



CHERISH

Choosing Healthy Eating for Infant Health

CHERISH: Choosing Healthy Eating for Infant Health Policy Brief

Prepared by Karen Matvienko-Sikar, Michelle Queally & Elaine Toomey
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Executive summary

Irish mothers do not accurately perceive children's overweight or obesity despite considerable lifetime healthcare costs of childhood obesity. Infant feeding interventions to prevent childhood obesity, delivered by healthcare professionals, to children ≤ 2 years have potential to improve feeding practices and weight outcomes. Consideration of parental experiences and perceptions are essential to develop effective interventions.

Introduction

Prevalence of **childhood obesity** in Ireland, and worldwide, appears to be stabilising but remains high. During the **first 2 years of life** how, what and when parents feed their child influences children's feeding behaviours, preferences and weight outcomes. Healthcare professionals are in a unique position to guide and influence parent feeding behaviours to prevent childhood obesity. Developing, implementing, and evaluating an **evidence-based infant feeding intervention** to be delivered in primary care is therefore a priority to prevent childhood obesity.

Methods

This document presents findings from a number of projects undertaken by the CHERISH study team. The first step was to use a health economics approach to investigate predictors and costs of childhood obesity. A second step was to synthesise the existing literature in the area to construct an evidence base for misperceive their child's weight intervention development.

Box 1: Health Economics Approach

Health economics uses economic concepts and methods to understand and explain how people make decisions regarding their health behaviours and use of health care. It also provides a framework for thinking about how society should allocate limited resources to meet the current demand for health care services, health promotion and prevention.

What predicts obesity in preschool children?

We examined maternal recognition of overweight/obesity during early childhood. Study findings indicate:

- Many **mothers fail to accurately identify their child as overweight and or obesity.**
- **Being obese** made mothers more likely to misperceive their child's weight. Having a **higher education** made mothers less likely to misperceive their child's weight.

What are the direct and indirect costs of childhood obesity in Ireland?

- Lifetime indirect costs of childhood/adolescent overweight/obesity are greater than direct costs resulting from healthcare obesity related expenditure. Indirect (non-health or "societal") costs manifest during adulthood relate to work absenteeism, premature mortality and lifetime income losses.
- There is a **significant effect of weight status on healthcare utilisation** for children when they are 13 years.
- Teachers are more likely to rate children of obese mothers below average in reading and maths compared to those whose mother was leaner (adjusting for their measured ability).

Effects of Healthcare Professional Delivered Infant Feeding Interventions

Our review of 10 trials of healthcare professional delivered interventions found:

- The most commonly used component of interventions was **instructing parents how to feed their infant**.
- **Theory use was poor**; the most commonly used theories were **social cognitive theory** and **responsive feeding**.
- Studies **better incorporating theory** in intervention development and evaluation, demonstrate **better child weight outcomes**.
- There is some evidence that these interventions can **reduce the pressure parents put on their child to eat**.
- There is evidence that these interventions can **reduce child consumption of non-core drinks**. Non-core drinks include any drinks besides milk or water.
- Responsive feeding focused interventions resulted in **reduced feeding to calm or settle the child**, and **less controlling the child's eating**. Parents were also **more likely to restrict unhealthy foods**. Responsive feeding involves parents' prompt, consistent, and appropriate responses to child hunger and satiety cues.
- Studies had **methodological issues** in intervention development and evaluation – little focus was paid to how providers were trained, and also to how closely the delivered intervention aligned to the intended design – limiting certainty in outcomes



Experiences and Perceptions of Complementary Infant Feeding

Twenty-five papers examining parents feeding experiences were analysed to identify important themes around infant feeding. Four main themes were identified:

- Friends and family are highly trusted and influential
- Value of healthcare professional advice depends on perceived appropriateness and 'fit'
- Parents aware of official guidelines but perceived usefulness varies
- Having multiple conflicting sources is confusing

Guidelines & Advice



- Parents experiences change over time
- Beginning complementary feeding involves concern about how, what and when to feed. Some parents experience excitement about beginning feeding.
- During established feeding parents experience stress, and evaluate food as good or bad. Parents also enjoy interacting with their child through feeding

Stage of Weaning



- Maternal instinct guides much feeding behaviour
- Parents with prior experience do not feel they need information of advice
- Parents engage in 'trial and error' behaviour when feeding to see what works for them and their baby

Knowing & Trying



- Cost of healthy feeding is a barrier for most parents, regardless of socioeconomic status
- Time constraints influence what is fed, especially for working parents
- Ready made foods are considered time saving but are not fully trusted by parents

Daily Life



Recommendations

Drawing on these findings we make a number of recommendations for development of future healthcare professional delivered interventions to prevent childhood obesity.

1. Infant feeding advice must be **clear, consistent** and come from a perceived **trustworthy** source.
2. Interventions should focus on **informing and training parents** in accurate and developmentally appropriate **responses to child feeding cues**.
3. **Consideration and integration of theory** at all stages of intervention development, implementation and evaluation is essential to develop effective interventions.
4. Supports must include and **acknowledge the importance of family and friends** in infant feeding.
5. Infant feeding must be considered as a process with **changes over time for children and parents**.