



The Feeding Chart below was designed to assist caregivers and healthcare professionals identify potential feeding issues in children from birth to three years of age. These feeding issues can fall into categories ranging for picky eaters, problem eaters and feeding disorders.

During development there will be a phase where all children become “picky eaters” but what happens when this phase does not go away? Problem feeding is not a normal part of child development. If a child is a problem eater and this is left untreated it can lead to malnutrition, poor weight gain and growth, vitamin and mineral deficiencies, dehydration, impaired intellectual, emotional and academic development.

Feeding disorders include problems gathering food and getting ready to suck, chew, or swallow. For example, a child who cannot pick up food and get it to their mouth or cannot completely close their lips to keep food from falling out of their mouth, may have a feeding disorder.

Swallowing disorders are often the result in difficulty with the actual act of moving food from the mouth to the stomach. This can occur at different stages in the swallowing process.

This chart is not designed to diagnose your child but to help guide you in determining if your child could require an evaluation. Below you will see typical feeding patterns and red flags to look for. Please mark each typical pattern and red flag that your child exhibits.



## PEDIATRIC HOME HEALTH

### FEEDING CHART

#### At 1 Month

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- Takes 2-4 ounces of liquid per feed
- Using a suckling or sucking pattern
- Fully closes lips around nipple or bottle
- Swallows with suckle-swallow pattern
- Pauses to swallow after 2 or more suckles

#### Red Flags For Abnormal Pattern

- Not closing lips fully around nipple
- Consistently cough, gag or choke during feeding

#### At 3-4 months

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- Takes 4-7 ounces of liquid
- Has 4-6 feedings per day
- Can perform 20 or more consecutive sucks without fatiguing
- Swallows following sucking with no obvious pause
- Can coordinate suck/swallow/breath sequence

#### Red Flags For Abnormal Pattern

- Consistently cough, gag or choke during feedings
- Arching or stiffening of body during feed
- Prolonged feeding time, greater than 30 minutes
- Gurgly or hoarse voice following feed
- Less than normal weight gain

#### At 5-6 months

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- Can take cereals and pureed foods
- Takes 9 to 10 ounces of food or liquid
- Has 4-6 feedings per day
- Starts to bite on soft foods (cookies, puffs, cheerios)
- May start to use up/down chewing movement with alternating sucking.

#### Red Flags For Abnormal Pattern

- Consistently cough, gag or choke during feedings
- Arching or stiffening of body during feed
- Unable to tolerate new pureed texture



## PEDIATRIC HOME HEALTH

### FEEDING CHART

#### At 7 to 8 months

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- Thicker pureed foods and moving to mashed table foods
- Used to the spoon and anticipates the spoon by opening mouth
- Starts using tongue in up and down pattern or side to side pattern to move food around.

#### Red Flags For Abnormal Pattern

- Aversive to the spoon
- Consistent coughing, gagging or choking during feeding
- Slow feeding time
- Pushing food out with tongue

#### At 9 to 12 months

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- Can start drinking from a sippy cup, may have difficulty with coordinating sucking, swallowing and breathing with cup
- Can bite all the way through foods such as a cookie
- Uses tongue to move from side to side and clear food residue
- Is clearing food from spoon fully
- Can successfully drink from a straw
- Independent finger feeding

#### Red Flags For Abnormal Pattern

- Does not accept new textures
- Prolonged feeding times
- Excessive leaking of food or liquid from mouth
- Consistent coughing, gagging or vomiting during or after meals
- Over stuffing mouth with food
- Keeping pockets of food in mouth and unable to clear this food with tongue

#### At 12 to 14 months

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- Can take ground, mashed, or coarsely chopped table foods (this includes easily chewed meats)
- Lips are active during chewing, uses upper teeth or gums to clean lower lip
- Consistently uses sippy cup with proper sucking movement, little liquid is lost

#### Red Flags For Abnormal Pattern

- Does not accept new textures
- Consistent coughing, gagging or vomiting during or after meals
- Keeping pockets of food in mouth and unable to clear this food with tongue
- Excessive leaking of food or liquid from mouth.



## PEDIATRIC HOME HEALTH

### FEEDING CHART

#### At 15 to 18 months

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- Uses a controlled bite and may pull head backward to assist with bite
- Eats mainly chopped table foods, including most meats and raw vegetables
- Can chew with lips closed with decrease in loss of foods
- Upper lip closes on cup for better seal for drinking
- Upper and lower lips are active during chewing and cleaning

#### Red Flags For Abnormal Pattern

- Does not accept new textures
- Prolonged feeding times
- Excessive leaking of food or liquid from mouth
- Consistent coughing, gagging or vomiting during or after meals
- Over stuffing mouth with food
- Keeping pockets of food in mouth and unable to clear this food with tongue

#### At 19 to 24 months

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- Swallows liquid from regular cup with easy lip closure with no loss of liquid
- Eats variety of textures
- Transfers food from either side of mouth to the other side easily
- Does not bite on edge of cup for stability

#### Red Flags For Abnormal Pattern

- Does not accept new textures
- Consistent coughing, gagging or vomiting during or after meals
- Refuses to try new foods and may become upset when asked
- Parent reports child is a “picky eater”
- Eats 20 foods or less
- Is only eating foods in one texture category

#### At 24 to 36 months

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- Eats the same foods as the rest of the family

#### Red Flags For Abnormal Pattern

- Eats 20 foods or less
- Resists food that they once ate and/or enjoyed
- Cries and may throw a fit when introduced to new food
- Refused entire categories of food textures
- Almost always eats different foods than the family
- Persistently reported by parents as “picky eaters” across multiple well child check ups



If your child has one or more red flags or if you have concerns about your child's feeding development, please contact us for a phone consultation. During the phone consultation we will gather as much information and may ask the results of the checklist. If we determine that your child is a candidate for a Feeding Evaluation and you are in agreement we will assist with contacting your primary care physician. When contacting your physician we will request an order for a feeding evaluation and explain your concerns along with the results of the phone consultation. Once we receive the signed order we can initiate treatment with your child. You can also go directly to your physician and discuss your concerns requesting an evaluation at that time. We look forward to assisting your child reach their maximal potential. Our goal is to work as a team in developing the most appropriate treatment plan for your child.