



## Feeding interventions for CP children

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**Abstract:** *Cerebral palsy affects people in different ways and can alter body movement, muscle control, muscle coordination, muscle tone, reflex, posture and balance. Although cerebral palsy is a permanent life-long condition, few of these signs of cerebral palsy can improve or worsen over time. Best nutrition is important for overall health and development of children.*

**Keywords:** *Cerebral palsy, nutrition, development.*

### 1. INTRODUCTION:

Cerebral palsy is an umbrella word that refers to a set of disorders affecting a person's quality to move. It is due to damage to the underdeveloped brain either during pregnancy or shortly after birth. Individuals who have cerebral palsy may also have associated problems such as respiratory difficulties, Dysphagia, cognitive difficulties etc. Mealtimes skills may be difficult for some children with cerebral palsy. They might have difficulty chewing effectively or swallowing safely. Thus, the idea evolved to conduct the study in future for the author with more number of samples in a clinical set up.

### 2. EATING PATTERN OF CHILDREN WITH CP:

Eating is one of the central processes in life. It can be defined as a process of which all living entities consume different types of food with the objective of receiving necessary nutrients to survive. But eating is much more than just consuming food. It is a time of communication, of transmission of traditions, culture and transfer of affection. Sharing food with others is a human activity with important meaning, one of them is the integration of the family and to a social group.

When this is not accomplished or it is difficult because a member of the group has specific problems with eating, the process of inclusion of the child to the family and community might not go smoothly. This is why that one of the main objectives for parents is to find a positive and easy way to feed their child. Health professionals who work with children with CP should be alert to possible growth barriers, particularly those related to feeding, medication, co-morbidity, congenital diseases, and environmental and hereditary factors (1).

Feeding problems and growth disorders are common in children with CP (2), which may have a fundamental impact on their health, namely at the psychological and functional levels, as well as on their socialization and natural process.

Within health care teams, nurses should focus on serving the family to find the necessary resources and the most appropriate way to use them. They should also help parents to increase their own social activities, which they often neglect due to their child's condition. Work is organized in order to integrate children with disabilities and make their life as normal as possible, so as to provide learning experiences and, consequently, promote the development of their social skills, breaking down the barriers of social isolation. The early intervention through family support programs will strengthen family functionality, as well as promote the growth and development of the family members and the family as a whole.

### 3. THE CEREBRAL PALSY CHILD THAT CAN'T CLOSE THE MOUTH WHILE EATING:

One of the most common problems is that the child cannot close their mouth (lip closure), which is related to oral motor control. To promote the correct closure of the lips and mouth, two techniques can be used:



Fig.1

The above Fig.1 is the frontal oral motor control. To do this, place the thumb on the chin under the lower lip, the index finger on the cheek and the other three fingers on the floor or base of the mouth.



Fig.2

The above Fig.2 corresponds to the lateral oral motor control, where the index finger is positioned on the chin, the thumb on the cheek and the remaining fingers on the floor of the mouth; this technique, in addition to promoting bilabial closure, helps to improve head control (head control). In both cases, the hand must be firm, without too much force or pressure. It is only a support. In addition, it should only favor bilabial closure and the hand should not perform chewing movements that the child does not perform alone.

#### **4. TIME SPENT FEEDING A CHILD:**

The time that is destined to the feeding is changeable and will depend on each child. It must be considered that the food process is a pleasant moment and therefore must have all the necessary care. In general, taking all of the recommendations given, the food process can last from 20 to 45 minutes on average.

The nurse also plays a key role in supporting these children's parents/caregivers. Like all other parents, they have doubts, fears and feelings of anxiety, but, above all, they have a child with a disability, and often require emotional, theoretical and practical support. The nurse has a vast technical-scientific, affectionate and relational knowledge, and is in a privileged position to support and accompany parents.

Children should be assessed taking into account all their limitations, thus they require careful and specific monitoring. The provision of support to the parents of children with CP with a view to helping them overcome their difficulties will promote their mental health and quality of life. Only then will it be possible to fully develop the children's skills, their participation, and social, family and academic inclusion. Parents should be supported and guided since their child's early ages, and also provided with the access to integrated empowerment and educational support programs developed by a multidisciplinary team, where nurses play an important role and have a major responsibility.

#### **5. PARENTS' DIFFICULTIES IN FEEDING THEIR CHILDREN:**

The difficulties in feeding their children were varied and focused on different levels, namely: unbalanced diet, food monotony, shame, difficult access to adapted food outside the home, inadequacy of technical aids, food spilling, choking and vomiting, time, cooking food separately, and costs.

The elevation of the back of the chair during the meal is essential to feed the child properly. The consistency of the food should be adapted to the child's constraints and needs in order to reduce the risk of food aspiration. These children should be followed-up by health professionals, in order to minimize parents' frequent difficulties in feeding their children (3).



A proper position, along with the use of technical aids, is essential to a successful feeding. Parents should use a children's spoon, adapted in size and material, in order to facilitate chewing and swallowing. Many parents are unaware of these strategies (4).

The various difficulties experienced by parents in cooking and feeding often lead to food monotony. Meals have to be cooked separately, and there is often the need to prepare different food for the child with CP. Parents often choose food that is faster to cook, with the same consistency, and that they are certain that their child likes. In this way, there is no diversity in food/nutrients.

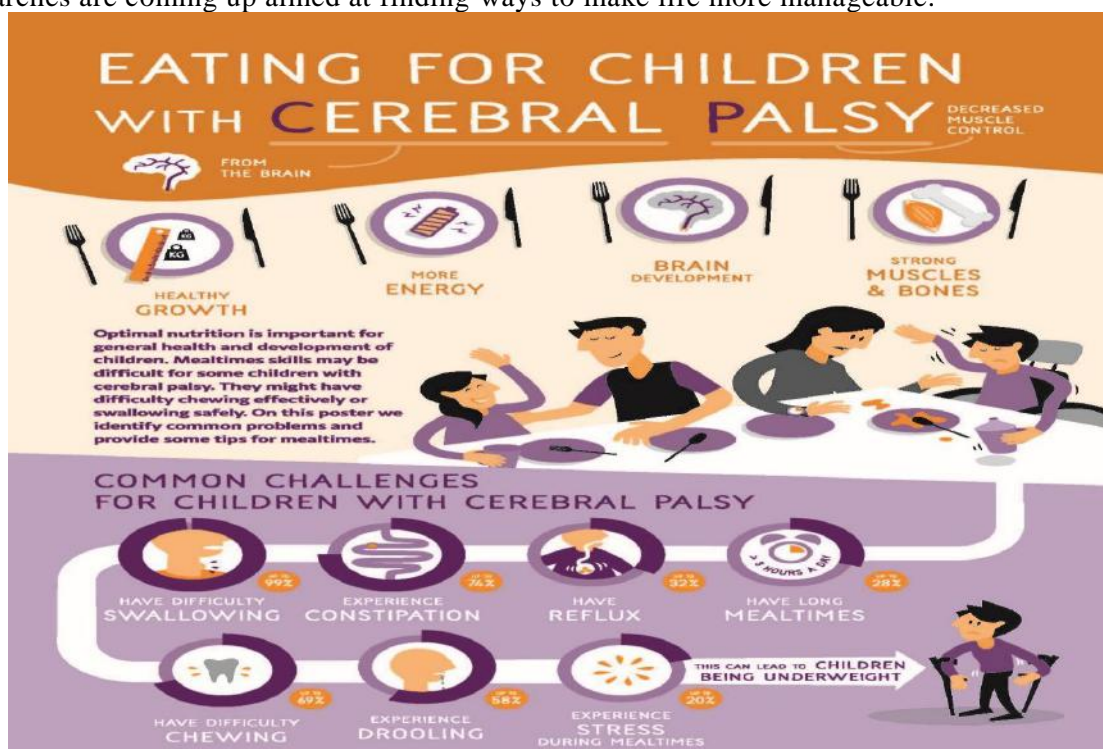
Parents reported that they sometimes feel embarrassed for their child outside their home. Besides the initial disappointment, the presence of a family member with a cognitive impairment implies a series of critical situations for the family, usually accompanied by painful and conflicting feelings and emotions. In this journey, both the family and the special child will need to overcome their own fears, frustrations and limitations on a daily basis - direct effects of the social stigma which the whole family faces (5).

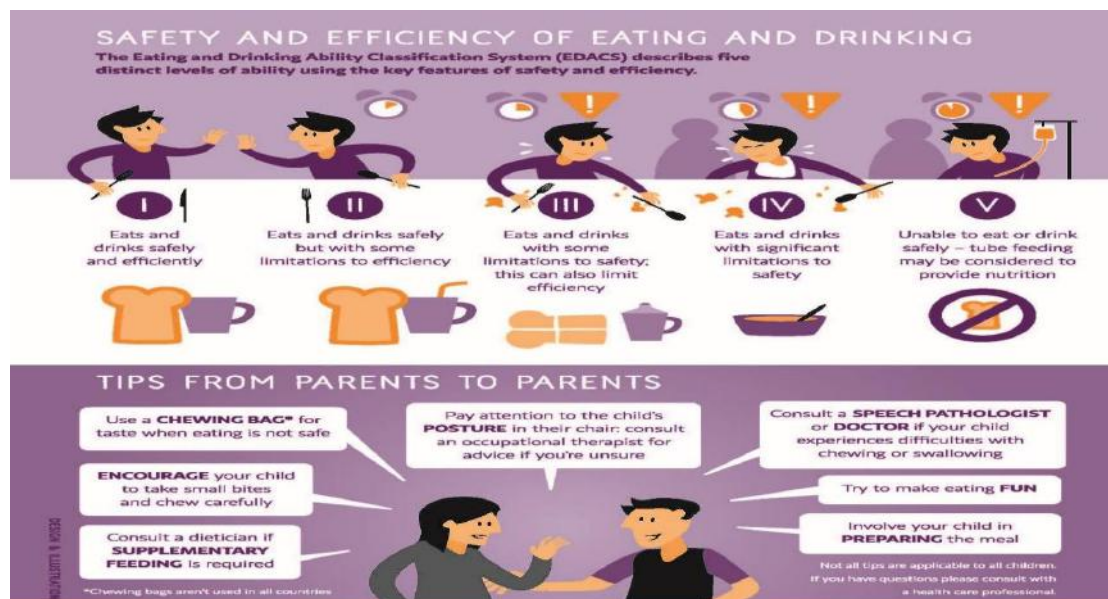
The time factor was also mentioned by several parents, since this process requires coordination and concentration both from the children and their parents. Some parents have other children and little time in their daily lives, and the extended amount of time spent feeding their child with CP affects parents' routines and quality of life. According to Wilson and Hustad (6), children with CP take more time to complete their meals, and the amount of time available for meals at home or at school is often not enough for these children. This sometimes leads to reduced food intake, since parents tend to associate the time spent in feeding with the amount of food ingested.

Family caregivers frequently shoulder the principal, multifaceted responsibilities of long-term disability management (7). Though, care giving is a natural part of being the parent of a young child, this role takes on an entirely contrary significance when a child experiences functional limitations and manageable long term dependence. The extraordinary challenges for parents is to manage their child's chronic health problems effectively while maintaining the requirements of everyday living. In some cases, the provision of such care can prove detrimental to both the physical health and the psychological well-being of parents of children with chronic disabilities and have an impact on family income, family functioning, and sibling adjustment (8).

## 6. CONCLUSION:

To conclude, it was found that the references to the anguish of not being able to help their children more, had the feelings of powerlessness and frustration. It is also clear that these parents have an enormous inner strength to fight and provide their children with a better quality of life (9). As there is no cure for cerebral palsy, many researches are coming up aimed at finding ways to make life more manageable.





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