



The Influence of Feeding Assessments at Pediatric Well Checks

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Introduction

- Background:** Pediatric feeding disorders (PFD) impact a considerable number of children under the age of 5 in the United States annually, representing a continually expansive field of research. The prevalence of the diagnosis continues to rise, resulting in an increased demand for feeding therapy services provided by pediatric occupational and/or speech therapists (Kovacic et al., 2021; Novak & Honan, 2019).
- Purpose:** Investigate the impact of incorporating feeding assessments during routine well-child checks (WCC) with the purpose of enhancing early detection and management of feeding disorders in infants
- Assessments:** Montreal Children’s Hospital (MCH) Feeding Scale (6 months to 6 years) and novel Infant Feeding Scale (IFS) (6-10 months)

Methods

- Recruitment:**
 - Caregivers of 6- to 10-month-old infants were recruited during routine WCC
- Assessment Details:**
 - MCH comprised 14 questions
 - IFS comprised 22 questions
 - Both assessments utilized Likert scales for responses
- Analysis:** Comparison of outcomes from MCH and IFS to determine concordance

Results

PARTICIPANTS

- 48% Male
- 52% Female
- Among 25 completed assessments, 18 assessment results exhibited congruence between the IFS and MCH. These 18 assessments indicated no feeding delays on both measures.

Age of Child(ren)/ Congruency	Count (N)	Percentage	MCH Result	IFS Result
6 Months	6	24%	-	-
Congruent	4	16%	No difficulties	No delay
Non-Congruent	2	8%	Severe difficulties / No difficulties	Moderate delay
7 Months	1	4%	-	-
Congruent	1	4%	No difficulties	No delay
8 Months	1	4%	-	-
Congruent	1	4%	No difficulties	No delay
9 Months	16	64%	-	-
Congruent	11	44%	No difficulties	No delay
Non-Congruent	5	20%	4 No difficulties / 1 Mild difficulties	Moderate delay
10 Months	1	4%	No difficulties	No delay
Congruent	1	4%	No difficulties	No delay

Discussion

Notable Observations:

- IFS holds greater relevance for 9-month-old infants, given that many 6-month-old infants had not started solid foods before their WCC

LIMITATIONS & AREAS FOR IMPROVEMENT:

- Small sample size
- Limited time frame (3 months)
- The wide age range of the MCH may introduce variability in assessment accuracy

Conclusion

- The IFS demonstrates congruence with the MCH in 72% of cases.
- Administration at 9-month WCC is recommended for enhanced relevance

References

Kovacic, K., Rein, L.E., Szabo, A., Kommareddy, S., Bhagavatula, P., & Goday, P.S. (2021). Pediatric feeding disorder: A nationwide prevalence study. *The Journal of Pediatrics*, 228, 126–131.

<https://doi.org/10.1016/j.jpeds.2020.07.047>

Novak, I., & Honan, I. (2019). Effectiveness of paediatric occupational therapy for children with disabilities: A systematic review. *Australian Occupational Therapy Journal*, (66)3, 258-273. <https://doi-org.ezproxy3.lhl.uab.edu/10.1111/1440-1630.12573>

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