

AFTER THE NICU: Parenting Children Who Required Neonatal Intensive Care

SHEENA L. CARTER, PH.D.

APPLIED DEVELOPMENTAL PSYCHOLOGIST



EMORY
UNIVERSITY
SCHOOL OF
MEDICINE

Developmental Progress Clinic
Department of Pediatrics
Division of Neonatal Perinatal Medicine

Class Expectations

- Type in the name you want to show on your video.
- Keep your video turned on during discussions.
- Mute your microphone when you are not speaking.
- Do not share what you hear from other parents.
- Do not share personal details that would be problematic for you if repeated.
- Send in questions using the Chat feature.

**Promoting Healthy Feeding and Eating
...for Children with a History of
Medical Complications in Infancy**

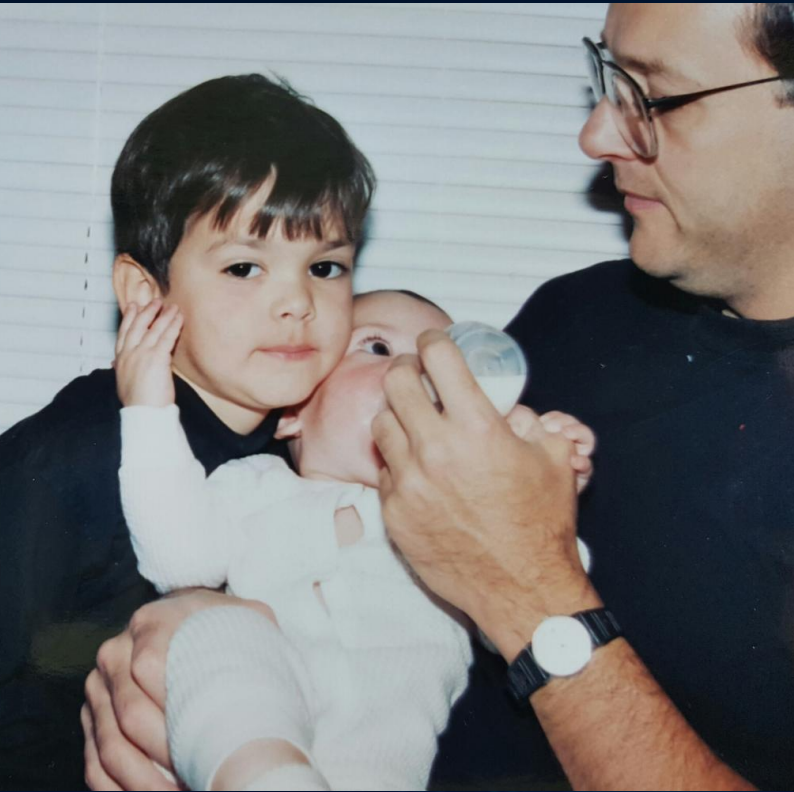
Patterns and Expectations Are affected by Early Feeding Experiences, Sensory Issues, and Emotion Regulation



Eating in a Social Context: from being fed toeating independently



“Feeding” and “Eating” are Social Activities

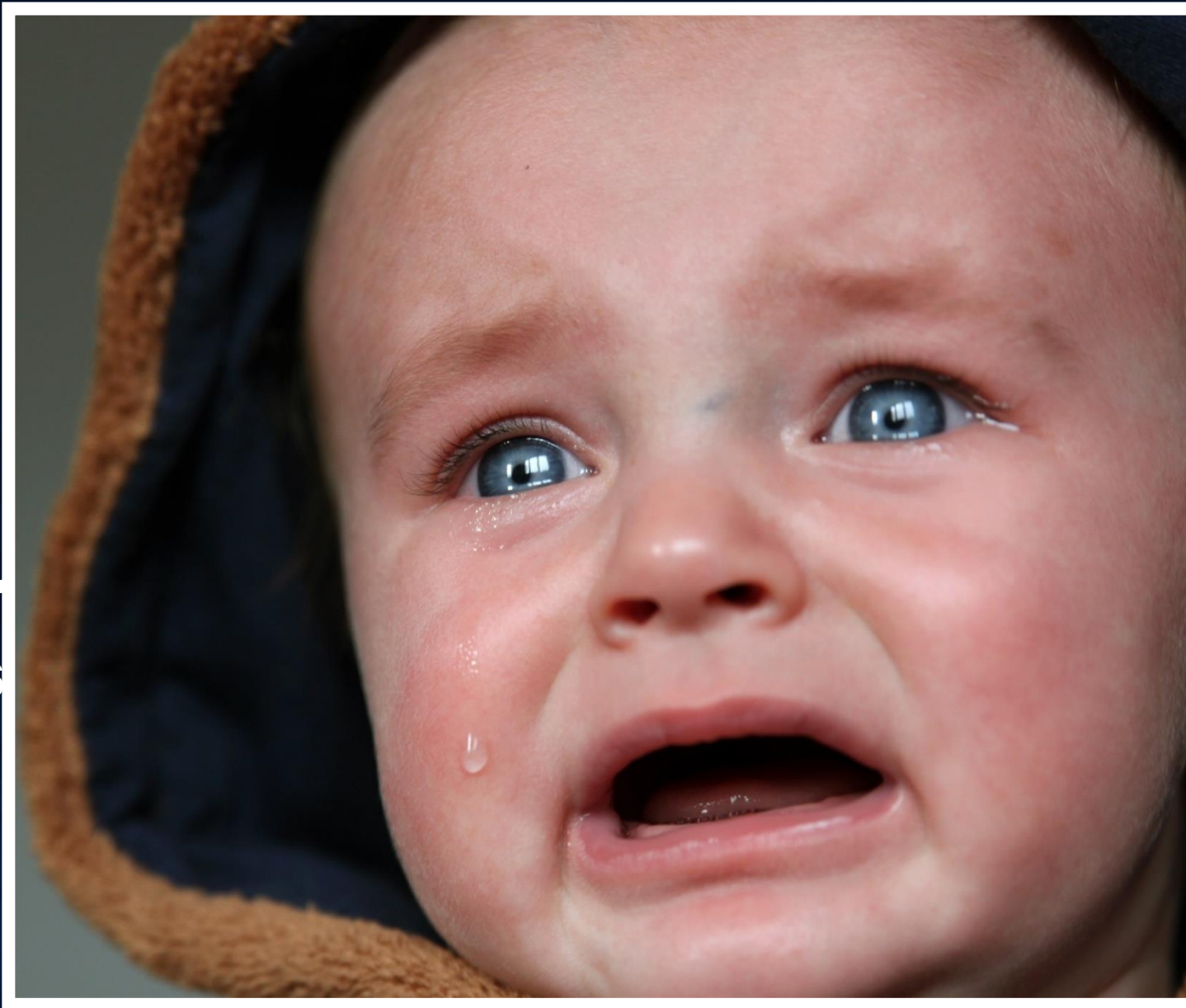


Development is Transactional



**Crying
Sleeping
Feeding**

**Regulatory
Disorders**



Parent

- Compliance
- Nutrition
- Health Concerns
- Growth
- Cultural Expectations

[Other issues depending on
Personal history with food,
Relationship history]

Child

- Unique Taste Preferences
- Oral motor control
- Hypo- or hyper-sensitivities
- Struggling for autonomy
- Regulatory capacity
- Ability to coordinate attention
- Hypersensitive gag, reflux, etc.

Co-regulation

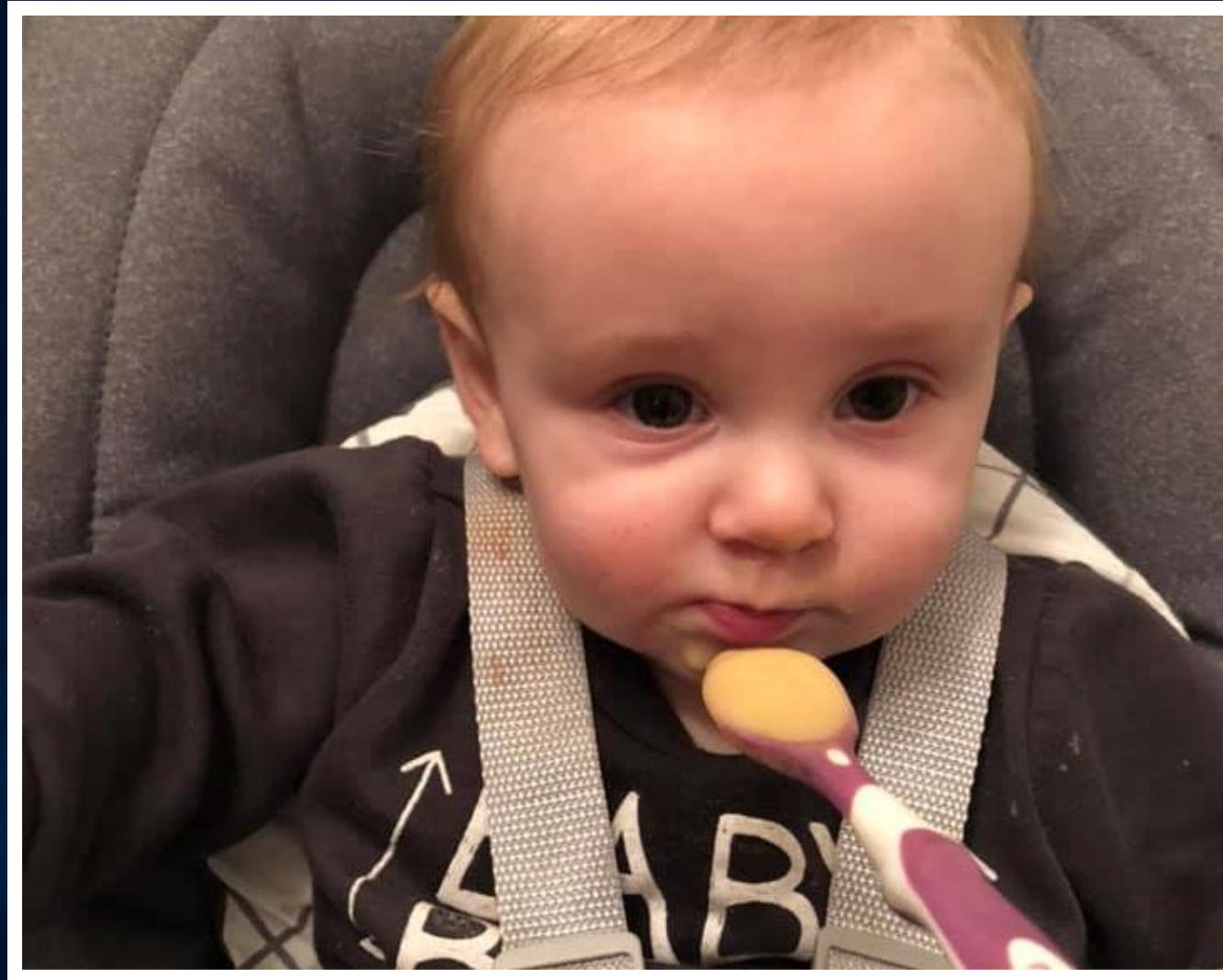
Attachment

Language – Verbal
and Non-Verbal

Recognition of Bodily
States

Learning and
Negotiating Strategies

Building Lifelong
Patterns – eating &
relating



Common Conflicts



Frequent Preemie Feeding Issues



What is Normal???



Make It Easy



**ACCEPT
MESSY**



Building the Relationship



Reframing – From Power Struggle to Working Toward Autonomy



Choose Your Battles



Model Healthy Eating



Effective Principles

- Establish good routines and stay with them. “Family Meal-Time” is invaluable.
- Add structure to reduce distraction and keep routines dependable
- Use developmentally appropriate prompts and established cues
- Be aware of your non-verbal communication – face, body, voice
- Respond Immediately and Consistently
- Use a calm voice and relax your body to help your child regulate
- Start with something you know your child can do, and something they enjoy. Work toward a higher goal in very small steps. [Reduce expectations before moving forward.]
- Turn off the TV!
- Expect SLOW progress – but constantly re-evaluate and take advantage of available resources

Who can help???

- Pediatrician – Start with your child's Pediatrician can tell you how well your child is growing compared with expectations based on age and special circumstances like prematurity. Your child's Pediatrician can also recommend nutritional supplements and manage conditions such as constipation that may be problematic. Your child's pediatrician can refer you to GI, Endocrine, genetics or other specialists when necessary and write orders for therapies your child may need.
- GI – can determine whether there are any difficulties with how your child digests and metabolizes food and determine whether there are any restrictions on what types and how much food can be consumed at once. Your child's GI specialist will also be able to prescribe special high-calorie or nutrient-dense supplements or special diets that may be needed for your child to process food efficiently. They can recommend appetite stimulants and reflux medications or other medications or methods of supplemental feeding if needed.
- Nutritionist / Dietician - can calculate your child's nutritional needs and tell you how much of which types of foods your child needs to consume every day.
- Speech Therapist – can help you understand your child's current abilities for chewing and swallowing and help you determine the forms of food that are easier for your child to consume. A swallow study may be ordered to determine if your child is having difficult swallowing and if anything is going down the wrong way. A speech therapist can treat difficulties with oral-motor movement and help you support development of mouth and swallow-related eating skills.
- Occupational Therapist – can help your child gradually increase tolerance to certain sensations that may be interfering with eating and can help you with how to work on the skills necessary for self-feeding. They can also help things like getting your child to learn to relax about eating and manage attention at meal-times.

Resources for Supporting Healthy Feeding and Eating

- Developmental Progress Clinic
- Babies Can't Wait
- Lactation Consultant
- GI Nutritionist and Feeding Therapists
- Outpatient Feeding Therapies
- ABA – may be available for children without autism
- Parent Groups (Parent to Parent, Focus + Fragile, DPC)
- Therapy for Parents and for Parent-Child interaction (SPRITE Clinic, private therapists)
- Intensive Feeding Intervention (e.g., Marcus, I-EAT)
- Ellyn Satter: <https://www.ellynsatterinstitute.org/>

Sheena L. Carter, Ph.D.

Applied Developmental Psychologist

Developmental Progress Clinic

Emory Regional Perinatal Center

404-778-1451

scart01@emory.edu

DPCWebsite:

www.pediatrics.emory.edu/divisions/neonatology/dpc/index.html “EMORY DPC”