

Feeding Issues in Children with ASD

A Practical Guide for Caregivers



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Purpose of the Guide

Feeding challenges are extremely common among children with Autism Spectrum Disorder (ASD), yet they are often misunderstood or overlooked. The Guide tries to provide a structured and evidence-based roadmap for parents and professionals to understand, assess, and address picky eating and feeding disorders in children with autism. It focuses on behavioural, medical, and sensory aspects of feeding issues and offers practical steps for safe, ethical, and effective feeding therapy.

Signs That Feeding Therapy is Needed

- Eating fewer than 30 unique foods
 - Strong behaviour problems at mealtimes (screaming, running, gagging)
 - Living on PediaSure or nutritionally poor “safe foods”
 - Refusing to chew or use utensils
 - Disruptive impact on family meals or social events
 - Growth issues (underweight, nutrient deficiencies)
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Key Takeaways for Caregivers

1. Feeding problems are common—and not your fault

- Feeding disorders affect up to 80% of children with ASD.
- Many children with autism live on a "white diet" (bread, fries, nuggets), lack vegetable/fruit intake, or reject foods due to sensory sensitivities.
- These challenges are neurological and behavioural in origin, not parenting failures.

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2. Before therapy, get a full medical and nutritional assessment

- Check for:
 - Gastrointestinal conditions (constipation, reflux, allergies)
 - Nutrient deficiencies (e.g., zinc, which affects taste/smell perception)
 - Oral-motor readiness to chew/swallow (via speech/OT evaluation)

Common medical triggers: [Celiac disease](#) (1% in the Indian population), dairy product intolerance, food allergies, sensory-motor delays.

What Feeding Therapy Looks Like

Phase	What Happens
Assessment	Medical, nutritional and behavioural screening
Antecedent modification	Remove snacks, set clear mealtime rules, structure seating and utensils (avoid plastic utensils)
Behavior shaping	Teach small steps like touching food, licking, biting, chewing
Reinforcement	Use rewards like what he/she love, play or eat or favourite toys to reinforce progress
Consistency	Feed 3 times/day for 5 consecutive days for best results

“Therapy should NEVER include forced feeding. It must be safe, cordial, and gradual.”



Who Should Be Involved in Care

- Parents: parents play a very important role; they are one who can motivate the child
- Behaviour Analysts: Conduct development of feeding behaviour plans

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- Speech or Occupational Therapists: Assess oral-motor function, texture tolerance
 - Dietitians: Monitor nutrient adequacy, special diets
 - Gastroenterologists/Allergists: Rule out reflux, allergies, bowel disease
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Practical Tips for Parents

Tip	Description
Keep a food & stool log	Helps parents/doctors/therapists see patterns
Remove grazing	Set structured meal/snack times
Use positive reinforcement	Reward trying, even just touching or licking food
Involve the school	Individual Educational Programs can include feeding goals and mealtime behaviour support



Final Advice

- Start early – younger kids learn faster
 - Be consistent – structure matters
 - Be patient – learning to eat is like learning a new skill
 - Advocate – ask for school-based supports
 - Find a qualified team of Doctors/ dietitians/caregivers – never do it alone
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Relevant Research Citation

Matson, J. L., Fodstad, J. C., & Dempsey, T. (2009).

“The relationship of parental concern and feeding problems in children with autism spectrum disorders.” *Developmental Neurorehabilitation*, 12(4), 206–211. <https://doi.org/10.3109/17518420903087640>