



Medical



Carole Davidson

Nutrition Q & A

Carole Davidson, Chief Paediatric Dietitian at King's College Hospital, London, answers your questions on diet and nutrition.

Q: Why can't I breast feed my baby who has biliary atresia?

A: Breast feeding brings many benefits. However, your baby may not grow as well on breast milk alone as he/she may not be able to absorb all of the fat in breast milk, which is the main energy source for babies. This may be also the reason for your baby feeding demanding feeds very regularly. It may be possible to do a combination of breast feeding and bottle feeding with a specialised formula containing MCT fats, which are easier for your baby to digest.

Q: What are MCT feeds? Why do I need to use them?

A: MCT stands for medium chain triglycerides. This type of fat is easily digested and does not need bile for absorption. Bile is produced by the liver and your baby may not be releasing bile from the liver adequately.

Q: How can you keep to healthy eating principles if you're feeding a child with liver disease? It's also really hard with feeding my other children too — it gives mixed messages. What advice can you give please?



A: Children with liver disease tend to need more calories and protein than other children of their age as they may not absorb and use all nutrients from foods. This may mean that they do need to eat more fat and higher energy foods. It is important that they get a mixed balanced diet and it could be that you opt for fats which are considered healthier such as olive oil or sunflower oils. Nuts and avocado also contain healthier sources of fat. Nutritious snacks such as cheese and biscuits, peanut butter on toast, yoghurt /fromage frais may be preferable to crisps and chocolate.

Q: I really don't like the idea of tube feeding my child. Can you help me?

A: This is the reaction we get from most parents when tube feeding is first mentioned. However in hindsight most parents say that the thought of it is usually much worse than it actually is. Most parents can see that the benefits of being able to feed their baby by the tube, and see them gaining weight, will take away the previous stress of trying to make their baby feed enough from the bottle. It will be still possible for your child to eat and drink with the tube in place and this will be an important part of your child's development. It may be helpful if you speak to other parents who have tube fed their child. Your dietitian/doctor will be able to put you in touch.

Q: My child is heading towards a liver transplant. Can I expect him to eat normally afterwards?

A: Most children do extremely well following liver transplant. This does depend on how well they have eaten before and it may take some children slightly longer if they have been fed via a nasogastric tube from an earlier age. Before his/her transplant, you can help by continuing to offer your child food and sit him with the rest of the family at mealtimes, even though he may not eat that much. Try and make mealtimes enjoyable and encourage your child to eat although you should avoid force feeding as this is likely to lead problems later on. When we looked back at children who received a transplant at King's most children were eating normally without the need for a tube by 3–6 months following their liver transplant.

Q: My daughter has biliary atresia with kasai and is two and a half years old. She has a fabulous appetite but I wonder if there are better foods to improve her liver function. Are you able to suggest foods that could help her condition and any foods she really must avoid such as crisps?

A: Ensuring good growth and a mixed balanced diet will help to maintain a good liver function. In other words it is good to eat meals which contain mix of protein foods (meat, fish, eggs, cheese, nuts) starchy foods (potatoes and pasta) and fruit and vegetables. As with all children of your daughter's age we try to discourage the taste for salty foods but it will not do her any harm to have them occasionally.

Q: My child is two and has biliary atresia, kasai only and is a really faddy eater. What advice can you give me about feeding, please? I have no idea whether she's playing up or it's a result of her liver disease.

A: This is a common age for children to show their authority by refusing foods. It is often very frustrating particularly when your child has liver disease and you know that they must eat. Unless your child has an acute illness you should try and treat them the same way you would treat other children of his/her age and do not be afraid to stick to your rules and try not to show your frustration!

For example:

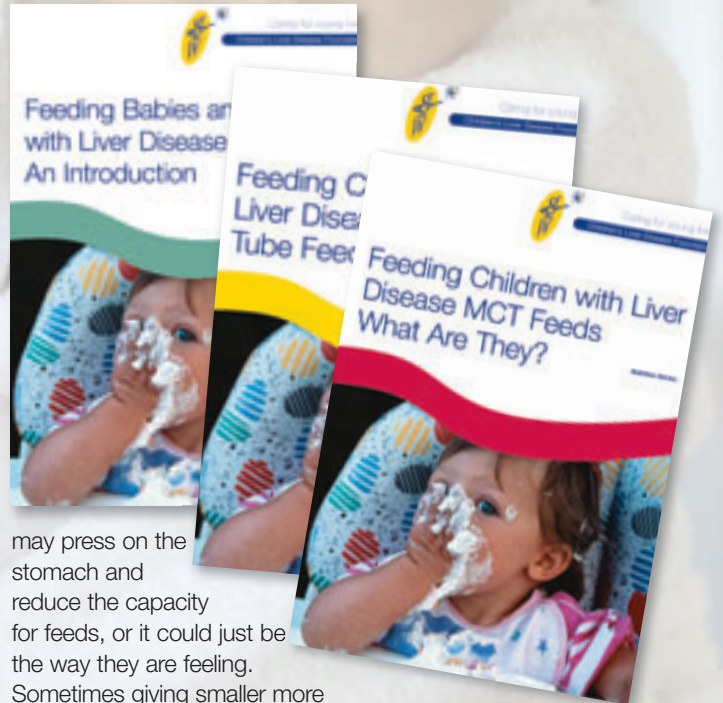
- ✓ Offer them treats and deserts only when they have tried to eat the savoury part of the meal.
- ✓ Try to sit them at the table but limit the mealtime to a 30 minute slot
- ✓ You could also involve him/her in preparing foods. Children at this age will often prefer finger foods and foods which they can feed themselves.

Q: My daughter is six years old and has Alagilles syndrome. She isn't putting on any weight. Can you recommend any supplements that could help?

A: Children with Alagilles syndrome do tend to be small and may put on weight slowly. They also tend to have very small appetites and therefore it may be good to give your daughter 6 smaller meals or snacks instead of three larger meals. Foods high in protein and calories can help such as dairy foods, cheese, yoghurt, meat, fish, nuts. There are various types of nutritional drinks that can also help — if your daughter will drink them regularly! Your dietitian would be able to select the type that is most suitable.

Q: My son is eight months old, has biliary atresia and is waiting for a transplant. He is tube fed but keeps being sick. Is there anything we can do about this?

A: Unfortunately some babies with biliary atresia are more sick than others. This could be due to a large liver and spleen, which



may press on the stomach and reduce the capacity for feeds, or it could just be the way they are feeling. Sometimes giving smaller more frequent feeds may help or by dripping the feed in slowly over an hour using a pump. Your dietitian and community nurse may also have some suggestions.

Q: My sixteen year old daughter has difficulty absorbing calcium which I believe is due to her PFIC. Is there anything that can be done nutritionally to help improve absorption?

A: Blood levels of calcium can be low in PFIC due to absorption or the way in which the kidneys use calcium. You could check with your dietitian that your daughter is eating adequate sources of calcium. The most absorbable source of calcium is found in dairy products. Vitamin D also helps with the absorption of calcium and therefore your daughter could have her blood levels of Vitamin D checked.

Next questions . . .

In the next edition of Delivery Joyce Clayton, Specialist Social Worker at St James's University Hospital, Leeds will be answering your questions. If you have any questions on benefits, support and coping with childhood liver disease, then send them to Rachel Markham at:

communications@childliverdisease.org or 0121 212 6012 before 15 September 2007.