RED FLAGS BEHIND A PLAN THAT ISN'T WORKING

For Dietitians & Nutritionists

Making food fun
Foodology

You can build the "perfect" plan and still watch a child refuse it. **Oral-motor, sensory, and gut factors are invisible on paper** — but they're often the real reason intake isn't moving. Screen for the patterns below before assuming it's compliance.

ORAL-MOTOR RED FLAGS

- ◯ Extended chewing time, tires quickly, or gives up mid-meal
- ◯ Chews on one side only, pockets food in the cheeks, or spits it out
- ◯ Gags on textures typical for their age — not just novel or feared foods
- ◯ History of tongue tie, lip tie, or a slow/incomplete transition off purées
- ◯ Prefers only puréed or very soft foods well past the expected age

SENSORY RED FLAGS

- ◯ Sensitivities extend beyond food — tags, seams, loud noise, textures on skin
- ◯ Strong reactions to smell, temperature, or appearance of food specifically
- ◯ Refuses entire textures or categories (all wet foods, all mixed textures)
- ◯ Needs the exact same brand, packaging, or plate — rigid about presentation

GUT & MEDICAL RED FLAGS

- ◯ Bloating, constipation, reflux, or GI complaints alongside restriction
- ◯ History of NG-tube or G-tube weaning
- ◯ Growth faltering despite a calorie-dense plan being followed as written
- ◯ Frequent illness or low immune resilience

WHEN TO REFER OUT

- ◯ Oral-motor signs present → myofunctional therapist or an SLP with advanced oral-motor training, not a generalist SLP
- ◯ Sensory signs present → a feeding-specific OT or feeding therapist
- ◯ Anxiety or rigidity signs present → a mental health provider trained in ARFID, alongside your work, not instead of it
- ◯ These often coexist — the plan can be right and still not work if the barrier isn't nutritional

ASK THIS IN SESSION

- ◯ "Does mealtime take longer than it should, or do they seem to tire out?"
- ◯ "Do they chew mostly on one side, or store food in their cheeks?"
- ◯ "Is it the taste, the smell, the texture, or how it looks that's the problem?"
- ◯ "Does the food need to be a specific brand, temperature, or arrangement to be accepted?"
- ◯ "Any GI symptoms — bloating, constipation, reflux — alongside the pickiness?"

SIMPLE ADJUSTMENTS TO TRY

- ◯ Cut food smaller than feels necessary if an oral-motor issue is suspected — it lowers the chewing demand
- ◯ Offer new foods next to safe foods, not in place of them, to avoid triggering total refusal
- ◯ Separate exposure practice from mealtime — try new foods outside of hunger and pressure windows
- ◯ If gagging or tiring shows up mid-meal, slow the pace — smaller portions, offered more often

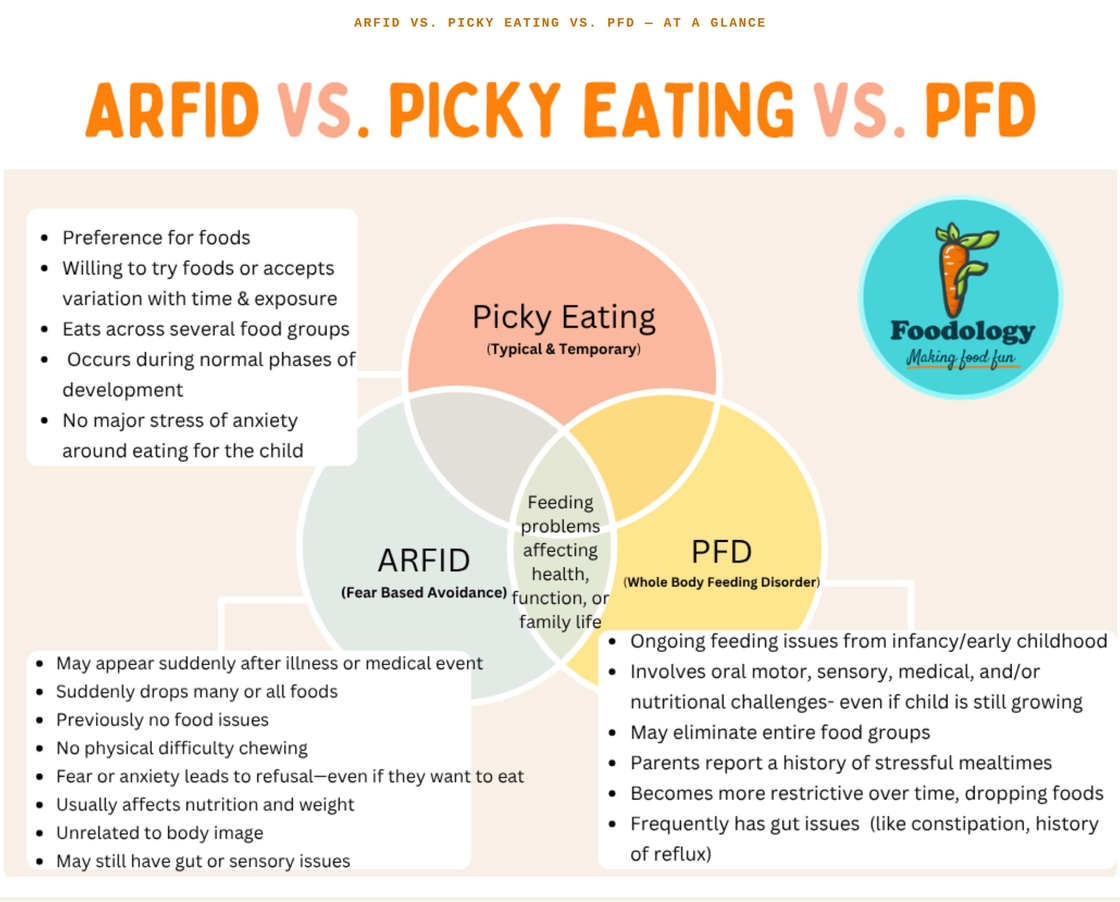
COACH PARENTS TO DO THIS AT HOME

- ◯ Structure mealtimes — grazing all day blunts hunger cues and undercuts even a good plan
- ◯ Ban "gross" — redirect to describing the food instead. Slippery is fixable; gross isn't
- ◯ Eat together, and model the exact food or step you're asking the child to try
- ◯ Reinforce "okay" as a valid rating — the goal is neutral, not a favorite

NOW WHAT?

- ◯ Plan looks right on paper but intake isn't moving — that's your signal to loop in a feeding therapist, not push the plan harder
- ◯ Refer alongside continued nutrition care, not after — the two work better run in parallel
- ◯ A referral doesn't mean the nutrition piece was wrong — it means there's a non-nutritional barrier in the way

ARFID VS. PICKY EATING VS. PFD — AT A GLANCE



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**We help kids go from fearful to foodies —
and we guide parents every step of the way.**