

## THE RESOURCES YOU NEED

You are in a unique position to advance the system of care for children with PFD. Feeding Matters has the cutting-edge resources you need to integrate the PFD consensus definition and diagnostic criteria into your clinical practice, education, and research.



### USE THE QUESTIONNAIRE

Developed by internationally recognized feeding experts, the Infant and Child Feeding Questionnaire® helps identify areas of concern.



### ACCESS THE PROVIDER DIRECTORY

Utilize this comprehensive database of feeding centers and healthcare providers to find a referral or connect with a colleague.



### FIND CONTINUING EDUCATION

Our directory of workshops and conferences encompasses the latest educational opportunities, including those offered by Feeding Matters.



### VISIT THE RESOURCE LIBRARY

A virtual hub of the latest research, articles, videos, and other information on pediatric feeding disorder.



### JOIN THE PFD ALLIANCE

Make a positive impact in the system of care through advocacy, education, and research.

To help ignite change, visit:  
**feedingmatters.org**

## FEEDING MATTERS

Established in 2006, Feeding Matters is the first organization in the world uniting the field's leading advocates, experts, and allied healthcare professionals with the concerns of families to ignite unprecedented change in the system of care through advocacy, education, support, and research, including a standalone diagnosis for PFD, the International Pediatric Feeding Disorder Conference, and the Infant and Child Feeding Questionnaire.

## CONTACT US

**feedingmatters.org**  
**800.233.4658**  
**support@feedingmatters.org**

<sup>1</sup>Goday PS, Huh SY, Silverman A, Lukens CT, Dodrill P, Cohen SS, Delaney AL, Feuling MB, Noel RJ, Gisel E, Kenzer A, Kessler DB, de Camargo OK, Browne J, Phalen JA. Pediatric feeding disorder: consensus definition and conceptual framework. JPGN 2019;68(1):124-129.



*feeding matters*

Definition & Diagnostic Criteria  
**PEDIATRIC FEEDING  
DISORDER**



Although 25% to 50% of neurotypical children and up to 80% of those with developmental disabilities have feeding problems, the broad spectrum of pediatric feeding struggles has long been poorly defined.

**Fortunately, for children who suffer from pediatric feeding disorder, the paradigm is shifting.**

Published in the *Journal of Pediatric Gastroenterology and Nutrition*, “Pediatric Feeding Disorder – Consensus Definition and Conceptual Framework” uses the framework of the World Health Organization’s International Classification of Functioning, Disability, and Health to define pediatric feeding disorder (PFD) and propose diagnostic criteria.

By incorporating associated functional limitations, the proposed diagnostic criteria for PFD should enable the healthcare community to better characterize the needs of this diverse population of patients; facilitate collaborative care among the relevant disciplines; and promote the use of common, precise terminology necessary to advance clinical practice, research, and healthcare policy.



*“Pediatric feeding disorder has historically been significantly underserved and misunderstood, leaving families desperate for answers when they can’t feed their child(ren)”*

*- Dr. Praveen S. Goday*

## PEDIATRIC FEEDING DISORDER (PFD)<sup>1</sup>

Impaired oral intake that is not age-appropriate, and is associated with medical, nutritional, feeding skill, and/or psychosocial dysfunction.

## PROPOSED DIAGNOSTIC CRITERIA

A. A disturbance in oral intake of nutrients, inappropriate for age, lasting at least 2 weeks and associated with 1 or more of the following:

1. **Medical dysfunction**, as evidenced by any of the following:
  - a. Cardiorespiratory compromise during oral feeding
  - b. Aspiration or recurrent aspiration pneumonitis
2. **Nutritional dysfunction**, as evidenced by any of the following:
  - a. Malnutrition
  - b. Specific nutrient deficiency or significantly restricted intake of 1 or more nutrients resulting from decreased dietary diversity
  - c. Reliance on enteral feeds or oral supplements to sustain nutrition and/or hydration
3. **Feeding skill dysfunction**, as evidenced by any of the following:
  - a. Need for texture modification of liquid or food
  - b. Use of modified feeding position or equipment
  - c. Use of modified feeding strategies
4. **Psychosocial dysfunction**, as evidenced by any of the following:
  - a. Active or passive avoidance behaviors by child when feeding or being fed
  - b. Inappropriate caregiver management of child’s feeding and/or nutrition needs
  - c. Disruption of social functioning in a feeding context
  - d. Disruption of caregiver-child relationship associated with feeding

B. Absence of the cognitive processes consistent with eating disorders and pattern of oral intake is not due to a lack of food or congruent with cultural norms.