CF Care Center Providers,

We are pleased to announce that behavior and nutrition handouts described in Table III “Routine monitoring and care recommendations for the infant diagnosed with cystic fibrosis” in the CF Foundation Evidenced-Based Guidelines for Management of Infants with Cystic Fibrosis were published in The Journal of Pediatrics December supplement (JPediatr 2009;155(6);S73-93). These guidelines are also available in the Resource section of Port CF. The central purpose of these handouts is to provide parents of children with CF (ages 4 months to just after 2 years) with basic nutrition and behavior management information and recommendations. They are to be used in conjunction with face to face discussion with parents or family members. We anticipate that the handouts will also provide parents with a sense of validation that these challenges are a normal part of development for all children.

We hope that parents will find the information in the handouts helpful in reinforcing discussions in clinic as they work to ensure their child with CF receives appropriate nutrition. While these resources will not be sufficient alone, they will provide them with anticipatory guidance about nutrition and mealtime behavior management. The handouts will also set the stage for parents to discuss nutrition and mealtime behavior concerns with the CF team perhaps earlier than they would have in the past.

**Feeding Your 8 to 12 Month Old: Adding New Foods**

**Purpose:** To highlight the importance of offering a variety of foods at this young age.

**Topics addressed:**

1. How to start serving finger foods.
2. Ways to gradually boost calories of safe solid foods.
3. Importance of offering high-calorie finger foods.
4. The importance of creating a routine and setting mealtime time limits.
5. The value in parents’ attention and praise for eating, and not giving attention to not eating.
6. Having a plan for sick days.
YOU ARE ON YOUR WAY TO TEACHING YOUR CHILD GOOD EATING HABITS!

At this age, there are two important feeding tasks to get done:

- Keep offering your child a variety of foods and more calories.
- Start finger foods that will help your child eat a high-calorie diet.

Now that your child has been eating cereals and pureed solid foods, it is important to continue to offer a wide range of new foods, flavors, and textures (such as chewy, crunchy, and soft). Be sure to serve solid foods in small pieces and supervise your child to decrease the risk of choking.

Slow and steady! Keep adding calories to your child’s food. Your cystic fibrosis (CF) dietitian can help you plan how to add calories, such as cream, oil, butter, margarine, and syrup. As your child gets used to the way that high-calorie foods taste, you can slowly add more calories to her food. Also, you can start to use new ways to add calories, such as ranch dressing. Remember, use small amounts of the new calories until your child gets use to the new flavor. Then you can slowly start to add more. Try to add calories that match the color or feel of the food, or blend in well. If you add calories slowly, sometimes your child won’t even notice the difference! Talk to your dietitian about other ways to add calories.

Something new to keep in mind! Start looking for healthy finger foods with the highest calories to give to your child. Many of the snacks for children without CF do not have enough calories for children with CF. Below are some examples. You can ask your CF dietitian for more ideas.

<table>
<thead>
<tr>
<th>Snack foods for children without CF</th>
<th>High-calorie snack foods for children with CF</th>
</tr>
</thead>
<tbody>
<tr>
<td>dry cereal</td>
<td>bite-sized muffins</td>
</tr>
<tr>
<td>snack crackers</td>
<td>Full-fat cheese crumbles with high-calorie crackers</td>
</tr>
<tr>
<td>bite-sized fresh fruit</td>
<td>bite-sized canned fruit in heavy syrup or fresh fruit with high-calorie dip, whole milk yogurt, or heavy cream</td>
</tr>
<tr>
<td>snack puffs</td>
<td>cheese puffs, soft cereal bars, or high-calorie crackers</td>
</tr>
<tr>
<td>low-fat yogurt</td>
<td>full-fat yogurt, pudding, or cottage cheese</td>
</tr>
</tbody>
</table>

MEALTIME: READY, SET, GO!

Get ready for mealtime.

- Choose high-calorie foods.
- Add calories to all foods and drinks.

Set up the meal for success.

- At the start of mealtime, it is a good idea to remove toys and other distractions. Toys and the television may distract your child from eating because many children would rather play than eat. Your child may say that she is not hungry if a meal or snack will stop her playtime.
- Have your child sit in her high chair for only 15 minutes for meals and 10 minutes for snacks.

It is important to have meals and snacks at about the same time every day. Having meals and snack time as part of a daily routine will help your child be hungry when it is time to eat. It is important to limit the amount of time that your child sits at the table for meals and snacks. This helps you make sure that your child sits long enough to eat enough. This can help avoid food battles between parents and children. It teaches children who take a long time to eat to eat more quickly. Food should be removed at the end of the time limit until the next meal or snack time. One of the best things about a set time limit is that it helps parents feel like they are in control of mealtime!
**Go, go, go!** At this age it is okay to feed your baby, and let her try to eat on her own at family meal and snack times. It is important to try to make meals enjoyable, so try these suggestions!

- Be your child’s cheerleader when she eats well. You can praise her for so many mealtime behaviors that help her grow big and strong and learn good manners! Try these praises:
  
  “Good job sitting in your chair!”
  “Nice job taking your enzymes!”
  “You tried a new food! Good job!”
  “You took a big bite. Mommy loves that!”
  “Yeah! You took one bite right after the other!”

- Be very clear when saying what you like about your child’s mealtime behavior. Telling your child that she is a “good girl” does not tell her what action she did that you liked.

**Caution:** Children are more likely to do something again if they get attention for it. Given the most important thing for your child to do during mealtime is eat, try to give your attention when your child is EATING! It is normal for parents to encourage, tell, and beg their child to eat. We know that in the long run these do not work to get children to eat more or eat faster. If they worked, parents would not need to keep using them! Instead, stay calm and give your attention to other family members when your child is not eating or is distracted (such as when playing with food). Wait until your child takes a bite and then praise her for taking a bite, or give her a loving touch.

**Wait, wait, wait!** Waiting to praise your child for taking a bite (rather than telling them to take a bite) can be very hard. You might feel nervous or frustrated when your child is not eating. Remember, save your mealtime attention for when your child is eating. If you pay attention when your child is not eating, she is less likely to eat well. Your child learns that she can get your attention for not eating. It is hard to break this habit. You will be surprised how much and how fast your child can eat the more you give your attention to her when she eats.

**HAVE A PLAN FOR SICK DAYS.**

- When not feeling well, children usually eat less.
- Be sure to check with your CF dietitian about how to best add calories when your child is sick.
- Once your child is feeling better and is hungry again, slowly increase the amount of food that is given until she is back to eating the same amount of food as before she was sick.

**TALK WITH YOUR CF CENTER**

Talk to your CF center at *every* visit about your child’s eating. Your CF dietitian can help you make food choices, add calories, get your child to eat, and make mealtime fun. They can also help you if you are having problems. The earlier you ask the better! If your child does not eat well for two or three days you should talk with your CF care center or primary care doctor.