

Mealtime Reimagined

Initiating a Sensory Feeding Group with Medically Complex Children



Author Bio/Financials

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- Content creator for Therapy Insights

Sensory Feeding Perspective

- FEEDING IS SENSORY!!!!
- When children organize sensory information, they can produce functional responses
- When they actively participate in situations with sensory input they learn and grow
- Every sense is used in feeding:
 - Visual
 - Tactile
 - Olfactory
 - Auditory
 - Taste
 - Proprioceptive & Vestibular



Sensory Experiences for Medically Complex Kids

- NICU
- Prolonged hospital stay
- Alternative means of nutrition secondary to respiratory illness, extreme medical frailty at birth, GI disorder etc...
 - Limits PO feeding experiences
 - Leads to aversion
 - Decreased opportunities to socialize
- How can we change that as clinicians in a hospital setting?
- Providing them with sensory rich experiences such as sensory feeding group
- Providing them with the chance to be KIDS and have FUN

Reimagining Mealtime

According to Morris (2010), mealtimes “create a multiplicity of opportunities to provide a solid foundation upon which the expansion and mastery of feeding skills is based”.

“Children who receive tube feedings typically are not given the opportunities to experience the foundational mealtime skills that are offered to those who eat orally (Morris, 2010).”

“These children miss the physical and emotional closeness associated with a positive mealtime that supports a solid base of trust for the orally fed infant (Morris, 2010).”

Mealtime is MORE than just eating...

Value of Multidisciplinary Collaboration

The partnership between speech-language pathologists and occupational therapists has been found to lead to improved outcomes in children with sensory feeding deficits.

“Feeding problems result from a combination of factors including medical, sensory, oral motor, swallowing, and behavioral causes, so multiple healthcare providers of various disciplines are needed to provide supports and services.” (McCormish et al., 2016)

Our multidisciplinary team strives to provide patients with multisensory experiences in order to decrease sensory processing disorders and increase socialization with peers.

Our multidisciplinary screeners often promote collaboration in determine goals for each participant to achieve optimal outcomes.

Additional team members that contribute to the success of our sensory feeding group within our pediatric skilled nursing/rehab facility include the nursing team, nursing administration, unit dietician, medical provider and infection control team.

Impact of Oral Sensitivity & Dysphagia

Tube dependency is the unintended results of long-term enteral feeding resulting in food refusal, lack of motivations, reduced oral skills and showing no precursor to mealtimes. (Krom et al., 2017)

Tube feeding without supplemental opportunities for mealtime experiences can result in reduced positive oral experiences with mealtime and negative experiences associated with food/mealtime.

Developmental windows for critical learning of feeding skills and sensory exposure to various textures are altered and sometimes even missed.

According to Morris (2010), children that are tube fed may have limited positive experiences with the aspects of food and utensils due to associations with discomfort related to food and distrust of adults with fear that they must taste or eat the food.

Children with tube dependence require a solid foundation of positive mealtime experiences in order to build oral feeding skills and the lack of mealtime support will result in the child not having the desire to explore eating and drinking (Morris, 2010)

Requires evaluation, team discussion, and consideration for medical picture to determine appropriateness for tastes in terms of respiratory and GI to ensure safety will not be compromised during trials.



Quality of Life

- As stated earlier 80% of our patients do not experience a true meal time secondary to alternative means of nutrition which can affect a child's overall quality of life:
 - Throughout infancy and childhood mealtime and feeding is one of the most important interactions between caregiver and child (Rybak, 2015).
 - A vital principle is that many aspects of sensory, cognitive, language, and social-emotional development depend on experiences occurring during particular periods of time (Nelson et al., 2009).
- Research in quality-of-life research with adults and children receiving home parenteral nutrition for intestinal failure indicate that the ability to eat and enjoy food is directly linked to quality of life. - Hopkins et al., 2018*
- Working with end of life patients



Questions

Please reach out to us via the following emails for further questions:

- Elizabeth Curney MS, OTR/L: ecurney@stmaryskids.org
- Stephanie Waters MS, CCC-SLP: swaters@stmaryskids.org

We will also be at the Q&A on this date @ this time

Thank you for attending!

A huge thank you to our St. Mary's staff and of course our AMAZING patients!

Resources

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