

WEIGHT ≠ FEEDING HEALTH

WHY GROWTH ALONE DOESN'T REFLECT THE FULL PICTURE OF PEDIATRIC FEEDING DEVELOPMENT

WHAT WEIGHT TELLS US

- ✓ Calories are coming in
- ✓ Growth curves are tracking
- ✓ Short-term energy needs are met



WHAT WEIGHT DOES NOT SHOW

- ⚠ Food variety & nutrient adequacy
- ⚠ Oral-motor skill (chewing, tongue movement)
- ⚠ Sensory processing & texture tolerance
- ⚠ Gut inflammation or food reactivity
- ⚠ Mealtime stress, anxiety, or avoidance

COMMON ASSUMPTIONS

- ✗ Myth: "This will resolve with consistency over time."
- ✓ What we see clinically: Many families are highly consistent – feeding challenges persist due to oral-motor, sensory, or gut-based factors, not lack of effort.
- ✗ Myth: "This is primarily behavioral."
- ✓ What feeding evaluations often reveal: Behavior is frequently a protective response to discomfort, skill limitations, or sensory overload – not defiance.
- ✗ Myth: "They'll eat when they're hungry."
- ✓ What research & practice show: For some children, hunger increases stress and rigidity, making eating less likely – not more.
- ✗ Myth: "They'll grow out of it."
- ✓ What longitudinal patterns suggest: Without targeted support, feeding limitations often become more entrenched with age, not less.

CLINICAL RED FLAG



< 15 CONSISTENTLY ACCEPTED FOODS



Many children with extreme picky eating maintain weight while eating fewer than 15 foods – often from a narrow range of textures and nutrients.



Weight can remain stable despite significant feeding limitation.



Delays in feeding skill development often become harder – not easier – to address over time.

WHEN A FEEDING REFERRAL MAY HELP

- Fewer than ~15 accepted foods
- Entire food groups missing
- Ongoing mealtime distress
- Parent concern persists



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Foodology Feeding Therapy

Holistic, developmentally-informed feeding evaluations
Supporting pediatric providers beyond weight-based screening



Making food fun

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