

Refusal to eat

Encouraging a toddler to try different foods

Commentary by

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Parents' concern about their toddler's eating is common. A consistent relaxed approach to meal times can encourage a toddler to try different foods.

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CASE SCENARIO

Dylan, 18 months old, has been brought into your surgery by his mother Daisy. She explains that Dylan is refusing to eat most foods but will happily eat small amounts of mashed potato. Furthermore, he will drink only milk in a bottle. Daisy is worried that Dylan may become malnourished. How is this situation best managed?

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CLINICAL CASE REVIEW



COMMENTARY

Parents' concern about their toddler's eating is common. They are often worried that their child is not eating enough, that the child is not getting all the nutrients needed or that he or she only likes a limited number of foods and will not try new foods.

The first thing to do is to review the child's growth from birth until now. Growth is the easiest and best indicator of a child's health. So, as a GP it is important to educate parents to bring the child's health record to each appointment so that his or her growth is recorded in one place by all health professionals that the child visits.

The World Health Organization growth charts are recommended for the first 2 years of a child's life and the Centers for Disease Control charts from age 2 to 18 years.^{1,2} If the child's growth is within the normal range and the child is otherwise healthy, the GP can explain to the mother that healthy children will eat as much as they need over the day.

However, although Dylan is eating enough, he is not meeting his nutritional requirements for a whole range of vitamins and minerals if his main food is milk. In addition, Dylan is not eating any food that needs chewing and this may affect the development of his speech.

When young children refuse to eat a meal or two, parents can fall into the trap of offering milk so that 'at least they have had something'. For an 18-month-old child, it is much easier to drink your food from a bottle than to sit in a high chair and feed yourself. The child quickly learns that if he refuses the food, he will get a bottle of milk.

I would recommend that Daisy stops giving Dylan milk in a

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bottle and that she starts to offer him structured meals and planned snacks in his high chair, leaving two to three hours between each meal. At each meal, Daisy should offer two or three foods including one food that she thinks/knows Dylan will eat, such as mashed potato, crackers, dry cereal or bread, so that if he is hungry there is at least one food he can/will eat. If he eats nothing, Daisy should take him out of the high chair without trying to 'get him to eat' or giving him milk. She should then wait a couple of hours and offer him the next meal.

Daisy will need support to make these changes, particularly reassurance that Dylan may miss a couple of meals but that he will not go for any significant length of time without eating anything. Even if he eats only mashed potato for a couple of meals, she needs to know that is OK. The short-term goal is to establish regular meals in the high chair and to stop giving Dylan bottles of milk, not to fix his nutrition.

The following is an example of what Daisy might offer Dylan in a typical day.

- Breakfast – cereal with milk or dry cereal and some yoghurt
- Morning tea – crackers, cheese and small pieces of soft fruit
- Lunch – a vegemite sandwich and yoghurt or milk in a cup
- Afternoon tea – toast with butter or raisin toast with butter
- Dinner – meat, chicken, fish or legumes with vegetables and rice, pasta or bread.

Preferably the evening meal will be the same one that the rest of the family is having, with some bread and yoghurt or custard as well. Water should be offered at each meal.

Due to Daisy's anxiety about Dylan's food intake and because Daisy needs to be consistent in her approach, it would be helpful if she had ongoing support from her GP, early childhood nurse or a paediatric dietitian. However, to support parents in this situation in the best way, all health professionals need to be

consistent in their advice, just as Daisy needs to be consistent with Dylan.

CONCLUSION

Taking the following steps can put parents' minds at rest that their child will not starve.

- Document weight and height on the appropriate chart and keep good records.
- Explain to parents that healthy children will eat the amount of food they need over the day.
- The child needs to be offered meals and planned snacks with nothing in between apart from water.
- One food should be included at each meal that the parent knows the child will eat if he or she is hungry.
- If the child does not eat what is offered, an alternative such as a bottle of milk should not be offered. **MT**

REFERENCES

1. World Health Organization. Child growth standards. WHO; Geneva. Available online at: <http://www.who.int/childdgrowth/en/> (accessed August 2014).
2. Centers for Disease Control and Prevention. Clinical growth charts. CDC; Atlanta. Available online at: <http://www.cdc.gov/growthcharts/> (accessed August 2014).

FURTHER READING

Satter, ES. Child of mine: feeding with love and good sense. Boulder, CO; Bull Publishing Company: 2000.

COMPETING INTERESTS: None.