Responsive Feeding: Strategies to Promote Healthy Mealtime Interactions

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Feeding is a major developmental task in the first years of life as infants and young children progress from an exclusively liquid diet to pureed foods, and finally to the family diet [1]. Progression in feeding is influenced by: (1) advances in digestive and oral motor skills, (2) internal regulatory cues of hunger and satiety, and (3) advances in cognitive, fine motor and social-emotional development that facilitate interest in food, self-regulation and self-feeding. Infants and young children signal hunger and satiety through actions such as hand sucking, leaning forward for food, opening and closing of the mouth, turning and crying/fussing. These behaviors vary in form and intensity across infants, often contributing to interpretation confusion.

Responsive feeding, a derivative of responsive parenting [2], refers to the reciprocity between the parent and child during feeding, whereby parent and child behaviors vary in a back-and-forth or serve-and-return pattern [3]. Early in life, this reciprocal process influences the emotional bonding or attachment between infants and parents that forms the basis for healthy social-emotional functioning [4], as children are acquiring feeding skills.

Feeding problems occur among up to 50% of typically developing infants and young children throughout the world, and they frequently include food refusal, food selectivity (pickiness) or disruptive mealtime behavior [5]. In many cases, feeding problems represent typical toddler development of neophobia (hesitancy to try new foods) or autonomy (food refusal and desire for independence). Food refusal can be confusing to parents because it may be unclear whether children are signaling satiety, requesting an alternative or exhibiting a behavioral problem. Early feeding problems are often transient and resolve over time, particularly when parents are sensitive to their child's signals of satiety and emerging autonomy, and adhere to regularly scheduled mealtime routines. However, when feeding problems are associated with family stress, they can

result in weight-related problems (either under- or overweight) and long-term behavioral problems.

As children progress to the family diet, strategies to promote healthy mealtime interactions include: (1) assurance that the feeding context is pleasant with few distractions, that the child is seated comfortably ideally facing others, that expectations are communicated clearly, and that foods are healthy, tasty, developmentally appropriate and offered on a predictable schedule so the child is likely to be hungry; (2) an emotional climate whereby the parent models eating, offers encouragement as needed, promotes self-feeding and attends to the child's signals of hunger and satiety, and (3) the parent responds in a prompt, emotionally supportive, contingent and developmentally appropriate manner. With parent patience and adherence to a regular mealtime routine (2–3 h between meals, 20–30 min/meal), transient feeding problems resolve. Responsive feeding promotes children's attentiveness and interest in feeding, attention to their internal cues of hunger and satiety, ability to communicate needs to their parent with distinct and meaningful signals and successful progression to independent self-feeding.

Responsive feeding acknowledges children's feelings and allows them to determine how much they eat, while parents decide what, when and where food is offered. Embedded within the domain of responsive parenting, responsive feeding emphasizes the interactive nature of feeding, whereby parents set guidelines, with their reactions gaged to the signals they read from their children, ideally resulting in a respectful give-and-take relationship around feeding.

Complementary feeding typically begins during the second 6 months of life, a period of rapid growth that includes multiple developmental changes along with nutritional and health risks. Responsive feeding provides the guidelines that enable parents to avoid and manage transitional feeding problems and promote the successful transition to the family meal and self-feeding.

References

1 Birch LL: Learning to eat: behavioral and psychological aspects; in Fewtrell MS, Haschke F, Prescott SL (eds): Preventive Aspects of Early Nutrition. Nestlé Nutr Inst Workshop Ser. Basel, Karger, 2016, vol 85, pp 125–134.

2 Black MM, Aboud FE: Responsive feeding is embedded in a theoretical framework of responsive parenting. J Nutr 2011;141:490–494.

3 Sameroff AJ (ed): The Transactional Model of Development: How Children and Contexts Shape Each Other, ed 1. Washington, American Psychological Association, 2009.

4 Ainsworth M, Blehar M, Waters E, Wall S: Patterns of Attachment: A Psychological Study of the Strage Situation. Hillsdale, Erlbaum, 1978.

5 Lewinsohn PM, Holm-Denoma JM, Gau JM, et al: Problematic eating and feeding behaviors of 36-month-old children. Int J Eat Disord 2005;38:208–219.