## Some solutions

Choose the most appropriate feeding implements for your child. If in doubt, ask your Speech Therapist or Health Visitor. Try experimenting with colour, texture and flavour to find foods that appeal to your child.

If your child tends to be 'vomity', feed little and often. If this is unsuccessful, discuss anti-reflux drugs with your GP and health visitor. Remember that gravity and increased mobility as your child starts to toddle may help the situation.

Increase your child's awareness of textures and flavours of food by practical demonstration; give her an ice lolly followed by a spoonful of warm milk, or a salty crisp followed by a segment of orange. If your child says that she feels full very quickly, delay giving her a drink until she has completed the majority of what she is eating. Keep meals soft and moist if there is a problem with the teeth and/or jaw. Remember to make regular appointments with your dentist and dental hygienist.

Encourage your child to clear her mouth before taking another bite of food. If your child is listless and not interested in food, check for infection (usually indicated by fever). Try to make meal times fun and interesting and actively involve your child. Let her lay the table and arrange food on the plates. Have finger foods as often as possible (e.g. sandwiches, slices of fruit and vegetables). Encourage older children to choose recipes with you and help chop and stir under your close supervision.

If your child has difficulty in 'settling' to meal times, try and ensure that she eats in a quiet and orderly environment. Stick to a routine for eating and drinking and explain and agree in advance if this is to be changed.

## Practical tips from a mum

- Don't force your child to eat; it makes the feeding situation distressing to both mum and child. It can also result in your child refusing food or making themselves sick
- Place the food in a place close to the child so they can help themselves.
   This is especially important if their speech is delayed and they are unable to ask for food
- Always give plenty of praise
- Be patient

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Helpline: 0870 230 7520 Registered Charity No 1080507 Further information about Turner Syndrome can be obtained from:

Arlene Smyth, Executive Officer, Turner Syndrome Support Society [UK]

13 Simpson Court, 11 South Ave, Clydebank Business Park, Clydebank G81 2NR.

Photos courtesy of www.charliesmissus.co.uk



www.tss.org.uk

Children with Turner syndrome may have several feeding problems (see right).
This leaflet will help you to understand why some of these problems occur and some practical solutions are provided.



## **Feeding problems**

A high, arched palate (roof of the mouth)

may mean that the 'bolus' or chewed mass of food is difficult to control and food is difficult to clear from the mouth. It may also make liquids difficult to control in the mouth

Catarrh and upper respiratory infections

may result in the child having little sense of smell to stimulate the taste buds and therefore not much appetite. Teach your child how to blow her nose and encourage her to keep her nose and lips clean and clear. This will reduce respiratory and intestinal infections and equalise pressure within the ear

Reflux or regurgitation ('vomity baby' syndrome)
results from the two openings into the gullet, one at the larynx
and one above the stomach, which may be either oversensitive

A bite that does not meet resulting from a small jaw and/or overcrowded teeth may make chewing difficult

Pain from an infected ear or sinus may also make chewing difficult

Hyperactivity

or under sensitive

or a child who has attention problems may result in the child finding it hard to focus on food at mealtimes

