Building a Foundation for Healthy Active Living: Responsive Feeding

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Objectives

• Identify protective and risk factors in the development of positive and negative health outcomes.

• Understand the importance of early relationships in the development of healthy active living behaviors.

• Identify key resources to support families in understanding responsive feeding practices and the early development of healthy feeding practices.
17%

- Approximately **12.5 million**, or **17%**, of children and adolescents aged 2-19 years have obesity.
- There is a **higher prevalence** of obesity in children in minority ethnic and racial groups and children in poverty.
Children who are diagnosed as having overweight or obesity as preschoolers are 5 times as likely as normal-weight children to have overweight or obesity as adults.
Complex & Multifaceted

Evidence & case for first 1000 days as vulnerable period for increasing obesity risk

Slide adapted from IHCW Building a Foundation for Healthy Active Living: Overview Module
Foundation of Health

• Foundation of a person’s lifelong health is set long before adulthood

• Pregnancy - maternal health and habits influence the prenatal environment of the developing fetus

• Early infancy-Early Childhood- development of healthy habits influenced by the family environment

• Important window of time to influence children’s predisposition to obesity and other chronic diseases
Foundations of Child Health

- Appropriate Nutrition and physical Activity
- Stable, responsive and nurturing care giving
- Safe and Supportive Environment
American Academy of Pediatrics Institute on Healthy Childhood Weight

- evidence-informed resources to help pediatricians, public health professionals, and other providers improve their patient care, engage families in healthy active living
- education modules to support clinical care and anticipatory guidance
- consumer-focused, multimedia assets increase awareness about key behaviors that support healthy growth and development

www.aap.org/EarlyFeedingHALF
Developmental Perspective

- Pregnancy
- Infancy
- Toddler
- Early Childhood

Slide adapted from IHCW Building a Foundation for Healthy Active Living: Overview Module
Pregnancy

- Appropriate maternal weight gain during pregnancy
- No smoking & limit exposure to secondhand smoke
- Regular exercise during pregnancy
- Healthy diet (access, quality and quantity)
- Prenatal care and breastfeeding/lactation classes
- Gestational diabetes

Slide adapted from IHCW Building a Foundation for Healthy Active Living: Overview Module
Pregnancy - Perinatal

- Full-term healthy weight baby
- Breastfeeding initiation
- Returning to healthy weight after pregnancy
- Maternal depression

Prenatal

Gestational

Perinatal

Slide adapted from IHCW Building a Foundation for Healthy Active Living: Overview Module
Early Infancy (0-6 Months)

- Exclusive breastfeeding
- Full-term & Healthy weight
- Active motor play
- Understanding hunger & satiety
- Appropriate complimentary food introduction
- Maintenance of breastfeeding
- Safe & responsive bottle-feeding
- Responsive & authoritative parenting

Slide adapted from IHCW Building a Foundation for Healthy Active Living: Overview Module
The first 5 years of life

- Vital period for brain development, building healthy relationships, and teaching healthy habits

- Healthy eating
  - Responsive feeding, supporting breast feeding, offering variety of foods, avoiding juice/sugary drinks

- Sleep
  - Healthy sleep routines linked to better mental health and healthier weights

- Physical Activity
  - Too much time in stroller, swings, car seats can lead to motor delays

- Screen Time
  - 30% toddlers have TVs in their bedroom
  - Real life interactions and experiences are vital

- Healthy Role models
  - Immediate family is most important influence
  - Role modeling healthy active living is vital
Early Relationships
Importance of Relationships in Feeding

- Relationships are at the core of feeding and active interactions for young children
- Responsive - Respond to needs and be responsive in interactions - eye contact and verbalization to pick up cues
- Stable - Consistent caregivers and consistent approach by caregivers

Slide adapted from IHCW Responsive Relationships: Parenting and Feeding Styles module
Importance of Relationships

Modeling healthy eating and activity behavior

Setting appropriate boundaries and attending to and responding to child’s behavioral cues

Promoting healthy family interaction such as family meals and activities

Creating a healthy nutrition and activity environment at home

Prompting specific healthy eating and activity behaviors

Slide adapted from IHCW Responsive Relationships: Parenting and Feeding Styles module
Responsive Parenting

What is **responsive parenting**?

- Responsive parenting
  - Warm and accepting behaviors to respond to children's needs and signals
  - *Critically* important to a young child's development
- In infants and toddlers, responsive caregivers recognize and respond to cues of:
  - Hunger by responsive feeding
  - Sleep by establishing routines
  - Distress by Soothing
  - Need for Physical Activity
- Caregivers' recognition of these cues can have short and long term positive impacts on a child's health
- Caregivers have the ability to build a positive first relationship with an infant

Slide adapted from IHCW Responsive Relationships: Parenting and Feeding Styles module
Responsive Feeding
Responsive Feeding

What is **responsive feeding**

- Responsive feeding is a component of responsive parenting.
- Infants and toddlers rely entirely on caregivers to meet their basic need of feeding.

Slide adapted from IHCW Responsive Relationships: Parenting and Feeding Styles module
Why? Responsive feeding

- Caregiver’s and infants interact through feeding
  - This is a child’s first and most powerful need
  - They depend on a responsive adult for this

- Responsive feeding is associated with healthy feeding patterns, food acceptance, and healthy food habits.

- Responsive feeding supports self-regulation skills

- Parents who practice responsive feeding will have children that grow up to have healthier eating habits
Basic components of responsive feeding

- Infant signals hunger or satiety
- Caregiver recognizes cues and responds promptly
- Child experiences a predictable response to their signals
Why discuss **hunger and satiety cues**?  

- The first two years of life represent major transition in feeding and eating, and by the end of the second year of life food preferences are already well established.
- What happens in these early experiences with food matters and has long term outcomes.
- The way in which parents respond to their baby’s hunger cues now impacts their eating preferences for the rest of their lives.
Hunger Cues

• Licking lips, opening mouth/sticking tongue out
• Smacking/sucking sounds
• Rooting, Sucking on hands
• Wakeful
• Fidgeting, squirming, breathing fast
• Crying and fussing
Satiety Cues

• Start or stop feeding frequently
• Refuse or push away the bottle or breast
• Unlatch often when nursing
• Close mouth or turn head away
• Fidget or become distracted
• Slow down or fall asleep
baby feeding cues

Early Cues - “I’m hungry”
- Stirring
- Mouth opening
- Turning head
- Seeking/rooting

Mid Cues - “I’m really hungry”
- Stretching
- Increasing physical movement
- Hand to mouth

Late Cues - “Calm me, then feed me”
- Crying
- Agitated body movements
- Colour turning red

Time to calm crying baby
- Cuddling
- Skin-to-skin on chest
- Talking
- Stroking

Early Feeding Cues or “I’m hungry.”
- Mouth opening
- Turning head

Mid Feeding Cues or “I’m Really Hungry!”
- Stretching
- Hand to mouth

Late Cues or “I’m upset, please calm me.”
- Crying
- Agitation
- Turning red
Mothers may appreciate hunger cues more easily than satiation cues.
When parents understand hunger and satiety cues and are armed with appropriate soothing techniques, they are more likely to establish healthy feeding and sleep patterns.
Hunger and Satiety: Understanding the parent perspective

- Helping parents “tune into” their infant and view feeding as a two-way interaction can encourage responsive feeding practices.
- Parent’s concerned if their baby is getting enough to eat may be reassured to learn satiety cues.
- Parent’s may not realize that learning hunger and satiety cues may be the first step in building a relationship with their infant.
**Hunger and Satiety:** Cues for birth to 6 months

### Hungry
- Bringing hands to mouth
- Rooting reflex
- Sucking noises
- Fast breathing
- Clenching fingers
- Flexing arms and legs

### Full
- Push you away
- Stop sucking
- Extend or relax arms
- Fall asleep
Hunger and Satiety: 6 to 12 months

**Hungry**
- Opening mouth when spoon gets near
- Reaching for the spoon or food
- Visually tracking food with eyes
- Pointing to food
- Getting excited when food is presented
- Expressing a desire for food through sounds, words, or facial expressions

**Full**
- Shaking head no
- Turning head away
- Pushing spoon or food away
- Not opening mouth when food is near

Slide adapted from IHCW Responsive Relationships: Hunger and Satiety Module
Supporting Responsive Feeding

• Ask parents how they know their infant is hungry, tired, and how they enjoy being soothed
• Ask about hunger and satiety cues, but acknowledge every child is different
• Reassure the parents know their child’s needs best
• If breast or bottle feeding, encourage eye contact, always holding the baby and never propping the bottle to increase parents understanding of responsive feeding
• Set the stage to start complementary foods
Conversation starters

• What concerns do you have around feeding your baby?
• What are mealtimes like at your house? Who eats meals together? Where do you eat? Are there screens on during mealtimes?
• What is your favorite and least favorite part of feeding time?
• Is there anything that is stressful about feeding/meal time or anything that you would like to change?
AAP Responsive Feeding Video

• https://www.youtube.com/watch?reload=9&v=o6dO3W-SJK0&feature=youtu.be
Food Introduction is important

- Early food introduction is associated with childhood obesity
- BUT introducing a variety of textures and flavors at the appropriate time can set the stage for healthy eating patterns later on
- Infants need to be developmentally ready for solid food
4 in 10 parents introduce babies to solid food before 4 months
Introducing Solid Food

• Assessing Readiness
  • Usually around 6 months
  • Sit up mostly on their own
  • Hold up head for extended time
  • Shows interest in mealtime
  • Continued hunger between nursing or bottles
  • Diminished “tongue-thrust reflex”

Slide adapted from IHCW Sound Nutrition: Food Introduction
Mothers often stop breastfeeding once solids are introduced
Key Recommendations

• Even after starting solids, most nutrition still from breast milk or formula
• Choosing healthy drinks
  • Offer water
  • Avoid unneeded calories from sugary drinks (even 100% juice) and cereal in the bottle
• Choosing healthy foods
  • Simple foods
  • Fruits and veggies with every meal and snack time
  • Transition to table foods is critical period- variety is important
  • Importance of healthy role models
• You provide, let child decide
  • Watch for the hunger and satiety cues
  • Patient persistence prevents pickiness
  • Keep it positive
It can take up to 15 tries to get a young child to accept a new food.
**Food Introduction**: Understanding the parent’s perspective

- Solid food would help them **sleep longer**. IT DOESN’T!
- Introducing a food **10 to 15 times** is confusing
- Parents also worry about wasting food
- If their child rejects the food more than once, parents may stop offering
- Parent’s don’t understand correct **portion sizes**

Slide adapted from IHCW Sound Nutrition: Food Introduction
A quick note on serving size: Infants

- Vegetables 1 Tablespoon
- Fruits 1 Tablespoon
- Meats 1 Tablespoon
- Grains: 1 Tablespoon
- Juice- not recommended
A quick note on serving size: Toddler

- Fruits- ¼ cup
- Vegetables- ¼ cup
- Grains- ½ cup
- Meats- 1 oz
- Milk- 4 oz
Practical Tip:
ASK PARENTS – What's on your plate? Remind parents, young children want to eat what their parents are eating.
Why **Role Modeling and Routines**

- Parents make decisions that shape infant and young children’s behaviors
- Children with routines are more emotionally and socially advanced
- Three household routines were associated with a reduction in the risk of obesity. These routines were:
  - Eating the evening meal as a family
  - Getting appropriate amount of sleep
  - Limiting screen time to <2 hours/day

Slide adapted from IHCW Responsive Relationships: Role Modeling and Routines
Role Modeling and Routine: Understanding the parent’s perspective

- Parents find it hard to believe that the “baby watches them” as a role model for healthy behavior.
- Parents struggle to create routines especially with multiple children.
- Parents may need help in implementing routines that address their particular family situation.
- Routines should involve all family members.

Now that we have 2 kids, it’s harder but the whole family helps.

Slide adapted from IHCW Responsive Relationships: Role Modeling and Routines.
Key Recommendations

• Begin by establishing feeding and bathing routines
• Beginning at 2-4 months, develop bedtime routines
• By 9 month establish meal and snack time routines
• Role modeling and routines is Very Important
• Routines help families connect and spend time together, give children a sense of security
• Will diminish tantrums, limits power struggles

Slide adapted from IHCW Responsive Relationships: Role Modeling and Routines
Conversation Starters

- Can you tell me about what feeding time is like for you and your baby?
- Tell me how your family supports you with feeding your baby. What kind of advice do they offer?
- Can you think of a time when you offered two choices instead of just one? What happened?
AAP Tips for Starting Solid Foods Video

https://www.youtube.com/watch?time_continue=1&v=2AHpPG50mTk
Resources
Parent Resources
www.healthychildren.org/growinghealthy
Responsive Feeding — Set Your Baby Up for Healthy Growth and Development!

Even if they can’t talk yet, babies have all kinds of ways to tell you when they’re hungry, and when they’ve had enough. When your child sends signals that she’s hungry or full, it’s important to respond promptly — and in a way that’s warm and loving.

This is called “responsive feeding,” and it’s a great way to help your child get a healthy start in life. Think of it this way: you provide, your child decides.

What’s so great about responsive feeding?

- Help your child develop healthy eating habits
- Lower your child’s risk of becoming overweight as he gets older
- Help your child learn how to feed himself
- Make meal times easier
- Bond with your child

Set yourself up for success.

Here’s how to practice responsive feeding:

- Make sure your child is comfortable and minimize distractions
- Watch for your child’s signs of hunger or fullness
- Respond to their cues promptly — for example, if your child seems fussy, let her stop eating
- Focus on being warm, nurturing, and affectionate during feeding time

Learn signs that your baby is hungry or full when she’s breastfeeding or bottle feeding.

When your baby is hungry, he may:
- Move his hands to his mouth or put things in his mouth
- Root (turn his head toward anything that touches his face and open his mouth)
- Make sucking noises or motions
- Clench his fists or fists over his chest and tummy
- Flex his arms and legs

When your baby is full, she may:
- Start and stop feeding often
- Un latch often while breastfeeding
- Spit out or ignore the bottle or breast
- Slow down or fall asleep
- Fidget or get distracted easily
- Close his mouth or turn his head away when offered the breast or bottle

Why is responsive feeding important?

If you don’t practice responsive feeding:
- You override your baby’s own internal hunger and fullness cues
- Your child may develop unhealthy eating habits and be more likely to become overweight or obese later on
- You may affect your baby’s ability to “self-regulate,” or control, his eating and emotions

Here’s what responsive feeding is not:
- You control the feeding experience, like encouraging your baby to finish a bottle even after he’s pushed it away several times
- You’re unsupportive, uninvolved, or distracted — like using your phone or watching TV during feeding time

Feeding a baby takes patience, and it’s normal to feel frustrated at times. But try to remember that it’s important to create a positive feeding experience. Ignoring your baby’s hunger and fullness cues or making meal time stressful can lead to unhealthy habits.

Does crying mean my baby’s hungry?

Babies cry for many reasons, and hunger is one of them. Over time, you may notice that your baby has a particular “hunger cry.” But keep in mind that crying is usually a later cue — a baby who’s crying because they’re hungry probably showed other signs first.

Learn signs that your baby is hungry or full when she’s eating solid foods.

When your baby is hungry, she may:
- Lean forward and open her mouth
- Get excited when she sees food
- Focus on and follow food with her eyes

When your baby is full, she may:
- Spill out or push food away
- Fidget or get distracted easily
- Close her mouth when you offer food
- Turn her head away from food
- Play with her food

Remember, with responsive feeding: you provide, your child decides. This sets your baby up for healthy growth and development.

For more information, visit www.healthychildren.org/growinghealthy.

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For more information and to find sources that were used to create this content, please visit the Building a Foundation for Healthy Active Living Portal at www.aap.org/EarlyFeedingHALF
First Five Nutrition Series

https://www.youtube.com/channel/UCFWcOCpDCQDk6DVh1e1aZ9A?app=desktop
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Questions?

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