

# Trauma effects on child and infant feeding behaviors- Topic of the Month

UPDATED APRIL 2025

Lives disrupted by crisis may affect all family members differently. While infants and children struggle to respond to these changes, parents may find them acting out in a variety of ways. One way that children may express their discomfort with their world is through changes in feeding behaviors. This memo will focus on identifying behavioral food changes in children during times of stress and supporting families with resources.

## Feeding behavior changes

Childhood nutrition is essential to adequate growth, development, immunity, and learning. Children that refuse to eat certain foods or food groups may fall short on some essential vitamins and minerals. While some changes in feeding can be normal, others are cause for concern.

### Common feeding behavior changes in times of stress

- Prolonged or disruptive mealtimes.
- Food refusal or picky eating.
- Emotional grazing or overeating.

Growth is a reflection of health. Short-term feeding behavior setbacks are usually not cause for concern, while long term they may contribute to changes in growth and development. When a child is under- or over-nourished due to changes in feeding behaviors, they may become at-risk for more serious pathological conditions. Understanding the underlying factors that lead to changes in daily eating habits is the first place to start.

## Nutrition assessment

WIC staff use the nutrition risk assessment (MOM [Section 5.3: Nutrition Risk Assessment Overview](#)) to develop a picture of nutritional status and health for each participant. The anthropometrics and hematological information provide a framework for the assessment information. Through the health and dietary assessment, staff are able to develop a picture of underlying feeding behaviors that may be affecting growth and development.

### Question to ask about feeding

- What concerns do you have about your child's eating?
  - Has this always been a concern or is this new?
- Does your child have any medical problems that could be causing the change?

- What changes has there been in the home environment?
- What changes have you noticed in your child's growth?
- Tell me about changes in your child's development?
  - How has this change affected mealtimes?
- How do you (the parent/caregiver) respond to changes in eating?

By using participant-centered services ([PCS Counseling Skills](#)) during the assessment, we are able to gain trust while allowing the parents to openly explore their child's feeding behaviors. With the fully completed assessment, we can determine the appropriate risk codes and individualized course of action.

## Assessment tools

Targeted training tools have been developed to support staff in identifying areas of participant concern. The tools, found on the [WIC Nutrition Assessment](#) webpage, include the brief questions and probes, complete question format, mid-certification assessment questions guidance sheets. Below are the infant and child tools.

- [Training Tool for Child Assessment Questions](#)
- Complete [Child](#) Question Dietary Assessment Tool
- [Child Mid Certification](#) Assessment Questions
- [Training Tool for Infant Assessment Questions](#)
- Complete [Infant](#) Question Dietary Assessment Tool
- [Infant Mid Certification](#) Assessment Questions

## Risk codes

The [WIC Risk Criteria Dietary](#) contains the various risk codes that you may find relevant depending on each individual assessment. When all risk codes are identified, it helps to focus the nutrition education on what will best support the participant in reaching their goals and improving their health. CPA staff are encouraged to explore the various risk codes so they may have a better understanding of how they work and what to choose when the time comes.

## Providing education

Support parents by helping them understand what normal feeding development looks like. Determining what you can do to assist the participant is only done once all information is gathered. An individualized approach to assessment and education ensures that each participant is treated fairly and respectfully. If no concerns are identified, offer praise and tips to continue to promote healthy eating habits.

### Things to Consider before Providing Education

- Have you completed the full assessment and determined risk codes?
- Has the family spoken to their medical professional?
- How will culture influence education and recommendations?
- Is the family open to education and referrals?
- What resources or referrals will benefit the family?

### Offering healthy tips

- Set a good example by eating meals together as a family.
  - [Family meals mean love and security](#) at mealtime.
- Involve child in meal planning and prep. Children like to help!
- Serve regular healthy meals and snacks. Consistency is key.
  - Serve a variety of colors and textures at mealtimes.
  - Provide child size (age appropriate) portions.
  - Provide some foods a child is more likely to eat.
- Allow child to serve themselves.
  - Builds skills and independence at mealtime.
  - Allows child to decide how much to eat.
  - Encourage parent to let child decide, no nagging or forced feeding.
- Avoid mealtime distractions with no television, phones, or tablets.
- Enjoy mealtime conversations; children like to talk and be listened to.
  - Provide a relaxing environment to eat without stress.
  - Time for sharing about each person's day.
  - Time to talk about the foods each person likes or dislikes.

### Referrals

Know when to refer. When there is a health condition or feeding behavior that has led to adverse changes in growth or development, it is a red flag for a referral to the participant's health care provider. If there is need for food or financial support, a referral can be made to food shelves or economic assistance programs. Ask the family what resources they feel would best fit their needs and if they are open to receiving a referral.

### Practices activity

## TRAUMA EFFECTS ON CHILD AND INFANT FEEDING BEHAVIORS- TOPIC OF THE MONTH

Below is a scenario of a staff member discussion regarding changes in child feeding behavior with a parent. Notice how PCS is used in the conversation.

- **READ** through the scenario and think about questions you would ask.
- **PRACTICE** open-ended questions, affirmations, reflective listening, and summarizing.
- **SHARE** your knowledge and skills with the next participant.

**Scenario:** The WIC Office is currently closed due to a pandemic. The parent (Emily) of a three-year-old child (Jack) is on the phone today for a recertification appointment. The parent has provided current measurements for her child via fax from her child's pediatrician. The parent has also provided verification that the family is receiving unemployment and SNAP benefits. Physical presence has been waived at this time. The staff notices that the child's hemoglobin level is normal; growth records show that the child had not gained weight although he did grow a little over an inch since his last visit with WIC.

**Staff:** Hello Emily, I am so glad you were able to make the time to speak with me today. This appointment should take about a half hour. I really appreciate you sending in the measurements for Jack and income for the family. That helps a lot! Are you ready to get started?

**Parent:** Hi. Yes, just give me a moment while I check on my child. (pause) Okay, looks like he is still napping so this is perfect timing.

**Staff:** Great. I'd like to start by asking if there are any concerns you or your doctor have about Jack's growth?

**Parent:** Um, no not really. I was just at the pediatrician for his well-child check. The doctor did mention that he hasn't gained any weight, but I guess I wasn't surprised since he has been pickier with his eating lately.

**Staff:** Okay, what did the pediatrician have to say about the Jack's weight?

**Parents:** She said it can be normal when there is a change in a child's regular routine.

**Staff:** Oh, can you share with me what has changed about Jack's routine?

**Parent:** I guess it started when I began working from home. He used to eat his breakfast and lunch at daycare but now he is home all day with me. Maybe this is normal, I don't know.

**Staff:** That's a big change for both of you being home all day! Can I ask, did the daycare ever express concerns about Jack's eating in the past?

**Parent:** No. Not that I can remember.

**Staff:** So, does it seem like this could be a change from how he normally ate breakfast and lunch?

**Parent:** Well, he has always been a really good eater at dinnertime. But now, he has been eating so slowly at every meal. He takes one bite and will literally chew forever. I just don't have the time to have lunch last all afternoon.

**Staff:** I can understand that. How does the meal usually end?

**Parent:** It ends when I take his plate away and tell him to go play.

**Staff:** Okay, how does Jack respond to that?

**Parent:** Well honestly, by that time he seems to be done anyway.

**Staff:** Can you tell me a bit about how Jack lets you know when he is hungry?

**Parent:** Oh, he's not shy when it comes to food. He will eat anything I offer.

**Staff:** Great. So, if he doesn't finish his meal, does he usually have a snack or wait until the next meal?

**Parent:** I always keep fruit out for him to grab, but if he doesn't want that he will ask for something else.

**Staff:** Wow, it sounds like you have prepared for healthy snacking.

**Parent:** Well, Jack was a chubby baby. I like to have healthy snacks around, so he doesn't always eat sweets. I think that is why the pediatrician isn't really concerned.

**Staff:** That's great! So, what I'm hearing is Jack lost a little weight, but between eating more slowly and snacking on fruits your pediatrician is not worried.

**Parent:** That's right. She said he may be shedding some of his baby weight and anyway their appetite can change when they get around this age. She said I should bring him back in if his appetite doesn't improve or I notice he is losing weight in the next few months. In the meantime, I plan to offer Jack a vitamin each day. My pediatrician recommended one I could buy that would work for his age.

**Staff:** It sounds like you got some good information from your pediatrician. It is common for toddlers to go through a decreased appetite since their growth is slowing down at this age. I would agree with your pediatrician, if you continue to have concerns give her a call. Your plan to offer Jack a vitamin seems like a solid one. We will go ahead and recertify Jack today. However, if you have any concerns, you are welcome to call us anytime.

**Parent:** Thanks, I really appreciate that. I think it may just be a phase but it's good to know I can call when I have concerns.

**Staff:** Absolutely, and if you are interested in learning more about picky eating and easy meals you can access more information on the Minnesota WIC app. You can click on Nutrition and then look on the 'Health & Nutrition Tips' tab for a list of topics that have our education cards with lots of information.

Thanks for taking the time with me today, Emily, it was great chatting with you!

## Resources

Minnesota WIC Nutrition Education Cards: [A Child's Appetite](#), [Feeding with Confidence](#), [Choose a Healthy Plate for Kids](#), [Mealtime Routines](#), [Picky Eaters](#), [Feeding an Older Infant](#)

[Wichealth.org](#): Feeding your 1-year-old. Helping your child develop healthy eating habits, making mealtime family time, solving picky eating, Time to eat! What's on your plate?

[Easy, affordable and healthy eating tips](#) (UNICEF)

[How to Approach Feeding Difficulties in Young Children](#) (National Library of Medicine. Dec. 2017)

[Childhood Feeding Problems and Solutions](#) (Ellyn Satter Institute)

[Intervening with Pediatric Feeding Disorders](#), (Ellyn Satter Institute)

[Promoting Early Development: Building a Strong Foundation](#) (Zero to Three)

## References- complete listing of hyperlinks:

[Section 5.3: Nutrition Risk Assessment Overview](#)

([https://www.health.state.mn.us/docs/people/wic/localagency/program/mom/chsctns/ch5/sctn5\\_3.pdf](https://www.health.state.mn.us/docs/people/wic/localagency/program/mom/chsctns/ch5/sctn5_3.pdf))

[PCS Counseling Skills](#)

(<https://www.health.state.mn.us/people/wic/localagency/training/pcs/skills/counseling.html>)

[WIC Nutrition Assessment](#)

(<https://www.health.state.mn.us/people/wic/localagency/training/na.html#NaN>)

[Training Tool for Child Assessment Questions](#)

(<https://www.health.state.mn.us/docs/people/wic/localagency/training/pcs/assessment/child.pdf>)

[Child](#)

(<https://www.health.state.mn.us/docs/people/wic/localagency/training/pcs/assessment/completechild.pdf>)

[Child Mid Certification](#)

(<https://www.health.state.mn.us/docs/people/wic/localagency/training/pcs/assessment/mchild.pdf>)

[Training Tool for Infant Assessment Questions](#)

(<https://www.health.state.mn.us/docs/people/wic/localagency/training/pcs/assessment/infant.pdf>)

[Infant](#)

(<https://www.health.state.mn.us/docs/people/wic/localagency/training/pcs/assessment/completeinfant.pdf>)

[Infant Mid Certification](#)

(<https://www.health.state.mn.us/docs/people/wic/localagency/training/pcs/assessment/mcainfant.pdf>)

TRAUMA EFFECTS ON CHILD AND INFANT FEEDING BEHAVIORS- TOPIC OF THE  
MONTH

[WIC Risk Criteria Dietary](https://www.health.state.mn.us/people/wic/localagency/riskcodes/index.html#dietary1)

(<https://www.health.state.mn.us/people/wic/localagency/riskcodes/index.html#dietary1>)

[Family meals mean love and security](https://www.ellynsatterinstitute.org/family-meals-focus/9-family-meals-mean-love-and-security/) (<https://www.ellynsatterinstitute.org/family-meals-focus/9-family-meals-mean-love-and-security/>)

[A Child's Appetite](https://www.health.state.mn.us/docs/people/wic/nutrition/english/childappetite.pdf)

(<https://www.health.state.mn.us/docs/people/wic/nutrition/english/childappetite.pdf>)

[Feeding with Confidence](https://www.health.state.mn.us/docs/people/wic/nutrition/english/childconfidence.pdf)

(<https://www.health.state.mn.us/docs/people/wic/nutrition/english/childconfidence.pdf>)

[Choose a Healthy Plate for Kids](https://www.health.state.mn.us/docs/people/wic/nutrition/english/childplate.pdf)

(<https://www.health.state.mn.us/docs/people/wic/nutrition/english/childplate.pdf>)

[Mealtime Routines](https://www.health.state.mn.us/docs/people/wic/nutrition/english/childmealtime.pdf)

(<https://www.health.state.mn.us/docs/people/wic/nutrition/english/childmealtime.pdf>)

[Picky Eaters](https://www.health.state.mn.us/docs/people/wic/nutrition/english/childpicky.pdf)

(<https://www.health.state.mn.us/docs/people/wic/nutrition/english/childpicky.pdf>)

[Feeding an Older Infant](https://www.health.state.mn.us/docs/people/wic/nutrition/english/infolder.pdf)

(<https://www.health.state.mn.us/docs/people/wic/nutrition/english/infolder.pdf>)

[Wichealth.org](https://www.wichealth.org/) (<https://www.wichealth.org/>)

[Easy, affordable and healthy eating tips](https://www.unicef.org/parenting/food-nutrition/easy-affordable-and-healthy-eating-tips) (<https://www.unicef.org/parenting/food-nutrition/easy-affordable-and-healthy-eating-tips>)

[How to Approach Feeding Difficulties in Young Children](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5752637/)

(<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5752637/>)

[Childhood Feeding Problems and Solutions](https://www.ellynsatterinstitute.org/how-to-feed/childhood-feeding-problems/) (<https://www.ellynsatterinstitute.org/how-to-feed/childhood-feeding-problems/>)

[Intervening with Pediatric Feeding Disorders](https://www.ellynsatterinstitute.org/how-to-feed/intervening-with-pediatric-feeding-disorders/) (<https://www.ellynsatterinstitute.org/how-to-feed/intervening-with-pediatric-feeding-disorders/>)

[Promoting Early Development: Building a Strong Foundation](https://www.zerotothree.org/issue-areas/early-development/)

(<https://www.zerotothree.org/issue-areas/early-development/>)

*Minnesota Department of Health - WIC Program, 625 Robert St N, PO BOX 64975, ST PAUL MN 55164-0975; 1-800-657-3942, [health.wic@state.mn.us](mailto:health.wic@state.mn.us), [www.health.state.mn.us](http://www.health.state.mn.us); to obtain this information in a different format, call: 1-800-657-3942.*

*This institution is an equal opportunity provider.*