The Influence of Feeding Assessments at Pediatric Well Checks

Christie Morgan, OTS; Dr. Megan Carpenter, OTD, OTR/L, SCFES
Department of Occupational Therapy | University of Alabama at Birmingham

Dr. Elizabeth Peters, M.D. | Mayfair Medical Group

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

<table>
<thead>
<tr>
<th>Age of Child(ren)/Congruency</th>
<th>Count (N)</th>
<th>Percentage</th>
<th>MCH Result</th>
<th>IFS Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 Months Congruent</td>
<td>4</td>
<td>16%</td>
<td>No difficulties</td>
<td>No delay</td>
</tr>
<tr>
<td>6 Months Non-Congruent</td>
<td>2</td>
<td>8%</td>
<td>Severe difficulties / No difficulties</td>
<td>Moderate delay</td>
</tr>
<tr>
<td>7 Months Congruent</td>
<td>1</td>
<td>4%</td>
<td>No difficulties</td>
<td>No delay</td>
</tr>
<tr>
<td>8 Months Congruent</td>
<td>1</td>
<td>4%</td>
<td>No difficulties</td>
<td>No delay</td>
</tr>
<tr>
<td>9 Months Congruent</td>
<td>11</td>
<td>44%</td>
<td>No difficulties</td>
<td>No delay</td>
</tr>
<tr>
<td>9 Months Non-Congruent</td>
<td>5</td>
<td>20%</td>
<td>4 No difficulties / 1 Mild difficulties</td>
<td>Moderate delay</td>
</tr>
<tr>
<td>10 Months Congruent</td>
<td>1</td>
<td>4%</td>
<td>No difficulties</td>
<td>No delay</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PARTICIPANTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>- 48% Male</td>
</tr>
<tr>
<td>- 52% Female</td>
</tr>
</tbody>
</table>

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

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


Acknowledgement & Contact information

Special thanks to Dr. Megan Carpenter & Dr. Elizabeth Peters

Contact information: Christie Morgan: camorga2@uab.edu