Bright Futures Ahead: Building a Foundation for Healthy Active Living in the First 5 Years

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Disclosures
None

Learning Objectives
• Discuss the importance of early obesity prevention.
• Review the developmental perspective and associated risks and/or protective factors.
• Leverage Bright Futures to provide effective obesity prevention anticipatory guidance.

Today’s Presentation
• Problem
• Current state
• Opportunities for prevention and clinical guidance
• Deeper dive into responsive feeding and hunger
• Resources
• Exercises woven into presentation

The What
Defining the problem and opportunities
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.

One out of 3 children have obesity or excess weight before their 5th birthday.

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.

Early Childhood is a Critical Period
Children are acquiring their eating, activity, and sleep patterns.
Age 0-5 is a unique window to shape healthy habits.

Evidence Based Potentially Modifiable Factors in the Early Onset of Obesity
- Rate of weight gain during infancy
- Infant Feeding
- Breastfeeding
- Appropriate bottle feeding
- Appropriate introduction of complimentary foods
- Diet quantity and quality
- Parent feeding practices
- Hunger and satiety cues
- Foster self-feeding and responsive feeding
- Family Meals
- Establish routines
- Physical Activity
- Appropriate Sleep
- Limit/eliminate juice and SSBs
- Limit TV and avoid TVs in the bedroom
- Active Play
- Role modeling

Foundations of Child Health
Sound and appropriate nutrition
Stable, responsive and nurturing care giving
Safe and Supportive Environment
Goals specific to First Year of Life

- Breastfeeding (Initiation and Duration)
- Improved feeding practices for infants:
- Foster self-feeding and responsive eating
- Encourage movement and activity

Goals for all Young Children

- Eat more fruits and vegetables
- Drink less sugar
- Move more
- Limit screen time
- Establish eating, activity and sleeping routines
- When possible, eat together as a family
- Foster self-feeding and responsive eating

Where do you most expect to find resources for learning about and addressing childhood obesity?

Source: Cone Communication and Toluna for the Alliance for a Healthier Generation. Data compiled from 700 parents with children ages 0‐17.

The Role of the Pediatric Providers

- Pediatric healthcare professionals can play a key role in the lives of young children
  - Children go to the doctor...a lot
  - Birth to 11 months: 7 well-baby visits
  - 12 months to 24 months: 4 well-child visits
  - 30 month, 3 year, and 4 year: 3 well-child visits
  - Maybe a few ‘sick visits’ as well
- Pediatric providers are a trusted source of information

Bright Futures is a great tool!

- Organized by key developmental stage
- Focuses on tailoring to parents’ concerns
- Identifies priority areas and key evidence-based themes
- Provides:
  - Background for clinician,
  - Example questions to ask,
  - Sample anticipatory guidance and more
How the anticipatory guidance sections are formatted in each visit

Priority: Nutrition and Feeding

General Information for the clinician

Sample questions

Anticipatory guidance (in the words that the clinician can use)

How to Prioritize & Tailor

• Elicit Parent/Family/Patient concerns
• Align to developmental stage of child
• Leverage guidance outlined in Bright Futures
• Evaluation of risk based upon:
  • clinical assessment (social and family hx, physical exam, review of systems)
  • population based evidence (developmental opportunities and evidence re: onset of risky or preventative behaviors)

Tailoring

Parent Concerns

Developmental Opportunities

Evidence & BF Guidance

Risk per Assessment

What are current practices in pediatrics and what do we know about these behaviors in children?

What are pediatricians addressing at WCC

What are pediatricians addressing

Transitions: Starting Complementary Foods

- 16% Introduced to solid foods before 4 months old
- 38% Introduced to solid foods between 4 to <6 months old
- 33% Introduced to solid foods between 6 to <7 months old


What are U.S. Children 6 to 11 Months Old Eating?

- 69% FRUIT on a given day
- 57% Ate VEGETABLES on a given day
- 21% Ate GRAINS on a given day
- 14% Ate SWEETS on a given day


What are U.S. Children 19 to 23 Months Old Eating?

- 69% Ate FRUIT on a given day
- 45% Ate VEGETABLES on a given day
- 87% Ate GRAINS on a given day
- 63% Ate SWEETS on a given day


Mean Modified Dietary Quality Index Scores for U.S. Children 6 mo–4 years, NHANES 2011–2016

Dietary quality declines with age and begins as early as 1 year old


Other relevant data

- The transition between pureed food and complementary table and finger food is a critical point
  - Fruit and vegetable consumption drops
  - Grain and sweets consumption begins to go up
- By the time a child is a toddler their diet reflects the eating patterns of adults
  - Sugary drink consumption also starts as early as 4-6 months in some cases with juice, sports drink, and soda etc.
- Most children under 5 do not get enough active play
- Screens are introduced very early (prior to first birthday)

Timing is important

As providers we need to be thinking about prioritizing anticipatory guidance to address the risky behavior before it begins
Holistic Approach to Obesity Prevention Opportunities in Bright Futures

<table>
<thead>
<tr>
<th>Well-Visit</th>
<th>Relevant Bright Futures Topics</th>
</tr>
</thead>
<tbody>
<tr>
<td>newborn</td>
<td>Living Situation and Food Security; Parent-Newborn Relationship; Maternal Health and Nutrition; Calming Your Baby; Breastfeeding; Formula Feeding;</td>
</tr>
<tr>
<td>6-month</td>
<td>Risk &amp; Food Insecurity; Parental Depression; Strengths &amp; Family Relationships; Parent-Child Teachers; Communication/Early Literacy; Emerging Infant Independence;</td>
</tr>
<tr>
<td>1 year</td>
<td>Individualization; Regular Bedtime Routine; Night Waking; No Bottle in Bed;</td>
</tr>
<tr>
<td>3 years</td>
<td>Living Situation &amp; Food Security; Positive Family Interactions; Work-life Balance; Water; Milk; Juice; Nutritious Foods; Competence in Physical Ability &amp; Limits on Inactivity.</td>
</tr>
<tr>
<td>4 years</td>
<td>Living Situation &amp; Food Security; Water, Milk, Juice; Nutritious Foods; Daily Routines; Limits on Media Use; Promoting Physical Activity and Play.</td>
</tr>
</tbody>
</table>
What are pediatricians addressing at WCC

- Not providing food as a reward
- Avoiding restrictive/permissive food practices
- Understanding hunger cues
- Limiting eating meals in front of the TV
- Creating a pleasant environment for feeding
- Eating meals together as a family
- Not forcing the child to finish food or bottles
- Exposing child to a variety of tastes/textures

A deeper dive

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

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

Why?
- 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
- Sensed signals
- Hunger
- Hunger recognized
- Olive beneficial response
- Olive signals
Understanding the parent's perspective

- Parents believe they know their child and what they need best...and they do!
- Parents need to hear they are important role models of healthy habits for their child right from the start.
- Early guidance around responsive feeding can be effective in parents changing parents feeding practices.

My style doesn’t always match the doctor’s advice, but I know my child.

A possible approach in practice

- Discuss responsive parenting and the short- and long-term benefits of practicing responsive parenting.
- Discuss responsive feeding with parents at the very first visit and continue throughout the first year.
- Ask parents how they know their infant is hungry, tired, and how she enjoys being soothed.
- Ask about hunger and satiety cues, but acknowledge every child is different.
- Reassure 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.
- When the child is developmentally ready for complementary foods, discuss the ideal feeding environment.
- Seated comfortably at a table with others
- Pleasant conversation
- Minimal distractions (no television or electronics)

Why discuss

- 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.

Conversation Starters

- Do you have any concerns around feeding?
- Who eats meals with him or her?
- What is your biggest stressor about feeding/mealtimes?
- Is there anything you would like to improve about feeding time?
- What is your favorite and least favorite part about feeding time?
- Do you see feeding time as an opportunity to deepen the bond with your child?

KxqjhuIlgdWv: 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.
What you can do?

- Help parents identify infants’ hunger and satiety cues
- Create a calm feeding atmosphere that encourages bonding with their baby
- Some infants may need to be swaddled or fed in a room with less light and noise
- Help parents identify older infant and toddler hunger and satiety cues
- A calm atmosphere with the young child seated at a table without television

Kxqj hullq gdmw: 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

Kxqj hullq gdmw: 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

Hunger and Satiety

Conversation Starters
- How do you know your child is hungry?
- What is it like feeding your child when they are very hungry or very tired?
- How do you know your child is full?
Brief Exercise

In conclusion
Some key points and related resources

Goals specific to First Year of Life
- Breastfeeding (Initiation and Duration)
- Improved feeding practices for infants
- Foster self-feeding and responsive eating
- Encourage movement and activity

Goals for all Young Children
- Eat more fruits and vegetables
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Resources to help!

Web Resources
Bright Futures Guidelines provides a common framework for well-child care from birth to age 21.
https://brightfutures.aap.org
The Periodicity Schedule and the Bright Futures Guidelines

The Periodicity Schedule tells you what to do in well-child visits, while the Bright Futures Guidelines tell you how to do it—and how to do it well.

Bright Futures Toolkit & Resource Kit, 2nd Edition

EXAMPLE Tools

- Previsit Questionnaire
  - Gathers pertinent information BEFORE the visit

- Visit Documentation Form
  - Records activities DURING the visit

- Parent/Patient Educational Handout
  - Reinforces anticipatory guidance AFTER the visit

A focus on Early Obesity Prevention

- A series of CME modules for pediatric clinicians
- A series of family resources to support adoption of healthy active living behaviors

CME Modules

Online Modules-For Pediatric Healthcare Providers

Intrduction Module

- Approach Nutrition (a series of 6 mini-modules)
- Breastfeeding
- Food Introduction
- Healthy Snacks
- Healthy Beverages
- Safety and Supportive Environment (a series of 5 mini-modules)
- Physical Activity
- Screen Time
- Sleep
- Active Childhood Environments
- Field Trips

Social and Emotional Development (a series of 4 mini-modules)
- Parenting & Feeding Styles
- Role Modeling & Routines
- Healthy Family

Infographics

- Poster & Handout

Patient and Family Materials

(Available in English and Spanish)

- Social Media Assets
- Infographics
- Engaging Families through Media

Resources are consistent with & complimentary to Bright Futures
NEW Healthy Growth App

Award-winning app revised to include NEW topics, NEW parent interface and Spanish!

Visit the Building a Foundation for Healthy Active Living Portal at www.aap.org/EarlyFeedingHALF to access all resources

New Digital Resources!

NEW Podcast!!!

BIG NEWS! We’ve Launched a Podcast!
In our new podcast series, Dr. Sandy Hassink, MD, FAAP, dips in with guests to discuss practical strategies and resources to support patient-centered care.

https://www.aap.org/Pages/Podcast.aspx

NEW Recorded Webinars

WEBINARS

Under Professional Education

Contact Information

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Recommendations for Preventive Pediatric Health Care
Bright Futures/American Academy of Pediatrics

These recommendations represent a consensus by the American Academy of Pediatrics (AAP) and Bright Futures. The AAP aims to recognize the great importance of continuity of care in comprehensive health supervision and the need to avoid fragmentation of care. Refer to the specific guidance by age as listed in the Bright Futures Guidelines (Hagan JF, Shaw JS, Duncan PM, eds. Bright Futures. Guidelines for Health Supervision of Infants, Children, and Adolescents. 4th ed. Elk Grove Village, IL: American Academy of Pediatrics; 2017).

The recommendations in this statement do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate. The Bright Futures/American Academy of Pediatrics Recommendations for Preventive Pediatric Health Care are updated annually.

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Each child and family is unique; therefore, these Recommendations for Preventive Pediatric Health Care are designed for the care of children who are receiving competent parenting, have no manifestations of any important health problems, and are growing and developing in a satisfactory fashion. Developmental, psychosocial, and chronic disease issues for children and adolescents may require frequent counseling and treatment visits, separate from preventive care visits. Additional visits also may become necessary if circumstances suggest variations from normal.

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Summary of Changes Made to the Bright Futures/AAP Recommendations for Preventive Pediatric Health Care (Periodicity Schedule)

This schedule reflects changes approved in October 2019 and published in March 2020. For updates and a list of previous changes made, visit www.aap.org/periodicityschedule.

CHANGES MADE IN OCTOBER 2019

MATUREN DEPRESSION

• Footnote 16 has been updated to read as follows: “Screening should occur on Incorporating Recognition and Management of Perinatal Depression Into Pediatric Practice” (https://pediatrics.aappublications.org/content/143/1/20183259).

CHANGES MADE IN DECEMBER 2018

BLOOD PRESSURE

• Footnote 6 has been updated to read as follows: “Screening should occur on ‘Clinical Practice Guidelines for Screening and Management of High Blood Pressure in Children and Adolescents’ (https://pediatrics.aappublications.org/content/140/3/20171904). Blood pressure measurement in infants and children with specific risk conditions should be performed at visits before age 3 years.”

ANEMIA

• Footnote 24 has been updated to read as follows: “Perform risk assessment or screening, as appropriate, per recommendations in the current edition of the AAP Pediatric Nutrition: Policy of the American Academy of Pediatrics (Iron chapter).”

LEAD

• Footnote 25 has been updated to read as follows: “For children at risk of lead exposure, see Prevention of Childhood Lead Toxicity” (http://pediatrics.aappublications.org/content/134/6/1224) and Low Level Lead Exposure Harms Children: A Renewed Call for Primary Prevention (https://www.cdc.gov/nceh/lead/ACCLPP/Final_Document_030712.pdf).

HRSA

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