# **Developmental and Behavioral Pediatrics**

## What is a choking event?

Some children stop eating as a result of a bad experience with food. Often times, a child chokes on a piece of food, and this scares them and they stop eating their favorite foods. Some children can move on, but some stay stuck on a liquid or smooth food diet. We often see this pattern:

- Drinking milk or high calorie drinks like Pediasure
- Eating mostly dairy foods, like ice cream and pudding
- Getting constipated because of all the dairy
- Losing a little weight due to the loss of favorite foods

In addition, children often develop new eating behaviors that attempt to protect their swallow:

- Holding food up front, away from the back of their throat
- Chewing excessively to the point of liquefying the food
- Sometimes starting to drool because the food is in their mouth too long
- Drinking too much to try to wash the food down
- Swishing the liquid or food in their mouth before swallowing
- Leaving food in their mouth for minutes at a time

### What is an oral aversion?

We often see similar behaviors from children who didn't choke, but had something bad happen to their mouth. It could be a variety of things like getting a bad illness (like a stomach bug) that causes vomiting, having dental work, or having a feeding tube or breathing tube in their nose/throat. They become afraid of the pain that came as a result of this event and stop eating as well. They follow the same patterns as listed above.

### What do we do when these things happen?

The Pediatric Feeding Disorders Program provides treatment to get children back to their regular diet. We see children of all ages. The goals of therapy include:

- Reducing time to swallow foods
- Introducing higher textures and preferred foods
- Practicing chewing and swallowing at a typical rate
- Making mealtimes less stressful by taking the focus off eating
- Possibly completing a nutritional analysis to evaluate change in nutrients with lack of eating

Children bring preferred foods of various textures and we engage them in fun activities while offering foods. We help them practice swallowing quicker with easier foods before introducing foods that are harder to chew. Often, children will do better in therapy initially before they start practicing at home. It typically takes six to eight weeks of therapy to regain their typical diet. Children who are more anxious may take up to twelve weeks. It takes a while for children to reduce their stress and try familiar foods. Once they actually eat something they really like, remember it tastes good, and feels comfortable swallowing, they start eating all of their favorite foods at once. It's like a flat line of trying and a big burst of eating once they feel safe.



### How do I get help?

Call Developmental and Behavioral Pediatrics at (585) 275-2986.

Request an appointment with a psychologist on the feeding team due to choking or an aversive oral event. The faster you get into therapy, the quicker the turnaround. We are happy to provide this service, with a very high success rate.



MEDICINE of THE HIGHEST ORDER

