

KNOWLEDGE, ATTITUDES, AND PRACTICES OF PROFESSIONALS WORKING WITH YOUNG CHILDREN WITH FEEDING DIFFICULTIES

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BACKGROUND

- Establishing healthy feeding practices promotes healthy eating patterns later in life ([Craigie et al., 2011](#); [Nicklaus & Remy, 2013](#)) & protects from multiple chronic diseases ([Schwartz et al., 2011](#)).
- Assessing and managing feeding difficulties in the early years can be complicated and frustrating for health professionals and parents ([Baraskewich et al., 2021](#))
- Many healthcare practitioners have difficulty distinguishing feeding difficulties from typical developmental patterns ([Ashley et al., 2020](#)).
- A ‘wait-and-see’ approach is commonly adopted by healthcare practitioners & parents delaying the identification and treatment ([Bahr & Johanson, 2013](#); [Taylor & Taylor, 2021](#)).
- No evidence to suggest that feeding difficulties will resolve over time or what length of time is reasonable to wait before seeking support ([Taylor & Taylor, 2021](#)).
- Feeding difficulties do not improve over time without access to treatment ([Suarez et al., 2014](#)).

WHY EARLY DETECTION MATTERS?

- Preventing simple feeding problems from becoming pervasive or resistant to intervention.
- Inconsistent practice in detecting feeding issues in young children ([Brackett et al., 2006](#); [Sdravou et al., 2021](#)).
- Tendency to focus on anthropometric measures of growth as a marker for feeding difficulties ([Sharp, Berry, et al., 2013](#)).
- Many young children with feeding challenges do not present with growth concerns ([Cooke et al., 2017](#)).
- Feeding difficulties are multifactorial.




AIM

To describe the range of knowledge, attitudes, and practices of established paediatricians, General Practitioners (GPs), Child Health Nurses (CHNs) and early childcare educators who work with young children with feeding difficulties and their caregivers.

Primary Research



Knowledge, attitudes, and practices of professionals working with young children with feeding difficulties

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Abstract

Early detection of feeding difficulties in childhood is critical for timely support, which may prevent simple feeding problems from becoming pervasive or resistant to intervention. Our study aimed to describe the range of the knowledge, attitudes and practices of established paediatricians, GPs, CHNs and early childcare educators working with young children with feeding difficulties and their caregivers. Focus groups and semi-structured interviews were conducted with Australian paediatricians, General Practitioners (GPs), Child Health Nurses (CHNs), and early childhood educators working with children aged two years and below. Findings from our study suggest that healthcare practitioners are relying on anthropometric measurements of growth to identify feeding difficulties, and the most common age at which feeding difficulties are seen in practice is after two years of age. Food insecurity, cultural factors, and access to specialised services are still a challenge, creating a barrier to early identification and intervention.

Keywords

feeding difficulties, health professionals, families of young children

METHODS



Study Design

Descriptive qualitative approach.
Methods: Focus Groups & Individual Interviews.
Reflexive thematic Analysis



Participants

Paediatricians, GPs, CHNs, childcare educators
Working with children aged 0–2 years in Australia



Procedure

2-min demographic questionnaire
30–45 min online focus group or interview
Recorded via Zoom™, transcribed via Otter.ai™
Focus groups: 3–4 participants, mixed professional backgrounds



Data Analysis

Inductive thematic analysis (Braun & Clarke, 2019)
Software: Nvivo 12.10
Reflexive approach for generating new insights

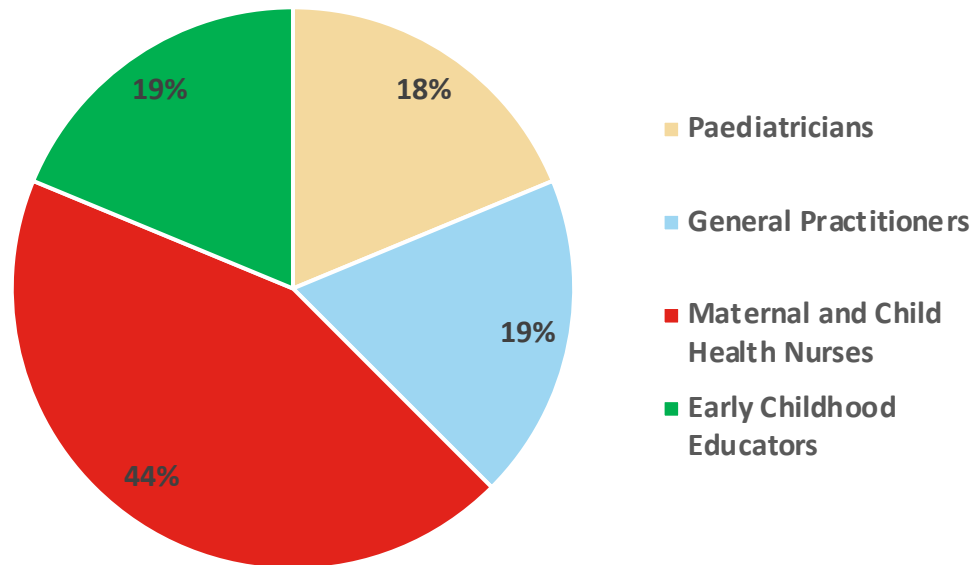


Ethics Approval

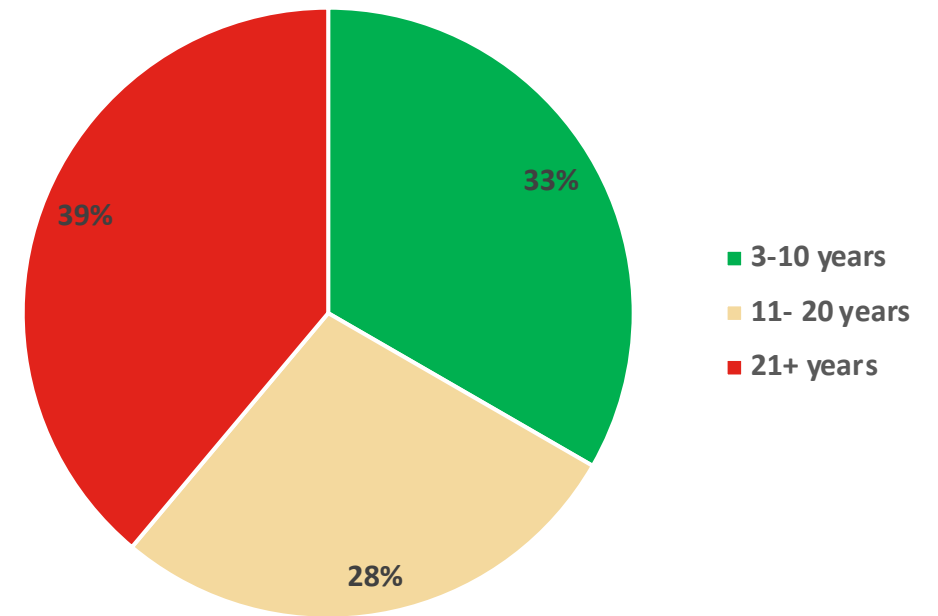
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RESULTS

Participants by discipline

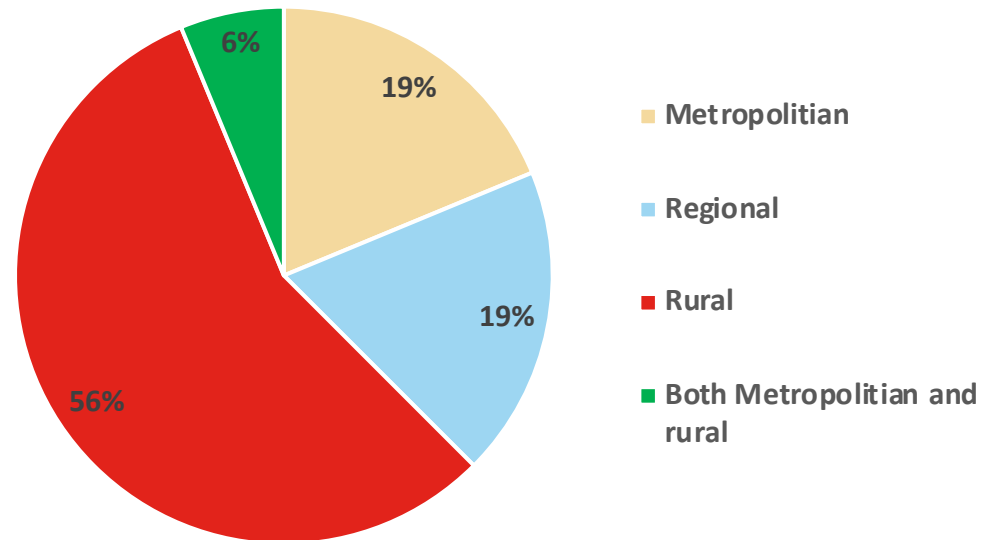


Participants by years of practice

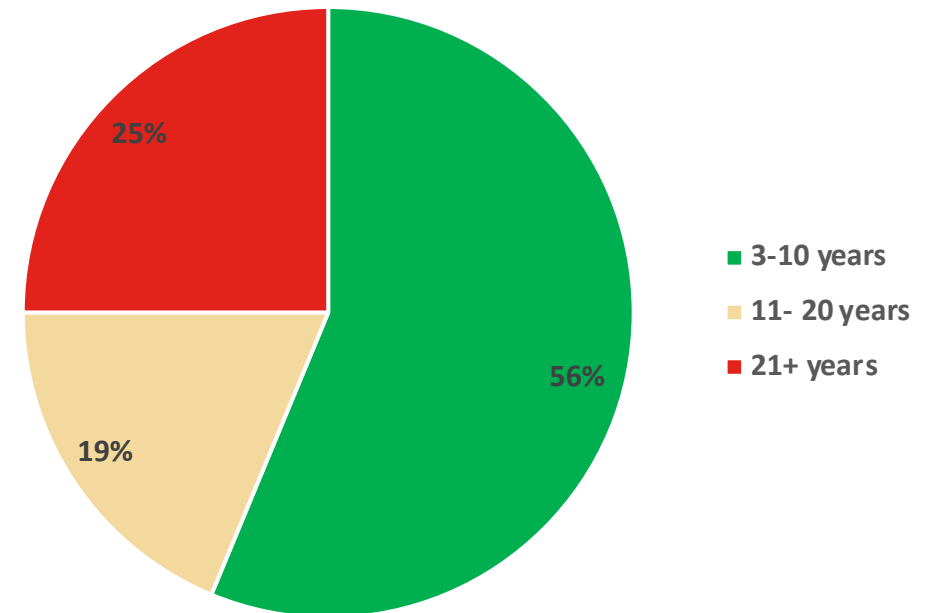


RESULTS

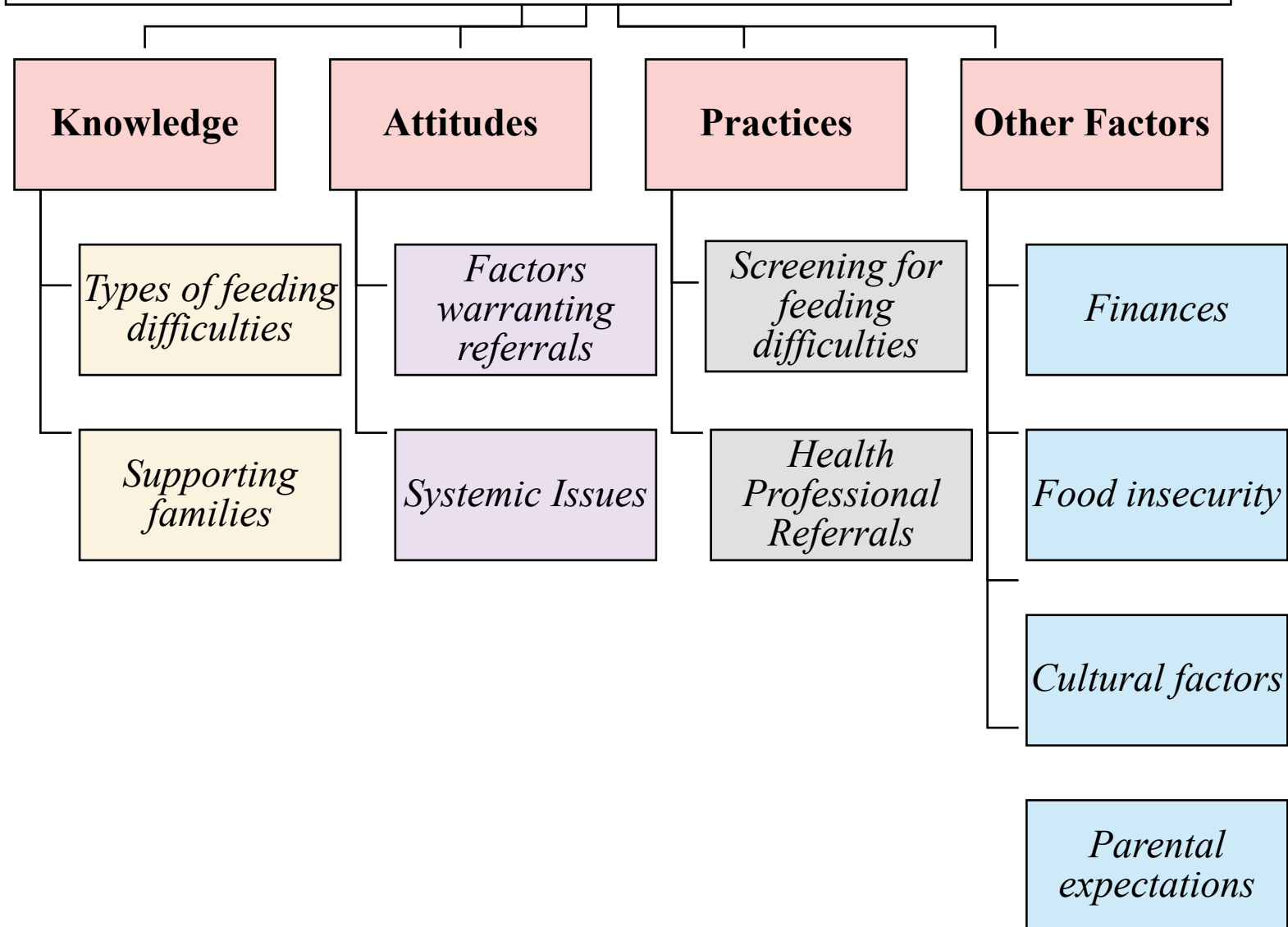
Participants by Rurality of location



Participants by years of practice with 0-2 year-olds



Feeding difficulties – an invisible condition



KNOWLEDGE: UNDERSTANDING TYPES OF FEEDING DIFFICULTIES AND FAMILY SUPPORT

Early Feeding Difficulties

Infants face challenges including poor latch, lip and tongue ties, and conditions like laryngomalacia.

Feeding Issues in Older Children

Older children struggle with weaning from bottles, picky eating, and heightened taste and texture sensitivity.

Parental Impact and Stress

Parental concerns can exacerbate feeding difficulties, increasing stress for children and caregivers.

Supporting Families

Practitioners provide education, model healthy eating, and offer practical resources to empower families.

“I think a lot of parents are willing to tolerate up until about two, particularly, you know, the use of the bottle is quite normal up to the age of two, whereas parents would expect that their child is not on bottles after the age of two. And so, I think parents start becoming increasingly concerned in that three to five age group. And it’s often when they (parent) look back at that, they go, oh, actually, you know, they were always picky as a toddler, and they (child) just got more and more picky as they got older.” (Paediatrician)

ATTITUDES:FACTORS WARRANTING REFERRALS AND SYSTEMIC BARRIERS

Referral Criteria for Feeding Issues

Referrals are prompted by failure-to-thrive, medical complexity, micronutrient deficiencies, and inadequate weight gain.

Systemic Barriers to Care

Limited public services, long waitlists, and workforce shortages delay timely intervention for feeding difficulties.

Disrupted Continuity and Constraints

High staff turnover and financial and geographic constraints restrict access to specialised feeding support.

“We really don’t see them (babies) too often. So, we see them at six months. And because we’re just such a busy service, we don’t, unless they’re specifically targeted. Because, in the Red Book (local child health record), as you know, there’s no real nine-month assessment. Unless we’ve specifically targeted something at six months, then we’re not going to see them. We just don’t have the capacity to offer nine-month appointments to families.” (CHN)

PRACTICES: SCREENING AND REFERRAL PRACTICES

Lack of Standardised Tools

Practitioners currently rely on clinical judgment and milestone checks due to the absence of standardised feeding screening tools.

Interest in Dedicated Screening

Participants support creating feeding-specific screening tools similar to those for hearing and vision for early detection.

Collaborative Referral Practices

Referrals vary by concern: dietitians for nutrition, speech pathologists for oral-motor issues, and occupational therapists for development.

“I think a screening tool is a great idea because, you know, we have screening tools for hearing, we have screening tools for vision, we have screening tools for speech, but we don’t have a screening tool that I’m aware of that all child health nurses use for feeding.” (CHN)

OTHER FACTORS

Financial Barriers

High costs for travel and feeding therapies limit access to care, especially in remote areas.

Food Insecurity

Limited access to fresh produce and safe storage affects feeding in low-income households.

Cultural Norms Impact

Cultural expectations influence feeding behaviours and continuity of care in transient communities.

Parental Expectations

High parental expectations can escalate feeding struggles and create power dynamics.

“In a resource-limited setting, it’s quite challenging. And often, parents can’t afford to pay lots of money to go see a dietitian or do some feeding therapy, for example.” (Paediatrician)

THE HIDDEN NATURE OF EARLY FEEDING CHALLENGES



Invisible Early Feeding Issues

Feeding difficulties often remain unnoticed during the first two years, delaying timely intervention.



Normalization by Parents

Parents frequently normalize picky eating and turn to peer advice instead of healthcare professionals.



Need for Early Screening

Proactive screening and parental education are essential to identify and address feeding issues early.

“Yeah. I mean, usually, I like objective data. So, if they have poor weight gain, if they’re deficient within their nutrients, or if the parents and child are distressed enough that it causes a functional problem, then I would be happy to say they had the feeding difficulties and need to be managed or supported.”
(Paediatrician).



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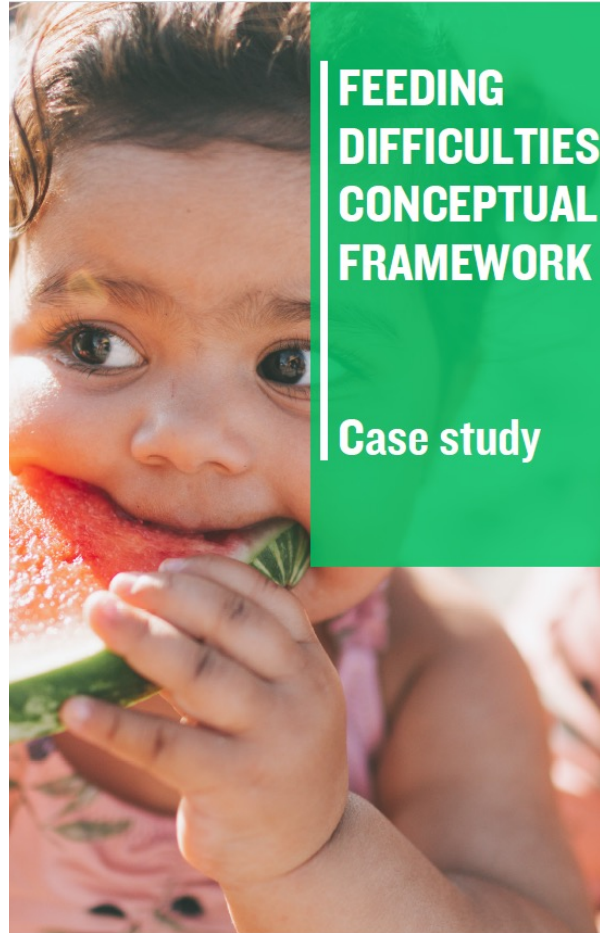
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Feeding Difficulties in Young Children A Policy and Practice Framework

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ENQUIRIES

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FEEDING DIFFICULTIES CONCEPTUAL FRAMEWORK

Case study

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CONCLUSION

🔍 Gaps in knowledge, attitudes, and practices among paediatricians, GPs, CHNs, and early childhood educators supporting caregivers of young children with feeding difficulties.

🔧 Early childhood practitioners need to systematically identify and address feeding-related factors.

🤝 A broader, multidisciplinary approach is essential to support caregivers and children.

🌍 Barriers remain: food insecurity, cultural factors, and limited access to specialist services



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Questions?

THANK YOU!

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