

What is Pediatric Feeding Disorder?

Pediatric feeding Disorder (PFD) is identified as impaired oral intake that is not age-appropriate, and is associated with medical, nutritional, feeding skill and/or psychosocial dysfunction.

Pediatric Feeding Disorder impacts:

- 80% of infants and children diagnosed with PFD have developmental disabilities
- 25%+ are typically developing children
- 26% are premature babies
- Up to 90% are children with Autism
- 40% to 70% with chronic medical conditions
- 90% to 97% of children with PFD have, or had, a physiologic component interfering with comfort or ability to eat

Parent's reports or questions that could initiate referral for skilled feeding therapy:

- Mother reporting feeling sorrow, guilt, disappointment, frustration, insecurity, and/or fear of holding/harming the infant when not successful with feeds
- Parents wanting advice on how to read feeding cues, co-regulate breathing, how to provide motoric stability, how to regulate milk flow, and how to provide rest periods
- Mothers wanting advice on how to indicate infant behaviors: feeding readiness, hunger, satiation, and how to adjust volume/schedule
- Important to note: Mothers rarely express concern regarding skill deficits (even when these are present) such as: problems coordinating sucking/swallowing and breathing, ongoing gagging, and ongoing coughing
- Concerns that their infant that is tube fed is vomiting often
- Concerns that their infant is often distracted or presents with low level of arousal during feeds which impacts success with feedings



Infant Medical History that could initiate referral for skilled feeding therapy due to developmental differences:

- Gastroesophageal Reflux or Gastroesophageal Reflux Disease
- Respiratory Compromise
- Neurological Disorder
- Congenital Anomalies
- Congenital Cardiac Defects
- Torticollis
- Failure to Thrive
- Cranial Facial Abnormalities
- Food allergy/intolerance
- Constipation
- NG or G-tube fed