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Editors - Professor Frank Oberklaid, MD, FRACP and Michele Meehan, RN, MCHN.
Production Editor - Hilary Russell

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TODDLERS WHO WON'T EAT

The "terrible two's" are never more determined than when it comes to mealtimes. This healthy thriving ball of energy is suddenly eating nothing, and parents are perplexed about the source of their energy. Meal times become a nightmare and food a battleground. How do we help parents cope with the toddler who won't eat and reassure them, while making the most of the development going on at this stage.

discussion on all the toddler is achieving in speech, new words every day, greater walking, running, climbing skills, getting up and down stairs with skill, drawing, books, stories, questions of what? when? where? who? how? All these can be reassuring signs that neurological development is progressing at a normal rate.

Why don't toddlers eat ?

The slowing of weight gain

The main reason for loss of appetite at this age, 12-36 months, is the slowing of weight gain. In the first twelve months babies treble their birth weight but the average monthly weight gain after introduction of solids is 500 gms per month (50th percentile). During the second year the average monthly gain is 183 grams and in the 3rd year only 166 gms. These figures alone may help parents see there is not the need for large amounts of food to assist growth. Demonstrating the normal rate of growth occurring, by plotting weight on a percentile chart may also help reassure parents.

The struggle for independence

The development task of toddlers is to resolve the struggle between being controlled by outsiders and of learning to control themselves. This struggle can be harder for some toddlers and their families than for others.

The use of "NO" is a powerful tool and toddlers practise it at every opportunity. For parents to see this as a healthy development and not a deliberate wish to thwart them will reduce its power.

The strong appeal of other interests

With hunger a low priority other activities may have more appeal than meal times. Emphasis and

Management - Strategies for survival

Quit the fight

Tell parents "It's your job to offer the food it's the child's job to eat it!" Nothing is to be gained by arguing with a toddler. You can't MAKE them eat and force feeding, a dreadful experience for all concerned, will probably only end in vomiting. The goal is to prevent showing how important food is. Meal times need to be organised so that there is no opportunity for getting into an argument. Food should be removed without comment or show of interest. Parents need to agree on what they are going to do and not feel pressured into giving way.

Change from soft food to finger food

Allowing the toddler's thrill for new skills gives parents a strategy for the younger toddler. Don't mash food, just cut into small pieces before cooking so that the child can pick them up and feed themselves. Give the child something to start with and then try offering by spoon when they are slowing down.

Be realistic about toddlers food needs.

Use a rule of halves. Serve up what parents would like the toddler to eat and then take half away and be pleased if the toddler eats half of that. It is more rewarding to have them eat one teaspoon of potato and one bean than throw away a plate of food.

Try giving an empty bowl or plate and serving tiny amounts from parent's plate.

One good meal in the day may be all that is realistic to expect. This meal may be breakfast so cereal, fruit and toast with peanut butter would be a good start.

Too much milk can dull the little appetite he has

Having milk instead of solid food may be a trap that has developed "At least s/he's drinking milk" Too much milk may fill the child up, and provide enough calories without the range of nutrition. 600mls of milk a day is adequate. Toddlers that have bottles to sleep may need to have the volume slowly reduced, diluted or offered milk in a cup to slow intake. If all else fails dilute the milk in the carton.

Milk refusal

On the other hand toddlers may refuse milk altogether. Milk is a good source of protein and calcium and can be substituted in other ways. Use it on cereal, mix with vegetables, cook in custard, add to scrambled eggs or quiche, serve cheese as a finger food, grate into hot vegetables, serve yogurt mixed with fruit, use cottage cheese mixed with fruit.

No one food is essential

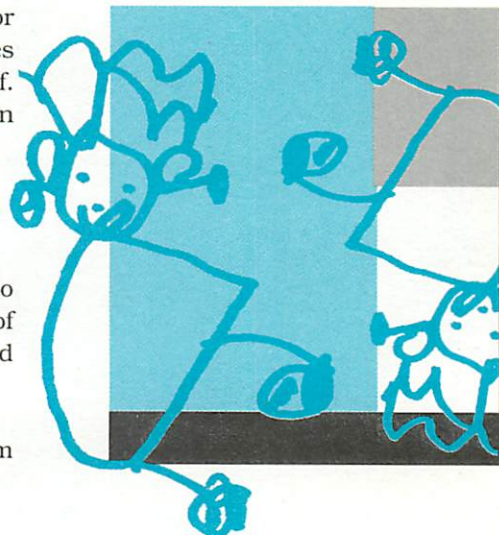
Food fads pass quickly. If all they eat is baked beans then "go with it". Next week it will be bananas. If all the child wants is biscuits, then this is NOT better than nothing. Resist buying them for a while so they are not there to eat.

Offer alternatives only if there is one

Don't ask what the child wants to eat, (the answer may be "Nothing") Provide a choice of two things. Don't get too involved in exotic cooking, it will only cause frustration.

Set routines and preparation for meals

Warn the toddler that it will be lunchtime in 5 minutes and help her/him wind up what he/she is doing, or wait till attention shifts and announce meal time then. Join the family for meals so that the child learns that eating is about socialisation not just food. We all enjoy



talking over food or coffee. Talk to the toddler about things other than the progress they are making with their meal.

Remove the interest that they get from NOT eating. Comment on their enjoyment of something rather than their good behaviour in eating. Limit the time of the meal. If the child is playing, dawdling or refusing, then when the family has finished, end the child's meal also. If they are getting restless, say "If you've finished you can leave", put them down from the chair / table so that the reward for eating is staying with the family.

Try to be consistent

This is not always easy but working out how parents will respond to different situations means they have a response ready. There will always be times when there are treats, parties, visitors, etc that are all part of socialisation and pleasure of food.

Toddlers will quickly learn that at Nanna's they can have ice cream but that at home it is different. Don't worry too much about this unless grandparents are care givers in the day. In this case there must be some discussion on what the child can eat and some agreement reached.



Author

Michele Mehan
Maternal & Child Health Nurse.
Royal Children's Hospital, Melbourne

Use a positive focus

- "We sit at the table for lunch"
not "Don't go away!"
- "Can you feed yourself or do you want some help?"
not "I'll feed you"
- "Do you want apple or banana?"
not "Do you want some apple?"
- "Use your spoon"
not "Don't mess with your food!"

The greatest help parents can have during this frustrating phase of toddler development is to see it as normal, they are not alone, even if they think every other toddler they see eats everything, and to be encouraged by the positive development of their dynamo.

SHORT REPORT

ANTIHISTAMINES AND INFANTS

The use of antihistamines in infants under 12 months of age has been debated in the literature for a number of years. Association between antihistamines and other sedatives with Sudden Infant Death Syndrome (SIDS) has been the contention most discussed. There seems as much evidence against the association as there is to support it.

Mechanisms such as interference with heat regulation leading to hyperthermia, increased sensitivity to the drug's CNS depressant activity and their ability to increase endorphin levels leading to increased apnoeas, have all been postulated. Many of the studies are not conclusive because of major flaws in their design. There remains no definitive study to conclude either way.

This is a difficult and somewhat emotional issue that won't be resolved quickly. In practice, there are few indications for these drugs in infants under the age of 12 months. Use of sedatives are best restricted to those babies under medical supervision.

Glenn Munari
Senior Pharmacist
Pharmacy Department
Royal Children's Hospital, Melbourne

from the literature...

Jan Shield,
Child Safety Centre,
Royal Children's Hospital,
Melbourne, Australia



ACCIDENTS AND CHILD ABUSE IN BATHTUB SUBMERSIONS

AM Kemp, AM Mott & JR Sibert. *Archives of disease in childhood* 70 (5) May 1994 pp 435-438.

In this British Study of 44 children who drowned or experienced near drowning in bathtubs in a two year period, 1988/89, 28 were found to be unintentional, two slipped from the parents' arms during bathing, four were related to epilepsy, and 10 were suggestive of child abuse.

In order to illustrate the differences between accidental and non-accidental bath drowning incidents, the Cardiff researchers studied the 44 cases in further detail. Of the 28 deemed to have been accidental, the common story was that a baby or toddler was left alone in the bath or with an older sibling while an adult went to get a towel, answer the telephone or the door. All incidents happened in the family home and all the children were the youngest in the family. The ages ranged from 8 to 24 months. Mortality was 54%.

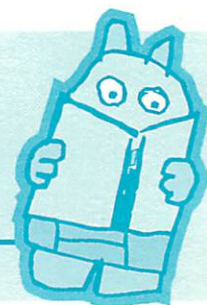
"The majority of accidental bathtub submersion victims are aged between 8 and 15 months of age, which we

believe to be related to the motor development stage of the child. Prevention of these accidents relies on educating parents about the dangers of leaving babies alone in the bath. Health professionals need to explain the developmental limitations of infants and toddlers who although able to sit have great difficulties righting themselves quickly or successfully once they have slipped over in the bath. Similarly preschool siblings, often in the bath at the same time, do not realise the implications for their younger brother or sister who has submerged in the bath."

The scenarios for the 10 cases of non-accidental drowning were quite different: inconsistent stories, previous child abuse, late presentation for medical care and inappropriate child care. Most children also were outside the typical range of 8 to 24 months. In 6 of the fatal cases there was an association with maternal mental illness which "serves as an illustration that young children of mothers with mental illness are likely to be at high risk of abuse."

ON THE SHELF NEW BOOKS

HELEN ROWAN, MANAGER
CHILD HEALTH INFORMATION CENTRE
ROYAL CHILDREN'S HOSPITAL, MELBOURNE



HYPERACTIVITY: Why Won't My Child Pay Attention?

A complete guide to Attention Deficit Disorder (ADD) for parents, teachers, and community agencies. Authors - Dr Sam Goldstein, Child Psychologist and Dr Michael Goldstein, Child Neurologist. 1992, pp 214. Price \$ 19.95 (plus \$3.50 for mail orders).

This book is an excellent resource for parents and others who want to know about the basics of ADD. The tone of the book is optimistic throughout which is

important for parents who have been "drowning" in negative feedback about ADD. It may assist the parents of children diagnosed with this disorder to see them in a more positive light.

The authors present practical information in a straightforward manner. The reader will appreciate the half page summary at the end of each chapter written in point form under the heading, "Remember....".

Parents will find the book a valuable guide offering a unique approach to managing hyperactivity that can help

channel a child's impulsive, risk-taking behaviour from a source of failure and frustration into a potential advantage that can work well into adulthood.

Available from **The Child Health Information Centre**, a specialist bookshop, information and referral centre for health professionals, parents, teachers, adolescents, and students.

A complete booklist is available for mail orders: Phone (03) 345 6429, 9.30 - 4.00 weekdays.