

Weaning the TOF baby a practical and personal guide – Part 2

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Following on from part 1, part 2 looks at moving on with textures and lumps, and introducing finger foods. There is no 'timetable' for doing this, so go at your baby's pace, be guided by how they are managing. It's a learning experience for you and your baby so gradually move things forward as you both grow in confidence. Expect some setbacks during times of illness/strictures, so go back a few stages and then try progressing again. If you are struggling, seek advice from your medical team and ask for referral to a speech and language therapist (SaLT) and/or dietitian.

If your child is already under a SaLT/dietitian, be guided by them and don't be afraid to contact them if you need help between appointments.

Moving on with textures

Once managing thin purees and sips of fluid, purees can gradually be thickened. I would encourage offering sips of water with meals to help move food down into the stomach.

Homemade purees can be gradually pureed less so that they are textured, rather than completely smooth. To help develop tolerance of lumps, small lumps such as cous cous, quinoa and crushed Rice Krispies can be stirred into purees. Keep the purees with these small lumps fairly loose so that they will drop off a spoon. This will make them easier to get down; as from part 1, imagine that food/fluid is mainly getting into the stomach by gravity.

Beware of some of the ready-made baby foods that can have big lumps in a smooth puree; these often cause babies to gag as they are expecting a smooth puree and are then surprised by a lump. Not all the stage 2 products are like this so it is worth looking at a few different brands of jars and pouches.

Establishing tastes and textures

An infant's natural preference is for sweet or salty tastes with a dislike of bitter tastes. It's important when weaning an infant to get bitter tastes in early in order for the infant to develop an acceptance of these, which will then most likely lead to a greater acceptance of vegetables in later childhood. An infant may need to try a new flavour eight to ten times before accepting it, so it's important to continue to offer new tastes.¹

With regards to texture there is some evidence that introducing lumpy solid foods by nine to ten months of age leads to fewer feeding problems later.² Having said that, our TOF babies are different and we can only progress with lumps at their pace or as advised by the medical team. For those TOF babies that can manage it, it would be ideal to try and get some bite and dissolve/soft finger foods and some textured purees in by nine to ten months of age.

Finger foods

Once your child is managing thicker purees, finger foods can also be introduced. The easiest ones to start with are the 'bite and dissolve' finger foods. These allow your baby to practise picking the food up and putting it in their mouth, and once in the mouth they melt/dissolve, making them easy for your baby to swallow. I would encourage parents to try products themselves before giving them to their baby, to see how easy a food is to dissolve in the mouth, as it does vary between products, and then to start with the easiest to manage. For instance, I found Wotsits dissolved more easily than the baby bite and dissolve maize snacks so I started Alex on these, before moving on to the others.

Your child will also learn by copying you, so I used to eat some of what he was eating and tried to show that I was really enjoying it!

The following table provides an illustration of how to progress through the different textures of food with your child. This is an example and is not a substitute for advice from your individual care team.

| Progress through food texture | Description | Examples |
|--------------------------------------|---|---|
| Smooth puree | Quite runny (easily drips off spoon) with no big lumps, pips, seeds or skin | Pureed stewed fruit Pureed fresh fruit (banana, strawberries, blueberries) Pureed stewed vegetables Baby rice made up with baby's usual milk Weetabix soaked in baby's usual milk Fromage frais Smooth yogurt Stage 1 baby foods (all above thinned down with baby's usual milk to make them quite runny) |
| Thicker smooth puree | No lumps, smooth thicker puree | Pureed stewed fruit Pureed stewed vegetables Baby rice made up with baby's usual milk Weetabix soaked in milk Fromage frais Smooth yogurt Pureed meat/fish/pulses/lentils Stage 1 baby foods |
| Mashed foods | Mashed to a slightly lumpy consistency Pureed but some small lumps present (textured) | Puree with small seeds present, eg strawberries/raspberries Pureed meat/fish/lentil/pulses/eggs Stage 2 baby foods – described as textured not lumpy |
| Mashed foods with small soft lumps | As above with addition of small lumps | Add cous cous, quinoa, crushed Rice Krispies |
| Bite and dissolve finger foods | These dissolve in the mouth and do not need any chewing but do need enough control to hold food in the mouth until it dissolves | Wotsits, Skips, Quavers Organix finger foods carrot sticks Kiddylicious fruity puffs Kiddylicious smoothie melts Ella's Kitchen melty puffs Meringue Pink wafer biscuits Ice cream wafers Sponge fingers |

| | | |
|----------------------------|---|---|
| Bite and melt finger foods | Melt in the mouth like bite and dissolve foods but coat the mouth more | Chocolate buttons Maltesers cut into quarters |
| Bite and soft chew foods | These need some preparation or munching in the mouth before being swallowed | Very ripe peeled fruit – finger slices of pear, avocado Soft finger pieces of cooked potato, sweet potato, carrot Over-cooked soft florets of broccoli Small pieces of well-cooked fish Small pieces of corned beef Cheese triangles Tinned mandarins (broken up into small pieces at first) Tinned baby carrots Tinned spaghetti hoops Tinned green beans (remove any stringy bits) Soft biscuits – Cornish wafers, cracker bread, shortbread (start with small pieces and work up to bigger) Ripe banana – start with small pieces |
| Harder foods made easier | Grated carrot Very thin slices of cucumber Slow cooked/pressure cooked meats in stews (so that they fall apart easily) Cut meat up against the grain Dark meat from chicken is more moist so easier to chew and swallow Minced meat – bolognese, shepherd's pie etc (if mince is sticking together in lumps give it a quick blitz with a blender to break it up) | |
| Beware doughy/sticky foods | Doughy foods such as soft white bread can be difficult Sticky foods like nut butters and scrambled egg can also be tricky | Bread – wholemeal/brown is easier to manage – start with small toasted pieces Brioche bread is also easier to manage – start with small pieces White bread is the hardest to manage but toasting it makes it easier Toasting and buttering bread makes it easier to manage |

(Adapted to make TOF-friendly based on my personal experience from 'Understanding and managing extreme food refusal in toddlers' www.infantandtoddlerforum.org Accessed 19.10.16)

Forwards and backwards

It's important to remember that any baby who is unwell during the weaning period may struggle more with textures and go back a few stages. This is particularly important with TOF babies, as they may have been managing quite well with lumps/thicker puree but then an illness or stricture means they have gone back to managing thin purees. In this case when they are well again you just work through gradually increasing the textures that they can manage.

Even when Alex was a toddler he would sometimes have the odd 'bad day' when food seemed to just get stuck. There wasn't a clear reason for it; in the back of my mind I was always worried this was a stricture, but when I thought about it logically he had managed normal textures the day before so this was unlikely. Sometimes it did seem to be due to a hungry toddler putting food in and swallowing it too quickly without sufficient chewing. For these days I kept tins of soup in the cupboard and some of the breakfast milkshake drinks so that I could get nutrition into him and not worry about 'stickies'.

Now at three years of age the 'stickies' are a lot less frequent; they tend to happen when he is eating something that he really likes (eg pasta) and shoves it in too quickly without chewing enough/refuses to drink with his meal. It is normal for toddlers to want to be more independent and make decisions for themselves, like whether to drink or not. I try not to make an issue of it when he refuses and always make sure that I drink frequently throughout my meal in the hope that he will copy me. I also chatter on about how nice my drink is and how it is helping my food to go down into my tummy. It doesn't always work but makes me feel like I am doing something to help.

Fizzy drinks

From around one year of age I encouraged Alex to try sugar-free fizzy drinks as I wanted him to learn to like them. Fizzy drinks have been shown to be effective in managing oesophageal food bolus obstruction ('stickies') in the medical literature.³ This is not specifically with TOF patients but more with adults who present at hospital with an obstruction.

Alex now likes fizzy drinks but I only give him them when he is struggling to get food down or has a 'stickie'. This is because even sugar-free fizzy drinks can damage tooth enamel as they are acidic.

Further help

Paediatric dietitians can help with ensuring that your baby is meeting their nutritional requirements. They can also help with moving on with textures, dealing with fussy eaters and providing specific advice if required on allergy or high energy weaning. I would encourage parents to ask for referral to a dietitian if they want more support with feeding/weaning. Not all dietitians will have experience with TOF babies but I'm sure they won't object to a TOF leaflet being given to them, and if the referral states it is for a TOF baby then hopefully they will have had time to read up a bit about it.

Speech and language therapists (SaLT) work with children with speech delay, but as a sub-speciality some SaLT also look at dysphagia, which means swallowing problems. A SaLT will be able to assess your baby's feeding, and if required give individual advice on the safest way to feed your baby. If you have concerns about how your baby is swallowing, discuss it with your team and request a SaLT referral, ideally with a therapist familiar with TOF.

I hope this information helps give other TOF parents confidence in weaning; it's important to discuss with your specialist team how weaning is going and any difficulties you have.

I know that the weaning period can be quite stressful, but please try to enjoy it with your baby; it is one of those special times. If you are anxious, try not to show your baby this as it can make them afraid of trying new things. As I look back (through my rose-tinted glasses) it was a fun time; I never thought as a dietitian I would be pleased to see my baby munching on Wotsits. Alex can still make some 'growling' noises with eating but when we are out no one really comments on this; the only thing people say is when I offer him a fizzy drink, 'I can't believe you as a dietitian would give your child fizzy drinks'. I just have to politely say that he has some feeding issues and it helps him get his food down.

The TOF Facebook group is also great for support; it's fabulous to read of other families' successes with feeding and can give you confidence to try more things or just get support from others when things aren't going so well.

I would like to thank my colleague Clare Ewan, Paediatric Dietitian, for reading and commenting on this for me.

References

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