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Together at the Table: Feeding Development in the Context of Relationships

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Disclosures

- **Presenter Disclosure:** Karen and Stephanie are co-directors and founders of the Chicago Feeding Group, a 501(c)3 organization. Karen Dilfer maintains a private practice in Illinois. Stephanie Cohen maintains a private practice, Cohen Speech and Feeding Solutions, PLLC, in Illinois.
- **Content Disclosure:** This learning event does not focus exclusively on any specific product or service.
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Learning Outcomes

After this course, participants will be able to:

- Describe how typical feeding development results in a strong bond between parent and child.
- Describe how disruption in early feeding development can impact the relationship between the parent and child.
- Describe three ways to support parents' use of responsive feeding strategies with infants.

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Child trusts
parents will
feed her

Parent trusts
child will want
to eat

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Early Feeding Experiences

- Bonding between parent and child
 - Emotional/Relational (Pados, 2019)
 - State Regulation (Kingsley, Sagester, Weaver, 2020; Satter, 1995)
 - Sensory Experience (Mennella, Jagnow, Beauchamp, 2001)

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Responsive Parenting

Responsive parenting behaviors are:

- Prompt
- Emotionally supportive
- Contingent
- Developmentally appropriate

(Black & Aboud, 2011)

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Responsive Feeding

“Responsive feeding is an active and also an interactive process: paying attention to the baby while offering food, watching her reaction, learning cues, and responding promptly and supportively to her needs.”

<https://rightfromthestartnj.org/development/11-development/38-what-is-responsive-feeding.html>

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Responsive Feeding

“During the first year, infants and caregivers learn to recognize and interpret both verbal and nonverbal communication signals from one another. This reciprocal process forms a basis for the emotional bonding or attachment between infants and caregivers that is essential to healthy social-emotional functioning.”

(Black & Aboud, 2011)

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Feeding Development in the Context of Relationships: Ages & Stages

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Pre-Term Infants: Cue-Based Feeding

- Parents/caregivers read infant's cues and respond
- Parents and caregivers understand when and how to offer
 - State regulation, physiologic stability, behavioral cues
 - Hunger/satiety cues
 - Modifications as appropriate
- Difference between "being fed" and being "supported to feed" through infant-guided co-regulation

(Shaker, 2013)



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Breastfeeding

- To be successful, breastfeeding often has to be baby-led, following the infants cues of hunger and satiety to promote milk supply (Brown & Arnott, 2014)
- Breastfeeding provides increased skin-to-skin contact for the mother-infant dyad
- Skin-to-skin contact → increases in maternal responsiveness and bonding (Little, Legare, & Carver, 2018)

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State Regulation

- If a baby is not calm, feeding can be difficult
- Interventions to promote regulation:
 - Skin to skin
 - Swaddling and positioning
 - Parents can control timing, amount, tempo

(Wu & Feng, 2019)

(Wu & Feng, 2019)

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0-2 months

- **Emotional/Relational:**
 - Parents learn infant's changing cues
 - Parents are attentive and responsive → babies engage
 - Feeding is primary activity baby participates in with others
- **State Regulation:**
 - Achieve physiologic stability
 - Signal needs to parents
 - Parents may need to calm baby prior to feeding
- **Sensory Experience:**
 - Baby processes input from environment and interactions with others
 - Visual skills mature

(Satter, 1995)



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Q1

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2-5 Months

- **Emotional/Relational:**
 - Parents read infant's changing cues
 - Feeding is primary activity baby participates in with others
 - Responsive parents, engaging infants, reciprocal communication → attachment strengthen (Satter, 1995)
- **State Regulation:**
 - Social interactions are motivating for infant
 - Fussiness is normal
 - Co-regulation can help infant calm
- **Sensory Experience:**
 - Can reinforce relationship



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“...Responsive feeding should promote children’s attentiveness and interest in feeding, attention to their internal cues of hunger and satiety, ability to communicate needs to their caregiver with distinct and meaningful signals, and successful progression to independent feeding.”

(Black & Aboud, 2011)

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6-12 months

- **Emotional/Relational:**
 - Readiness of infant to begin solids (Agostoni et al., 2008)
 - Readiness of parent to begin solids
 - Early stage of separation and individuation (Satter, 1995)
- **State Regulation:**
 - Consistent sleep wake pattern
 - New sensory experiences can be dysregulating
- **Sensory Experience:**
 - Exploration with introduction of solids (Nederkoorn et al., 2018)
 - Exposure to smells, textures, etc.



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Responsive Feeding

- Parent notices readiness cues and offers →
- Infant responds
- Parent adjusts and re-offers ←
- Infant responds

Feeding development should be considered **transactional or bi-directional**, in context of a long-term relationship between parent and child.

(Walton, Kuczinski, Haycraft et al., 2017)

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12-36 Months

- Emotional/Relational
 - Separation and individuation continues
 - Consistent routine is essential
 - Clear mealtime boundaries (Satter, 1995)
- State Regulation:
 - May become easily fussy or upset
- Sensory Experience:
 - May be cautious around new foods (Howard, et al., 2012)

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Parents can trust their child to
eat the right amount of food to
grow well.

(Satter, 1995)

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Tube Fed Infants & Children

- Watch the child's cues
- Prioritize feeling good
- Intentionally establish consistent mealtimes
- Support growing independence
- Child is part of family mealtimes

(Morris, 2010, Klein, 2015, Dunitz-Scheer et al., 2018)



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Tube Fed Infants & Children

- Emotional/Relational:
 - Make it a mealtime
 - Encourage emotional closeness through positioning
- State Regulation:
 - Tube feedings can be spaced out to mimic meals and encourage hunger/fullness cycle and typical sleep/wake cycle
- Sensory Experience:
 - Children should feel comfort

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Feeding and Relationships

"Feeding is a **reciprocal** process that depends on the abilities and characteristics of both the parent and the child.

The child indicates an **interest** in being fed, with more or less clarity, and the parent **responds** to that interest readily, reluctantly, or not at all."

- Ellyn Satter, The Feeding Relationship, www.zerotothree.org, 1992



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Daniel Stern's Motherhood Constellation:

- Life and Growth (can mom maintain?)
- Primary Relatedness (emotional engagement)
- Supporting Matrix (building a support system)
- Identity Reorganization (can mom permit this?)

A developmental process: child reaches each stage and mother can affirm herself as having fulfilled the developmental task

(Wilken, 2012)

Q2

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How might the feeding relationship be disrupted?

- Infant/child may not be able to clearly communicate
- Parents may not be able to respond promptly to their child

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Emotional Experiences of Mothers of Pre-Term Infants

- **Coregulation** is the social process by which individuals dynamically alter their actions with respect to the ongoing and anticipated actions of their partner
- Mothers of pre-term infants experience:
 - elevated depression
 - anxiety
 - NICU-related and posttraumatic stress and worry
- Mothers' distress interfered with ability to use strategies that support preterm infants' feeding regulation

(Park, Thorye, Estrem et al., 2016)

Q3

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Emotional Impact of Feeding Problems on Mothers

“Feeding became a tiring and overwhelming task which challenged their emotional capacity to accept the loss of what they had expected to be a bonding opportunity.”

Loss of:

- ideals of motherhood
- opportunity to bond with their children

(Heweston & Singh, 2009)

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Managing Feeding Difficulties: Impact on Stress and Adjustment

- Fear that child could have died d/t medical condition
- Desire to be “good mothers”
- Those unable to feed, nurse and settle distressed infants regretted not being able to ‘bond’ with them; risk of negative impact on attachment
- Difficulties with breastfeeding → feelings of rejection, frustration, anger and guilt towards infants
- Fear of using feeding strategies that may harm baby

(Franklin & Rodger, 2003)

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Reading and responding to the distress signals of an infant who refuses to feed is not easy...the infant is likely to respond to the negative feelings and actions of his mother, contributing to an escalating cycle of feeding refusal and distress, and interfering with the process of healthy attachment and a positive parent–infant relationship.

(Franklin & Rodger, 2003)

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What About Fathers?

- Did not express doubt about their role as a father or about difficulties bonding with their child
- Expressed concern about the child's level of unhappiness and distress relating to feeding

(Franklin & Rodger, 2003)



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Impact of feeding problems on relationships

- Maternal stress and conflict correlated to mothers' own sense of competence
- Paternal stress and level of conflict related to child temperament and level of involvement

(Aviram et al., 2014)

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Impact of Feeding Problems on Relationships



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- Affects interactions within the family unit
- Extends beyond mealtimes

(Lucarelli et al., 2017)

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Parents Feel:

 Nervous

 Anxious

 Frustration

 Terrified

 Confusion

(Pados & Hill, 2019)

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To be able to institute positive change, it is first necessary to bring the parents into the range of optimal functioning. To do so may require a social services referral to help the parent cope with overwhelming social and economic circumstances or a mental health referral to deal with depressive symptoms.

(Satter, 1995)

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Start With the Relationship

- We are not just there to “fix the baby”
- Help parents understand why relationships matter

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Supporting Parents: A Priority From the Beginning

- Build strong therapeutic relationship
- Recognize parent as the expert
- Bring all caregivers into the process
- Support parent’s ability to reflect
- Referral to mental health support
 - Ideally part of initial assessment
 - Requires parent education regarding reason for referral

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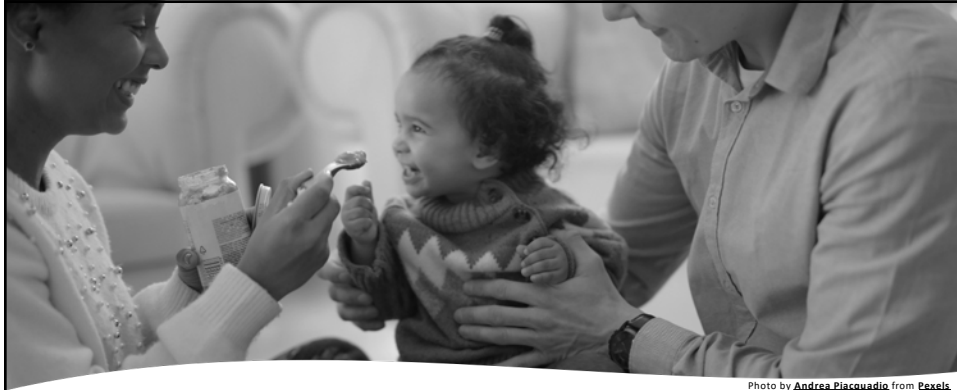


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Help Parents Reflect

- How child feels during feeding
- How they feel during feeding
- How their behavior impacts each other

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Big Picture Prompts

- What is your favorite part of mealtimes?
- What is going well/working?
- How do you feel during mealtimes/when...?
- How do you think your child feels during mealtimes/when...?

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Big Picture Prompts

- I'm noticing that.../I noticed that...
- How do other family members feel during mealtimes?
- Consider a tool like Impact of Feeding on Parent and Family (Feeding Flock)

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Session Reflection Prompts

- What was your favorite part of that mealtime?
- What do you think went well during that mealtime?
- How do you think your child felt when...?
- How did you feel when...?
- I'm noticing that.../I noticed that...
- What else could you try?

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Thank you!



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References

- See attached handout

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