D2.3: Figuring It Out: Parents’ Reports of How They Help Their Toddlers with Down Syndrome Learn How to Eat Foods That Require Chewing

Author List:
Presenting Author: Suzanne M. Thoyre
Additional Author: Marcia Van Riper

Presenting Author: Suzanne M Thoyre
Address: Carrington Hall CB#7460
Chapel Hill, North Carolina 27599-7460
United States
Ph: 919-966-8418
Fax: 919-843-9969
Email: thoyre@email.unc.edu
Institution: University of North Carolina at Chapel Hill

Additional Author: Marcia Van Riper
Address: Carrington Hall, CB#7460, University of North Carolina at Chapel Hill
Chapel Hill, North Carolina 27599-7460
United States
Ph: 919-966-4284
Fax: 919-843-9969
Email: vanriper@email.unc.edu
Institution: University of North Carolina at Chapel Hill

Presentation Preference: Research Abstract

Abstract Categories:
Research Interest Groups (RIGs): Parent-Child
Thematic Areas: Family Health

Abstract:
Introduction: Forty to fifty percent of young children with Down syndrome (DS) have difficulty making the transition from an all milk diet to table foods that require chewing. Over one-third of older children with DS limit the types of food they will eat. This study was designed to examine feeding issues for young children with DS from the perspective of the child’s parents.

Method(s): Six focus groups and 13 individual interviews were conducted with a total of 37 parents of children with DS under the age of 6 years. Mothers (and three fathers) were asked how they had learned to feed their child with DS and asked to share their beliefs, feelings, and concerns about feeding their child. Interviews were analyzed using well established qualitative analysis techniques.
Results: Themes that emerged included: (1) descriptions of child feeding behaviors, (2) perceptions of feeding problem development, and (3) adaptations parents developed. Of the 33 oral feeding children (11-72 months of age), parents reported, on average, 4.8 feeding behaviors that they considered challenging, required their attention during mealtime, or that they believed were indicative of a feeding problem (range 1-13 behaviors per child). Families were concerned about the adequacy of their child’s diet, the stigma of their child needing to eat “baby food,” and their child’s risk for obesity. Parents had several ideas about how or why their child developed feeding problems and they described the process of coming to know that their role as a feeder needed to be different with this child. For the majority of these families, the most difficult feeding challenges occurred when the child was transitioning to table foods.

Discussion & Conclusions: Parents of children with DS have rarely been given the opportunity to share their experience of helping their young children develop feeding skills. Helping a child advance a developmental skill that emerges along a different timeline and, at times, out of order with the typical progression of skills, places unique constraints and imperatives upon the family. Parent-child feeding interventions are needed to help maximize functional development of feeding skills in young children with DS.

Abstract History:
This abstract has been submitted to the SNRS previously.

Financial Disclosure:
No, I (or a member of my immediate family) have not received something of value* from or own stock (or stock options) in a commercial company or institution related directly or indirectly to the subject of my presentation.

FDA Disclosure:
I will not be describing any pharmaceutical and/or medical device.

Non-Exclusive License:

Submitted by:
thoyre@email.unc.edu