

memo

DATE: September 2, 2020
TO: WIC Coordinators and LA Staff
FROM: Carole Kelnhofer, Training Coordinator
SUBJECT: A New Look at Responsive Feeding Practices- Topic of the Month

Healthy eating starts in infancy. Baby's brains are hard wired to drive innate behaviors towards fulfilling their needs. At WIC, we educate participants on the basics of Baby Behavior to give parents/caregivers a better understanding of infant cues. As infants age, their ability to communicate their needs advances. The toddler becomes more capable of expressing needs and can be more involved in planning of day to day activities.

Dr. Jane Heinig recently expanded on her Baby Behavior research to identify **six big changes of healthy toddlers** that assist in the understanding of developmental change that can impact mealtime. The presentation, [Supporting Responsive Feeding Using Baby Behaviors](#), will assist staff in describing these changes to participants. While viewing, staff will also get a deeper look into common toddler feeding issues and learn how WIC can help parents respond appropriately.

Six Big Changes of Healthy Toddlers

The following list highlights the "six big changes of healthy toddlers" that make mealtimes more challenging and may affect intake.

Toddlers:

- **are growing at a slower pace;** may eat less/less often.
- **want to practice using their fingers;** can be very messy/play with food.
- **need to practice their new motor skills;** always on the move/easily distracted.
- **begin to ask caregiver to help them learn;** through pointing or babbling.
- **increasingly get better at remembering things;** likes and dislikes.
- **start to use a "script" to predict daily activities;** begin anticipating next steps.

Parents' understanding of their child's needs can lead to a positive response at mealtime. Some parents have unrealistic expectations of a toddler's intake at mealtimes. An example is a parent that offers portion sizes that may not be appropriate for the child's age. Misunderstanding a behavior can lead to inappropriate feeding practices such as offering food to soothe a crying child, feeding to control activity, offering a beverage to promote sleep, or offering treats as a reward.

Responsive Feeding

Responsive feeding involves an understanding between the infant/child and parent/caregiver. It can help support the development of self-regulation that affects future feeding behaviors. In addition, it can drive the [Division of Responsibility in Feeding](#) that starts in infancy and changes as the child grows.

- The infant/child signals hunger and satiety through cues (motor actions, facial expressions, or vocalization).
- The parents/caregiver recognizes the cue and responds appropriately (supporting need).
- The infant/child receives a predictable response to the cue signaled.

Non-responsive Feeding

Non-responsive feeding practices can lead to parents that try to control behaviors inappropriately by addressing an unknown rather than interpreting a “cue” that indicates a simple need. This can lead to an emotional response to an unknown behavior instead of an understanding of a cue. When a caregiver does not understand that the behavior is offering a solution, such as a need to eat, then their response would be to offer an alternative. Parents/caregivers that control feedings can ultimately override the infant/child internal hunger and satiety regulatory cues.

- The parent/caregiver takes control of feeding; reflects controlling/pressuring behaviors.
- The infant/child controls the feeding; leading to indulgence.
- The caregiver/parent is uninvolved and ignores infant/child cues.

WIC’s Role

WIC staff can educate parents/caregivers on responsive feeding techniques leading to healthier and age appropriate mealtimes. **Staff can help engage parents in discussion, acknowledge and explain typical toddler behaviors, and offer options to respond appropriately.** Empowering parents to make responsive choices can help decrease stress related to feeding and improve family mealtimes.

Education begins with a discussion about feeding behaviors. By practicing the “**Look, Recognize, and Respond**” ([Conversation Starters and Affirmations](#)) approach we can engage parents to discuss specific feeding behaviors.

- **Staff engages parent; parents looks at baby/child:**
 - “It looks like Sara may be trying to tell you something.”
 - “Tell me more about what you observe Sara doing.”
- **Staff explains behavior; parent recognizes cue/action:**
 - “Have you seen her do this before?”
 - If yes, “How have you responded to her?”
 - If no, “What do you think she is trying to tell you?”
 - “Could I share what I have learned about what Sara may be trying to tell you?”
- **Staff offer realistic option; parent responds to infant/child behavior:**
 - “Would you like me to share what other parents have tried when this has happened?”
 - “It sounds like what you have tried is meeting Sara’s needs, great job!”

Use Participant Centered Services

Conversations around feeding can be tricky. Ask parents to share their goals and opinions in order to help them feel comfortable. This allows the participant an opportunity to describe their motivations and reveal potential barriers. In addition, it allows you to personalize the nutrition education message and select tools to share. When you meet the participant where they are, you are less likely to make assumptions or impose advice that may be unwanted. Personalizing the message helps establish a relationship and build trust.

Tips to Offer Caregivers

- Start with smaller, age appropriate servings; offer more when requested.
- Allow child to explore with their food; they are learning after all.
- Allow child to regulate intake and move on when finished to the next big activity.
- Think of each feeding as a separate event; always be willing to try something new.
- Avoid labeling child as a “picky eater”; it limits perceived options with food choices.
- Change the routine, to change the “script”; small shifts in routine can help with desired change or introduction to new foods.

WIC Nutrition Education Tools

Sharing nutrition education cards help reinforce messages discussed. All caregivers involved in infant/child feeding should offer healthy foods and be responsive to feeding cues. Tools can be used to educate caregivers not present at a WIC appointment. **Remember tools should enhance, not replace, verbal communication.**

- [Infants](#) (Nutrition Education Cards): The First Three Months; Breastfeeding Cards; Bottle Feeding Your Baby; Introducing Solid Foods; Finger Foods For Baby.
- [Children](#) (Nutrition Education Cards): Feeding with Confidence; Picky Eating; A Child’s Appetite.
- [WIChealth.org](#)
 - Infant Lessons: Feeding Your Newborn; Understanding Your Newborn: Sleep, Crying, and Cues; Starting Your Infant on Solid Foods; Offering Your Baby the Right Foods As He Grows.
 - Children Ages 1-5 Lessons: Trust Your Child to Eat Enough; Help Your Child Make Good Eating Choices; Secrets for Feeding Picky Eaters.
- [Getting to Know Your Baby](#)- Baby Behavior Brochure
- [MN WIC Baby Behavior Education](#) (YouTube link - there are 27 total videos)

Staff Resources

[Maternal, Infant and Early Childhood Nutrition- The Thousand Day Window of Opportunity](#)

[Baby Behaviors Training and Tools](#)

[Using "Baby Behavior" to Support Informed Early Infant Feeding](#)

[Supporting Responsive Feeding Using Baby Behaviors](#)

[Feeding Guidelines for Infants and Young Toddlers: A Responsive Parenting Approach](#)

Putting it into Practice

Watch the Webinar: [Supporting Responsive Feeding Using Baby Behaviors](#)

Option 1: Group Activity: Read the scenario below. Answer the questions and try to determine where to focus your education. Discuss what topics are most important to cover and what tools (if any) could be shared to enhance education.

Option 2: Individual Activity: Read through the scenario alone. Try to assess the information and answer the questions provided. Decide what education you would focus on and what tools you may share (if any).

Option 3: Virtual Group Activity: Read through the scenario alone. Contact a co-worker virtually to discuss the scenario, questions, education messages, and tools that may be used.

Scenario: Cami arrives at the WIC clinic for her midcertification appointment; she has concerns that her three year old, Jordan, is refusing to eat breakfast. She knows that breakfast is an important start to each day and wants her child to be healthy. Cami admits that she often does not eat breakfast herself. She finds it hard to eat when she is busy every morning with the usual routine of getting her family ready so she can get out the door for work. Cami also shared that Jordan, who recently turned three, received a new bike for his birthday and all he wants to do is ride it around the living room all day long. Cami admits she gives him a glass of milk when he wakes up. She allows him to ride his bike while she showers and gets ready for work. She then offers Jordan breakfast. When he refuses she will try a few alternatives, but often gets frustrated and gives up.

Apply the “Six Big Changes of Healthy Toddlers” to the scenario above.

Review the challenges outlined in the scenario that relate to the “six big changes of healthy toddlers” above. Think about how you might engage in discussion with the parent/caregiver, explore the typical toddler behavior(s), and offer options to responding appropriately.

Questions to ask (group or self-study)

- What things do you notice could be affecting Jordan’s desire to eat breakfast?
- What questions could you ask to probe for more information?
- What nutrition education topic(s) could you focus on?
- How will you decide which topic to discuss?
- If you decide to share tools, what one(s) will you offer?

Great job! Give yourself/your group a pat on the back for getting through a successful learning exercise.

References- Complete Listing of Hyperlinks

[Division of Responsibility in Feeding](https://www.ellynsatterinstitute.org/how-to-feed/the-division-of-responsibility-in-feeding/) (https://www.ellynsatterinstitute.org/how-to-feed/the-division-of-responsibility-in-feeding/)

[Getting to Know Your Baby](https://www.health.state.mn.us/docs/people/wic/nutrition/babybehaviors/english.pdf)

(https://www.health.state.mn.us/docs/people/wic/nutrition/babybehaviors/english.pdf)

[MN WIC Baby Behavior Education](https://www.youtube.com/playlist?list=PLnv1INVkxmmtYaMmowS5oBHnbgmps7Ai1)

(https://www.youtube.com/playlist?list=PLnv1INVkxmmtYaMmowS5oBHnbgmps7Ai1)

Baby Behavior Clips Used on wichealth.org Lessons

(<https://www.health.state.mn.us/docs/people/wic/localagency/wedupdate/moyr/2020/topic/0415baby.pdf>)

Conversation Starters and Affirmations

(<https://www.health.state.mn.us/docs/people/wic/localagency/training/bb/conversation.pdf>)

Infants (<https://www.health.state.mn.us/people/wic/nutrition/morenutinfo.html#infants>)

Children (<https://www.health.state.mn.us/people/wic/nutrition/morenutinfo.html#children>)

Supporting Responsive Feeding Using Baby Behaviors

(<http://californiabreastfeeding.org/events-calendar/ongoing-tutorials-and-webinars/supporting-responsive-feeding-using-baby-behavior/>)

Wichealth.org (<https://www.wichealth.org/>)

Maternal, Infant and Early Childhood Nutrition- The Thousand Day Window of Opportunity

(<https://www.cdc.gov/grand-rounds/pp/2019/20190618-early-childhood-nutrition.html>)

Baby Behaviors Training and Tools

(<https://www.health.state.mn.us/people/wic/localagency/training/bb/index.html>)

Using "Baby Behavior" to Support Informed Early Infant Feeding

(https://www.albany.edu/cphce/prevention_agenda_webinar_bf_mar16.shtml)

Feeding Guidelines for Infants and Young Toddlers: A Responsive Parenting Approach

(https://healthyeatingresearch.org/wp-content/uploads/2017/02/her_feeding_guidelines_report_021416-1.pdf)

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