

Sleeping and Eating

Much of the following section is adapted or taken from “Sharing Stories, Finding Hope”¹ which is listed in the Bibliography. In tips for bedtime, establishing and maintaining a consistent bedtime routine is encouraged including a transition Time from wake to sleep – bath, putting pyjamas on, a snack, reading Time, good night. The end of the day is not a Time for excitement.

Mealtime is an opportunity for socialization and relationship experience. It is a Time to support bonding and relationship patterns. A positive mealtime experience is a priority.²

Children living with FASD are generally poor eaters and this may be due to pain from missing enamel on teeth or oral sensitivity. It might also be the case that there is an immature gag reflex. For some children there is a genuine disinterest in food and it may be that solid food cannot be tolerated. For other children, eating patterns may be diverse with impulsive eating one day followed by refusal for several days.

Strategies for Sleeping

Infancy

- Use the cradle/cot for sleeping not as a play pen
- Remove mobiles from over the cradle, cot, high chair or car seat.
- Use plain cradle and cot linen and liners.
- A dark room for sleeping is best.
- Keep any night lights away from cradle/cot.

In childhood:

- If possible, a bedroom for each child
- A room with adequate window covers to block out the light.
- Use soft noise – relaxation music
- Use bed for sleeping only.
- Avoid napping during the day
- Visual prompts to remind for sleeplessness – stay in your room, do a quiet activity.
- Wrap in blanket, tuck in tightly or use a sleeping bag.

¹ Sharing Stories, Finding Hope pp. 3-4

² Sharing Stories, Finding Hope

Strategies for Eating

- Structure is the key during mealtimes to avoid chaos.
- Provide food and liquid the consistency of honey to avoid aspiration.
- Food texture can be a problem for some children. Modify by changing a steak to a burger, cooked and cooled carrots for a salad.
- Be cautious about spicy foods.
- Serve the meal on the plate rather than a self-serve style.
- Limit choices and portions. Much better to ask for more.
- Remove clutter from the table.
- Serve food warm rather than hot or cold.
- Small, frequent, high kilojoule meals are best (4-6 meals a day)
- Finger foods are helpful.
- Turn off all extraneous noise.
- Keep the conversation light and general and allow plenty of Time at the table.
- Use chairs with arms if possible.
- Think about placement of the child at the table to limit distractions from a window or busy kitchen.
- A child who eats better when standing at the table should be supported. Ensure they stand on a designated spot using a mat for example.
- Be cautious about vitamin therapies. Supplements may be useful but check with professional before using.
- Respond to hunger pangs. Try to have small amounts of appropriate food and drink available.

Change the environment, not the child.³

³ VON Report