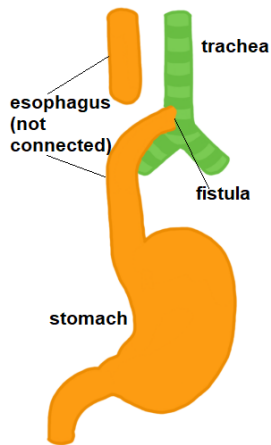(CHIL'DS NAME) was born with birth defects that have been repaired, however, (HE/SHE) may continue to have some challenges. **Please read the information below to see how you can best help with eating and drinking**. Please do not hesitate to reach out to (DESIGNATED CAREGIVERS) with any questions or concerns.

Esophageal Atresia and Tracheoesophageal Fistula

Esophageal Atresia (EA) is a birth defect of the esophagus ("food pipe") in which the esophagus is in two separate segments rather than a continuous connection to the stomach. This defect can often occur with **Tracheoesophageal Fistula (TEF)**, or an abnormal connection between the esophagus and trachea ("wind pipe" or airway). The EA/TEF birth defect occurs in 1 of every 2,500 to 4,000 babies. A repair to connect the esophagus is completed shortly after birth, however, the repaired esophagus is not exactly like one that has never needed repair. There is a decrease in motility at the repair site, meaning the esophagus muscles can't push down food as well as a "normal" esophagus. Therefore, difficulties can occur with swallowing or food getting stuck. Poor motility cannot be fixed and has to be learned to manage. Other difficulties that can occur are esophageal narrowing over time, heartburn, and risk of food or drink entering the airway and choking. However, with appropriate monitoring and help, eating can be relatively safe.

Count to three...Three simple rules for safe eating:

1 **Keep watch!** All meals and snacks should be supervised. Food should be cut into bite-sized pieces. Reminders to *"take small bites"* and *"chew, chew, chew"* are helpful.

2 **Keep things moving!** Drinking water is important when eating and should always be readily available. (WE CAN PROVIDE A CUP/BOTTLE.) Please encourage drinking water after every bite/every other bite to help wash food down the throat.

3 **Go SLOW…** never rush eating because this can lead to inadequate chewing, forgetting to drink enough water, and an increased risk of gagging.

(DESIGNATED CAREGIVER) should *always* be contacted before any food not brought from home is provided. Any known "special" days or events with food present should be communicated to (CAREGIVER) in advance.

Symptoms to look out for:
- Please monitor (CHILD's NAME) for **gagging, coughing, or spitting up** during meals.
  - (CHILD'S NAME) can often identify when (HE/SHE) is having trouble swallowing, and usually is not scared as this has happened before. (HE/SHE) knows to look for help and an adult close by, so someone should always be available. This can seem scary, but usually food that gets stuck will be spit up or eventually swallowed.
  - Generally, when food can't move down, it is in the esophagus and not the trachea meaning a (CHILD'S NAME) CAN breathe. If you see any signs of actual choking (ex. turning blue, difficulty breathing, inability to cry or produce a voice, soft high-pitched noise while breathing in) please follow school emergency procedures.
  - If food cannot be dislodged, it may need to be removed by a medical professional. In this case, please call (DESIGNATED CARGIVER). This is a *rare* occurrence.
- Often (CHILD'S NAME) can have a barky cough. Having a cough does NOT mean (HE/SHE) is necessarily sick and has an infection.
  - (CHILD'S NAME) may require (MEDICATION/INHALER) if out of breath.

Name: _____   **Date: _____**

General food tips:
- Most of (CHILD'S NAME)'s will come pre-prepared for safe eating from home
- Never give (CHILD'S NAME) food that has not been provided by (CAREGIVER) without advance consent
- **All** food should be cut into small bite-sized pieces, particularly meat. If in doubt, cut smaller pieces!
- Fruits need to be served without skin and cut up in small pieces (APPLES, PEACHES, GRAPES, ETC)
- Very soft and sticky foods like breads are more prone to getting stuck
- Lumpy or chunky foods with inconsistent texture are often more difficult to manage
- Example foods to avoid: (NUTS, POPCORN, RAW VEGETALBES, HARD CANDY, BAGELS)

Contact Information:

1. **Name: _____**   **Phone #: _____**

    Relationship: _____

2. **Name: _____**   **Phone #: _____**

    Relationship: _____

3. **Name: _____**   **Phone #: _____**

    Relationship: _____

4. **Name: _____**   **Phone #: _____**

    Relationship: _____

5. **Name: _____**   **Phone #: _____**

    Relationship: _____