**Supplementary Table 1: Examples of medical conditions associated with Pediatric Feeding Disorder**

|  |  |
| --- | --- |
| **Impairment (Body structure/function\*)** | **Dysfunction (Activity Limitations\*)** |
| **Disorders that affect oral, nasal, or pharyngeal function**   * Macroglossia * Extensive dental disease * Labial or palatal clefts * Velopharyngeal insufficiency * Choanal atresia * Tonsillar hypertrophy   **Aerodigestive disease**   * **Airway** * Laryngeal clefts * Vocal fold paralysis or injury * Airway malacia (laryngo-, tracheo-, or bronchomalacia) * Subglottic stenosis * **Pulmonary** * Bronchopulmonary dysplasia * Any process resulting in chronic tachypnea * **Gastrointestinal** * Eosinophilic esophagitis * Esophageal motility disorder (post-esophageal atresia or achalasia) * Gastric or duodenal ulcers * **Other gastrointestinal disorders** * Feeding/volume intolerance of any cause * Gastroparesis   **Congenital and other heart disease**   * Any form of congenital heart disease (esp. hypoplastic left heart syndrome) and other conditions that result in staged single ventricle repair * Associated pulmonary hypertension * Myocarditis and other causes of heart failure   **Neurologic, developmental, and psychiatric disorders**   * **Autism spectrum disorder** * **Disorders of motor control with hyper- or hypotonia** * Cerebral palsy * Muscular dystrophies * **Attention-deficit/hyperactivity disorder**   **Iatrogenic**   * Prolonged hospitalization with critical care support * Invasive operative procedures affecting vital systems * Aversive feeding | * Malnutrition and its sequelae * Aspiration, recurrent aspiration pneumonias, chronic lung disease |

**Supplementary Table 2: Nutritional dysfunction associated with Pediatric Feeding Disorder**

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| --- | --- | --- |
| **Goal** | **Dysfunction** | **Examples of Health Conditions** |
| **Macronutrient consumption**  Energy  Protein  Fat | Inadequate Energy  Excessive Energy#  Inadequate Protein  Inadequate Fat | * Undernutrition * Overweight# * Stunting * Impaired neurodevelopment * Essential fatty acid deficiency * Need for tube feeding * Need for texture modification |
| **Micronutrient consumption**  Key micronutrients^ - calcium, vitamin D, iron, zinc, vitamin C, vitamin A, beta-carotene | Inadequate Micronutrient  Excessive Micronutrient# | * Rickets * Iron deficiency anemia * Impaired immune function * Loss of appetite * Scurvy * Toxicity of vitamin A/beta-carotene# * Other nutritional anemias |
| **Consumption of other critical non-nutritive elements** | Inadequate water/fluid  Inadequate fiber | * Dehydration * Constipation |
| **Dietary diversity**  Normal dietary diversity for social functioning^ | Inadequate dietary diversity | * Impaired social functioning * Micronutrient deficiency * Macronutrient deficiency |

**Legend:** ^ will vary depending on sociocultural and nutritional beliefs and practices; # these are less common

**Supplementary Table 3: Examples of Feeding Skill impairments and Dysfunction associated with Pediatric Feeding Disorder**

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| --- | --- |
| **Impairment** (Body functions and impairments \*) | **Dysfunction** (Activities and participation/limitations and restrictions\*) |
| **Oral sensory functioning**   * Under- or over-response to sensory aspects of liquids and food textures inhibiting acceptance and/or tolerance   **Oral motor function**   * Reduced strength, coordination, range of motion, timing inhibiting oral movements required for acceptance, control, manipulation and/or oral transit of liquids and food textures   **Pharyngeal sensory processing and/or motor function**   * Under- or over-response to bolus during pharyngeal transit or residue remaining post-swallow * Reduced strength, coordination, range of motion, timing impacting pharyngeal transit of liquids and food textures * Inhibiting efficient swallowing and/or airway protection | **Limitation in oral feeding skills**   * Unable to consume age-appropriate liquid and food textures * Unable to use age-appropriate feeding utensils and devices * Unable to self-feed at age-appropriate expectations * Unable to use age-appropriate mealtime seating * Requires more assistance or requires special strategies relative to other children of same age * Prolonged mealtime duration * Insufficient oral intake   **Restrictions in mealtime participation due to safety concerns:**   * Adverse mealtime events (e.g. coughing, choking, gagging, vomiting, discomfort, stress, fatigue, refusal) * Adverse cardio-respiratory events (e.g. apnea, bradycardia, increased work of breathing) * Aspiration |

**Legend:** \* International Classification of Functioning, Disability, and Health (ICF) terminology

**Supplementary Table 4: Examples of psychosocial conditions associated with Pediatric Feeding Disorder**

|  |  |
| --- | --- |
| **Psychosocial Restriction (Health Conditions and Problems\*)** | **Impact on Feeding Behaviors** |
| **Developmental (child and/or caregiver)**   * Delay * Disorder   **Mental/Behavioral Health (child and/or caregiver)**   * Diagnosed disorder * Undiagnosed signs/symptoms of disorder * Deregulated temperament/personality characteristics   **Social**   * Caregiver-child interaction problems * Cultural expectations are not commensurate with AAP nutrition guidelines   **Environmental**   * Disorganized/distracting feeding environment * Disorganized or poorly timed schedule of feedings * Access to food or other necessary resources * Inadvertent reinforcement of food refusal behavior | * **Learned aversion (child and/or caregiver)** * **Stress/distress (child and/or caregiver)**   + Caregiver disengagement   + Caregiver over-engagement * **Disruptive behavior**   + Food refusal (passive & active resistance)   + Gagging/vomiting   + Elopement/attempts to disengage or flee from meal * **Food over-selectivity** * **Failure to advance to age-appropriate diet or feeding habit despite adequate skill**   + Reliance on formula beyond expected chronological age   + Failure to consume age-typical texture   + Not feeding self at age-typical level * **Grazing behavior** * **Caregiver use of compensatory strategies to feed child** |

**Legend**: \* International Classification of Functioning, Disability, and Health (ICF) terminology; AAP: American Academy of Pediatrics

**Supplementary Table 5. Specialist members of the interdisciplinary team caring for Pediatric Feeding Disorder**

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| --- | --- | --- |
| **Team member** | **Provider type(s)** | **Role** |
| Physician | General pediatrician  Pediatric gastroenterologist Developmental-behavioral pediatrician  Neurodevelopmental pediatrician | Assess and treat medical conditions associated with impairment and dysfunction  Coordinate care between team members |
| Dietitian | Registered dietitian-nutritionist (RD / RDN) | Assess dietary adequacy and recommend nutritional therapies |
| Feeding specialist | Speech-language pathologist or occupational therapist with expertise in PFD | Assess and treat feeding skills and swallowing |
| Child psychologist | Behavioral psychologist, preferably with experience in treating PFD | Assess and treat psychosocial impairment and dysfunction |
| Other physician(s) | Otolaryngologist, pulmonologist, child neurologist, dentist, pediatric surgeon, psychiatrist, radiologist, allergist, physiatrist/physical medicine and rehabilitation specialist | Provide ancillary recommendations to address specific impairments related to medical conditions |
| Nurse | Registered nurse | Coordinate care, assist with procurement and education regarding use of formulas and durable medical equipment, support family |
| Social worker | Clinical social worker  Case manager | Help implement team-recommended environmental adaptations to reduce the scope of disability caused by PFD, by helping the family to procure appropriate home and school services to minimize activity limitation and maximize participation |

Legend: PFD: Pediatric Feeding Disorder