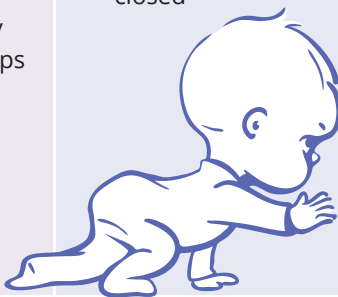
How do we support children to become healthy eaters?



Stages of Infant Development and Feeding Skills *(healthy, full-term)*

Developmental milestones are used as markers to ensure that infants and toddlers are growing in a healthy direction. During early years, a child's relationship with food is crucial for his or her health and development. Learning the physical stages that relate to feeding is important to understanding this process.

BIRTH - 5 MONTHS	4 - 6 MONTHS	5 - 9 MONTHS	8 - 11 MONTHS	10 - 12 MONTHS
<p>Reflexes:</p> <ul style="list-style-type: none"> Suck/swallow Tongue thrust Rooting Gag <p>Requires head, neck and trunk support</p> <p>Brings hands to mouth around 3 months.</p> <p>Coordinates suck-swallow-breathe while feeding.</p> <p>Moves tongue back and fourth to suck.</p> <p>Hunger cues:</p> <ul style="list-style-type: none"> Wakes and tosses Sucks on fist Fusses or cries <p>Satiety cues:</p> <ul style="list-style-type: none"> Seals lips together Turns head away Decreases or stops sucking Falls asleep or spits nipple out 	<p>Gag and tongue thrust reflex starts to disappear.</p> <p>Up and down munching movement.</p> <p>Uses tongue to transfer food from front to back to swallow.</p> <p>Recognizes spoon and opens mouth.</p> <p>Draws in upper and lower lip as spoon is removed from mouth.</p> <p>Good head control and can sit with support.</p> <p>Introduction to pureed and strained foods without choking.</p> <p>Hunger cues:</p> <ul style="list-style-type: none"> Fusses or cries Smiles or coos during feeding Moves head toward spoon <p>Satiety cues:</p> <ul style="list-style-type: none"> Turns head away Decreases or stops sucking Spits nipple out Distraction of surrounding 	<p>Begins control of food positioning in mouth.</p> <p>May sit without support.</p> <p>Follows food with eyes.</p> <p>Begins introduction to solid foods (6 months).</p> <p>Drinks small amounts from cup with help.</p> <p>Begins to feed self.</p> <p>Transfers food from one hand to another.</p> <p>Tries to grasp foods such as crackers and teething biscuits.</p> <p>Hunger cues:</p> <ul style="list-style-type: none"> Reaches for spoon or food Points to food <p>Satiety cues:</p> <ul style="list-style-type: none"> Eating slows down Pushes food away or clenches mouth closed 	<p>Moves food side to side in mouth.</p> <p>Begins to use jaw and tongue to mash and chew food in rotating patterns.</p> <p>Begins to curve lips around rim of cup.</p> <p>Sits alone without support.</p> <p>Begins to use fingers to pick up objects (pincer grasp.)</p> <p>Can put food in mouth with hands and feed self finger foods.</p> <p>Begins to eat ground or finely chopped food and small pieces of soft food.</p> <p>Drinks from cup with less spilling.</p> <p>Hunger cues:</p> <ul style="list-style-type: none"> Reaches food Points to food Gets excited about food <p>Satiety cues:</p> <ul style="list-style-type: none"> Eating slows down Pushes food away 	<p>Rotary chewing.</p> <p>Feeds self easily with fingers.</p> <p>Begins to feed self with spoon.</p> <p>Dips food with spoon rather than scoop.</p> <p>Begins to hold cup with two hands.</p> <p>Drinks from straw.</p> <p>Good hand-eye-mouth coordination.</p> <p>Begins eating chopped food and smalls pieces of table food.</p> <p>Bites through a variety of textured food.</p> <p>Hunger cues:</p> <ul style="list-style-type: none"> Uses words or sounds for specific foods. <p>Satiety cues:</p> <ul style="list-style-type: none"> Shakes head and says, "no."



Within the first few days of life, an infant has to first learn the coordination of sucking, breathing and swallowing. Next there is learning tongue control and movement that will eventually lead to chewing. With the introduction of complementary foods at around six months, infants learn how to open their mouths in response to food, start learning how to bite soft foods, and how to hold and bring it to their mouths. Every movement from bringing food to mouth, opening mouth, biting, moving tongue to chew food and then swallowing are all learned skills.

Complementary feeding- Introducing foods along with continued breastmilk or formula.

Readiness signs for Complementary Feeding

Sits in a feeding chair with head control

Follows food with eyes

Uses tongue to get food off the spoon and does not push the food out of their mouth

Brings objects to mouth

Positioning for Success

Sitting upright

Head, neck and trunk aligned

Bolsters for support

Footrests in place

Safety straps secured

Feeding Challenges

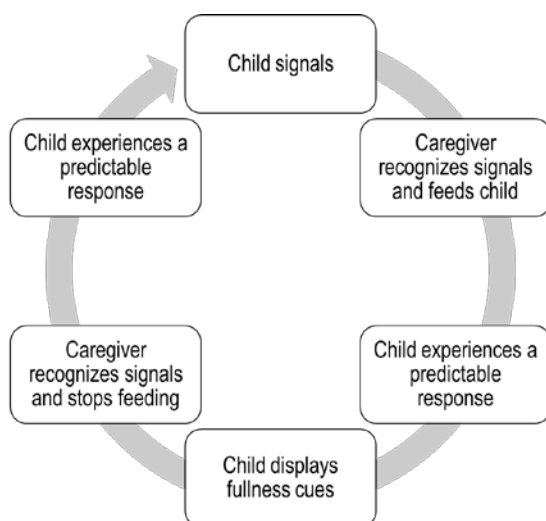
Varied Appetites

Picky Eating

Food Jags

Sensory Processing Challenges

Responsive Feeding



Caregiver roles in Responsive Feeding

- Recognizing child's signals
- Responding to the child in a prompt, emotionally supportive and appropriate manner
- Creating a relaxed and pleasant feeding environment
- Serving developmentally appropriate foods that are healthy and tasty
- Offering food on a predictable schedule at times when the child is likely to be hungry
 - for infants, timing will be more individualized
 - for toddlers, more structured

Beliefs, Values and Practices Activity

Our beliefs, values, and practices around food and feeding children develop from many sources. Not all of our beliefs may align with responsive feeding practices. Discuss the statements below. Some practices around food and feeding have been shaped by historical realities and injustices. What other beliefs and practices related to feeding young children do you question?

1. *Babies don't know when they are full*
2. *Children should empty the bottle or eat all the food on the plate*
3. *Food should be offered as a first response to crying*

Creating a breastfeeding friendly child care environment

Directions: Place a check mark beside the strategies your ECE site has in place to support breastfeeding families and staff.

___ Breastfeeding and have access to a private room for breastfeeding or pumping, other than a bathroom, with appropriate seating and privacy

___ Enough refrigerator and/or freezer space is available to allow all breastfeeding including staff to store expressed breast milk

___ For families who provide breast milk we promote and support breastfeeding by talking about the benefits and recommendations

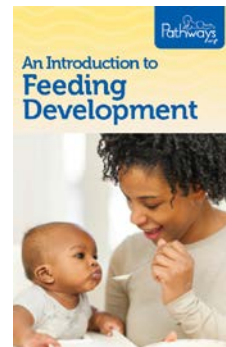
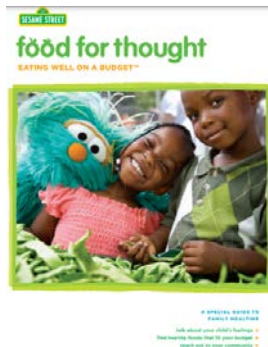
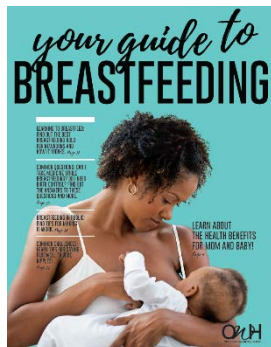
___ We promote breastfeeding and support families by informing families about community resources that provide support

___ We provide educational literature to families to promote breastfeeding and support families who provide breast milk

___ Program staff show a positive and open attitude about breastfeeding

Division of Responsibility in Feeding	
Adults are responsible for:	Infants are responsible for:
What to Feed	When to eat How much to eat Whether they eat what is offered
Adults are Responsible for:	Toddlers and Preschooler are responsible for:
What to feed When to feed Where to feed	How much to eat Whether they eat what is offered

Resources for Families



womenshealth.gov/patient-materials/resource/guides?from=breastfeeding
theicn.org/cacfp#2c5b3c0b1a0528a11
sesamestreet.org/toolkits/food/resources
pathways.org/wp-content/uploads/2020/03/FeedingBrochure_English_LEGAL_2020.pdf

Supporting Families

The need for emergency food resources has increased across many communities. As an early care and education professional, sharing your knowledge of important community resources related to food and nutrition can support families and increase access to healthy foods.

SNAP — the Supplemental Nutrition Assistance Program, formerly known as Food Stamps. SNAP provides nutrition benefits to supplement the food budget of families so they can purchase healthy food. Household income is the main criteria for determining eligibility.

WIC — Special Supplemental Nutrition Program for Women, Infants, and Children, known as WIC, provides supplemental foods to pregnant, post-partum and breastfeeding women and children up to age 5. The WIC program also provides breastfeeding support, well-child checks and referrals.

CACFP — The Child and Adult Care Food Program reimburses child care programs and homes for meals and snacks that meet the Nutritional guidelines to eligible children. Reimbursement rates are based upon the child's eligibility for free, reduced-price or paid meals.

Other food and nutrition supports include:

Summer Food Program sites
Emergency food resources in your community
-Hours & Location of Food Pantries & Banks

Engaging with Families

Some opportunities for connecting with families around food include:

- Taste Testing events
- Cooking events or classes
- Produce basket pick up at child care
- Coupon swap board
- Community gardens/ECE gardens

Meal Time Practices Reflection Activity

Think about your practices during meals and snacks. Indicate how each of the practices listed below fits into your daily practices.

	Rarely or Never	Sometimes	Most times	All the time
Eating Environment				
1. Meal time is relaxed and calm				
2. Toddler and preschooler meals are served family style (children encouraged to serve themselves with limited help)				
3. Early childhood providers sit with children during meals and talk informally about trying and enjoying healthy food				
4. Early childhood providers help children learn to recognize hunger/fullness cues				
5. Early childhood providers eat the same meals/snacks as the children and avoid unhealthy foods (e.g., soda, sweets, fast food)				
6. Food or beverages are used as an incentive or reward*				
7. Food or beverages are withheld as punishment*				
8. Early childhood providers encourage children to finish their plate of food*				
Infant Feeding and Nutrition				
9. We feed each infant on the infant's cues unless instructed in writing by family/guardian and child's healthcare provider				
10. We end feedings based only on infants showing signs they are full <i>Signs of fullness: slowing pace of eating, turning away, becoming fussy, spitting out or refusing more food.</i>				
11. At meal times, providers praise and provide hands-on help to guide older infants as they learn to feed themselves				
12. We encourage infant's families and staff to breastfeed or provide breast milk for at least 12 months (if possible or they choose to breastfeed)				
13. Infants are fed prior to going to sleep. No infant sleeps with a bottle				

ABC PLAN

Instructions: Refer back to the reflection checklist on the previous page and select one or more best practice you will add, or strengthen, in your daily routines with children. Complete the Action Plan below.

A ction I plan to take	
How does this action B enefit children	
C hallenges I may face	
D ate I will begin	
E vidence of success	