

Supporting Healthy Eating in ASD Children

A guide for parents, teachers, and caregivers: Understanding pica, food selectivity, and nutritional needs

Eating difficulties can be a significant concern for families of autistic children, particularly those with complex communication and sensory needs.

Some children eat only a small selection of familiar foods, while others may avoid particular textures, colours, temperatures, or food groups. Some may also repeatedly eat non-food substances, a condition known as pica.

These difficulties can affect a child's nutrition, physical health, and participation in everyday activities.

For children who cannot easily communicate through speech, identifying the reasons for food refusal or unusual eating behaviours may be particularly challenging.

Supporting healthy eating begins with understanding the child's individual sensory experiences, communication abilities, food preferences, and possible medical needs.

Before deciding how to change a child's eating habits, we need to understand what the child may be experiencing.

1. Understanding Pica and Its Risks

Pica involves the persistent eating of substances that are not food, such as dirt, paper, hair, paint chips, or pieces of clothing.

It is important to distinguish pica from the mouthing and exploration of objects that may occur during early childhood.

Some autistic children, particularly those with associated intellectual disabilities, may continue to ingest non-food substances beyond the age when this behaviour would ordinarily be expected.

Pica may be associated with sensory seeking, difficulties distinguishing edible from non-edible materials, or nutritional deficiencies such as low iron. However, the underlying reasons are not always clear.

Pica can pose serious health risks, including choking, poisoning, infections, intestinal obstruction, and injury to the digestive tract.

For this reason, persistent ingestion of non-food substances requires medical assessment rather than relying solely on behavioural or sensory strategies.

2. Supporting a Child Who Engages in Pica

Begin by observing what the child puts in their mouth, whether they swallow it, and when the behaviour occurs.

Does the child seek particular textures? Does the behaviour occur during certain activities or in specific environments?

Keep a brief record of the objects involved, the circumstances, and any associated changes in the child's behaviour or physical comfort.

Discuss these observations with the child's healthcare provider.

Depending on the child's history and potential exposures, the clinician may recommend assessment for iron deficiency, lead exposure, or other medical concerns.

At home and in learning environments, reduce access to potentially dangerous materials and provide supervision appropriate to the child's individual risks.

If the child appears to seek oral sensory input, an occupational therapist or feeding specialist may help identify safer alternatives. These should be selected carefully, particularly for children who may bite off and swallow pieces of objects.

Avoid attaching chewable items to clothing with cords or accessories that could create additional hazards.

A coordinated plan involving the family, healthcare provider, and relevant professionals can help address both the child's safety and the possible reasons for the behaviour.

When urgent medical attention is needed

If a child swallows a button battery, magnet, sharp object, medication, or potentially poisonous substance, seek immediate medical advice or emergency care. Do not wait for symptoms.

Choking, breathing difficulties, severe abdominal pain, repeated vomiting, or a swollen abdomen following suspected ingestion also require urgent assessment.

3. Understanding Restricted Food Intake

Some autistic children eat a very limited range of foods or accept only foods with particular sensory characteristics.

A child may prefer crunchy foods while avoiding soft textures, accept only foods of a particular colour, or insist on a familiar brand or presentation.

Others may find strong smells, unfamiliar flavours, mixed textures, or changes in food temperature difficult to tolerate.

Food refusal may also be associated with constipation, reflux, dental discomfort, difficulty chewing or swallowing, or anxiety related to eating.

A child who cannot easily communicate discomfort may refuse food without being able to explain why.

It is therefore important not to interpret every refusal as unwillingness to cooperate.

Observe which foods the child accepts, how they respond to unfamiliar foods, and whether particular textures or eating situations appear uncomfortable.

4. Begin with Familiar and Accepted Foods

A child's preferred foods provide an important starting point for understanding their eating patterns.

Before introducing changes, identify which foods the child reliably accepts and what characteristics they share.

For example, does the child prefer foods that are crunchy, smooth, salty, mild, warm, or cold?

Do they accept foods presented separately but reject the same foods when mixed together?

These observations may help identify opportunities for gradual exploration.

If a child enjoys a particular type of cracker, you might offer another cracker with a similar texture alongside the familiar one.

A child who prefers smooth yogurt may be interested in exploring another familiar flavour or a slightly different presentation.

However, there is no need to insist that the child taste the new food.

Looking at it, touching it, smelling it, or allowing it to remain nearby may be an appropriate first step.

The aim is to create opportunities for exploration while preserving the child's access to foods they can comfortably eat.

5. Make Mealtimes Comfortable and Predictable

A familiar mealtime routine may help children who find changes or unfamiliar situations difficult.

Consider the child's preferred seating, lighting, noise level, utensils, and food presentation.

Some children may be more comfortable eating in a quiet environment. Others may enjoy eating alongside family members or benefit from having a familiar activity nearby.

Avoid assuming that removing all distractions is necessary for every child.

Offer manageable choices and allow the child to indicate their preferences through gestures, pictures, eye gaze, spoken words, or a communication device.

If the child turns away, pushes a food aside, or otherwise indicates refusal, acknowledge their response.

Avoid forcing, bribing, or repeatedly pressuring the child to take another bite.

Shared meals can provide opportunities to observe others eating and become familiar with different foods, without requiring the child to eat the same meal.

6. Encourage Participation Beyond Eating

Food exploration does not need to begin at the dining table.

Some children may enjoy helping with shopping, washing vegetables, arranging food on plates, or preparing simple meals.

Others may prefer looking at photographs of foods, matching food pictures, or exploring familiar ingredients through sensory play.

These activities can create opportunities for communication, choice-making, and learning.

For example, a child who enjoys sorting objects may be interested in arranging fruits by colour or placing different foods into separate containers.

A child who enjoys visual activities may prefer choosing foods from photographs before encountering them in person.

Participation should remain voluntary and suited to the child's interests and abilities.

The purpose is to build familiarity and create positive experiences around food, rather than making every activity an exercise in trying something new.

7. Monitor Nutrition and Fluid Intake

A severely restricted diet may not provide adequate amounts of essential nutrients, even when a child appears to be eating enough food.

Depending on the foods accepted, there may be concerns about protein, fibre, iron, calcium, vitamin D, or other nutrients.

Pay attention to the child's overall food and fluid intake, growth, energy levels, bowel habits, and general health.

A simple food diary can help families and healthcare professionals understand what the child eats and drinks over several days.

A registered dietitian experienced in pediatric feeding difficulties can assess nutritional adequacy and recommend appropriate dietary adjustments or supplements when needed.

Supplements should be selected according to the child's individual nutritional needs rather than introduced routinely.

When to seek professional assessment

Consult the child's healthcare provider if they have a very limited diet, are losing weight, show poor growth, regularly refuse food or fluids, or have persistent constipation or other gastrointestinal symptoms.

Coughing, choking, or difficulty swallowing during meals requires assessment by an appropriately qualified professional.

A child who has stopped drinking, has markedly reduced urination, or shows signs of significant dehydration needs urgent medical attention.

8. Work Together to Support the Child

Supporting a child with persistent feeding difficulties often requires collaboration between families, educators, and healthcare professionals.

Parents can share valuable information about the child's preferred foods, sensory experiences, communication patterns, and daily routines.

Teachers and caregivers can help maintain safe, familiar eating arrangements and recognize changes in the child's intake or behaviour.

Depending on the child's needs, a registered dietitian, occupational therapist, speech-language pathologist, or specialized pediatric feeding team may provide additional assessment and support.

For children with significant food restriction, persistent feeding difficulties, or concerns about nutritional adequacy, an individualized feeding assessment may be needed.

The aim is to develop a shared understanding of the child's needs while respecting their preferences, comfort, and ability to participate in decisions about food.

Final Thoughts

Healthy eating is not simply about encouraging a child to accept a wider variety of foods.

It involves understanding their sensory experiences, communication abilities, physical comfort, nutritional needs, and individual ways of learning.

For some children, progress may involve becoming comfortable with a new food nearby. For others, it may mean exploring a different texture, communicating hunger more clearly, or gradually accepting additional foods.

Persistent pica and significant nutritional difficulties require appropriate medical assessment and individualized support.

By observing carefully, respecting the child's responses, and working together, families and professionals can create safer, more comfortable opportunities for eating and food exploration.

The goal is not simply to change what the child eats, but to understand their needs and help them develop a safe, positive, and sustainable relationship with food.