

## Reasons children are referred



- ✓ History of eating and breathing coordination problems.
- ✓ Early breast and/or bottle feeding difficulties.
- ✓ Suck:swallow:breathe coordination difficulties.
- ✓ Ongoing poor weight gain or weight loss.
- ✓ Ongoing problems with vomiting, choking, gagging or coughing during meals.
- ✓ History of tube feeding or reflux and ongoing feeding issues.
- ✓ History of noisy breathing or congestion during meals and repeated chest infections.

## Q & A

### How to refer?

Parents and/or medical professionals can refer. However, if the child is eligible for services under the Medicare Chronic Disease Management (CDM) Program or other Medicare initiatives the appropriate doctor's referral is required at the time of the appointment.

Children with FaHCSIA funding under the Helping Children with Autism and Better Start Initiatives should bring their Letter of Introduction.

### What are the aims of the feeding clinic?

- The child will learn to have positive experiences with food.
- To learn mealtime routines.
- To decrease resistance to touching, tasting and swallowing food.
- To increase range of foods the child will try.
- To increase amount of food ingested.
- To create home feeding program.
- To understand the use of positive and negative reinforcement.

## Therapy Matters

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# Speech Pathology



# Feeding Clinic



## What happens at a feeding clinic?

### What will our speech pathologists do?

- Send you a questionnaire to complete and bring with you on the day of the assessment.
- Gather a full history about your child including the birth and any associated problems, medical history and history of feeding issues.
- Complete a growth assessment and developmental milestone check. It is helpful if you bring your child's red or blue Health Book.
- Take a family history- particularly of allergies as children of allergic parents can be more prone to allergies.
- Find out about your household routines – so we can help your child fit in with your family!
- Find out the child's current feeding patterns.

- Observe your child feeding. This may include observations of breast and/or bottle feeding as well as observations of how the child eats and drinks foods you have brought from home. Foods can be familiar and preferred as well as some non-preferred or more challenging foods.

### Our speech pathologists will give you:

- ✓ Strategies to promote good feeding and eating patterns.
- ✓ Teach you how to deal with problematic feeding situations.
- ✓ Support for parenting strategies at meal times.
- ✓ Referral, if necessary, to other specialists (e.g. Paediatrician, Psychologist, Occupational Therapist or Dietitian)

## Reasons children are referred



- ✓ Aversion or avoidance of all foods in specific texture or nutrition group.
- ✓ Food range of less than 20 foods, especially if foods are being dropped over time with no new foods replacing those lost.
- ✓ An infant who cries and/or arches at most meals.
- ✓ Parents repeatedly report that the child is difficult for everyone to feed.
- ✓ Inability to accept any table food solids by 12 months.