

Any Early ACCESS provider may support part of the mealtime routine.

In Early ACCESS, occupational therapists and registered dietitians often focus on feeding. This handout provides information on those roles. Other Early ACCESS providers may also address mealtime difficulties in infants and toddlers. Speech language pathologists with training in feeding and swallowing may address many of the activities listed in the table. Additionally, Early ACCESS teachers and/or autism specialists may be included in interventions for children with challenging mealtime behaviors.

Feeding Roles	Early ACCESS Occupational Therapists	Early ACCESS Registered Dietitians
Breastmilk, formula, or milk intake	Identify infant and family risk factors for abnormal intake and refer to an Early ACCESS registered dietitian for assessment of specific calorie needs.	Use experience and clinical judgement to determine if deviation from intake guidelines is appropriate based on individual data. Provide information to families on specialized use of breastmilk or formula.
Nutrition intake and estimated needs for appropriate growth and development	Identify infant and family risk factors for poor nutrition intake. Do not assess nutritional intake. Support recommendations from a registered dietitian or physician to promote healthy mealtime routines.	Assess food and nutrient intake including composition, adequacy, and meal/snack patterns. Consider the effects of health conditions and outside influences on dietary intake in order to estimate nutrient needs such as calories, proteins, fats, vitamins, minerals, or fluid.
Growth	Identify risk factors for poor growth.	Assess growth measurements and compare to appropriate reference data, growth progress, and trends. Use individual history and medical conditions to predict expectations for growth that are different from the general population and/or reference population to determine if the child is receiving appropriate calories and/or protein.
Infant, toddler or tube feeding formulas	Support registered dietitian and/or physician recommendations, but cannot recommend or prescribe specific formulas. Educate caregivers on positioning and the development of family routines around a prescribed tube feeding schedule.	Assess the appropriateness of a prescribed diet based on medical information, mealtime observations, caregiver reports, previous nutrition diagnoses, diet history, food preference, and changes in appetite or usual intake. Manage tube feeding plans in consultation with the child's physician which may include a wide range of formulas and/or a homemade, blenderized diet.

Feeding Roles	Early ACCESS Occupational Therapists	Early ACCESS Registered Dietitians
Food allergy concerns	Gather data on food allergies, intolerances, and sensitivities as part of their assessment of child-specific feeding challenges.	<p>Identify concerns for food allergies and related disease processes and work with the child's physician for appropriate medical evaluation.</p> <p>Ensure nutritional adequacy of allergen-elimination diets to prevent deficiencies, maintain nutrition status, and support optimal growth.</p> <p>Provide advice on the introduction of solids.</p>
Special diet education	Support diet recommendations and help caregivers establish healthy mealtime routines centered around special diets.	<p>Educate families on a wide variety of dietary patterns outside the typical infant or toddler eating, including food allergies, high-calorie diets, and fat restriction.</p> <p>Note: The ketogenic diet and diets for type 1 diabetes, chronic kidney disease, or cystic fibrosis are addressed by specially trained dietitians outside the Early ACCESS system.</p>
Digestion concerns	Gather data on digestion challenges and refer to specialists as needed.	<p>May identify signs of certain digestive disturbances such as reflux, constipation, and diarrhea.</p> <p>Suggest diet interventions to address those concerns under the guidance of the child's physician.</p>
Progression to table foods	<p>Help to develop healthy mealtime routines related to the consumption of table foods.</p> <p>Gather data and select appropriate assessment tools related to safe progression of table foods.</p> <p>Develop intervention plans that address progression of table foods during mealtime routines.</p>	<p>Provide a comprehensive knowledge of the relationships between developmental stages, intake, and nutrition to support children with intact feeding skills as they progress to eating complementary foods.</p> <p>Help families with the transition from on demand feeding to structured meals and snacks.</p>
Biting, chewing and tongue movement skills	<p>Evaluate and address specific biting and chewing skills related to muscle tone, strength, and stability needed to engage in safe biting and chewing of foods during mealtime routines.</p> <p>Evaluate and address development of tongue movement skills that facilitate safe transfer of food within the oral cavity to support safe mealtime routines.</p>	<p>Review choking precautions and identify concerns for inefficient biting or tongue movement skills.</p> <p>Recommend foods to support biting or tongue movement limitations identified by other providers.</p>

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Swallowing safety	<p>Educate caregivers on risk factors, possible signs and symptoms, and positioning to reduce the risk of swallowing dysfunction.</p> <p>Do not diagnose dysphagia.</p>	<p>Identify concerns for swallowing safety and communicate these concerns to a child's medical team, including physicians.</p> <p>Do not evaluate a child's swallowing safety or diagnose any level of dysphagia.</p>
Sensory concerns	<p>Collect data and evaluate an infant or toddler's sensory challenges using formal and informal assessments. Some may require advanced training.</p> <p>Develop healthy sensory-based mealtime routines and feeding plan interventions.</p>	<p>Identify potential sensory concerns as they relate to a child's diet and intake.</p> <p>Recommend foods and basic mealtime modifications to improve nutritional intake within a child's sensory preferences.</p>
Self-feeding skills including utensil usage	<p>Evaluate and write intervention plans to address developmentally appropriate self-feeding skills during mealtime routines.</p>	<p>Compare a child's self-feeding skills to the typical developmental progression and may recommend foods to support any limitations identified by other providers.</p> <p>Provide basic suggestions for developmentally appropriate utensils.</p> <p>Do not prescribe therapeutic feeding utensils.</p>
Bottle and/or cup selection	<p>Suggest developmentally appropriate bottles, sippy cups, and standard cups during mealtime routines.</p> <p>Support family routines around the use of different bottles, sippy cups, or standard cups following physician recommendations.</p>	<p>Review developmentally appropriate use of bottles, sippy cups, and standard cups during mealtime routines.</p> <p>Do not prescribe therapeutic infant nipples.</p>
Mealtime behaviors	<p>Consider the interplay of physical, cognitive, behavioral, environmental, and sociocultural factors related to the development of healthy mealtime behaviors and routines.</p> <p>Develop intervention plans and recommend behavioral strategies to support mealtime behaviors.</p> <p>May consult with behavioral specialists on a case-by-case basis.</p>	<p>Consider cognitive and physical development, along with family, socio-economic, and cultural dynamics when assessing mealtime behaviors that are negatively impacting the family unit.</p> <p>Recommend basic behavioral strategies to address problematic mealtime behaviors.</p> <p>Do not diagnose behavioral conditions or implement intensive behavioral interventions.</p>
Feeding positioning	<p>Provide caregiver education and training on positioning to support safe feeding routines.</p>	<p>Provide information about safe feeding positioning within the scope of typical feeding development.</p>

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Texture modification and/or fluid consistency	Support physician orders for dysphagia management and support caregivers in mealtime routines.	Support physician orders for dysphagia management and educate caregivers in preparing foods to the prescribed texture modification.
	Cannot determine the level of modification beyond age-appropriate guidelines.	
Pica (eating non-food items)	Identify risk factors for pica and refer the infant or toddler to a specialist for diagnosis and treatment.	Identify risk factors for pica, assess nutritional involvement of pica, and collaborate with the child's physician regarding related medical evaluations and interventions.
Feeding therapy	Provide strategies that support healthy mealtime routines for children with pediatric feeding disorder, depending on the setting and the child's needs.	Work with other professionals to set overarching goals for feeding therapy, such as selecting foods for focus of feeding therapy to address oral-motor and nutrition-specific concerns. Do not conduct feeding therapy.
	Intensive feeding therapy falls outside of routines-based interventions. Early ACCESS professionals may support the goals established by a child's feeding therapist.	
Food insecurity	Assess environmental factors that may contribute to food insecurity and collaborate with other professionals to address food insecurity.	Screen for food insecurity, identify available resources, and make referrals to community programs as needed.

References:

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