

Is it you, them or diabetes?!

A guide to life with a 0-2 year old

Your child - with or without diabetes

There are a number of behaviours and stages that any child goes through regardless of whether or not they have diabetes. It is important as a parent to understand these behaviours as well as how they may impact on your child's diabetes.

Ages 0-2

At this age your child is completely dependent on you for all care. For the first six months your child likes a regular routine built around feeding and sleeping.

Your child's senses are very important – touching, smelling and feeling.

Your child's physical self is all important at this stage, with self-comfort being the main focus. For example, a wet or dirty nappy will produce tears, as does being left alone when company would be more preferable.

From about two to four months of age, smiles and gurgles will reward you for your efforts with sounds and movement providing increasing pleasure.

From six to 10 months of age your child responds to different facial gestures, speech and interactive behaviour.

From nine to 12 months of age your child develops more control around anger and dissatisfaction, beginning to copy behaviour and emotions. Actions become deliberate rather than reflex. For example, a cry from your child gets you to run.

Socialising has begun.

When your child is diagnosed with diabetes

Ages 0-2

At this age your child will have no understanding of diabetes but it is possible to gradually introduce simple tasks into the everyday routine. For example, at 18 months to two years of age, your child may be encouraged to hold their finger out for finger pricks or help to choose an injection site.

Living with diabetes

Make sure you give lots of hugs and kisses after any diabetes related procedure.

From 18 months onwards, play becomes an important coping mechanism and games such as allowing your child to give pretend injections to a doll or soft toy (break the needle off to avoid accidents), gives your toddler a chance to take part in their diabetes routine. It can help lay some groundwork for their involvement in diabetes-related tasks.

As your child approaches four or five years and asks “Why?” try to make your answer concise and encourage small tasks, one at a time, to fit in with your answers. For example, they may choose which finger to be pricked or a site for their injection. (If you do this remember not to give in to the same spot being used all the time).

At times when you’re tired and overwhelmed with it all, remember that your child will eventually become independent. However, they need your help along the way.

You need time out whenever possible. If you have relatives or friends close by, they may be persuaded to attend education sessions to become comfortable with diabetes and to look after your child, if only for a short time.

Preschool

You will probably be very reluctant to let your child out of your sight, but preschool is an opportunity for your child to spread their wings and learn independence (and give you a chance to spread yours).

To take this huge step you must feel comfortable that your child will be safe as well as happy.

Provide your preschool with options for education on diabetes. This might include a school visit from your local diabetes educator or Diabetes NSW. If this is not an option you can encourage your preschool to watch the school visit podcast available through Diabetes NSW.

It is essential that you provide one or two hypo kits for staff to store in prominent places. Remember to restock hypo kits regularly.

A photograph of your child placed in the staff room and details of hypo symptoms is advisable. An emergency action poster for hypos next to the photo as a reminder is also a good idea.

Your child should wear some type of diabetes identification chain or bracelet. This habit is a good one to start at a young age as it may encourage them to maintain that habit as they get older.

Pre-school staff may be willing to assist with diabetes related tasks e.g. finger pricks, injections, and insulin pump boluses; however, it is not mandatory for them to do so. Discuss this with the director of the preschool.

If you don’t have access to an educator, some points you may like to raise with your child’s teacher include:

- If the teacher is unsure if it’s a hypo, they are better off treating it as a hypo.
- The teacher or carer should not be afraid to re-treat the hypo if your child is not feeling better. A child should not be sent alone to get treatment.
- The teacher should stay with your child until fully recovered.

The school pack, available from Diabetes NSW, is a useful resource to give to your child’s pre-school.

To care for your child you must care for yourself

Diabetes takes a lot of time and energy, so it’s normal to feel frustrated and tired from the constant daily demands of management.

Your emotions may change and recur (perhaps frequently) – guilt, frustration, helplessness, sadness, anger... and elation when all goes according to plan!

It can help to talk to someone who may understand or another parent going through the same thing.

Share your feelings with your partner, a friend or relative, support groups, your doctor and other health professionals such as a social worker or psychologist.

Share diabetes-related tasks with your partner, supportive family members or friends.

Keep in touch with your diabetes educator, as ongoing education can help you and your child at different stages.

Don't be afraid to ask your health professional team for support and guidance.

Encourage relatives or friends to attend education sessions to learn more about diabetes so that they may in turn give you support.

Find some time for yourself. It's a worthwhile investment for the daily demands of parenting.

Food

What does any child do with food at this age?

Birth to six months

Exclusive breastfeeding until around six months of age is recommended for all children – with or without diabetes. Breast milk or infant formula provide all of the nutrients your baby needs until around six months. Breastfeeding offers many benefits including increased immunity and bonding between mother and baby.

Introducing solid foods too early is not recommended because:

- Babies don't have good tongue control to deal with solids
- Their digestive system is still maturing and may not be ready to cope with solids.
- Babies are unable to sit up or hold their head upright for feeding, increasing their risk of choking.
- Feeding solids means less breast milk or infant formula may be taken by the baby. This can upset the fine balance of nutrients needed during this rapid stage of growth and development.

Six months

The exact stage at which babies become interested in solids varies. For most babies this is around six months of age, when:

- They are able to sit up and hold their head upright.
- They show interest in food and reach for it.
- A full breastfeed or bottle no longer satisfies them.

Solids are important to encourage new experiences of taste and texture, help with speech, jaw and teeth development and provide additional nutrients such as iron and vitamin C.

Recommended first foods

Fortified rice cereal is usually the first food recommended for babies as the smooth consistency is generally well tolerated, it is high in carbohydrate and a good source of iron. Rice cereal can be mixed with expressed breast milk, infant formula or cooled boiled water to a thick paste consistency. The amount of cereal should be increased according to your baby's demands. Start by offering a teaspoon after a breastfeed (or bottle) once a day and work up to offering two to three times per day to get them used to solid foods.

At first, some babies will spit food out straight away. This is normal as they learn to feed from a spoon and does not mean they don't like the food. It is best not to force the food, wait and try again after the next feed. It may take many tries before your baby accepts a new food.

As you introduce your baby to tasting a variety of new foods, breast milk (or infant formula) will continue to be the most important source of nutrition for their growth and development.

Other new foods to introduce:

- Meat, chicken, fish - cooked and pureed
- Tofu - cooked and pureed
- Legumes – such as cannellini beans, baked beans (no added salt) and lentils, cooked and pureed
- Vegetables - cooked and pureed such as pumpkin, potato, zucchini, sweet potato, cauliflower, carrots
- Fruit – pureed stewed fruit such as apple, pear and apricot
- Dairy – smooth baby yoghurt (lower in added sugar), full-fat smooth Greek yoghurt, and full-fat custard

Commercial baby foods are very convenient for occasional use. However, these products are not designed to replace all meals as they may lack texture for stimulating chewing skills. They are also costly. As a time saver, it is worthwhile preparing food for your baby and freezing small amounts. Freezing baby foods in ice cube trays gives convenient meal sized portions.

Seven to nine months

When your baby is eating a range of smooth foods, it is very important to move them onto thicker and lumpier textures. This helps with the development of feeding and speaking. Even without teeth, your baby will gradually learn to chew and progress to eating lumps and small chunks. How quickly they progress with solids is quite varied. Gagging is a normal part of learning to eat and just like developing a new skill, your baby needs more practice. At this age, solids can be offered before the breast/bottle feed and babies can cope with three 'solid' meals and three to four breast/ infant formula feeds a day.

New foods to introduce:

- Meat, chicken, fish – cooked and chopped finely, minced or in the case of fish, flaked without bones (visible fat and skin removed)
- Tofu – cooked and mashed
- Egg - Well-cooked (e.g. scrambled or hard boiled and mashed)
- Legumes – such as mashed baked beans, kidney beans, chick peas and lentils
- Cereals and grains – such as iron fortified baby cereals (made to a thicker texture), oats, baby rusks, rice, couscous and quinoa
- Dairy – yoghurt with soft lumps, grated cheese
- Fruits and vegetables – increase variety and texture such as chopped or mashed fruits (e.g. banana, avocado, peach) and cooked, mashed or diced vegetables.

Nine to 12 months

From nine to 12 months, your baby will be able to mash food very well with their gums and teeth. Food should be chopped, grated, diced or served in small pieces.

At this age your baby will show more independence when being fed and may refuse to be fed by you, insisting they feed themselves. While messy, it is important for your baby to explore food and practise feeding themselves to encourage hand-to-mouth coordination.

Finger foods may now be introduced as coordination improves, and your baby can sit up without support and begin to chew. Some finger foods include finger sandwiches, soft crusts, rusks, cooked pasta spirals, cooked potato pieces, toast fingers, baked beans (no added salt) and peeled banana.

Be aware that babies should always be watched when eating finger foods in case of choking.

Aim to offer three meals and snacks in addition to breast milk or infant formula each day. Continued breast feeding until 12 months is important for good nutrition. Weaning from the bottle to a baby cup can begin at around nine months.

New foods to introduce:

- Cow's milk – can gradually be introduced to mix with cereals and use in cooking. Cow's milk should not be used as a drink until after 12 months.
- Eggs – cooked boiled egg, egg custard or scrambled egg
- Cheese – full cream varieties, grated or finger food size
- Cereals and grains – rice, pasta, wholemeal cereals and breads, pikelets
- Spreads – margarine, avocado or smooth peanut butter can be spread thinly on bread and toast
- Fruit and vegetables – continue to increase variety and texture to soft cut-up with skins and seeds removed

One to two years

At this age your baby is becoming a toddler and you can now offer them modified versions of family meals. Food will become the staple and cow's milk can become their main drink, however breastfeeding can continue for as long as you and your toddler desire.

You may notice new food behaviours such as food refusal or playing with food. These behaviours are normal toddler behaviours to test you, observe your reaction and assert independence. See the next section on information on food refusal. You may also notice a decrease in your child's appetite at this age. This is normal and corresponds with growth slowing in the second year. Children at this age tend to graze, so regular snacking is important.

Suggested snack ideas:

- Finger sandwiches
- Crumpets or pikelets
- Crackers & cheese sticks
- Fresh fruit pieces
- Breakfast cereal and milk
- Mini tub of yoghurt
- Snack pack of fruit
- Baked beans on toast

Food and diabetes

Your diabetes team will adjust your child's insulin plan according to factors such as age, stage of growth, development and eating patterns.

The types of food you feed your baby should be no different from other babies at this age and stage. Until six months of age, breast milk or infant formula is the only food that they need and breastfeeding is encouraged when possible. There is absolutely no reason not to breast feed just because your baby has diabetes. Breast feeding offers benefits of immunity and bonding between mother and baby.

Breast milk or infant formula is a complete food during the first six months and supplies adequate amounts of carbohydrate to prevent hypos if the baby is fed at regular intervals (every two to three hours during the day). A breast/formula feed before the baby goes to sleep at night will also help to prevent a hypo during the night.

At six months, when solids are being introduced, excellent sources of carbohydrate include breast milk or infant formula, rice cereal, fruit (apple, pear) and starchy vegetables (potato, sweet potato). It's important to stay in contact with your diabetes team to help adjust your child's insulin plan according to factors such as age, stage of growth, development and eating patterns.

Preventing hypos

Most parents worry about detecting hypos in their children at such a young age when communication is limited. If parents can aim to provide regular feeds and solids for their baby, it is usually possible to maintain acceptable blood glucose levels.

The first solids introduced are usually cereals and fruit, which are excellent sources of carbohydrate. As the variety of food increases, it is important to provide some carbohydrate, either from breast milk (or infant formula) or solids at each meal and snack. This helps prevent hypos occurring. It's a good idea to try and keep the time between meals (and snacks) to less than three hours.

Snacking between meals is important for young children. This can reduce the risk of hypos occurring. Keeping carbohydrate-based finger foods well stocked is a good idea such as crackers, rusks, fruit fingers, and fruit.

If meal times become a battle and hypos occur as a result of poor carbohydrate intake, adjusting the insulin plan may help. A dietitian and diabetes educator can be very helpful with any queries regarding food and insulin issues