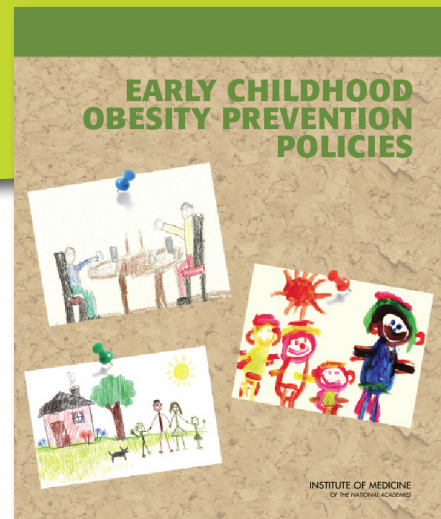


Early Childhood Obesity Prevention Policies

AN EXPERT REPORT FROM THE INSTITUTE OF MEDICINE

The Challenges We Face: Almost 10 percent of infants and toddlers carry excess weight for their length, and slightly more than 20 percent of children between the ages of two and five already are overweight or obese. Growing evidence suggests the importance of preventing obesity in infants and young children to achieve health and well-being throughout the life span. The environments in which children grow and develop can profoundly affect children's development and obesity risk in the first years of life. Although parents usually have the greatest influence as the primary caregivers, many other adults outside of the home help shape the lives of infants, toddlers, and preschool children.



Encourage healthy eating in young children

The food and beverages that surround infants, toddlers, and preschool children play a role in their preferences and eating patterns that may then persist in later childhood. Improving the availability and affordability of healthy food and beverages through infancy to the consumption of solid foods, along with supporting and educating those who make decisions about children's food choices, will improve young children's chances to achieve and maintain a healthy weight.

TODAY'S REALITY	TOMORROW'S VISION
Current support, education, and public policy are inadequate to ensure that all women who want to breastfeed can do so.	Support for initiation and maintenance of breast-feeding is available in prenatal care, continue at the hospital (or other place of childbirth), and is carried into child care settings and workplaces.
More than half of toddlers and preschoolers consume one or more sugar-sweetened beverages every day.	Safe drinking water is available and accessible to young children throughout the day and sugar-sweetened beverages are avoided.
No governmental science-based national dietary recommendations are available for children under the age of 2 years.	Specific, actionable dietary recommendations are available for all children, including the youngest.
Nonresponsive, controlling feeding practices often are used at home and in child care settings.	A variety of healthy foods are offered to young children in appropriate portion sizes and an adult is available to support children while they eat and give appropriate cues.
More than one-third of those eligible for SNAP (Supplemental Nutrition Assistance Program, formerly called the Food Stamp Program) and 40 percent of those eligible for WIC (Special Supplemental Nutrition Program for Women, Infants, and Children) do not participate in these programs.	Participation in federal nutrition assistance programs is maximized to allow access to sufficient nutritious foods by low-income households.

How could this vision come to life in your community?

HOSPITALS AND OTHER HEALTH CARE DELIVERY SETTINGS

- Improve access to and availability of breastfeeding care and support by implementing the steps outlined in the Baby-Friendly Hospital Initiative (a program that aids hospitals in helping mothers start and continue breastfeeding) and following the American Academy of Pediatrics breastfeeding policy recommendations.
- Enforce the World Health Organization's International Code of Marketing of Breast Milk Substitute (which discourages promotion and advertising of infant formula in hospitals or to the general public).

EARLY CHILDHOOD PROGRAMS

- Require program staff to support breastfeeding.

EMPLOYERS

- Reduce barriers to breastfeeding through the establishment of worksite policies that support nursing mothers when they return to work.

CHILD CARE REGULATORY AGENCIES

- Require all meals, snacks, and beverages served by early childhood programs to be consistent with the Child and Adult Care Food Program (CACFP) meal patterns and that safe drinking water is available and accessible to the children.
- Require that child care providers and early childhood educators practice responsive feeding. This means feeding in which the adult is attentive to signs of hunger or fullness from the child and responds quickly to the child's cues.

FEDERAL AND STATE GOVERNMENT

- Establish dietary guidelines for children from birth to age two years in future releases of the *Dietary Guidelines for Americans* (HHS/USDA).
- Maximize participation in federal nutrition assistance programs (federal and state).
- Assist state and local governments in increasing access to healthy foods (federal).

HEALTH AND EDUCATION PROFESSIONALS

- Provide guidance to parents of young children and those working with young children in child care settings through training and education to increase children's healthy eating.

Why should we strive to bring this vision to life?

Evidence shows that...

- The majority of young children are not consuming nutritious diets.
- A child develops food preferences by responding to what he or she is fed and by observing what adults eat. The foods that are available in the immediate environments of young children also play a role.
- There is an association between breastfeeding and a reduction in obesity risk in childhood.
- Children who consume a diet rich in nutritious foods such as whole grains, fruits, vegetables, and low-fat milk and other dairy products and low in less healthy foods high in calories and low in nutrients are less likely to be overweight or obese.
- Adults' control of feeding practices by making all decisions about young children's food consumption, including the amount eaten, is associated with a decreased ability on the part of children to regulate calorie consumption on their own.

For more information visit www.iom.edu/obesityyoungchildren

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