

PEDIATRICIAN SURVEY: ASSESSMENT OF FEEDING DIFFICULTIES IN PRIMARY CARE

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INTRODUCTION

- 71% of medical schools do not require the recommended minimum of 25 hours of nutrition education for doctors¹
- Children with feeding difficulties in Washington state may not receive prompt referrals to feeding specialists
- Children who are referred are put on long waiting lists, contributing to poorer health outcomes
- An improved approach would decrease time children spend waiting for care
- Systems-level change requires improving interdisciplinary collaboration

CHILDREN WITH FEEDING DIFFICULTIES

- Children with Autism have 5x greater risk of feeding difficulties²
- “Picky eating” usually resolves around age 3 for children w/o developmental disabilities²
- Small kids with small appetites may be seen as “poor eaters” by parents but may not have feeding difficulties³
- Families with kids who have chronic feeding difficulties report \geq \$1000 out-of-pocket healthcare costs over 1 year⁴

ABOUT FEEDING DIFFICULTIES

- Mild to severe
- Refusal of foods
 - Specific textures or food groups
- May be associated with:
 - Developmental disabilities
 - Gastrointestinal conditions
 - Swallowing conditions
 - Parental feeding styles
- May increase parental stress levels⁵
- May decrease child’s quality of life⁶

RESEARCH GOALS

- Increase stakeholder understanding of pediatrician:
 - Nutrition and feeding screening practices
 - Confidence in providing nutrition and feeding care
 - Approach to referrals for feeding difficulties
- Determine what resources may be helpful for pediatricians to better support families with nutrition and feeding

METHODS

- Completed a literature review
- Performed a needs, assets, and capacities assessment
- Designed and distributed a 23-question pediatrician survey to members of the Washington Chapter of the American Academy of Pediatrics (WCAAP)
- Described survey findings in report, executive summary, and oral presentation

RESULTS

- Most pediatricians (63%) said less than 25% of families report feeding difficulties
 - 38% said more families (26-50%) report feeding difficulties
- Most pediatricians (75-100%) discuss many nutrition and feeding topics with families (introducing new foods, picky eating, etc.)
 - Only 50% discuss feeding relationship and mealtime environment
- 88%-100% of pediatricians said they screen using growth chart, weight loss, child refusing foods, and recurrent GI issues
 - Only 25-50% said they use length of mealtimes, distraction or force feeding
- 38% of pediatricians said their confidence in their ability to decide when to refer for feeding difficulties was “neutral” (Figure 1)
- 88%-100% of pediatricians said their confidence to support families nutritionally would increase with: (Figure 2)
 - Referral resources for families
 - Nutrition and feeding handouts for families
 - Nutrition and feeding training for pediatricians (case studies, interdisciplinary)

“I feel confident in my ability to decide when a referral is necessary for feeding difficulties.”

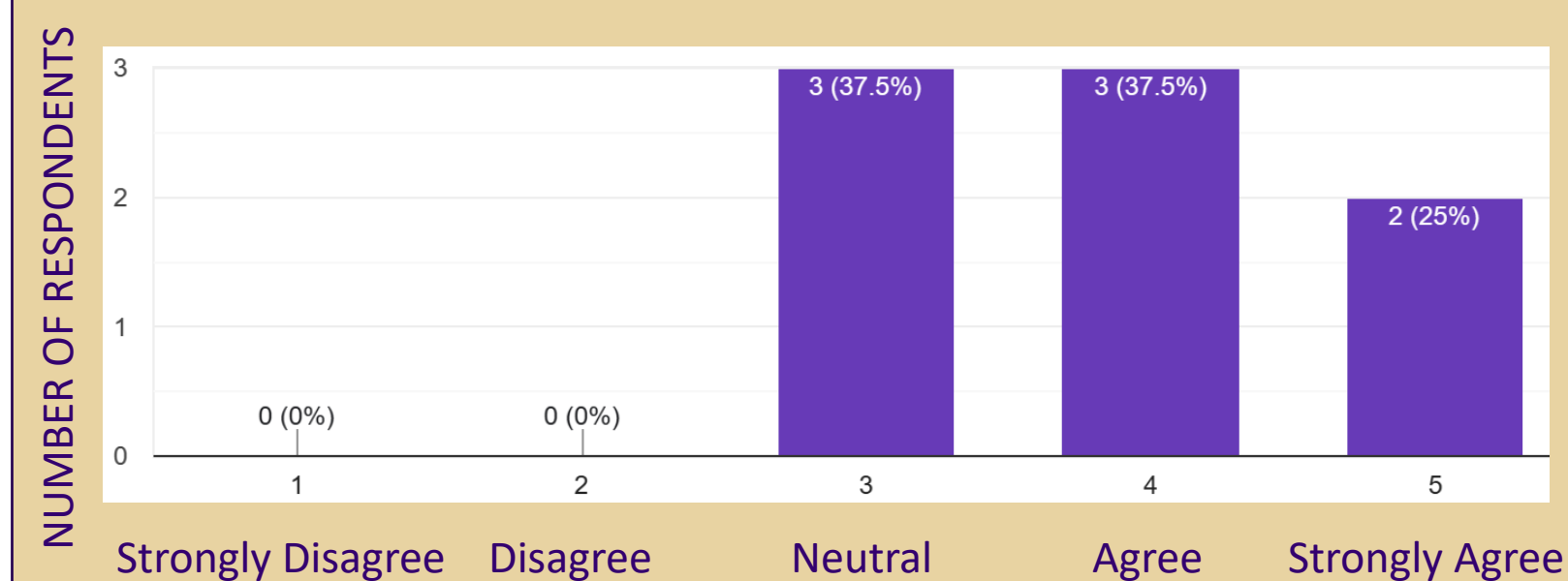


Figure 1: Pediatrician confidence in referring patients

What would increase your confidence in your ability to support families nutritionally? (Check all that apply.)

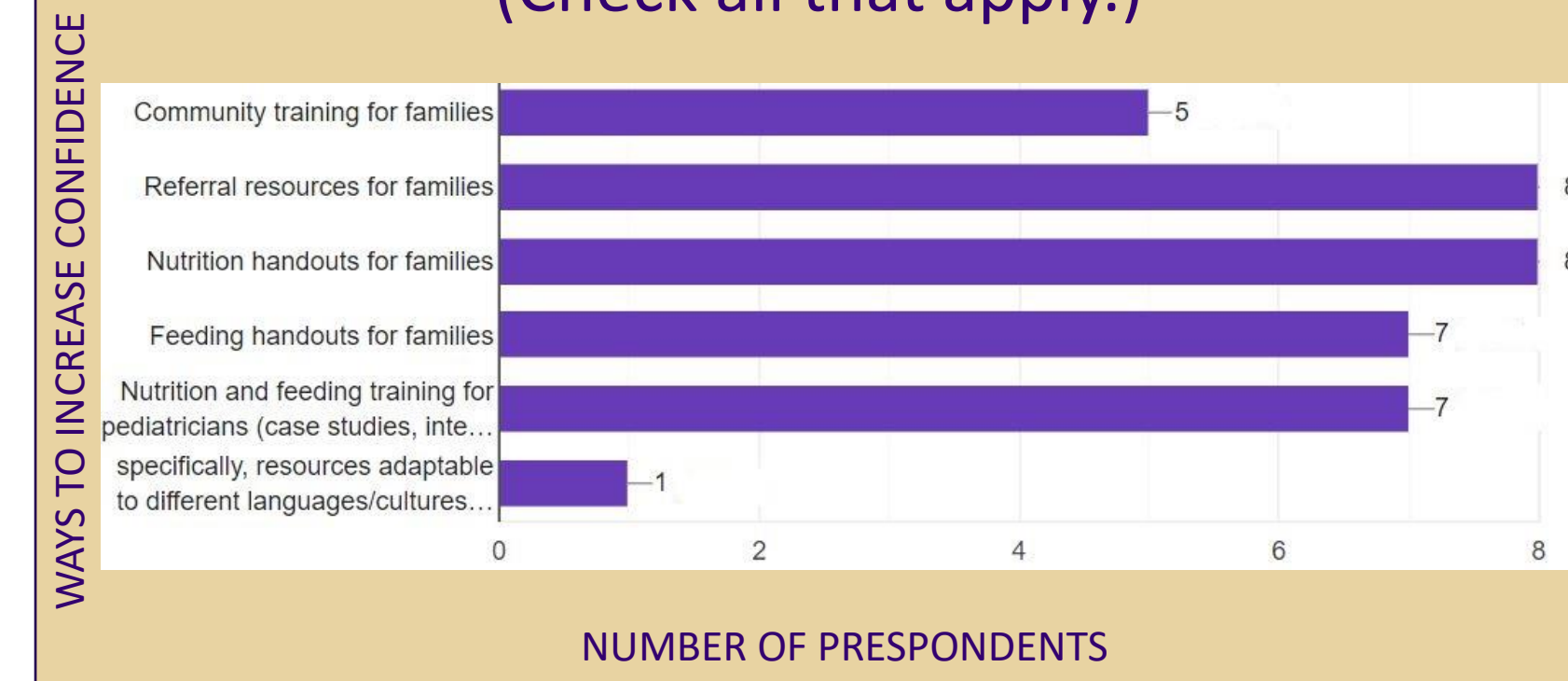


Figure 2: Ways to increase pediatrician confidence

PROPOSED NEXT STEPS

- The Institute on Human Development and Disability could consider:
 - Sourcing the funding to offer interdisciplinary case study nutrition and feeding training to WCAAP members
 - Building a coalition with the WCAAP, IHDD, and the Medical Home Partnerships Project (essential to families for medical care coordination)

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