

TIP SHEET Helping Children Transition to Table Foods

Mealtimes can be especially challenging for parents of children who have disabilities. The following tips can help ease the transition to table foods.

Feeding Environment and Routine

- Children (16 months or older) should be fed three meals and two snacks per day.
- Children do best when mealtime routines are consistent and clearly defined.
- Meals should be fed in the kitchen or dining room with the family or siblings. This exposes children to a variety of foods even if they are not eating them yet. Exposure is the first step in learning to eat foods.

Pay Attention to Posture

- Postural stability is an often overlooked critical component of the eating process.
- Children should be fed in a well-supported, slightly reclined position until they can sit well by themselves.
- Appropriate seating is a bouncy seat or a car seat that gives full body and head support. This allows the child to focus attention and motor movements on improved eating skills rather than trying to keep the body upright.
- Children should transition to a high chair when they can support themselves well in a sitting position. A rolled-up towel or seat insert can be used in the high chair to provide additional stability throughout the meal.
- As the child outgrows the high chair, seating at the table should provide maximum postural stability with appropriate seat depth, back rest and foot rest. This allows the hips, knees and ankles to be at 90 degrees, providing the most stability for focusing on eating skills. A Trip Trap or Euro II Grow With Me Chair are recommended options.

Food Progression

Transitioning to table foods may be delayed because of motor skills or late tooth eruption but can be encouraged through skill development.

- Parents can encourage practice chewing on the molar or gum surface by providing hard munchables. The goal is oral exploration, or learning how to move solid food around in the mouth, and not eating. Hard munchables should be used only with constant supervision. Foods should be the size and shape of a big, fat marker and may include raw carrot, celery stick, large pretzel rod, thoroughly dried licorice, thick beef jerky – foods that can be chewed without a piece breaking off.
- Meltable solids provide a good transition to solids. These foods (that easily melt when in contact with saliva) provide an initial crunch that gives increased awareness and motivation while having a minimal risk of choking. Meltable solids include: Cheetos(puffy), puff corn, graham crackers, Town House crackers, Salerno butter cookies. Parents can test foods by placing a piece under their own tongue and seeing how quickly it melts.

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- Children should transition to table foods that are appropriate for their skill level (rather than relying on smooth puree or baby food) by the time they are 16–18 months.
- Textured purees and soft foods provide increased exposure and tolerance to a variety of foods and will help the child from getting stuck on smooth purees.
- Some food suggestions include:
 - yogurts
 - mashed potatoes and gravy
 - minced egg salad
 - cream of wheat or rice (rather than baby cereal)
 - mashed canned soups
 - mashed canned ravioli
 - dry cereal soaked in milk, softened and mashed
 - flaked wheat germ added to smooth foods
 - foods blended in the food processor (Hint: to thin the consistency, add milk, formula, PediaSure or juice. To thicken, add baby cereal, potato flakes or graham cracker crumbs.)
- It is important to practice drinking with an open cup during meals (even if the child continues to rely primarily on bottle for liquid intake). Thickening the liquid may help this skill to develop.

Seek Feeding Assistance

Seek assistance from an occupational therapist or a speech pathologist trained in feeding evaluation and treatment if you see:

- choking
- coughing
- significant gagging
- refusing new or different foods, or
- swallowing whole foods.

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