

# Ep. 2 How do I get my fussy eater to eat?

[00:00:00] **Meg Faure:** And then you get mums. Like I was with my first born son where, um, he was eating a fabulous diet and eating a lot and I still called him a picky eater cuz he wasn't eating everything that was put in front of him. And of course I was in the wrong there. And sometimes, you know, it's an education process for parents to actually let go and to understand what, how much and you know, how little ones.

[00:00:22] **Vanessa Pickford:** Welcome. I'm your host, Vanessa Pickford. And this is our brand new podcast series for health wrap powered by Melin prime healthcare experts at your service over this podcast series, we'll explore various key health topics that can affect the different life stages of the children in your care. Knowledge is powerful and you can't fix what you don't understand.

[00:00:44] So we are here to bring you advice from the experts and walk side by side with you on this parenting. In episode one, we spoke to Meg fora about creating good sleeping habits and how to get your little one to successfully sleep through the night. If you missed it, [00:01:00] go back and give it to listen. Well, I'm excited to announce that we have the privilege of having Meg back for episode two.

[00:01:07] In this episode, she'll be sharing with us what healthy eating looks like for little ones and how you can help them if they're a fussy eater. And if you haven't yet subscribe to our podcast, so you don't miss any future. And don't forget to share it with any of your friends who may be dealing with these same issues too.

[00:01:24] Please note that the views shared by any of the guests in this podcast may not necessarily reflect the views of medic clinic. So please consult a medical professional. If you have any concerns. Now, as a mother of four, I have certainly had my fair share of experience with feeding little. From a young age, all of

my children displayed different food preferences, which we embraced as their pellets are as unique as their personalities.

[00:01:51] However, my third born son almost stretched us to breaking point where eating was concerned very soon after birth, it became [00:02:00] apparent that he would feed excessively for a day and then scarcely take anything for the next two. As concerned parents, we brought this to the attention of our paediatrician who reassured us that Luke would not style himself to death.

[00:02:15] Well, not very long thereafter. It became apparent that Luke had risen to the challenge and was intent on doing just that. So as a result, we lived with a feeding tube on and off for the first year of his life, which was a reassuring tool for us as parents to monitor exactly how much he was taking in. To this day and Luke is now 12.

[00:02:37] He still only eats every third day. This has come to be known amongst our family and friends as his eating day, during which he will consume virtually anything within arms reach. So if you are dreading meal times with your little one or even meal times with your older children, you're not alone. Let's get to know a bit more about Meg and find out what she recommends.  
[00:03:00]

[00:03:00] Meg is an occupational therapist who has practiced at various settings around the world. She's passionate about the care development and education of babies in young children. She's also an international bestselling author in the field of child psychology parenting and child development. The titles of her well known and respected books include baby sense and wean sense.

[00:03:23] She has run many training courses on diverse topics and has a mobile parenting app parent. Well, welcome back, Meg. It's great to have you with us again. So Meg, I'm going to start by posing the question that every parent wonders about how important is healthy eating for a toddler or a little

[00:03:42] **Meg Faure:** one. It's very, very important.

[00:03:44] I mean, everything that grows our brains that grows our muscles, um, everything for development comes through our food. Um, and that's really what we, we always focus on food as a primary source of, of nutrients. We don't like to have children on too many supplements necessarily. Of course supplements are important [00:04:00] sometimes, but your first line of defence should always be a nutritious meal.

[00:04:03] So, um, regardless of it one's age, and of course the demands change, according to ages, a healthy diet is very, I.

[00:04:11] **Vanessa Pickford:** Right. So other than the physical development, do you think that nutrition also impacts the child's emotional

[00:04:17] **Meg Faure:** wellbeing? Yes, it does. I mean, I, it certainly meal times can impact emotional wellbeing.

[00:04:23] Um, meal times are one of the places that we know that, um, battles can arise between mums and. And dads and their children, um, and those type of emotional battles that are played out can impact emotionally. Um, quite interestingly, when you look at the three major challenges of the first year of life, which are, um, prolonged crying in early infancy, steep deprivation, And fussy eating.

[00:04:47] It's actually fussy eating of the three that has the most long term consequences. And that's because what happens and what's played out around the mealtime then starts to kind of have fallout into other areas of life. And so, um, [00:05:00] one of the primary things I'm always talking to parents about is not to turn meal times into battle times.

[00:05:05] It's very important from an emotional perspective that it's carefully managed. You

[00:05:09] **Vanessa Pickford:** previously mentioned the term fussy or picky eaters. But what does this actually

[00:05:15] **Meg Faure:** mean? So, I mean, I think parents, it it's a colloquial term and it usually comes about as a parent labeling their child as that, you know, my child is a picky eater or a fussy eater.

[00:05:24] And so, because it's kind of a, a term that's used by parents, it's hugely subjective. So you can get a little one who's, um, existing on very little food, but is nutritionally sound and is thriving and is maybe a fourth child. And the mother just knows. Instinctively that this is all fine. And although, um, somebody could classify their child as a picky eater, they're actually not because the mom hasn't classified them as that.

[00:05:45] And then you get moms. Like I was with my first born son where, um, he was eating a fabulous diet and eating a lot. And I still called him a picky eater cuz he wasn't eating everything that was put in front of him. And of course I was in the wrong there and sometimes. You know, it's an education process for parents to [00:06:00] actually let go and to understand what, how much and you know, how little ones eat, um, before they start to label them as picky eaters.

[00:06:07] I mean, for an example, um, toddlers typically eat very poorly at supper time. It's, it's just, and we'll, we can talk more about that, um, further, further on, but, um, you know, that's supper time meal. Often one in which they eat very little, um, push food around on their plate, spit it out, you know, kind of throw it on the floor.

[00:06:24] And, um, and yet that's actually typical eating that is actually normal instinct of eating. In fact, if we all ate intuitively, we would eat the most for breakfast a little bit less for lunch. And actually quite little for supper. And if you eat intuitively, that's often how toddlers are eating. So where we label it as this is a picky eater, cuz he's going to bed on an empty stomach.

[00:06:43] He hasn't eaten enough. He's actually probably eating more than enough when it's taken over 24 hours. Right. So

[00:06:49] **Vanessa Pickford:** then in reality, how would you classify a fussy eater and how might they.

[00:06:55] **Meg Faure:** So I always do respond to parents' labeling. So if a parent tells me their child's [00:07:00] a poor sleeper and their child is, is kind of waking up the typical number of times, I will still actually take the mom through it.

[00:07:05] And it's the same with picky eating because, um, you know, if a mom comes to me and she says, my little one is a picky eater, um, it is always worth investigating and just chatting her through it. Sometimes it's as simple as normalizing what her little. Doing, as I just mentioned that kind of intuitive eating, um, and other times they really are picky eaters and so picky eating, we would say, um, you know, we, we would be concerned about it.

[00:07:27] If the little one was eating only one color of food, um, and often little ones get stuck in what I call the white or beige diet, um, where they just eating fried foods, processed carbohydrates, um, and dairy that's, that's pretty much what they get stuck on. Um, and obviously they're not having SU. Selection of food.

[00:07:44] So that could be a picky eater. Um, another form of picky eater is a little one who really just won't try anything new, like absolutely no novelty. So, you know, they stick to what they know and won't go any further. And then of course, you've got the little ones who are really limiting the amount of, of intake that they're having [00:08:00] altogether and maybe aren't thriving.

[00:08:01] And that is obviously the baby that we most worried about.

[00:08:04] **Vanessa Pickford:** So you've mentioned how fussy eating manifests in the child, but how could parents or caregivers be impacted by this little fussy eat?

[00:08:16] **Meg Faure:** Well, it does work both ways. I mean, that's, that's the beauty of this, of the system, the parent and the, the infant and the parent diet is that they, it works both ways.

[00:08:24] So the parent has impacted emotionally because you have a, a need for control, to an extent, as a parent, you want to tick boxes. You want to know that your little one is going to thrive and you feel this overwhelming sense of responsibility for this human. And so if somebody says to you, like we did at the beginning of this podcast, that nutrition is really important for development and your little one is not ticking the boxes and is not eating enough.

[00:08:46] You will take it on emotionally. So, um, a picky eater can result in a parent who is really anxious and, and, and kind of feeling it a loss. But of course, because of this STD works both ways. It's a transaction, a anxious, [00:09:00] nervous, controlling, Parent can have a knock on effect to the child as well. And so a little one who might have been a more chilled eater and kind of got on with it and eaten quite enough now faced with a parent who's anxious and, you know, force feeding them and getting them to open their mouth for one more mouthful, you know, meal after meal, and it just becomes a negative space.

[00:09:17] And so you get the child being impacted negatively on emotionally by the parent's behavior as well. I believe that

[00:09:24] **Vanessa Pickford:** every parent can relate to that, to. Degree, but now other than just being fuss. Are there other issues that can cause problems for the little ones

[00:09:35] **Meg Faure:** eating? Yeah. So obviously, um, we always rule out the organic first.

[00:09:39] You've gotta start, start there. So there are a couple of reasons why you could have a picky eater. One is that the little one actually has allergies or intolerances and therefore is. Is refusing to eat certain types of food because they really don't feel good on it. And an example of that is my, um, youngest child actually is lactose and tolerant has been since she was tiny.

[00:09:57] Um, she was diagnosed actually at the [00:10:00] time, but to this day, uh, and she's a teenager. She can't eat, um, milk or dairy products without becoming ill. She has never liked cheese or

yogurt or, you know, so when she was a two year old and I was trying desperately to get dairy into her, like all the other kids, she was just refusing and, um, you know, so one of the reasons can be allergies and intolerances.

[00:10:18] Another reason a child can be really pick and fussy is that they've had a bad experience with some food. So for instance, um, My, my elder child, my middle child actually, um, had a vomiting episode after eating some Seggo pudding. And I think it probably had, you know, it was contaminated or off. And to this day, if she sees it, she just gags.

[00:10:36] She can't even look at Seggo pudding. We've all had that ex. With something that we've kind of had a negative experience with and we can never go back to it. So, so that'll result in picky eating. Um, another thing that can result in picky eating is a premature baby. So Preme babies, especially if they're very Preme, premature, um, maybe needing to be fed with a nasogastric tube while they're in hospital.

[00:10:56] And, um, so what happens there is that, um, [00:11:00] you know, that they don't have control over their sucking and they're swallowing. Um, the food goes in without them kind of having any control over it. Cause it just. Almost dumped into the stomach, um, and their sensitivity around having tubes in their mouth. And we often see with these little, um, premis, who've had some sort of tubes or, or tube feedings that they do end up being a little bit more picky on a sensory level.

[00:11:19] And then you've got your sensory kits and those little ones, who've got a low threshold for sensory information and they are very much more sensitive to variety of things. They're sensitive on a visual level. So. If something's a different color, like carrots versus broccoli, they might be resistant. That might be why they go for the beige foods.

[00:11:35] It's less threatening. Um, if the food is very strong smelling, that can be another reason for sensory baby to not want to actually engage with it. And then if obviously the big one is the lump. So if there's G if there's textures, the sensory baby tends to

gag and, and kind of, um, even, you know, even look like they're gonna vomit.

[00:11:52] Um, just because they've they've, there was a little lump of potato inside the mashed potato. So those are kind of a couple of reasons why you can see, um, [00:12:00] picky eating emerging.

[00:12:01] **Vanessa Pickford:** Hmm. Right. So you've mentioned allergies or intolerances, or perhaps experience and sensory based, eating, playing a role in your child's.

[00:12:12] Desire to eat, but what should we expect as parents regarding our child eating when they are UN.

[00:12:20] **Meg Faure:** Yeah. So of course that's another organic cause. Um, little ones go off their food when they're unwell. And actually also when they're teething, um, the teething side of things should only be for a couple of days around the eruption of the tooth, but their gums are sore and they're bit irritable and they're a little bit more snotty and so they don't want to eat then.

[00:12:36] And so, you know, often the very first. Sign of, of an illness of a viral illness is actually that they go off their food. And, um, and so we don't know because it's only a day later that they get that fever or they get that rash. And so we don't actually know, and I can very well remember having that, you know, kind of food battles on those days with my eldest son and then a day later, him getting a rash and me going, oh my goodness, I'm such a bad mother.

[00:12:58] I was fighting with him at meal times and [00:13:00] actually he was sick. So they do go off their food when they're sick, there's just no,

[00:13:05] **Vanessa Pickford:** Right. And I think, let me take this opportunity then to mention that in the event of an emergency or a concern for the health of a child, me clinic has a 24 hour call center where caregivers can speak to registered nurse and receive medical advice and assistance.



[00:13:22] The nurse can even arrange for an ambulance if necessary. The number is oh 8, 6 0. 2 3, 3, 3, 3, 3. So why not pause this episode quickly and save this number to your phone so that you can have it on hand in case of an emergency. Let me repeat the number being oh, 8 6 0 2 3 3 3 3 3. Meg. You mentioned a short while ago about how some sensory children have difficulty with food.

[00:13:52] Um, Can you expand on that a bit further, please, in terms of the sensory profile of the child affecting eating

[00:13:58] **Meg Faure:** habits? [00:14:00] Yes. So, um, in a previous episode, um, on this podcast, I spoke about the four different sensory personalities and it is worth going to listen to that, but I'll mention them again. They're four sensory personalities that fall into two groups.

[00:14:13] The one group is our little ones who are under sensitive. So, um, a lot can be going on in their world and they don't really notice everything. So they tend to have a very high T. Like a high pain threshold or a high visual threshold, a high auditory threshold for all sensory information. And those babies tend to be our more settled babies and our social butterflies, our social butterflies are actually settled babies who start to realize that the world could be quite exciting.

[00:14:39] And so they start to, um, actually seek out information. They seek sensory information. And then I'm going to talk about what happens in terms of their eating, but let me talk about the other two profiles. First on the more sensitive side you've got the little one who is a sensitive baby and the slow to warm up baby and the sensitive child or baby.

[00:14:58] Um, anything in the world can [00:15:00] trigger them. They have a low threshold, a low pain threshold, low visual threshold, low threshold for touch, no threshold for oral touch that's, um, textures in their mouth. Um, Threshold for smells. And they're just generally much more fussy and irritable children because the world is quite overwhelming for them.

[00:15:16] Now that group of children can go into the fourth group, which is called, um, slow to map. And so with the slow to map child, they are start off sensitive, but they very quickly work out that actually their senses are letting them down a bit. They don't need to be so sensitive. And then they warm up to sensory information into new experiences, quite nicely.

[00:15:34] And so they usually reject novelty and don't like newness, but once they know and are familiar with something, then it's no longer threatening. So if you've got those four sensory personalities, you can imagine how that plays out at meal times. So starting with, uh, um, high threshold little ones, so are settled and are social butterflies foods.

[00:15:52] Have a lot of sensory qualities. They have a smell, they have a visual component, they have a taste. And then of course they've got a [00:16:00] texture. So there's four very specific, um, pieces of sensory information that these little ones need to take in and they don't always notice it. So what happens with them is they tend to be very happy on milk.

[00:16:09] They can stay milk forever if you, if you want to leave them there. Um, but when you move them, Solids. They're also equally happy because they don't really, they're not really sensitized to the fact that this is a massive change. Um, and then what happens is that they go on to eat very easily, anything. So they tend to be quite easy wieners.

[00:16:25] In the early days, they tend to take to new flavors and textures very easily. They don't gag on new textures. They don't gag when they smells something and they don't, um, refuse any foods. What does tend to happen with our social butterflies though, is that you can imagine that they like novelty and they like newness and they seeking sensory information.

[00:16:43] So if something remains too bland and too boring, they're going to get irritated with it. And so what happens with our social butterflies is first of all, once you start solids, they tend to go off their milk very quickly, because you can imagine how boring

milk is. It's always the same texture, always the same color and always the.

[00:16:58] Flavor and temperature. [00:17:00] So they want to go for something that's more fun and more and more explorative. And so they want to wean quickly. And prior to six months of age, we want milk to be the primary source of food. So we need to be careful around moving them too quickly onto, onto various solids.

[00:17:15] Another repercussion of our social butterfly is that they really don't like, um, things always being the same. And so if you start them, um, for example, like I did with my social butterfly on rice cereal, that was back in the day when we used to recommend that was in the 1990s, long time ago. Um, but we started in those days on rice cereal and rice cereal is very boring.

[00:17:34] So after a couple of weeks of being on rice cereal, James completely rejected food. He didn't want to eat it anymore. Bored now. And so for social butterflies, we like to say to mums be, um, really, really adventurous, you know, have, um, carrot today. And then tomorrow have carrot flavored with cinnamon and the next day have carrot and apple flavored with cinnamon.

[00:17:53] And so you can really be quite adventurous with our social butterflies and, and even our settled babies and move them through. [00:18:00] Quite rapidly onto new foods. Now, on the other side, you've got our more sensitive little ones and because they're more sensitive, they don't like novelty and they don't like the newness and they would quite happily stay on a milk diet for the rest of their life, because it's easy to take in.

[00:18:15] It's always the same. There's no novelty. It's just great. And so we tend to see with our little ones with the low threshold, these sensitive and, and slow to warm up little ones is that they. Prefer to just eat, drink a lot of milk. And that's a risk factor, which we must talk about with picky eating, but because if you're having too much milk, it kills your appetite.

[00:18:34] But the other thing is that when you do start to introduce solids, they don't like rapid change and they don't like newness and they definitely don't like lumps and are more likely to gag. And so you need to introduce solids differently for. They need to go into very bland flavors. So things like pear is lovely.

[00:18:50] Oats. Porridge is lovely. Um, Bette is quite bland, even though the colors a bit bright. Um, but you start with your bland foods and make them as smooth as you can. [00:19:00] But one of my recommendations is. Um, you do actually do homecooked food and that's quite important because if you start your sensitive baby on shop port food and particularly the jarred baby food, you know, the, the long term preserved food, as opposed to the fresh baby food, you can end up with a baby who gets stuck.

[00:19:17] On that food because it's just not textured at all. It's very, very smooth, almost slimy. They often have additives in that food that make it, that bulk it up. Um, so like modified starch, which makes it even more slimy. And so it slips down quite easily. And it's the same with the little pouches of food. I really recommend that parents don't use the pouches of food straight into their baby's mouth.

[00:19:37] At all and even onto spoon, that's very smooth. So you need to be careful because you can end up three months down the line that your baby won't accept any home cooked food, because they're just too sensitive to the lumps. So there's two very discreet and different ways of weaning your, your babies according to their sensory thresholds.

[00:19:54] And actually in Kath mcg gore, who's a pediatric dietician, um, who works with me a lot in her book. [00:20:00] And my book weening sense. We wrote a book called weening sense. In that book, it's a recipe book. So it takes you through the sensory personalities, but we also actually show parents, which, um, recipes are gonna be for low threshold babies and which recipes will be for high threshold babies.

[00:20:14] And so it helps parents to know which ones they're, the ones are gonna actually wean more easily onto. And, and that could be a, a nice resource for them.

[00:20:24] **Vanessa Pickford:** Indeed, uh, me is quite extraordinary how our individual personalities even impact our food preferences and therefore how important it is for parents to acknowledge this and appreciate that our children may not necessarily be like us. And in fact, if you have more than one child, they can differ quite dramatically from one another.

[00:20:44] Now we have experienced this quite tangibly as a. We adopted our fourth child during lockdown in 2020. And she is an absolute delight and settled very easily. But what we were unprepared for was her level of food anxiety due to [00:21:00] prior food insecurity. I know our experience is not unique. And with many parents fostering or adopting children, what role does trauma play in complicating meal times?

[00:21:13] **Meg Faure:** Yeah. So look, I think the, the difficulty, the tricky part with adoption at all is that there's a whole lot of things that go before that you don't really know about. So for example, we know that, um, food preferences are also determined by. A maternal diet in pregnancy. So babies who are born in Southeast Asia with a very, very highly flavored diet, um, you know, with chilies and so on are gonna be more, more easily take to that as well later on when they are weaning, um, same with breastfeeding and, and clearly a baby who's been adopted, probably hasn't gone through the process of, of breastfeeding necessarily either.

[00:21:47] So breast milk has got all the flavors that came through. From the mum's diet as well. So those are two prior experiences that when you have an adopted child, you actually just don't know what their history has been. In addition to that trauma plays [00:22:00] an emotional part. So, um, you know, trauma of any type, um, means that a little one releases, um, flight flight and fight neurotransmitters, and those neurotransmitters work to actually dry our mouth up.

[00:22:13] Stop us from releasing saliva and actually make us feel like we can't swallow. So it's, it's part of our survival mechanisms. You don't, you want, and you know, no Impala in the middle of the field is gonna be eating on and trying to swallow grass when there's a line chasing them. So they're not supposed to be.

[00:22:28] So when we in flag FRA and fight, we are not supposed to be digesting food. We're not supposed to be taking it in. And so we can't swallow. And it's quite a common thing that we see with people who go through massive amount of traumas, like a breakup of a relationship that they actually literally can't eat because they can't produce a saliva.

[00:22:43] So I think that. You know, food trauma can cause, um, obviously some, some impact in the moment and then long term, um, if people have been, um, kind of forcing food down the child's mouth and trying to get them to eat at all costs, um, that also causes trauma and you know, [00:23:00] many years ago, um, there was a terribly.

[00:23:02] Terribly traumatic video that did the, um, rounds a around the world on, on social media of a child who was, um, being forced fed until it, until it vomited. And it was in the most traumatic video for me to watch. Um, but the amount of trauma around the meal time for that child, you can only start to imagine.

[00:23:19] Um, and that is definitely gonna have repercussions on what happens next. And so, yes, I mean, I guess the answer to your question, Vanessa is just. Anything else. If there's been a massive trauma around meal times, it will play out around the meal times, um, later on

[00:23:33] **Vanessa Pickford:** Meg with so many adverts and information out there and so much controversy, it can be so difficult to know what to feed a toddler.

[00:23:41] Please. Can you share with us what healthy eating should look like for a child of that?

[00:23:47] **Meg Faure:** So from the time a little one is about 13 to 14 months old. We pull back milk quite significantly. It's no longer the most important food from six months onwards. And actually it can be, um, it can really damage [00:24:00] appetite if we, if little ones are having too much.

[00:24:01] So from about 13 to 14 months onwards, we limit milk to only one feed in the morning and one in the evening. So when, when they wake up in the morning and that can be as much as a hundred mils, only in some Milky tea or, or it can be a full brace feed. If, if that's what. Still doing at that time or just a milk bottle.

[00:24:18] And then in the evening, the same thing just before bedtime, you know, a full bottle of about 240 mils just before bedtime. So that's really not a lot of milk. It's, you know, kind of 350 to maybe at the most 500 mils of milk. And that's an important principle number one, because I think the place where a lot of people go wrong, particularly with picky eaters is that they let their little ones fill up on milk, or they actually feed them extra milk because they're worried that they're not getting sufficient nutrient.

[00:24:42] And the rest of their food, cuz they're picky. And of course that forms a vicious cycle of drink, more milk, eat, less salads, and therefore drink more milk. So the first thing is not too much milk for this age group. And remember that milk can also be taken in, in dairy products, in food as well. So if you've got a little one who really doesn't like milk at all, then don't [00:25:00] worry about it.

[00:25:00] They don't need milk to be drunk. They can just have it in yogurt and, and cheese as well. And then that's no problem. So that's the first principle. The second principle is that is a number of meals and for toddlers. And in fact for children from six months onwards, they really do need three solid meals, a day, breakfast, lunch, and supper.

[00:25:17] And then two snack outings as well. So that'll be mid-morning and mid afternoon, which means that your little one's actually probably having two early opportunities for eating almost, you know, during a 12 hour period. So it's a lot of food, a

lot of food opportunities. And I mention that because it means that.

[00:25:33] If one of those opportunities for eating is a fail. So they just don't eat a thing. They don't want to eat. They don't like what's on their plate or they just don't feel like it, it doesn't matter because there's another opportunity coming up fairly soon. So the principle of having three solid meals and two snacks is very important.

[00:25:49] So, um, every meal in the day, breakfast, lunch and Sapp should have a nice proportion of unprocessed carbohydrates, some nice protein. Some healthy fats and in some fruits and vegetables, and [00:26:00] that should be in every single one of these meal outings. So examples of that for breakfast could be, um, some nice toast that you've made of your own bread.

[00:26:07] And we've got a bread recipe in the weening senses book, or it could be some nice porridge. And we've again, got the porridge recipes in the weening senses book, which are fabulous and you can actually make your own arts at home. So, you know, it's, it's trying to have as unprocessed. Cereals as possible. So please parents avoid at all cost those sugary cereals, um, because it really disrupts little ones eating for the whole day.

[00:26:30] When you start with the sugary cereals right up front in the morning, then your midday lunch would be a meal in which little ones had a proper opportunity for. Good fats, good proteins and good fruits and vegetables. So, um, that could be a macaroni cheese that you've made with, um, some, some, some veggies, or it can be some nice grilled fish with some vegetables, mashed potato sweet potato.

[00:26:52] These are all fabulous options of carbohydrates that you then can add some nice vegetables and fruit into as well. And then obviously Sappa can be [00:27:00] replicated snack times will be things like fruits and again, a protein or a fat as well. So, you know, having those good food opportunities are very, very important.



[00:27:08] And I think the very critical thing here is to make sure that what you offer your child is super, super nutritious. Every mouthful is particularly if they're not taking in a lot of mouthfuls needs to be packed, not just with calories, which is what we often think of, but with nutrients and that's the principle.

[00:27:25] **Vanessa Pickford:** I can relate to that. Uh, I remember with all of my children, I'd keep thinking if they just take 10 bites. And I think as a mum, my biggest anxiety in those first few years of my child's lives was whether they were eating enough. And it can be hard to tell if a toddler is eating the right amount of food.

[00:27:44] It, it seems like some days they eat a tiny amount and other times they are ravenous and it feels like they'll just never stop. Now, this can be quite stressful for caregivers and parents, because they might be worried that the child is eating too little or possibly even [00:28:00] too much. What would you say about that cake?

[00:28:03] **Meg Faure:** So, first of all, we've gotta recognize that babies and toddlers have very small stomachs. In fact, if you want to know how big your baby, your toddler stomach is, it's only about the size of their fist. So it's really, really a little space. So, um, it. It's not, it's not a huge amount of space and you need to consider that.

[00:28:19] So just taking a small amount of food is probably enough. Secondly, if you took a whole, um, head of broccoli, I mean, that's huge. None of us are gonna eat that in a meal time and you then Mead it and processed it down. You'd probably come up with about a cup of food. So it's, it certainly becomes this very small quantity.

[00:28:36] So you've gotta remember that anything that's mushed or processed by you, um, mood lead or processed, um, is actually an enormous amount, more quantity if it was as still as whole food than it is when it's mushed food. So you've gotta, you've gotta take down the amount you're expecting, you know, so if you think that you're only going to eat yourself, maybe.

[00:28:53] And ate the broccoli go moodly that and see what it comes out as it's coming out as kind of two tablespoons. And so [00:29:00] that's the first principle is that you've gotta adjust how much you think your toddler should be eating. Having said that, um, I do think that we do run the risk of destroying children's appetite with processed carbohydrates.

[00:29:11] And this is one of the, one of the problem kind of pitfalls we fall into. So we give them something that's a highly processed carbohydrates. So very obnoxious. We think it's completely innocent, little fling as an example. And you know, little fling chips are, are lovely. They're given to children because they, um, kind of mushed down and they have very low choking risk.

[00:29:29] And so. Classically given as quite a nice snack. The problem with that is it has sugars in it. It's a processed carbohydrate. And what ends up happening is because it's easy to break down. Um, our bodies break it down quickly. We release, um, you know, our blood sugar level goes up and then our blood sugar level plummets.

[00:29:46] And instead of being able to last all the way from that snack time until supper time, suddenly the Hungary again in hour later, because actually they've now had the, the spike of, of blood sugar. So that ends up with now with what you can potentially have as a Grazer. So a little one who then [00:30:00] wants juice before Sapp or fruit in between meals, and then they get to supper and now they're not hungry.

[00:30:04] And suddenly you've got these mealtime battles. So I've always said to parents that you can completely a hundred percent trust your baby's intuition in terms of telling you how much they want to eat. If, and there's two caveats here. The one is if your timing feeds frequently, so you're giving these five eating opportunities in the day.

[00:30:23] And the second thing is, is that you're watching very carefully. What, so it's the when and what, so you get to control the, when your little one eats and the, what they eat. And if you're

doing that really, really well, and of course you can control that, then you can allow them to control the, how. Mm.

[00:30:38] **Vanessa Pickford:** Yes, that's very helpful advice.

[00:30:39] Thank you. Now, previously, you said that the child should be having five eating opportunities of three solid meals and two snacks a day, but what should the portion size look like for a typical

[00:30:52] **Meg Faure:** toddler? So I, you know, I, I don't really necessarily stick to portion sizes. I'm more, more stick to variety. So on a plate you should [00:31:00] have, um, at least three different food stuffs, because remember, you're trying to have your proteins, your carbohydrates, your fats, and your fruit and vegetables.

[00:31:08] So, um, you know, it's kind of having an opportunity for each of those on the plate and then having a look at the size of your baby's fist and expecting them to eat about that much. So it's not a lot of food, but you'll obviously give them more because it's some meals and particularly like breakfast, they might.

[00:31:21] Two of their own fists of food, you know, they might really dig in and eat a whole big cup of porridge, you know, with some yogurt and some banana in it. And that would be a really wholesome breakfast, but that's a lot of food, but then when they come round to supper time, they might only be having two tablespoons of food.

[00:31:36] So, you know, I, I try and discourage parents from getting fixated on what is a portion because. Otherwise, then you measure it and you think, oh gosh, they haven't had their portion tonight. Um, it's more about how much they've had over the course of 24 hours or even a week actually. But certainly you can look at 24 hours, um, and then giving them more than you think they're going to eat.

[00:31:54] And then being quite happy with the fact that you are gonna throw a little bit away. Mm. Right

[00:31:59] **Vanessa Pickford:** now, [00:32:00] You've already provided some good insights into what our children should be eating for breakfast, lunch, and supper. Could you possibly share some healthy snack

[00:32:09] **Meg Faure:** ideas with us? Yeah, so, I mean, at snack times, first of all, you can make on a carbohydrate side, you can make some really nice biscuits and snacks yourself.

[00:32:17] Um, you know, teething risks are fabulous. Um, oat cookies are great. Um, You can have, um, you know, kind of the little way free biscuits, like ERs, um, which are fine. Um, so you go for anything, preferably whole grain, preferably home homemade. And I, I am a busy mom. I ran businesses, I've got three children. I don't home make everything clearly.

[00:32:39] And so you do have to go for the convenience foods, but if you are going for the convenience carbohydrates for the snack times, just try and make sure that they're really low sugar and really low salt, that those are the principles there. Um, As wholesome as you can make them, then you're going to put in your fats.

[00:32:54] Um, and AVO is just our favorite fat. It's a really, really awesome fat. And I think it's a great [00:33:00] opportunity for snacking because, um, it, it doesn't ha have high choking risk, a little one can manage it themselves. So just giving them sticks of ever to pop into their mouth is a really nice idea. Um, Dairy like cream cheese as a spread onto the little biscuit that they've got also a great idea.

[00:33:16] And then you've got your dips. So things like hummus and guacamole and, um, these type of things Hovis is a fabulous food it's made with chickpeas and some olive oil, both of which are very, very, are fabulous for little ones and some lemon, as well as. So it's very wholesome. You can make it yourself or you can buy it.

[00:33:31] And then you use that OUS as a dipping opportunity. So there you can have your celery sticks and your carrot sticks for

those foods. If you've got a little baby, you're gonna watch that the pieces don't break off, but there are quite nice ways to use those foods as utensils. Um, and then of course, yogurt's also fabulous as snack food.

[00:33:47] Meg. I

[00:33:48] **Vanessa Pickford:** have a large extended family with lots of nieces and nephews, and they all seem to practice child directed eating, which has meant that some of the kids are pale and pasty with dark rings [00:34:00] under their eyes due to an absurdly limited diet whilst others are battling childhood obesity. So what are your feelings about child directed eating and where do you feel the line is between child directed, eating and mal Nutri?

[00:34:15] And at what point should the caregiver be stepping in?

[00:34:19] **Meg Faure:** Yeah. I love that. So we, when we wrote weaning sense, we, um, worked around an acronym called C L a B CoLab, and the B in CoLab stood for baby friendly or baby centric, um, which is kind of what you're alluding to. And it's handing over the control of eating to the child now.

[00:34:42] Actually in reality, that is what we should be doing. Children should be able to control their eating. However, that can only happen safely in the context of a parent taking certain responsibility. So it becomes a little bit of a dance. And I talk about it in the book of being a dance between a mom and a baby or parent and a baby.[00:35:00]

[00:35:00] There are things that parents have to control and if they control those things, they can hand over other responsibilities to the child and entire. And the things that parents have to control until children are old enough to make good decisions for themselves. I have already mentioned, but they are the what wear and when, so the, what is that we are not gonna give processed carbohydrates, that we are not gonna give sugary snacks, that we're gonna have absolutely zero flavored drinks.

[00:35:25] And that's very important. The minute you have any flavor and a drink you're taking in calories through liquid, which is the worst possible way, and particularly for obesity, but also for appetite. So that means. No sugary tea, no fruit juice. If you can believe it. And obviously no sodas and, uh, you know, a lot of people think, oh my goodness, that's the only way they take in fruit is through fruit juice.

[00:35:45] They must have fruit juice, but in actual fact fruit juice is one of the biggest culprits here because it is in fact not a very full calorie. It's got, it's an, what we call an empty calorie because it's high levels of sugar. With very little nutritional value and it destroys your appetite. It spikes your blood [00:36:00] sugar level and it changes your eating appetites.

[00:36:02] So if parents can control that, which is the watch, so they don't give them the opportunities to have sweets and sugary snacks and, and, and fruit juices, and so on. Then they can actually relax quite a bit. Vanessa, they can allow, they can then hand over to their little one, the opportunity to eat, um, how much they, how much they wanted each opportunity, because they know that what they're offering them is really wholesome.

[00:36:23] And then obviously the win is important as well. And that, and for that. We don't let little ones, um, lead the feeding in terms of the B grazers. Um, because the problem with being a Grazer is that you actually don't really, um, ever get the opportunity to have an empty tummy. You, um, don't eat a full meal when you get to it.

[00:36:39] And grazing tends to lend itself to eating empty calories as well. So if parents are, are. Kind of really controlling that, what way? And then I also talk about the, what way. And I also talk about the way, which is we are not gonna eat in front of television. We're not going to eat on the run. We're not gonna chase our toddlers around the house with a spoon and a bowl.

[00:36:57] Um, then we can hand everything else over [00:37:00] to the child and that allows the child to be, to be in control, to control how much they want to eat. And also what on their plate

they want to eat. So if the parent has done a full offer, Some broccoli, some proteins, you know, some nice carbs and the little one is refusing to eat the broccoli.

[00:37:16] The parent can relax a bit, cuz she knows in the next meal outing at dinner, she's gonna put pineapple on the plate and her maybe a little, one's more likely to take the pineapple in for the vitamin C. So you know, you can, as long as you are presenting the op options, you can hand the control over to the child.

[00:37:31] Mm.

[00:37:31] **Vanessa Pickford:** And then what would be the warning signs that a child needs to be evaluated by a healthcare

[00:37:37] **Meg Faure:** provider? Look, you definitely do get situations where little ones are not really not eating enough and they're losing weight. And so the minute a little one starts to lose weight. We are immediately alerted church.

[00:37:48] So weight plateauing is fine that we can live with, cuz it'll usually come back up again. But actually weight decreasing is something that we do worry, worry about. So that's something that I would look, look at if a little one is listless and. [00:38:00] Kind of lying around all the time has those, as you say, pale face, dark rings under the eyes.

[00:38:04] Um, we would worry and we would want to just have the iron levels checked out. Um, and so even little one's having a very restrictive diet and has these symptoms of either weight, loss or listlessness that's when you do want to have them checked. Chart and, you know, the pediatric dietician I referred to KA mcg gore is absolutely incredible with picky eating.

[00:38:22] In fact, in the parent sense app, um, which is my, my app. We actually have a course on picky eating specifically. So parents can go and download the parent sense app and have a look at the course on picky eating, um, because that'll help and

guide you through, um, you know, what to do when things are actually going really wrong.

[00:38:38] I want to

[00:38:38] **Vanessa Pickford:** share a really exciting promotion with you. Me is offering a 50% discount on. Parent sense for all listeners of the health rap podcast. So please use the discount code since 50, which is S E N S E all capitals five when signing up for her parent sense app to make use of [00:39:00] this great offer. This app is available on both Android and the apple app store.

[00:39:06] So back to our conversation, Meg, if meal times are stressful because of fussy eaters, or if caregivers are looking to see how to handle meal times when their babies are older, how would you advise caregivers to approach meal times to get the

[00:39:21] **Meg Faure:** best outcome? So there's a couple of little tricks. First of all, involve your little one in the, um, in the preparation of the meal.

[00:39:28] And you know, this is. Particularly for toddlers who are picky, it's a wonderful way to get them eating. I mean, even go and make a really nice healthy carrot cake and let them lick the batter. Um, or when you're making the hummus and the chopped vegetables, give them a blunt plastic knife and let them chop up the pieces of AVO or the eggs so that they're involved in it.

[00:39:45] And often what happens there is first of all, we normalizing the food. And second of all, there are just, they're likely to start to nibble along the. Probably by the time meal time has come. They've actually nibbled most of the meal themselves. And then if they reject the meal, you don't mind. Anyway. So the first thing is get them involved in [00:40:00] food preparation.

[00:40:00] It normalizes the food. Secondly, we know that often little ones need about 14 exposures to food before they'll actually take it. So that means they need to see you eat it. Then they need to see it prepared. Then they just need to see it on their plate.



Then they need to be able to pick it up off their plate, smell it and put it back down again.

[00:40:17] Then they're going to pick it up, smell it, put it in their mouth, spit it out, throw it on the floor. And only after about 14 exposures are actually going to take to the food. So, you know, you do have to allow them a lot of exposure. Another fabulous way to get little ones to eat really nicely is to have social meals and, um, you know, none of us love to eat on our own or at least I know for myself, if I eat lunch on my own, I'll just quickly, well for down, I won't eat as much as I do when I go out for a dinner party where I will be tucking into everything and I'll have that extra piece of bread and I'll, you know, I'll have, I'll really enjoy my meal.

[00:40:49] Um, and of course that's because it's social and I've forgotten. Actually I'm eating as well. I think I'm socializing. So having little ones, um, part of your family meal times from as young as six months old is really, really good. [00:41:00] And if your partner's getting home really late from work, and you're the one feeding, then have a little bowl in front of you that you can nibble on as well.

[00:41:07] So have those celery sticks in that ch that you can nibble on so that your little one can see that you are eating, they're eating. This is a, you know, this is a fun art.

[00:41:15] **Vanessa Pickford:** Further to that. What kind of attitude from parents and caregivers provides the best outcomes for healthy eating habits in

[00:41:22] **Meg Faure:** children. So I do encourage parents not to get their own hangups as much as possible, you know, have healthy eating principles.

[00:41:29] And in fact, in the book weening sense, we have an entire chapter dedicated to the myths around food stuffs. You know, because actually dairy is not all bad and gluten is not necessarily all bad, you know? And so parents need to just be very careful about bringing their own Hangouts to the table. And then

if you are a parent, um, and particularly a mom, who's had an eating disorder, you need to enter.

[00:41:50] The feeding, um, kind of journey really consciously because you have to be very careful about conveying that information and that fear of food or that, [00:42:00] um, you know, kind of control aspect that goes with an eating disorder, um, to your child. Mm-hmm right.

[00:42:06] **Vanessa Pickford:** So once the parents have addressed their own food hangups, what can then be done to help a fussy eater, widen their diet, or try new foods and eat better.

[00:42:18] **Meg Faure:** So a couple of those, I have mentioned it's things like getting them involved in the making of the food, um, letting them have their own control bowl. But another one that I haven't mentioned is something we called food chaining, which is where we look for the quality of the foods that they will eat. And then we chain it across to another food.

[00:42:34] So, um, it's take, for example, they love fried foods, you know, fried chips and, um, chicken nuggets. Okay. So they've all got a soft middle and a crunchy outside, um, and they beige. So that's, that's a, that's a very typical toddler, um, kind of fetish or meal meal preference. Um, but now you wanna get them onto bat net, so, or onto anything else actually, but it's start with bat net.

[00:42:57] So what you do is you create the bat net in exactly the same [00:43:00] way as you've done the chips, you cut the chips, the BATNA and fingers. You prepared in exactly the same way as you would the potato and you then pop it into the oven. And, and what comes out is yes, a different color. But it's the same quality.

[00:43:11] Now what you've done there is you've changed. You've found some quality that you've kept consistent and you've moved it on to another, another food stuff completely. And then you can take that food stuff, which is then the better at chips and say, well, I'm now gonna change the slightly, instead of having long, straight

chips of BATNA, I'm gonna do chunks of BATNA, which have been, um, I've also been, um, steamed and then have been fried afterwards or, or, or roasted afterwards.

[00:43:34] And so, and then I'm gonna take it onto roasted veggies and you can see. Every time, you're kind of moving a little one further and further away from that very Beed diet. The other thing is to have on every plate of food, a win food and a challenge food. So a win food is something that, you know, your little one is gonna go for.

[00:43:49] And a challenge. Food is something that they just need exposure to and hopefully will take to. So for instance, those BATNA chips would be a, a challenge food. There'll be a challenge food today, and then hopefully tomorrow they'll become a winning food. [00:44:00]

[00:44:00] **Vanessa Pickford:** Meg, thank you for sharing your valuable advice with us over the

[00:44:03] **Meg Faure:** past two.

[00:44:05] Thanks Vanessa. Yeah, it's been really, really super to be able to share these little tidbits of information and hopefully just make parenting journey a little bit easier.

[00:44:12] **Vanessa Pickford:** Thank you for listening to me, Vanessa Pickford on the health rep podcast powered by media clinic. If you haven't yet done. So subscribe to our podcast channel to make sure you don't miss out on hearing from all the experts we'll be bringing to support you in the upcoming episodes.

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