

ACTIVITY HANDOUT: DISABILITY-INCLUSIVE NUTRITION AND FEEDING SCENARIOS (ANSWERS)

[MODULE 7: Practicing Disability-Inclusive Nutrition and Feeding Support]

Scenario Letter	What are the risk factors for the mother and child?	Feeding Difficulties Screening Checklist?	Identify TWO priority issues	Strategies, adaptations, and counselling cards (if applicable)	Any other support needed? (e.g., referrals)
A	4-month-old girl with suspected disability - High muscle tone - Feeding difficulties - Poor growth – child has severe malnutrition according to WAZ and MUAC. Causes likely include low intake due to feeding difficulties, increased energy demand due to high muscle tone, and possibly poor nutrient absorption due to stress.	Long feeding duration Mealtime stress Mother concerned about feeding	1. Address feeding difficulties 2. Address poor growth	Use strategies to manage tone. Swaddling may be a good strategy to suggest to the mother to help support stable positioning for breastfeeding. Work with mother to identify positioning that is supportive for an infant with high tone and helpful to improve the infant's latch. The cross-cradle position may provide good support to the baby and the underarm position will give the mother a good view of her latch, good support for positioning, and may improve jaw opening if the infant's jaw is tight due to high tone. Counsel mother to learn and follow the infant's cues to begin breastfeeding at the earliest hunger signs. And to end feeds when the infant is becoming fatigued. May consider shorter,	Enrol for counselling. Referrals needed: • Pediatric assessment of failure to thrive and to assess the need for supplemental feeding. • Mental Health & Psychosocial Support (MHPSS) assessment for the mother. • Health & ECD services to address mother's concerns about the child's growth and development.

				more frequent feeds if needed. C-IYCF Counselling Cards for Breastfeeding Positions (Card 6) and Good Attachment (Card 7) Infant is severely malnourished based on WAZ and MUAC: → Assess ability to measure length safely and accurately because of stiffness. If possible, measure length and review length-for-age growth chart to assess linear growth and weight-for-length to evaluate wasting using with second indicator (in addition to MUAC).	A follow-up should be scheduled in 2 weeks.
B	14-month-old boy - Congenital condition: Down syndrome - Signs of aspiration - Moderate malnutrition/at risk for poor growth based on MUAC. Causes may be linked to feeding difficulties – coughing/choking is associated respiratory illness, which increases energy/nutrient needs. Meal frequency meets the	Frequent coughing during feeding Mealtime stress Concerns for feeding	1. Address safety to reduce or eliminate signs of aspiration 2. Address feeding difficulties	Make sure the child is as upright as possible for feeding. Counsel mother on proper positioning for feeding Make sure mother provides food textures that match the child's feeding skills. Counsel mother on how to modify nutrient-dense foods to the appropriate texture to match child's skills. Counsel mother on strategies to	Enrol in counselling. Referrals needed: • Pediatric assessment of frequent signs of aspiration may. • Due to the high rate of heart issues for children with Down syndrome,

	minimum but may need to be higher if the child has increased needs. <i>Note: Children with Down syndrome are typically short for their age because of the disability itself. This could explain why WFL Z-score is ≥ -2 while MUAC indicates risk. When length is low, a weight for length growth point may appear in the normal range on a growth chart. Growth needs to be interpreted carefully given that the disability alters growth patterns.</i>			help the child build skills for feeding including providing physical support to participate in feeding activities and opportunities to practice at the appropriate level for the child. While MUAC indicates moderate/at risk for malnutrition, addressing the safety concerns is a priority and may resolve issues around malnutrition. Counselling should include 1) information on energy-dense foods that are also high in nutrients (eggs, peanuts, meat, avocado) prepared in the appropriate textures; and 2) increasing meal frequency from 3 to 5 by including two nutrient-dense snacks. C-IYCF Counselling Cards for Complementary Feeding from 12 up to 24 Months (Card 15) and Food Variety (Card 16).	referral for further assessment may be necessary if the child has not yet been assessed. Rehabilitation services to determine if child would benefit from physical or occupational therapy services, if possible. • Health & ECD services to address mother's concerns about the child's growth and development. A follow-up should be scheduled in 2 weeks.
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C	• 3-year-old boy • Condition: cerebral palsy • Contractures, child cannot straighten legs • Severe malnutrition based on WFA Z-score and MUAC. Causes include poor dietary intake, increased energy/nutrient needs due to high tone, and poor absorption due to stress <i>Note: height or length were not measured due to the child's inability to straighten legs.</i>	Child does not eat enough Mother puts in extra effort to get child to eat Feeding takes a very long time	1. Address feeding difficulties 2. Address poor growth.	Make sure the child is as upright as possible for feeding. Counsel mother on proper positioning. Given the child's contractures, make sure the mother understands the principles of do no harm as she adjusts the child's positioning or teaches others to do so. Work with mother to problem solve positioning and use objects she has readily available to help the child achieve and maintain positioning that is as upright as possible for feeding. Encourage mother to 1) boost the nutritional value of the child's meals without increasing the volume by much. This means selecting energy-dense foods that are also high in nutrients (eggs, peanuts, avocado, meat); and 2) give small, frequent meals. Foods should be prepared in a texture that matches the child's skills.	Enrol in counselling. Address mother's beliefs around poor growth being a part of the disability. Referrals needed: • Physical or occupational therapy, if possible. • Pediatric assessment of severe malnutrition. • Social protection services/cash transfers to address food insecurity. A follow-up should be scheduled in 2 weeks.
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D	20-month-old girl with suspected feeding difficulties - Mother who is blind or partially sighted - Child's growth is okay based on MUAC and WFL Z-score	Feeding takes a long time Feeding is stressful for child and mother More effort is required to get child to eat compared to children the same age; child is easily distracted	1. Address feeding difficulties 2. Address mother's mental health and support needs	Counsel mother on strategies to support the child to build skills for feeding. Skill building strategies may need to be adapted to rely more on tactile, audio, or other non-visual support. Engage mother in identifying strategies or ideas to offer opportunities to practice and model skills. Counsel mother on responsive feeding strategies. The mother may need additional support or problem-solving to implement strategies that rely on tactile, audio and other non-visual cues. Counsel mother on strategies to modify the environment and reduce distractions during feeding. Counsel mother to provide support and reassurance. Mother expressed a number of worries about feeding and shared about her isolation within her community. Praise mother on the child's diverse diet.	Enrol for counselling. Refer mother for MHPSS assessment. A follow-up should be scheduled in 1 month.
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