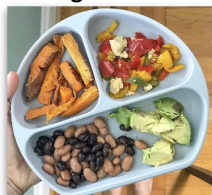


## How to improve your child's oral health:

Good oral health starts with (1) a healthy diet, (2) consistent teeth brushing and (3) regular visits to the dentist.

### 1. A healthy diet supports growth and development by providing necessary nutrients:

- **Focus on whole foods** such as veggies, fruits, whole grains, beans, nuts, seeds and grilled or baked chicken and fish.
- Think “rainbow”- make your child's plate as colorful as Possible!
- **Offer plenty of water** (7-10 glasses per day)
- **Limit soda, juice and processed foods** such as cookies, candy and fried foods.
- **Limit your child's added sugar intake** to less than 6 teaspoons/25 grams per day - too much sugar can lead to tooth decay and gum disease which can cause feeding problems.



### 2. Create a daily oral hygiene routine with your child:

- Brush for two minutes, twice daily (**2MIN2X**)
- Brush and floss even if your child is tube fed
- Better oral health can prevent oral pain while feeding

### 3. Find a dental home:



- Visit a dentist every 6 months
- Dentists can provide an early diagnosis and treatment of misaligned teeth, mouth sensitivity and cavities.
- Ask a dentist for ways to decrease tooth sensitivity during brushing or eating, such as desensitization treatment or applied behavior analysis (ABA).

## If you think your child may have PFD:

- **Contact your pediatrician:** Ask for a referral to a Feeding Clinic for an evaluation.
  - Feeding clinics include pediatricians, dietitians, occupational therapists, psychologists, and speech-language pathologists.
- **See a RDN:** The registered dietitian nutritionist will check your child's diet and make sure nutritional needs for their growth and development are met.
- **See a dentist:** The pediatric dentist will identify cavities, teeth misalignment and other problems that may cause pain when your child eats (and rule out the potential of a PFD).
- **Contact your child's Regional Center:** Regional Centers can direct you to organizations that may provide an assessment for your child's feeding problem.

### Parent resources:

- **California Society of Pediatric Dentistry** - [cspd.org](http://cspd.org) - To find a pediatric dentist
- **Medi-Cal Dental** - [dental.dhcs.ca.gov](http://dental.dhcs.ca.gov) - To find an in-network dental provider
- [feedingmatters.org](http://feedingmatters.org) - To learn more about PFD and a self-screening tool
- [choosemyplate.gov](http://choosemyplate.gov) - To help build a healthy diet
- **Association of Regional Center Agencies** - to find your local Regional Center and services available for your child - [arcanet.org](http://arcanet.org)
- **Instagram accounts** for healthy feeding ideas: @kids.eat.in.color, @feedinglittles, @plantbasedjuniors



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## Oral Health and Pediatric Feeding Disorders (PFD)



Is every meal with your child a fight?  
Does your child only eat certain food?  
Are you worried about your child's growth?  
Has feeding your child been challenging for more than 2 weeks?

If you answered YES to one or more of these questions, your child may benefit from an evaluation for **Pediatric Feeding Disorder**.

### What is a Pediatric Feeding Disorder?

**Pediatric Feeding Disorder (PFD)** is defined as an “impaired intake of food that is associated with a medical, nutritional, psychosocial and/or feeding skill problem.”

It is a condition when a child only eats specific foods and/or limits how much food they will eat for 2 weeks or more - 25% of the children in the U.S. reported having PFD.

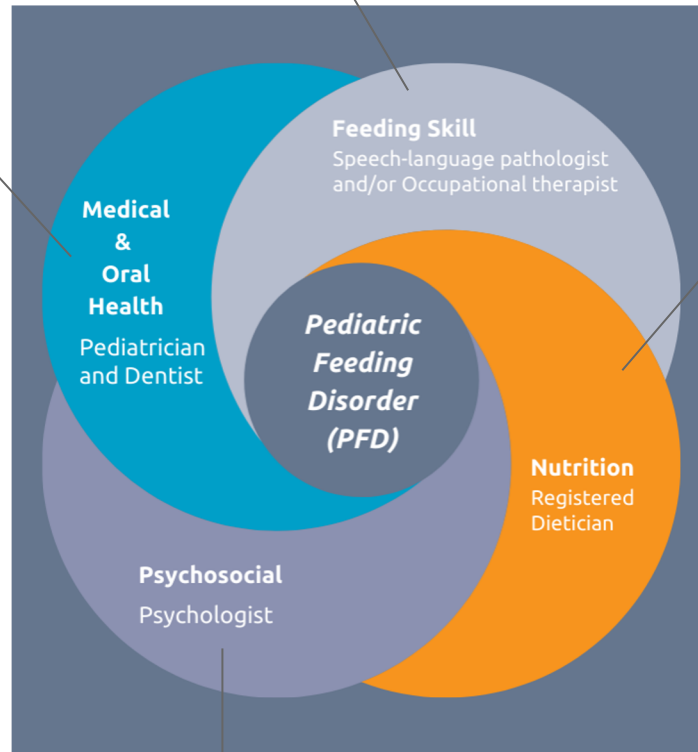
## Common signs of PFD and healthcare providers who can help:

### Feeding Skill:

- **Child has unsafe feeding skills:** choking, wet/gurgly voice, tries to catch a breath or stops breathing, gagging, becomes tired or stressed when eating (arching back, whining, etc.)
- **Child has delayed feeding skills:** Eats food more appropriate for younger age (soft or mushy foods), not age-appropriate self-feeding, needs special positioning or tools to eat or drink safely.

### Medical & Oral Health

- Allergies from food or environment
- Asthma
- Vomiting
- Acid reflux
- Constipation
- Diarrhea
- Pneumonia
- Respiratory infections



### Psychosocial:

- Connect eating certain foods with bad experiences in the past
- Avoid certain foods, crying, pushing food away, or only eating small portions of food

### Nutrition:

Change in food intake may lead to malnutrition, a condition where the body:

- Doesn't get enough calories (underweight)
- Gets too much energy from sugar/processed foods (overweight)
- Doesn't get enough vitamins and other essential nutrients

## Relationship between oral health and PFD



### How oral health may affect PFD:

- If a child has pain in their mouth: such as a toothache, cavities, gum swelling, decreased saliva (dry mouth), mouth sensitivity or difficulty swallowing, they may refuse food.
- Parts of the mouth such as the tongue, roof of mouth, teeth, etc. are used for eating. If a child has physical difference in the mouth (small lower jaw, cleft palate, large tongue, etc.) it may affect feeding.
- If a child has reduced function of the mouth (e.g., limited tongue movement, TMJ, etc.) or limited feeling of the mouth, this can affect feeding.

### How oral health may be affected by PFD:

- When a child only eats certain food such as those of similar looks, textures, or high in salt/sugar/fat
- When a child keeps food inside the mouth for long periods of time, causing cavities and/or toothaches.
- When a child is tube fed (G-tube, J-tube etc..) they may have fewer dental cavities but more hard tartar around their gums which can cause the gums to bleed (gingivitis), bone loss around the teeth (periodontitis), and/or loosened teeth.