

“Help! My child is a picky eater!”

Young children often will eat sporadically over one day or several days. Over a period of a week or so, their nutrient and energy intakes balance out. Food jags (ie, favoring only one or 2 foods) and picky eating (eg, refusing to eat certain foods or not wanting foods to touch) are NORMAL behaviors in young children. For most children, these behaviors disappear before school age if parents patiently continue to expose them to a variety of new and familiar foods. As their manipulative skills mature, preschoolers also can successfully help in food preparation, which may help them accept new foods.

Unfortunately, some parents and caregivers become discouraged and frustrated when their toddler seems to concentrate more on exploring food than eating it. This behavior reflects the emerging curiosity and independence associated with early childhood and is normal. Parents and caregivers can foster this newly found, and often assertively expressed, independence while still ensuring adequate nutrition by offering a well-balanced selection of foods and allowing children to choose the types and amounts of foods they want to eat. Parents and caregivers need to understand that recognizing the child’s signals of hunger and fullness supports the child’s innate ability to self-regulate energy intake and portion size. They also need to understand that a child does not have an innate ability to select only appropriate foods. Food choice remains the responsibility of the caregiver. Mealtime provides an opportunity for wonderful parent-child interactions. These opportunities exist for the young toddler, who may be fed before the family meal, as well as for the older toddler and preschooler, who may participate in the family routine and sit at the table for a short time. Finger foods should be encouraged because they foster competence, mastery, and self-esteem. Even when the parent or caregiver is doing the feeding, the child also should be given a spoon. The 12- to 15-month-old toddler should be encouraged to use a spoon. When the child is finished eating, she should be allowed to leave the table and be placed where she can be supervised until the adults have finished their meal.

Here is the bottom line and things you can do:

- 1- This is a VERY COMMON problem and unless growth is adversely affected the child will be fine and there is need to worry about pickiness. We will show you the growth chart in the office!
- 2- Mealtime atmosphere: Calm, pleasant meals can improve willingness to try new food. Avoid mealtime battles. Food tastes better in a positive social context.
- 3- Social cues: If child has the opportunity to eat meals with other children (such as in preschool), this may be an opportunity to expand the child’s repertoire of foods.
- 4- Positive reinforcement: Provide verbal praise for trying a new food. Parents should not provide material or food rewards for eating (given a dessert for eating a vegetable), and should never be punished for refusal to try new foods.
- 5- Repeated exposure: Increased familiarity results in increased liking. If you wish the child to accept vegetables, chose a generally mild, palatable vegetable to be served at dinner repeatedly.
- 6- Forced exposure: The “try one bite” rule has been shown to result in increased willingness to try new foods over time. However, if the child has a difficult temperament and taking a bite a disruptive to meal time, this method should not be used.
- 7- Combining food: Combining non-preferred food (vegetable) with a preferred food (ranch dressing) may be helpful – even in seemingly illogical combinations. If a child wants to dip carrot sticks in soup, and this increases his willingness to eat carrots, this should be accepted as oppose to disallowing it because it is “bad manners.”

Again this is a very common behavior for children between 2-6 years of age. We will be happy to discuss any other aspect of this regularly encountered problem in the office.

Adapted from:

Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents, Third Edition. From the American Academy of Pediatrics.

Developmental and Behavioral Pediatrics. 2nd Edition. Parker et al. Lippincott Williams & Wilkins 2005.