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# Pediatric Feeding Interventions Across a Variety of Diagnoses

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## INTRODUCTION

- The purpose of this study is to analyze the effectiveness of a manualized feeding therapy intervention implemented at an outpatient pediatric clinic. Goals of the feeding program include increasing the number and types of food children are willing to eat and improving behaviors during mealtime.
- 25-50% of all typically developing children and 40-80% of children with disabilities and/or special health-care needs experience feeding disorders (Carter et al., 2014).
- Addressing feeding difficulties helps to prevent further challenges such as delaying a child's social development, disrupting his/her emotional regulation, reducing their immune function, and preventing malnutrition (Carter et al., 2014).
- Feeding difficulties can be addressed by occupational therapists through implementation of behavioral interventions, sensory and oral motor-based interventions, and family-based interventions (Henton, 2018; Nadler et al., 2019; Snider et al., 2011).
- Various treatment programs for feeding difficulties include parent-training sessions or an intensive boot camp the child must attend; however, the literature did not show a preferred form of delivery for feeding interventions (Howe & Wang, 2013).

## METHODS

- Retrospective chart review using data previously collected and deidentified including scores on the *Brief Assessment of Mealtime Behavior in Children (BAMBI)* and Food Preference Checklist as well as demographic data before and after treatment.
- IBM SPSS software was used for data analysis.
- A non-parametric statistical analysis was used to analyze the pretest and posttest intervention scores.
- IRB approval was received prior to beginning the data analysis.

## DEMOGRAPHIC DATA

- 41 participants who received feeding therapy at Piller Child Development were included in the study, 28 of the participants were males, 12 of the participants were females, 1 missing.
- Participants ages ranged from 1 to 15 years old.
- Duration of treatment for feeding therapy ranged from 4 months to 23 months.

## RESULTS

	<i>BAMBI</i>	Food Preference Checklist
N	41	41
Mean (SD)		
Pre-test	30.46 (5.78)	27.22 (12.10)
Post-test	27.71 (6.70)	36.32 (1.17)
Wilcoxon Signed-Ranks Test		
Negative Results	25	12
Positive Results	14	24
Ties	2	5
Z-scores	-2.25	-3.41
P value	.024*	.001**

\*P value significant at .05 level, \*\*P value significant at .001 level



## DISCUSSION

- Feeding therapy intervention provided was found to be effective in improving negative mealtime behaviors (i.e. limited variety, food refusal, and disruptive behavior) and increasing the number of foods a child is willing to eat.
- Additionally, the feeding therapy intervention was effective for children with various ages and feeding difficulties.
- Improving mealtime behaviors and limited variety can create a positive mealtime experience leading to greater parent satisfaction and less stress around feeding their children.
- Results of the program evaluation also demonstrate an effective method for measuring improvements for children with feeding difficulties through assessing how many foods a child will eat and if the child is eating a well balanced diet.

## CONCLUSION

- Retrospective chart review was successful in meeting the three main objectives designed for answering the research question.
- Feeding therapy intervention improved the number/types of foods children are willing to eat and improved negative mealtime behaviors leading to increased participation and engagement in mealtime.
- Although the duration of treatment varies considerably for each participant, the feeding therapy offered at the outpatient pediatric clinic included in this study allows for feasibility for all types of families.

## REFERENCES

See link for [References](#) provided