

Introducing solids following repair for OA/TOF

A leaflet provided courtesy of TOFS
(Tracheo-Oesophageal Fistula Support)
Helping those born unable to swallow



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Summary of content

The content for this guide has been written by Julia Faulkner, Paediatric Dietitian, who has a child born with OA/TOF. It was funded through numerous kind donations from the members of the TOFS charity. We hope it gives you confidence in feeding your child. With the large variability in the feeding ability of individual children born with OA/TOF, this guide should serve as general advice and does not replace individual advice given by your healthcare professionals. Please consult an appropriate medical professional (eg speech and language therapist) for specific dietary advice.



Julia wishes to thank and acknowledge Helen Marks, Speech and Language Therapist at Bristol Royal Hospital for Children for her support, encouragement, and expertise in preparing the information for this leaflet.

Cover photo: Athena Chalmers, born with OA
Photography by: Thomas Byron Photography

Introduction to introducing solids

The thought of introducing solids to your child with OA/TOF can seem daunting. This information should help you to feel prepared, and, along with your healthcare team, help guide you through the process.

Before you start introducing food, check with your healthcare team when/if they feel that your child is ready to start. If your child was born preterm (before 37 weeks gestation), watch for cues that they are ready to begin weaning. This would usually be at around 6 months corrected age (that is 6 months after their due date). Children born at term are likely to be ready to start solids at around 6 months of age.

The scary bit first

You maybe worried about your child coughing/choking. In fact most parents report that their child has had an episode of food getting stuck in the oesophagus. This is known as a food bolus obstruction, or you will often hear other families referring to it as a 'stickie'.

The most important thing is to be prepared, and try to remain calm so as not to frighten your child. See www.redcross.org.uk for first aid advice on the choking baby.

Some parents find back slaps help their child to clear the blockage, others report they just have to calm their child and reassure them whilst they wait for it to pass or for the child to cough and vomit it back up themselves. There is no particular right/wrong way but you will find what works best with your child.



What causes 'stickies'?

Children with OA/TOF may have one or a combination of the following:

Oesophageal dysmotility – the oesophagus may be working in an uncoordinated way. You can have an upper part squeezing to push food down and a lower part also squeezing to push food down, resulting in some food being stuck in the middle until it relaxes again.

Oesophageal stricture – this is a narrowing in the oesophagus, usually at the site of the anastomosis (the join). Signs of this developing would be a gradual decrease in feeding ability. You may notice your child struggling or having more 'stickies' with lumps/thicker purees, before then struggling with thinner purees. If you think your child may be developing a stricture you should contact your surgical team for advice.

Positive experiences

To help your child develop their feeding skills, it's important that they have positive experiences with food. Allowing them to get messy, play with purees and experience the feeling, smell and taste of foods will help them to become more confident in trying things.

Lets go!

As with anything new, change one thing at a time.

Initially as you start, we recommend staying with the same tastes for the first 2–3 days. That way it is easy to see how your child is coping, and if any issues become apparent it is easier to determine the cause. Once it is clear that they are coping with the texture, we then recommend adding in a range of different tastes.

Start at a time of the day that is convenient. Your child should be wide awake but not over-hungry. First foods are for tastes only, so just offer a few teaspoons initially.

There is an internationally recognised way of describing food and fluid textures known as the International Dysphagia Diet Standardisation Initiative (IDDSI). We recommend starting your child on IDDSI level 3 or 4 when introducing solids.

Once your child is managing a range of tastes within an IDDSI texture, you can then consider progressing to the next IDDSI level.

Once your child is managing fruit and vegetable purees you can start to include foods that are part of your family's usual diet which are commonly associated with food allergies. Foods that can cause food allergy include egg, peanut, other nuts, dairy foods, fish/seafood, and wheat. These should be introduced separately, one at a time.

Some examples of how to introduce egg/peanut are included in the table on page 6.

See the table below for examples of foods, and descriptions of texture based on the International Dysphagia Diet Standardisation Initiative (IDDSI).

First texture & IDDSI classification	Examples
IDDSI level 3 – Liquidised/moderately thick	Liquidised stewed vegetables (especially bitter tastes: broccoli, cauliflower, swede, kale, cabbage)
Smooth texture with no 'bits' (lumps, fibres, bits of shell/skin, husk).	Liquidised stewed fruit Liquidised fresh fruit (banana, strawberries, blueberries) Runny baby rice/cereal made up with baby's usual milk
Cannot be eaten with a fork as it drips slowly in dollops through the prongs.	Fromage frais Smooth yogurt Stage 1 baby foods (all above thinned down with baby's usual milk to make IDDSI level 3)

Ideas for introducing peanut/egg at this texture (IDDSI Level 3 or 4)

Peanut – Use boiling water to thin down smooth peanut butter. Let it cool and add more water/baby's usual milk if required to adjust the consistency. Alternatively, stir peanut flour into a previously tolerated puree.

Egg – Thin down a stage 1 baby jar/pouch containing egg (eg egg custard). Alternatively, mash a cake with child's usual milk, liquidise and sieve, adjust consistency with additional milk.

IDDSI – Level 4 Pureed Smooth texture with no lumps. Holds shape on a spoon. Falls off spoon in a single spoonful when tilted. NOT sticky.	Pureed stewed fruit Pureed stewed vegetables Baby rice/cereal made up with baby's usual milk Fromage frais Smooth yogurt Pureed meat/fish/pulses/lentils Stage 1 baby foods
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It's not uncommon for children to pull faces when trying foods, as this is the first time they have experienced these different tastes; as they continue to be offered them they learn to accept the tastes. The key message is keep offering new tastes and offer a variety of new tastes.

The noise

Children with OATOF can make different noises with eating likely to be related to tracheomalacia. Careful assessment is required to determine the difference between 'normal noises for the OATOF child' and a possible swallowing problem.

If you have concerns, ask your consultant for a referral to a speech and language therapist, ideally one who is familiar with OATOF.

Drinks

It's important that drinks are offered from the very start of the weaning process. A cup can be introduced at around 6 months of age when your child is sitting up and able to hold their head steady. An open cup is the best choice to encourage the skill of sipping. Free-flow lidded beakers (those that let the liquid run out when tipped upside down) are also suitable but ideally the lid should be removed and it be used as an open cup as soon as the infant has learnt how to drink.

'No spill', or 'anyway up' cups/beakers aren't recommended as these have to be sucked, and don't teach the skill of sipping.



Moving on with textures

Once managing IDDSI stage 3 or 4 textures and sips of fluid, you can gradually progress through the IDDSI textures. We would encourage offering sips of water with meals to help move food down into the stomach.

Beware of some of the ready made baby foods that can have big lumps in a smooth puree; these often cause children to gag as they are expecting a smooth puree and are then surprised by a lump. Not all the stage 2 products are like this so it is worth looking at a few different brands of jars and pouches.

IDDSI Classification	Examples
<p data-bbox="77 753 419 840">IDDSI – Level 5 Minced & moist food</p> <p data-bbox="77 862 398 993">Soft and moist with no separate thin liquid.</p> <p data-bbox="77 1026 388 1244">Small lumps visible within the food no bigger than 2mm width, and 8mm length.</p> <p data-bbox="77 1277 409 1375">Lumps are easy to squash with tongue.</p>	<p data-bbox="461 753 922 884">Add couscous, quinoa, crushed rice crispies, ground nuts to a level 4 IDDSI.</p> <p data-bbox="461 906 922 1037">Meat – finely minced/pureed in a mildly/moderately thick smooth sauce/gravy.</p> <p data-bbox="461 1059 859 1190">Fish – Finely mashed in a mildly/moderately thick smooth sauce/gravy.</p> <p data-bbox="461 1212 947 1386">Fruit – finely minced, chopped or mashed. If needed, serve in mildly/moderately smooth sauce, eg yogurt/custard.</p> <p data-bbox="461 1408 927 1714">Vegetables – finely minced, chopped, or mashed. If needed, serve in mildly/moderately smooth sauce/gravy. Depending on degree of dysmotility, some may still struggle.</p> <p data-bbox="461 1736 942 1867">Cereal – thick and smooth with small soft lumps. Texture fully softened.</p> <p data-bbox="461 1889 870 2020">Stage 2 baby foods – described as textured not lumpy.</p>



'Bite and dissolve' finger foods (IDDSI – Transitional foods)

Moving on to 'transitional' finger foods helps your child to learn to manage lumps and establish chewing skills. They allow your child to practise picking the food up and putting it in their mouth, and once in the mouth it melts/dissolves, making it easy for them to swallow. We would encourage parents to try products themselves before giving them, to see for themselves how easy a food is to dissolve in the mouth, as it does vary between products, and then start with the easiest.

IDDSI Classification	Examples
<p data-bbox="74 792 388 880">IDDSI – Transitional foods</p> <p data-bbox="74 919 427 1214">Foods that start as one texture but change into another texture with moisture like water/saliva or when a change in temperature occurs.</p> <p data-bbox="74 1253 427 1509">Tongue pressure can be used to break these foods once the texture has been changed by moisture/saliva/temperature.</p> <p data-bbox="74 1548 427 1716">These help to teach chewing skills usually given alongside IDDSI level 5 foods.</p>	<p data-bbox="464 792 899 963">Wotsits®, Skips®, Quavers® Ryvita cracker bread® Organix finger foods carrot sticks®</p> <p data-bbox="464 963 930 1301">Kiddylicious Fruity puffs® Kiddylicious smoothie melts® Ella's Kitchen melty puffs® Meringue Pink wafer biscuits Ice cream wafers Sponge fingers Shortbread</p>

Once managing transitional foods, your child can try IDDSI level 6, bigger soft lumps in foods, to continue to develop chewing skills.

IDDSI Classification	Examples
<p data-bbox="80 323 425 406">IDDSI – Level 6 Soft & bite-sized</p> <p data-bbox="80 454 425 574">‘Bite-sized’ pieces no bigger than 8mm x 8mm in size.</p> <p data-bbox="80 622 425 781">Foods can be mashed/broken down with pressure from fork.</p>	<p data-bbox="464 323 923 443">Meat/fish cooked tender and served in pieces no bigger than 8mm x 8mm</p> <p data-bbox="464 482 933 727">Casserole/stew/curry – liquid portion mildly/moderately thick, can contain soft and tender pieces of meat, fish or vegetables no greater than 8mm x 8mm</p> <p data-bbox="464 766 940 926">Soft, chopped fruit no bigger than 8mm x 8mm, eg drained tinned mandarins broken up, very ripe pear in small pieces</p> <p data-bbox="464 965 933 1085">Vegetables steamed or boiled until soft, in pieces no bigger than 8mm x 8mm</p> <p data-bbox="464 1124 864 1196">Tinned spaghetti cut into small pieces</p> <p data-bbox="464 1236 912 1330">Rice in a thick smooth sauce to hold it together</p> <p data-bbox="464 1369 923 1463">Cereal – smooth with soft tender lumps no bigger than 8mm</p>



Once managing IDDSI level 6, gradually move on to level 7 and beyond as illustrated below.

IDDSI classification	Examples
<p data-bbox="75 264 420 345">IDDSI – Level 7 Regular easy to chew</p> <p data-bbox="75 377 401 497">Normal everyday foods of soft/tender textures.</p> <p data-bbox="75 530 393 819">No hard, tough, chewy, fibrous, stringy, crunchy, crumbly bits, pips, seeds, fibrous parts of fruit, husks, or bones.</p>	<p data-bbox="464 264 943 384">Meat – cooked until tender – eg slow cooked/casserole. Cut across the grain. Corned beef.</p> <p data-bbox="464 417 907 580">Fish – eg poached – cooked soft enough to break apart easily with a fork. Check for bones.</p> <p data-bbox="464 613 936 733">Fruit – soft enough to break apart into smaller pieces with the side of a fork</p> <p data-bbox="464 744 926 864">Tinned mandarins Very ripe peeled fruit, eg finger slices of pear, avocado</p> <p data-bbox="464 897 919 1017">Vegetables – steamed/boiled until tender Tinned baby carrots Tinned green beans (remove any stringy bits) Over-cooked carrot Over-cooked soft florets of broccoli</p> <p data-bbox="464 1050 943 1170">Cheese triangles Tinned spaghetti Soft biscuits – Cornish wafers, Ryvita cracker bread® Rice</p> <p data-bbox="464 1203 909 1683">Soft finger pieces of cooked potato/sweet potato (Depending on degree of dysmotility, some may still struggle.)</p> <p data-bbox="464 1716 919 1924">Cereal served with texture softened, eg Shreddies® just soaked in milk so that they can be finger fed</p>

Harder foods
made easier

Grated carrot/apple.
Cut meat up against the grain.
Dark meat from chicken is more moist
so easier to chew and swallow.
Minced meat – bolognaise, shepherd's
pie etc (if mince is sticking together in
lumps, give quick blitz with a blender
to break it up).

Beware
doughy/
sticky foods

Doughy foods
such as soft
white bread can
be difficult.
Sticky foods like
nut butters and
scrambled egg
can also be tricky.

Wholemeal/
brown bread is
easier to manage
– start with small
pieces of this
toasted.
Brioche bread is
also easier to
manage – start
with small pieces.
White bread is
the hardest to
manage but
toasting it makes
it easier.
Toasting and
buttering bread
makes it easier to
manage.



Forwards and backwards

It's important to remember that any child who is unwell during the introduction of solids may struggle more with textures and go back a few stages. This is particularly important with children with OA/TOF. They may have been managing quite well with lumps but then an illness or stricture means they have gone back to managing pureed food. In this case, when they are well again you just work through gradually increasing the textures as tolerated.

Parents of OA/TOF children anecdotally report 'bad days' when foods seem to just get stuck during early childhood. Whilst it's important to consider whether there is an underlying problem, eg a stricture, there isn't always a clear reason, and it may be put down to intermittent illness/teething and, anecdotally, to growth spurts.



Further help

Speech and language therapists (SaLT). A SaLT will be able to assess a child's feeding and give individual advice on the safest way to feed. If there are concerns, ask your consultant for a referral to a SaLT.

Paediatric dietitians can help with ensuring that the child is meeting their nutritional requirements. They can also help with moving on with textures, dealing with fussy eaters and providing specific advice if required on allergy or high-energy weaning.

Conclusion

We hope that this guide is helpful and gives you confidence and encouragement with moving your child on with their feeding. There will be some regression of progress along the way with illness/stricture/growth spurt, but you should try moving on with textures again once your child has recovered.

It is important in moving on with textures that one thing is changed at a time, so that if something isn't tolerated it is clear what the cause may be. So when starting a new texture, start with a familiar accepted flavour and as it becomes clear that this texture is tolerated, then extend the range of flavours at this texture. Once it's clear that they are tolerating a range of different foods and tastes at a particular texture, then it's time to consider moving on to the next texture.

We know that there is large variability in the feeding ability of individual children with OATOF, so this just serves as general advice and does not replace individual advice given by your healthcare professionals.

Additional Resources

Bliss – is the charity for premature and sick babies. On their website you can see further advice on 'Weaning your premature baby'

<https://www.bliss.org.uk>

First Steps Nutrition Trust – is an independent public health charity. On their website you can find 'Eating well: the first year. A guide to introducing solids and eating well up to baby's first birthday'.

<https://www.firststepsnutrition.org/>

International Dysphagia Diet Standardisation Initiative – Provides a common terminology to describe food textures. Further resources available via the website/app.

<https://iddsi.org/> OR IDDSI app on the App Store/Google Play

TOFS now has two fantastic books available to buy via our site. **The TOF Book** is an invaluable guide for families of those born with OA/TOF and VACTERL. Written in a language that is easy to comprehend and superbly illustrated, it details the conditions from infancy until adulthood. Moving on, **The Soft Food Recipe Book** contains a compilation of tasty recipes, tried and tested by parents of those born with OA/TOF.



For additional copies of this booklet, or for more information about TOFS, please contact:

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