

5.0 Toddler nutrition

5.1 Why is nutrition important in toddlers?

The toddler years of a child's life, that is the ages between 1 and 3, present an exciting and busy time for children as they begin to explore life independently. It is a time when children are learning eating behaviours, skills, knowledge and attitude relating to food (1); a unique period, which instils attitudes and practices that can form the basis for lifelong health-promoting eating patterns (1, 2, 3).

These years for caregivers can be quite daunting. Toddlers are exploring their independence, whilst “for caregivers it is the time to teach their child to eat with the family and try a wide variety of foods and tastes” (3). “The time between 18 months and 3 years can be difficult for both adults and children alike. This is the period when infants begin to recognise themselves as separate from the adults in their life... They enter into power struggles with their adult caregiver; at the same time, they are fearful of new experiences. These behaviours are particularly evident in feeding situations” (4).

An enormous shift occurs in the variety of an infant's diet from the period of 6 to 12 months. By the time a child is 12 months old, the reliance on the breast or formula as the sole food source has decreased, and the toddler should be eating a variety of family foods, as well self feeding and learning to drink from a cup. Healthy eating is important - it “provides the energy and nutrients needed for growth and development; it develops a sense of taste and an acceptance and enjoyment of different foods” (5).

Poor nutrition in children can lead to common childhood nutrition problems such as constipation and iron deficiency anaemia (see respective sections). Also, if inadequate food is consumed, children do not have enough energy to explore, discover and learn as they should. In addition they may not progress optimally in the long term, in areas such as motor development (movement, motor skills), physical development (height and muscle development) and cognitive development (5). Developing healthy eating habits in childhood can reduce the risk of nutrition related chronic disease in later life (8).

So, let's take it back to basics. This chapter explores the ‘parent-child feeding relationship,’ (3, 4, 5, 7, 8) recognising the importance of both the parent and child in the complex process of eating and mealtimes, particularly in the context of fussy eating.

Understanding how children approach eating (5)

Developmental characteristics of toddlers

The toddler years bring:

- A time of exploration. Toddlers explore their surroundings by touching, seeing, listening, smelling and tasting. Food is of immense interest to most of them—but not always to eat
- Greater autonomy but at the same time a fear of new experiences. Between 18 and 24 months most toddlers can handle a spoon and cup for feeding themselves, although spills often occur. 'No' becomes a favourite word. Inconsistency is also a common feature: one day they insist on feeding themselves and the next day they insist on being fed
- A need for a sense of security. The need for ritual and a sense of security is very strong in toddlers. A desire for the familiar—a special toy or food—often dictates their daily routine. This is an integral part of the normal transition from infancy to childhood
- A limited attention span. Easily distracted, toddlers may be unable to sit at the family table for the normal duration of a meal
- An awareness of others. Although not skilled in cooperative play, 2- and 3-year-olds are gradually developing social skills. They often imitate people close to them. Watching other people who enjoy food is a powerful influence on the toddler's acceptance of foods, watching other children is especially powerful

Adapted from *NHMRC: Dietary Guidelines for Children and Adolescents in Australia, 2003 (2)*



Refer to child developmental milestones parent handout at www.health.qld.gov.au/child&youth/factsheets/default.asp

Toddlers and preschoolers are less accepting of new foods when they are rewarded or otherwise pressured to eat them, but more accepting when they get social support at eating time (as cited in 11)

Caregivers have an important role in fostering children's preferences for healthy foods and promoting acceptance for new foods' (as cited in 12).

Table 13 Typical physical and social/ personal characteristics related to eating during the preschool years (5)

Age	Physical characteristics	Social/ personal characteristics
12-18 months	Grasps and releases foods with fingers Holds spoon but use poor Turns spoon in mouth Uses a cup but release poor	Wants food that others are eating Loves performing
18 months – 2 years	Appetite decreases Likes eating with hands Likes experimenting with textures	Ritual becomes important Displays food preferences Distracts easily Develops negative behaviour
2-3 years	Holds glass in hand Places spoon straight in mouth Spills a lot Chews more foods, but choking still a hazard	Definite likes and dislikes Insists on 'doing it myself' Ritualistic Dawdles Food fads Demands food in certain shapes and whole foods Likes to help in the kitchen

Adapted from NHMRC: *Dietary Guidelines for Children and Adolescents in Australia, 2003* (2)

5.2 What should toddlers eat?

After 12 months of age, there are few foods a child cannot have. Children should be offered a variety of different foods, flavours and textures for balanced nutrition and to help feel comfortable with new tastes. Children will learn to eat what the family eats if they are given the same food and encouraged to try it.

Exposure to new foods encourages adventurous eating habits and the child will be more confident making food choices (5).

After 12 months of age, there are a few foods a child cannot have:

- Reduced fat milk – in Australia reduced fat milks are recommended for older children and for all adults as part of a healthy diet. By the time children reach 2 years of age they can share in reduced fat dairy consumed by the rest of the family
- If there is a strong history of peanut allergy, peanut products (including peanut butter) should be avoided until 3 years of age.

Low fat or restricted diets are not recommended for toddlers as they may result in poor growth (7).

What affects toddler's daily intakes?

Children have an in-built hunger alert and satiety mechanism, so they know when they are hungry and when they are full, and they eat accordingly. A healthy child will never starve itself, so encourage caregivers to trust their child to eat enough.

The period between a child's first and fifth birthdays is a time of rapid social, intellectual and emotional growth. It is also characterised by a slowdown in the child's growth rate, which may be reflected in a less reliable appetite. In addition, at this age children are discovering their independence and testing their choice in food selection, and this can lead in reduced interest in eating when the rest of the family eats (5). Furthermore, children have small stomachs, so it is difficult for them to achieve their daily nutritional requirements with only 3 meals per day. Grazing and snacks are necessary (5).

- **Slower growth** - From birth to 12 months a child's weight triples, yet from 1 – 5 years the weight gain on average is only 2 - 3 kg each year. As toddlers growth slows down, their appetite decreases too. This means toddlers need less food. This change is normal and doesn't mean the child is being difficult or is unwell.
- **Grazing and snacking** - toddlers rarely follow a traditional meal pattern. They tend to need small and regular snacks. This suits small tummy sizes and provides the energy to keep moving all day. The amount eaten at mealtimes, in particular the evening meal may be smaller than caregivers would like. However, children can balance the amount of food eaten with exactly how much they need if they are not forced to overeat or finish all the food on the plate. This means that healthy snacks are important to help provide the energy and nutrition your child needs during the day (3).
- **Independence** –Showing independence is part of normal toddler development and this often includes refusing to eat foods to see what will happen. Rejecting a food does not always mean the child does not like it (3).

Clues for fullness cues

Children may clamp their mouth shut or turn their head away when offered food. They may also push the bowl or food away from the table or highchair. Discuss these cues with families and encourage them to recognise them in their child's behaviour.

Encourage caregivers to recognise when their child is full



The Dietary Guidelines for Children and Adolescents in Australia recommendation

Small, frequent, nutritious and energy dense feedings of a variety of foods from the different food groups are important to meet nutrient and energy needs during the second year of life. The regular family diet (see the *Australian Guide to Healthy Eating*) should be the basis of the child's meals.

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The National Health and Medical Research Council have not developed nationally endorsed food group servings for 1-3 year olds as it has for children 4 years and older. At this age there is marked variability in how much individual children eat. How much food is eaten varies from child to child and from day to day and is influenced by growth and activity levels.

Ensure the child has foods from all five core food groups and has a variety of foods from within each food group. The emphasis is on healthy family foods and having an environment around eating that encourages healthy food behaviours. Intake can be monitored by assessing the child's growth and development.

It is imperative that caregivers are made aware these suggestions are a guide only. The main focus should be on the introduction of a healthy eating pattern and family meal acceptance rather than on serves. A child's intake should be determined by their appetite, which may vary from day to day depending on their activity, age and growth.

Suggested meal plan for a toddler

Breakfast	Bowl of cereal with ½ cup milk 1 slice toast with polyunsaturated margarine with spread eg. <i>Vegetemite</i> , jam, peanut butter, cheese, egg
Snack	Water Fruit eg. slices banana, kiwi fruit, apricot, mandarin
Lunch	Meat, chicken, fish, cheese or egg with ¼ cup pasta/rice OR 1 slice of bread OR legumes ¼ cup cut up vegetables or ½ cup salad vegetables ½ cup custard or yoghurt Water to drink
Snack	½ cup whole milk 1 slice raisin bread
Evening Meal	Family food Chicken, meat, fish, cheese or egg eg. 1 small chop, slice roast meat, piece of fish 1 potato and ¼ cup other vegetables ¾ cup pasta OR rice OR 1 piece of bread ½ cup custard/yoghurt with ½ cup diced fruit

Recipes can be found at

www.health.qld.gov.au/cchs/Infant_Toddler_Feeding/FS10_Recipes.pdf



Extra foods

These are foods that do not fit into the five food groups. They are not essential to provide the nutrients the body needs. NO more than one extra food per day is recommended for 1-3 year olds.

Some examples are:

1 (40g) donut	1 small packet (30g) potato crisps
4 plain sweet biscuits	12 hot chips
1 (40g) slice cake	1½ scoops of ice cream
1 tablespoon butter, margarine, oil	60g jam and honey (1 tablespoon)
1 (375mL) soft drink	25g (1 fun size or half a regular) chocolate bar

5.3 What should toddlers be offered to drink?

Water is the best drink for children.

Fluid requirements depend on body size. In the Australian climate very young children are at particular risk of dehydration. A child's fluid needs are best met by water, then milk.

Avoid fruit juices, cordials and soft drinks.

Excessive consumption of fruit juice and soft drinks should be discouraged: these liquids have a high sugar and energy content, which may displace other nutrients in the diet and contribute to dental caries.

Early childhood caries, a recognised problem in infants and toddlers, is characterised by extensive and rapid tooth decay. Prolonged sessions of bottle feeding and liquids containing sucrose are two potentially cariogenic practices.

Toddlers should be offered all drinks in a cup. Some children may fill up on drinks, particularly sweet ones like juice and milk, this leaves little room for solid food, whilst providing limited nutrients

Encourage caregivers to:

- offer 1 to 3 glasses (200 ml) of milk only per day (depending on other dairy foods consumed), and water at other times
- give food before drinks at mealtimes, particularly for small and picky eater
- understand why juice and sweetened drinks are unnecessary



For a parent handout '*teaching my child to drink from a cup*',
www.health.nsw.gov.au/mhcs/publication_pdfs/7845/AHS-7845-ENG.pdf

5.4 Assessing whether their children are meeting their dietary needs

The focus in feeding should not be on getting food into the child...Instead the focus should be on the feeding relationship and on the achievable goal of helping the child learn eating skills and positive eating behaviours (8)

Caregivers often appear to be more concerned with the amount of food consumed rather than the type of food offered or even the feeding environment (4). But obviously a balance between the amount, type and variety of foods is necessary. The nutritional quality of the diet is important to ensure that the child receives the levels of nutrients specified in the recommended dietary intakes (1,9)

Food diary

A tool to assess toddler intake is a food diary. Encourage caregivers to keep a record (a food diary, see parent handout) of everything their child ate over a 2 to 4 week period.

Instruct them to:

- include all meals and snacks in and outside the home
- include any behaviour that accompanies eating
- after 2 to 4 weeks, check all food groups are covered in the sufficient amounts
- look for any areas in the diet that need attention and any links to fussy behaviour.

Growth monitoring

Encourage caregivers to have regular visits to the child health centre so weight and height can be continuously monitored. For assessment of growth and interpretation of growth charts, refer to growth charts section.

When to refer

No healthy child has ever starved from refusing food. If the child is growing normally, and is busy and active, reassure families their child is getting enough.

Please note, some medical conditions result in decreased appetite (eg. iron deficiency anaemia). It is important the underlying medical condition is corrected. Supplements (such as vitamins and minerals) should only be prescribed based on clinical findings. In these instances referral is essential.

Check

Encourage families to seek a referral to a paediatrician or dietitian if they have:

- ✓ concerns about child's growth
- ✓ the child is unwell, tired and not eating
- ✓ mealtimes are causing a lot of stress and anxiety (3)

“Infants are currently exposed to a wide variety of ‘kid’ foods that tend to be high in fat and sugar, including excess juice, juice-based sweetened beverages, French fries and nutrient poor snacks. Usual food intakes of infants and young children may exceed estimated energy requirements... for children aged 1 to 4 years; intakes exceed requirements by 20 to 35%” (12)

5.5 Tips for toddler eating (3, 8)

Children do not need special foods. By this age they should be eating the same sort of meals as the rest of the family.

- Toddlers should be eating and enjoying healthy meals and meal times with the rest of the family. As much as possible, offer 'family meals'.
- Toddlers appetite and food intake can vary daily
- Toddlers need small meals and regular snacks. Regular meal and snack times, with adequate time set aside: 20-30 minutes for mealtimes and 10-20 minutes for snacks helps!
- Encourage caregivers to let their child identify when they are full, instead of forcing a child to finish all food on the plate
- This is a great time for learning and exploring. New foods may be rejected at first, in fact some foods won't be well accepted until tasted 10-20 times.

Dishing up:

- Serve a new food with a favourite food.
- Serve an amount you know your child can finish.
- Give solids first - before fluids.
- Offer drinks in a cup
- Do not add sugar and salt to basic foods

Mealtimes should be relaxed and fun

- This is a time for learning the social skills of eating as a family and learning courtesy at the meal table.
- Encourage caregivers to avoid distractions such as TV, toys and games.
- Keep mealtimes as calm and relaxed as possible. Avoid family arguments at mealtimes!
- Give plenty of positive encouragement. Do not bribe children with food.

5.6 Safety tips

Chewing tips for kids

There are a few safety issues with small children that need to be addressed. Firstly, children under 4 years have not fully developed their chewing skills so extra care is required with hard foods such as popcorn, nuts, fruit and raw vegetables.

How to help toddlers chew

- ✓ Encourage caregivers to serve food in bite-size pieces.
- ✓ Encourage children to bite through food. Start with soft foods such as bananas, tinned fruit, macaroni, and progress to apples, raw carrot, dried fruit and meat.
- ✓ As each food is mastered, try a new one.
- ✓ Encourage caregivers to praise their toddler as they attempts chewy food.
- ✓ Role model behaviour: there are always opportunities for families and friends to show children how to take small bites. Move the food to the side of the mouth and chew (4).

Some tips to prevent choking

- ✓ Young children should always be supervised when eating.
- ✓ Encourage caregivers to make a rule that eating is to be a sit down activity, to prevent accidents with food or unintentional swallowing of large pieces of food.
- ✓ Try role modelling sitting and eating, so that your child will learn that eating is a sit-down activity for all family members.
- ✓ It is best to leave hard foods such as popcorn, corn chips, hard lollies and hard, raw fruit or vegetables until the child is 4 years of age as they may cause choking.
- ✓ For safety reasons never give whole nuts under 5 years — always use paste.

5.7 Milk matters

Recommendations from the *Dietary Guidelines for Children and Adolescents in Australia*

Pasteurised whole cow's milk may be introduced to a child's diet at around 12 months of age and be continued throughout the second year of life – and of course, beyond. It is an excellent source of protein, calcium and other nutrients

Milk, whether it is from the breast or formula, is a child's most important food in the first year of life and still very important in the next few years. Breastmilk is the preferred milk for infants up to at least 12 months of age and offers benefits beyond this time (5)

Follow-on formulas are not necessary. There have been no studies showing advantages over infant formula (5). Compositional changes in protein, fat, carbohydrate, sodium and calcium have no clearly established superiority over ordinary formula provided together with appropriate solid foods.

Plain milk is a good drink for children over 1 year of age (8)

How much milk?

500 ml of milk (2 glasses of 250 mL) a day is plenty. It is only one part of what toddlers eat and drink. Other foods and drinks are needed too.

How much fat? (5)

Reduced fat milk (skim milk and milk with 1 or 2 percent fat) is not recommended in the first two years of life due to the extra kilojoules required for this period of rapid growth.

Table 14 Recommended fat content of milk for 1 to 5 year olds

1 to 2 years	Breastmilk and full cream milk is recommended to children between 1 and 2 years of age. This is milk with 4% fat (4 g fat / 100 ml)
2 years and over	Children over 2 years of age do not need full cream milk. Choice of reduced fat or full cream milk Reduced fat milk has 1-2% fat (1-2 g fat / 100 ml)
5 years and over	It is safe to introduce skim milk to children This is milk with less than 1% fat (less than 1 g fat / 100 ml)

Milks

Homogenised and pasteurised milk:



- is milk sold from refrigeration at the shops
- has been homogenised (ie. mixed through and made into uniform consistency) and then pasteurised (heated to kill any germs that could cause illnesses, such as tuberculosis)

It is safest for young children to drink milk that has been treated in both these ways

Long life and UHT milk:

- has been partially sterilised by heating it for a short time, around 1-2 seconds, at a temperature exceeding 135°C, which is the temperature required to kill spores in milk, but maintain nutrient profile
- has the same food values as ordinary milk, it has just been treated differently so it lasts longer

Untreated cow's milk:



- is cow's milk that comes straight from the farm
- **requires boiling before it is given to toddlers**
- needs to be stirred as it cools, to mix in the fat

Low lactose milk:



- **Used when indicated (ie lactose intolerance), under the guidance of a suitable health professional**
- refer to lactose intolerance section

Goat's milk:

- goat and sheep milks have overall nutrient profiles similar to cow's milk
- goat's milk must be pasteurised or boiled, as it can contain germs that could make a young child very ill
- goat's milk composition, when compared to cow's milk is:
 - higher in protein, potassium and chloride contributes to increased renal solute load and risk of dehydration, particularly in infants
 - contains inadequate amounts of folic acid and vitamin B12
 - very low in Vitamin C, vitamin b6 and vitamin D
 - it is very low in iron (7)
- its popularity comes in part from unsubstantiated claims that it is less allergenic and more digestible than cow's milk (7)



Parent handout available

www.cyh.com

Recommendations from the *Dietary Guidelines for Children and Adolescents in Australia*



Soy (except soy formula where specifically indicated), rice and other vegetarian beverages – whether or not they are fortified - are inappropriate alternatives to breastmilk, formula or pasteurised whole cow's milk in the first 2 years of life.

Soy milk



- **full fat fortified soy beverages are suitable for use after 2 years of age as part of a mixed diet**
- infants and children medically requiring a soy milk should continue to use a soy infant formula for the first 12 months and possibly 2 years. After this time a fortified soy milk should be used with a calcium content greater than 100 mg/100ml milk (7)

Rice milk



- **not a suitable substitute for breastmilk or cow's milk for young children (8)**
- rice milk is made from filtered water, rice flour, oil and sea salt. It may also have added calcium (7)
- toddlers could have an occasional drink of rice milk, as long as it doesn't take the place of other milks in their diet (8)
- compared to cow's milk and soy milk, rice milk is higher in carbohydrates, lower in protein and naturally lower in fat. It has a naturally sweeter taste due to the higher carbohydrate content (7).

Coconut milk



- **not an infant food and certainly cannot be used to replace other milks**
- doesn't provide the same nourishment as normal milks
- contains a lot of fat and little else of value to the diet
- can be used occasionally in meals

Condensed milk



- **not an infant food and certainly cannot be used to replace other milks**
- doesn't provide the nourishment of normal milks
- is high in sugar and fat

Check

- ✓ Encourage breastfeeding to 12 months and beyond, as long as mutually desired
- ✓ Full cream cow's milk until 2 years of age
- ✓ From 2 years onwards
 - Reduced fat milks can be introduced
 - Soy, rice and other vegetarian beverages can be introduced
- ✓ Milk is limited to 2 glasses of 250ml per day from 12 months onwards

5.8 Fussy eating

‘Fussy eating’ is common among toddlers and often worries caregivers. Usually it is a stage in normal development, but it can be aggravated by parental response. When growth and development are normal and a variety of foods are offered to the child, simple reassurance from the child’s caregivers may be all that is needed. (5)

Many caregivers worry about their child’s eating at some stage, particularly in younger children when food intake and appetite appear to change daily (3). Work with caregivers to understand the principles behind fussing eating, and develop some strategies with them to tackle fussy eating. Use the parent handouts included in this section from *Fun not Fuss with Food*.

Parent-child feeding relationship (2, 8)

The parent–child feeding relationship recognises the importance of both the parent and child in the complex process of eating and mealtimes. Feeding requires a division of responsibility between parent and child. The parent is responsible for what the child is offered to eat, the child is responsible for how much (2, 7, 8, 10, 11).

Breastfeeding is an example of the parent-child feeding relationship ‘caregivers must provide an appropriate feed..... but they must allow the infant to regulate the amounts’

Caregivers decide what to feed their child and when:

- choosing, preparing and presenting a wide variety of foods
- continuing to offer foods without a fuss, even when they are rejected
- avoiding ‘junk’ foods and sweet drinks, which may reduce their appetite for ‘healthier’ options
- providing foods in ways that children can easily handle (eg cut into small pieces)
- providing meals and snacks at regular times
- caregivers having meals and snacks with children whenever possible
- setting rules about behaviour at the meal table and sticking to them

Children decide *whether* to eat and *how much* to eat

- remember children eat when they are hungry and do not starve themselves

Remind caregivers to avoid feeling the need to encourage their child to eat a little more, even if they have left most of their meal. The child will not starve! When caregivers try to control *whether* their child eats and *how much* is eaten, they are providing opportunities for fussing and tantrums (7).

'Parking foods' (5)

'Parking' a new food, that is, placing the new food on the plate with no expectations that the food will be eaten, is a concept to discuss with caregivers. Research suggests that some children need to be offered new foods up to 30 times before they will accept them.

'Parking foods' provides children the opportunity to become familiar with colour, texture and smells even before attempting to taste the new food.

Encourage caregivers to allow toddlers to touch, smell or manipulate the new foods. If caregivers are concerned their child develops a sudden preference for only a limited range of foods, this is normal. Encourage caregivers to continue to offer a variety of foods at each meal and the child's range of foods eaten should increase again with time.

Food refusal is not necessarily about the child disliking the taste of the food. Most children accept most foods eventually.

Caregiver development

When discussing fussy eating it is essential to be mindful of how caregivers are approaching the situation, and how they are feeling. Adults receive a variety of messages regarding their role in the feeding situation (4)... And often adults receive conflicting information. Bombarded with a host of expectations, caregivers and caregivers can become easily confused and unsure. Limited nutrition knowledge and food preparation skills may negatively affect caregivers abilities to feed children appropriately (4).

It is the responsibility of the health workers to assist caregivers in recognising the biological, physical and social environments associated with feeding preschoolers and to enable caregivers to develop personal feeding and food selection strategies without unwarranted feelings of guilt (4).

Use *Fun not Fuss with Food* handouts as a tool to discuss feeding and food selection strategies.

Use *My child won't...* handout and *Fussy eating checklist* as tools for caregiver advice.



My child won't ...

Adapted from *Fun not Fuss with Food*, 2004 (5)

- **Won't eat vegetables** – consider the flavours, are they too strong, would you eat them? Try raw vegetables with healthy dips, or add to other foods that they enjoy such as pizza, rissoles and spaghetti bolognaise. You may have more success if you let your child help to prepare the vegetables. Allow your child to experiment with vegetables. A taste does not always lead to a swallow. The 'one bite' policy is also a good technique and the child will eventually realise that the vegetable is actually edible.
- **Won't drink water** – encourage water and make sure it is easy to access, serve it cold with interesting ice cube shapes added. Leave the cordial in the back of the cupboard or on the supermarket shelf. As caregivers you need to role model water drinking yourself. Evidence suggests that caregivers who drink water are more likely to have children who drink water.
- **Won't drink milk** – try other dairy foods such as cheeses and yoghurt. Children usually like soft cheeses and flavoured yoghurts (usually without the fruit bits). You can also make flavoured milk with *Milo*, *Actavite* or *Ovaltine* and smoothies with milk and fruit or yoghurt.
- **Won't eat meat** – Some cuts of meat may be too tough or dry for children to chew properly. You can try softer cuts such as mince or thinly sliced meat in sandwiches. Other foods can take the place of meat, so include eggs, peanut paste, nuts or combinations of legumes and grains such as baked beans on toast, hommos with pita bread, or kidney bean tacos or tortillas.
- Try to persevere when offering new foods to your child. Be comfortable with the concept of parking the new food
- **Eats too much at snack times** – snack times are meal times for children. Ensure snacks are nutritious, so serve fruits or vegetables with wholegrain breads or crackers. Snack times such as afternoon tea may be when your child is at their hungriest. You can serve a small meal (equivalent of a dinner) at this time if it is convenient.

Check

✓ **Caregivers understand types and amounts of food and drinks suitable for toddlers**

- Check five food groups and extras. Discuss choking issues

✓ **Toddler is being allowed to determine when they are hungry and when they are full**

- Question: what signs does your child show when they are hungry?
- Question: what signs does your child show when they are full?

✓ **Toddler is consuming a wide variety of 'family foods'**

Question: Tell me about the food your child is eating at their main meal

✓ **Toddler is drinking from a cup**

- Check with toddler: Can you show me how you drink?
- Check content of cup / bottle
- Water is offered as a drink

✓ **Appropriate milk and appropriate amount of milk**

- Check toddler is consuming 1-3 glasses of milk / day

5.9 Useful websites and resources

Key state and national documents for health workers

Dietary Guidelines for Children and Adolescents in Australia and Infant Feeding Guidelines for Health Workers

Optimal Infant Nutrition: evidence based guidelines

Infant and Child Nutrition in Queensland 2003

Report of the Chief Health Officer Queensland, 2006

Further professional development reading:

Parent handouts

Child Health Information Fact Sheets

www.health.qld.gov.au/child&youth/factsheets/

Guidelines for toddlers

www.health.qld.gov.au/cchs/Infant_Toddler_Feeding/FS8_Guidelines_Todd.pdf

Recipe fact sheet

www.health.qld.gov.au/cchs/Infant_Toddler_Feeding/FS10_Recipes.pdf

Guidelines for fussy eaters

www.health.qld.gov.au/cchs/Infant_Toddler_Feeding/FussyEaters.pdf

Parent books

Jenny O'Dea. Doublebay, 2005. *Positive Foods For Kids; Healthy Food, Healthy Children, Healthy Life.*

Yummy! Every Caregivers Nutrition Bible, Jane Clarke, 2006

Video / DVD

Websites

www.health.vic.gov.au/nutrition/child_nutrition/eat.htm

A note on *Fun not Fuss with Food*

Fun not Fuss with Food was developed in 2000 by a multidisciplinary team of health professionals at the Gold Coast Health Service District, and is now distributed nationally through Population Health Services.

It is a single session, two-and-a-half-hour workshop that covers nutrition for children and behavioural management strategies. The workshop aims to increase the capacity of caregivers with children aged 2–10 years in managing their child's problem eating and mealtime behaviours. There is a range of resources to support health professionals (child health nurses, child psychologist/early intervention specialists, and nutritionists/dietitians) to deliver the workshop. These include a facilitator's manual, facilitator's guide (video/DVD), and parent resources. This package can be ordered from

qheps.health.qld.gov.au/PHS/Documents/sphun/27966.pdf

Some parent handouts are included in the manual. And can also be accessed at

qheps.health.qld.gov.au/ahwac/docs/nutrition/fun_not_fuss.pdf

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