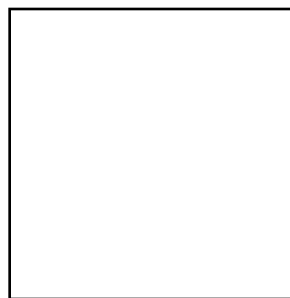


REFUSAL OF FIRST FOODS

Some babies will gag when cereal and fruits are offered by spoon. They subsequently resist all attempts at spoon feeding and will take only the bottle or breast. These infants have been competent feeders with breast milk or formula and have shown no prior feeding difficulties. If the feeding refusal for smooth solids continues, the baby may be described as having a behavioral problem.

These infants generally fall into two groups

- typically developing babies who have some oral disorganization and aren't using a rhythmical suckle-swallow with the new food.
- babies who have a sensory-based feeding problem, often as part of an overall sensory processing problem.



Oral Disorganization

The suckle-swallow used for early feeding is a connected, rhythmical pattern. It is this rhythm that helps the milk go from the front to the back during nursing. Infants with mild oral disorganization are influenced by presentation of the spoon or the food. If the parent introduces supplemental foods by dumping or scraping the food into the mouth, the baby often cannot get a rhythmical suckle going. Food scatters and becomes disorganized, and gagging or tongue thrusting may occur. If this happens often enough, the baby may decide this isn't fun, and refuse further spoonfuls. Feeding patterns with solids can change rapidly if the feeder helps the baby establish a strong rhythm. If the baby is using an orthodontic pacifier for rhythmical non-nutritive sucking, the pacifier can be used as a first spoon. As small tastes of food come in with the pacifier, there usually is an immediate suckle. The baby learns quickly how to handle the new food. Gradually the pacifier is phased out, and the baby learns to start the suckle movements as soon as the spoon touches the lips. Alternatively, the feeder can place a small amount of cereal in the front of the mouth and then offer the nipple or a pacifier to stimulate a rhythmical suckle-swallow. Encouraging a baby to suck her fingers or fist will also stimulate an initiating suckle. The feeder may also stroke the child's lips to get a suckle going before putting the food in the mouth.

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Sensory Processing

Babies with sensory-based feeding problems are much more complex. There is often a history of general irritability, colic, or difficulty with self-calming routines. The baby usually has done little or no mouthing of hands and toys, or there has been very little exploratory behavior with the mouth. The lack of oral stimulation often is related to tactile and/or oral defensiveness. Mouthing prepares infant mouth for the sensory input of the spoon and more random food. The gag reflex in the infant (birth to 4 months) occurs when the front half of the tongue is stimulated. This is one of nature's survival strategies to prevent infants from swallowing dangerous solids before they are physically ready. When the baby is ready for supplemental foods (i.e. cereals, fruits, vegetables), the baby pushes the reflex zone for the gag further back on the tongue through their mouthing of their fingers and toys. Many babies will gag or become slightly disorganized when soft foods are initially introduced. They, however, deal with this by increasing their mouthing behaviors or changing the mouthing strategy by putting toys further back on the tongue. They also take gagging in their stride. It's not a big deal to most babies. It may bring a given meal to an end, but the memory of the gag doesn't hinder the next meal. When a baby's mouth has some sensory disorganization or sensory defensiveness, there seems to be a strong sensory memory of the event. If there is oral sensory defensiveness, the nervous system kicks in with a fight-or-flight

reaction and intense negative emotions. From a learning standpoint, the experience plus the strong survival response in the limbic system, codes the experience strongly in the baby's memory. Strong negative memories frequently contribute to avoidance behaviors when a situation occurs again.

It is inappropriate to think of these babies or children as having a behavioral feeding problem. The word *behavioral* has a very negative connotation for parents and professionals. These babies select a refusal behavior because they are physically uncomfortable and often fearful of what happens with the new food. Their behavior is an appropriate choice under the circumstances.

Therapy is directed toward reducing the sensory problems that triggered the food refusal. Specific approaches will depend on the child; however, the general strategy is to influence the sensory processing system, not just the mouth. Many of the strategies used in Sensory Integration programs are effective. These include use of vestibular input (movement through space), deep-pressure touch, and proprioceptive input through the joints. Rhythmical, organizing music and sound can also influence the auditory-vestibular system. Most of these strategies can be incorporated in the family routine to prepare. For example, spoon feeding can be introduced while providing vestibular input in a rocking chair, or using specific types of organizing music during the meal.