Infant Feeding Strategies Among Low-Income Families

Purpose: To develop a grounded theory of how low-income parents manage infant feeding practices during the transition to solid foods in the first year of life.

Significance: Obesity affects over 12.7 million American children. More than 1 in 12 children are obese in early childhood (age 2-5 years). Inappropriate infant feeding practices and rapid growth in the first 12 months of life have been identified as predictors for the development of overweight and obesity during childhood.

Methods: Recruitment took place at two federally-funded community health centers in Western New York. Both centers collectively served urban, rural, and suburban areas, as well as low-income, uninsured, and high-risk children and adults. Parents were recruited by their infant’s primary medical provider, through flyers, brochures, and self-referral. Infants were between 2 months and 9 months of age at the time of recruitment. 21 parents (19 mothers and 2 fathers) were interviewed between 1-5 times. Hispanic migrant families, African-American, and Caucasian families participated. All families were eligible for WIC benefits.

The main source of data was multiple in-depth conversations/ interviews (56 total), supplemented by home observations (7 total). Theoretical sampling was used to seek out >60 varied examples of parents’ experiences of feeding their infants and transitioning to solid foods. Following each interview, audiotapes were transcribed, de-identified, reviewed, analyzed and compared to data previously collected. Patterns and structures connecting to thematic categories were identified. Memoing was used to document analytic decisions. The resulting theory was validated and presented to members of the target population.

Findings: Infant feeding is a complex multi-step process by which parents continually assess the well-being of their infant’s health and happiness to direct feeding decisions. These decisions varied among parents.

Each parent acted diligently, regardless of experience, ability, environment, and resources. The most important outcome was associated with their infant’s health and happiness. This was defined via perceptions of temperament, appetite, feeding success, sleep, growth, and weight gain. Parents identified themselves as a “good parent” if they had a “happy baby”.

For some parents, feeding was a positive and rewarding experience, in that they perceived their infant to be happy, well-satisfied, growing appropriately and healthy. Feeding decisions were minimally adapted and their infant transitioned smoothly to solid foods. These infants were receptive to feeding changes, and provided parents with a high reward by validating that they were a “good parent”.

Other parents struggled. Multiple changes in their infant’s feeding plan caused them to question their ability to parent, and often resulted in a perception of an unhappy baby who was unsatisfied or had poor growth. These changes led to increased parental frustration, negative health outcomes and low parent reward. The inability to achieve a “happy baby” threatened the goal of being a “good parent”.

Implications: Current efforts to instruct and monitor parents in feeding their infants have had little impact on obesity rates. With a better understanding of the varied influences on parents’ feeding practices in infancy, it may be possible to develop promising interventions aimed toward reducing childhood obesity starting at an early age.

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Purpose

- To develop a grounded theory of how low-income parents manage infant feeding practices during the transition to solid foods in the first year of life.

Why Infant Feeding?

- Infant feeding is a complex process with many influencing and competing variables in response to the needs of a developing infant.
- Inappropriate infant feeding practices and rapid growth in the first 12 months of life have been identified as predictors for the development of overweight and obesity during childhood.
- Parental choices for infant feeding in the first 24 months of life establish habits that are likely to last a lifetime related to early overweight and obesity.

Obesity Threatens Children’s Health

- Obesity affects over 12.7 million American children.
- More than 1 in 12 children are obese in early childhood (age 2-5 years).

Malnutrition and obesity are significantly more common in disadvantaged families faced with poverty and food insecurity.

Childhood obesity has serious and lifelong complications.

Research Question

1. How do parents manage infant feeding decisions during the transition to solid foods in the first year of life?
2. “A Big Baby is a Happy Baby, Which Means I am a Good Parent”
3. “A Big Baby is a Good Eater”
4. “Doing the Best”

Potential Implications

- Current efforts to instruct and monitor parents in feeding their infants have had little impact on childhood obesity rates.
- With a better understanding of the varied influences on parents’ feeding practices in infancy, it may be possible to develop promising interventions to reduce childhood obesity starting at an early age.

Research Design

- Longitudinal qualitative grounded theory study

Participants:

- WIC eligible parents (19 mothers and 2 fathers) with infants between 2 months and 9 months of age.

- Hispanic migrant families, African-American, and Caucasian families.

Setting:

- Two federally-funded community health centers in Western New York that served urban, rural, and suburban areas, as well as low-income, uninsured, and high-risk children and adults.

Data Collection:

- Each parent was interviewed between 1-5 times for a total of 56 interviews.
- 7 in-home observations were completed.

Analytic Approach:

- Theoretical sampling was used to seek out > 60 varied examples of parents’ experiences of feeding their infants and transitioning to solid foods.

- Audiotapes were transcribed, de-identified, reviewed, analyzed and compared to data previously collected.

- Patterns and structures connecting to thematic categories were identified.

- Memming was used to document analytic decisions. The resulting theory was validated and presented to members of the target population.

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