OUTCOMES

Based on data from similar programs in other parts of the country, this type of treatment results in a high degree of success with children with feeding disorders. We achieve 90% of the goals we set for the children in the program. Most children keep improving during follow-up.

WHEN TO CALL THE PEDIATRIC FEEDING DISORDERS PROGRAM?

You should call the Pediatric Feeding Disorders Program at the Munroe-Meyer Institute if your child has any of the following symptoms:

✓ Weight loss
✓ Failure to gain an appropriate amount of weight
✓ Failure to eat a variety of foods to maintain a healthy diet
✓ Dependence on tube feedings
✓ Inappropriate mealtime behavior that causes stress to the child or family

REFERRALS AND APPOINTMENTS

A physician, community health nurse, school therapist, or other specialist may refer patients to the Munroe-Meyer Institute’s Pediatric Feeding Disorders Program. Please fax (402) 559-5004 or email (cawilli1@unmc.edu) the referral. The referral should include the child’s name, the child’s date of birth, the child’s diagnosis, reason for referral, caregiver contact information, and contact information for the referral source.

Intake specialists are available Monday through Friday, from 8:30 a.m. - 4:30 p.m. to answer any questions you may have. If you reach voice mail, please leave a message and your call will be returned promptly.

Directions:
From Saddle Creek Road, take Emile Street OR from Farnam Street, take 44th Street, then Durham Research Plaza, then right.

Munroe-Meyer Institute
Pediatric Feeding Disorders Program
University of Nebraska Medical Center
985450 Nebraska Medical Center
Omaha, NE 68198-5450
Phone: (402) 559-8863
Toll-free: (800) 656-3937 ext. 9-8863
Fax: (402) 559-5004
Website: www.unmc.edu/mmi
WHAT IS A PEDIATRIC FEEDING DISORDER?

A child with a feeding disorder has difficulties related to eating or drinking. There are many different types of feeding problems, and no two children have the exact same problem. For example, some children do not eat anything at all. These children may be fed through tubes. Some children eat very little and do not gain weight or grow. Some children do not have a healthy or balanced diet because they only eat a few or certain kinds of foods. In some cases, a child may have behavior problems during meals (e.g., tantrums) that cause the meal to be very stressful for the family. Other children may have problems with chewing or swallowing. Finally, medical problems such as vomiting may play a role in a child’s feeding disorder.

We do not know exactly why children have feeding problems. We think that some children have feeding difficulties because they have medical problems (e.g., reflux disease) that cause eating to be painful. Some children who are premature or who are very sick as infants may not be able to eat at first, and they miss chances to learn how to eat or to learn that eating is pleasant. Some children may have oral motor problems, and they do not seem to know how to eat; or they may have oral sensitivities, and they seem afraid of food or things coming near their face or mouth. Other children may just not get that hungry and would rather not be bothered with eating! In any case, children who do not eat enough or who do not eat the right types of food may be at risk for learning and behavior problems later on.

THE PEDIATRIC FEEDING DISORDERS PROGRAM AT THE MUNROE-MEYER INSTITUTE (MMI)

The Pediatric Feeding Disorders Program provides an interdisciplinary approach to the assessment and treatment of feeding disorders. Our feeding team includes experts from medicine, psychology, nursing, nutrition, speech and/or occupational therapy, and social work. The interdisciplinary team works with you to develop specific goals for your child’s feeding behavior. Feeding behaviors are objectively measured and treatment decisions are data based. Outcomes are assessed regularly throughout the program. A primary goal is to establish feeding patterns, which can be maintained by the caregivers in the home and in other environments. Thus, caregiver training is an essential component to the success of the program.

CONTINUUM OF SERVICES

The program provides services to children from birth to age 12. Treatment of children over the age of 12 is considered on a case by case basis. The continuum of services includes a feeding clinic, a day treatment program, and an outpatient program. Each child moves through the continuum based on his or her individual needs.

FEEDING CLINIC

The goal of the feeding clinic is to decide what kinds of services would be best for your child. You and your child attend an evaluation in which the team (a) obtains a medical history, (b) observes you and your child during a meal, (c) assesses your child’s oral motor status, (d) obtains nutritional information, and (e) assesses your ability to participate in the program.

OUTPATIENT PROGRAM

The outpatient program is for children who graduate from the day treatment program or for children whose feeding problems could be treated through less intensive therapy (e.g., once a week). During these sessions, we ask you to tell us about your child’s feeding behavior at home. We also will ask you to keep records about your child’s feeding behaviors at home. These records help us to develop a treatment program that is specifically designed for you and your child. We