



# The First 1,000 Days: Listening to America's Mothers



1,000 Days is the leading non-profit advocacy organization working in the U.S. and around the world to improve nutrition, particularly during the 1,000 day window between a woman's pregnancy and her child's 2nd birthday. We work to promote action and investment in nutrition in order to build a strong foundation for children, their families and their nations to thrive.



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# Introduction

For every mother—first-time, second time, or seasoned pro—a new baby changes everything. Along with the joy and excitement, suddenly there is a long list of new expenses—from diapers and clothes to food and doctor's visits. Then, there are the logistics. Working moms must figure out how much paid time off (if any) their job allows, as well as how to find quality, affordable child care. Meanwhile, moms at home face long days with an infant—and possibly more kids—while continuing to balance all of their other responsibilities.

For too many mothers, these common struggles can be enough to derail a family's well-being. Whether it's fear about keeping enough food in the cupboards, or even losing a job if she misses work when her baby is sick, millions of women across America face an uphill battle when it comes to ensuring the health and well-being of their families.

In the wealthiest country on earth, finding ways to change the odds for these moms and kids should always be a priority. The 1,000 days between a woman's pregnancy and her child's second birthday offer a unique window of opportunity to make a difference in the lives of all moms and young children, especially those struggling to make ends meet. A growing body of evidence tells us that what a mother and child eat during this time can have lasting effects on the child's chances to thrive, both as she grows and in the future. Missing this window to support women and children is costly for families in every sense of the word, but also for the larger community, and our society as a whole.

In 2016, 1,000 Days released a comprehensive, in-depth look at the challenges women and children face around nutrition, feeding, and health during pregnancy and a child's first two years of life. *The First 1,000 Days: Nourishing America's Future* synthesizes findings from an extensive review of scientific studies and other research to illustrate the current state of nutrition for moms and babies in this country, and lays out an ambitious yet achievable agenda for change.

When it comes to diet and feeding practices, however, existing research is limited on low-income families in the United States. Even where the data are clear, they are only one part of a much more important story: what women themselves have to say about their experiences with nutrition, feeding and diet during pregnancy and their children's earliest years.

For those reasons, 1,000 Days embarked on a qualitative research project with three key objectives:

1. To expand the body of research around the diets and feeding practices of low-income mothers and very young children;
2. To illuminate the barriers to good nutrition that women and young children face; and
3. To amplify the voices of moms so that their stories may be heard in their own words.

1,000 Days worked with two preeminent qualitative research organizations to interview 57 women from across the United States. At times, women and researchers spoke at community locations such as health centers and libraries. Other times, these conversations took place in families' homes, and included opportunities for researchers to interact with children, observe mealtimes, and even peek into cupboards and refrigerators. In some cases, moms kept records of their children's diets for the week prior to the interviews.

By design, most of the families lived on low-incomes or in poverty. They lived in communities across the country, from rural Oklahoma to urban centers in California; from southern states like Mississippi and Kentucky to Minnesota in the Midwest. The group was racially diverse and varied in age. All participants provided permission for their words and photos to be shared, but their names have been changed to protect their privacy.

When listening to the stories that these women shared, one thing becomes clear: we must act now to support the nutritional health and well-being of mothers and young children in this country. As a society, when we don't nourish a child's potential in the first 1,000 days, we all feel the consequences. Today's toughest policy challenges—from educational achievement gaps, to higher health care costs, to deepening disparities—have their roots in how well a child fares during the first years of life. As the science and personal stories show, action to improve nutrition during the first 1,000 days is critical to ensuring healthier and more prosperous futures—for our children and for us all.

PART 1

# The Choices and Challenges of Feeding a Family

“When he turned one, the pediatrician told me he could eat anything. So I gave him whatever we were eating. Pancakes, ceviche, spaghetti. It’s all okay. One meal for all.”

– Amelia, Mother of a 23-month-old, San Jose, CA

## A MOTHER'S FIRST FEEDING DECISION: BREAST MILK OR FORMULA?

### **Breastfeeding can be tough, especially when you don't know where to turn for help.**

Ask any new mother and she'll tell you that breastfeeding is not a skill that comes easily to everyone. For many of the moms we spoke to who breastfed—or attempted to—problems like trouble establishing a good latch, pain and other physical barriers were common. One mom's story is both unique and unfortunately common. When her son Sawyer was born, Mimi struggled to ensure that he was getting enough breast milk. Between his poor latch and his strong gag reflex, nursing sessions ended in frustration and pain. Mimi hung in there, learning to pump enough breast milk to feed Sawyer until he was 10 months old. Then, after needing to be away on travel, Mimi's supply of milk dropped, prompting the family to use infant formula for the first time. Sawyer became violently ill; it turned out he was allergic to cow's milk. Suddenly, Sawyer lost weight and struggled to regain it, leaving Mimi unsure about what to do. Mimi did her own online research to find solutions, focused on providing calories any way she could, and eventually succeeded in getting her baby's weight back up.



**1 in 5 children is never breastfed.**

Not every mom faces challenges like Mimi's. Some of the women we spoke to were able to meet their breastfeeding goals and felt it was instrumental in helping their babies thrive. For moms who were able to make breastfeeding work for themselves and their babies, the key was a strong source of support, whether from family or professionals, including counseling and services through the federally-funded Special Supplemental Nutrition Program for Women, Infants and Children (WIC).

### **Moms face challenges breastfeeding once returning to work and school.**

Moms who want to continue breastfeeding after returning to work or school share a common concern: how to fit pumping into their busy schedules. Yet for low-income women, the obstacles are often even more considerable. Juggling multiple jobs, navigating unpaid leave or working odd and inconsistent hours can make a challenging task even harder.

Toshina, a young mom from Mississippi, tried her best to pump around her high school class schedule when she had her first child, but eventually gave up when she found she was missing too much class time. When her second child was born, she committed to breastfeeding him as long as she could, but planned to switch to formula once she entered college—concerned the balancing act would once again be too difficult to manage.

All breastfeeding moms who worked outside the home faced an adjustment to fit pumping into the workday. Yet the experience was very different for those with flexible work schedules and no risk of losing their job or wages when they took a break to pump. One determined mom, Zoe, paid a real price for her commitment to breastfeeding as the break time she took to pump was unpaid. As a result, she and her family lost a significant amount of household income. Nonetheless, she kept at it because she understood the health benefits for her daughter.

**Although 80% of mothers start out breastfeeding, just 19% are breastfeeding exclusively by the time their babies reach 6 months, which is recommended by the American Academy of Pediatrics.**

### **Public input into a private decision.**

Every parent knows that having a child means being on the receiving end of advice—whether you want it or not. Moms we spoke to across the country shared this common challenge. Some breastfed their babies into toddlerhood; others couldn't—or chose not to—breastfeed at all. Either way, moms discovered that a very personal decision was suddenly a topic of conversation among friends and family, regardless of whether they sought advice.

Toshina was in high school when she became a mom for the first time. No one in her family had breastfed. Friends described it as “painful and nasty.” New to motherhood and still trying to understand her options, Toshina didn't know anyone who could provide a different perspective—let alone advise her. Then she joined a local free parenting class where one of the teachers was breastfeeding her infant. Watching them, Toshina was inspired by the special connection she saw and she committed to breastfeed her own children.

For Annie in California, unsolicited feedback took a different angle. Friends cheered her choice to breastfeed when her daughter was first born. But as the baby grew into a toddler, their support turned to judgment. Suddenly, it seemed that everyone—from family members to complete strangers—had something critical to say. Annie refused to let the side-long looks and criticism stop her; she committed to breastfeeding her daughter until they were ready to stop.

Every mom does better with a strong support network: from family members and friends to health care providers. When deciding whether to start or sustain breastfeeding, this support is even more crucial given the physical, emotional and logistical challenges so many women face. For low-income moms who must juggle their new responsibility along with financial insecurity, the best outcomes happen when the right support system is in place. Health care providers, lactation consultants and breastfeeding peer counselors can all be a lifeline, especially if women lack a supportive community at home.

### **TAKE HOME MESSAGE**

**Mothers and babies need support in order to meet their breastfeeding goals. Family, friends and community members are vital, as are local, state and federal policies. Supportive workplaces that allow for flexible schedules, break time and private areas to pump breast milk and policies like paid family leave provide the societal support that makes a world of difference for families.**





## IN HER WORDS

### BREASTFEEDING

I tried to. I couldn't breastfeed, because she couldn't latch on when I was in the hospital. She was fussy that whole night when we came home, and I could tell she wasn't getting anything to eat. [My cousin] had a whole, brand new can of formula. I fed it to [my daughter] and she actually felt like she was eating, and she slept throughout the night. That was a kind of tough decision...I wanted to breastfeed her so bad.

TASHA, MOTHER OF A 3-MONTH-OLD, ANADARKO, OK

When I had him, I had no milk. When the milk came in, I did it for four weeks. Then the milk stopped so I stopped. I would have breastfed him as long as milk came out. But it was my first baby and when the milk stopped I thought, 'Oh, maybe it's time to stop.'

TANYA, MOTHER OF A NINE-MONTH-OLD, CLARKSDALE, MI

Luckily I had a really good midwife. She was like, 'I do not care if you breastfeed or bottle feed that baby. I care if you love that baby. If breastfeeding is causing a problem, stop.' I was so thankful. I just needed someone to tell me it was totally okay to not be successful, because the expectation was just so high.

MIMI, MOTHER OF A 19-MONTH-OLD, FRESNO, CA

I never thought I'd be breastfeeding my baby, because everyone was saying bad things about it...When I had him I was still in high school. It was complicated because I had to leave class to go pump. I had to go to the other side of the school just to pump, and I had to walk back to another side of school to put it in a refrigerator. I was missing out on a lot of stuff, so I had to stop.

TOSHINA, MOTHER OF A 15-MONTH-OLD AND A 2-MONTH-OLD, CLARKSDALE, MS

We breastfed for a year. [Going back to work while still breastfeeding was] terrible. I wasn't billing any clients, therefore, I wasn't getting paid....[I probably lost] \$70 to \$100 per day to get enough food for my baby for the next day... I still did it, because it was the best thing, and she continued to thrive.

ZOE, MOTHER OF A 1-MONTH-OLD, EAGAN, MN



PROFILE OF AN AMERICAN MOTHER



**TOSHINA**

MOTHER OF A 15-MONTH-OLD  
AND A 2-MONTH-OLD.

CLARKSDALE, MISSISSIPPI

Toshina lives in a mobile home at the end of a long country road along with her parents. There are seven children also living there, including Toshina's two sons – Darrel, 15 months, and Leland, who is just two months old. Toshina participates in the WIC program to help stretch her limited grocery budget.

Without a car of her own, Toshina relies on friends for rides in order to get around her rural community. This makes it very difficult to plan ahead or make and keep appointments. In fact, the day researchers met Toshina, she was delayed for hours because the friend who was supposed to give her a ride from the pediatrician's office ran late, and she had no other way of getting home.

Perhaps one of Toshina's biggest challenges, however, is meeting her breastfeeding goals. For Toshina, as for many mothers around the country, deciding to breastfeed meant going against the grain. None of Toshina's immediate family members had breastfed or been breastfed, so she didn't have an example to follow or anyone to turn to for advice. Her friends didn't know much about breastfeeding either, and she heard negative things about the pain.

When Toshina got involved in local free parenting classes, it was there that she first saw a mother breastfeeding her baby. Toshina was moved by the bond the mom and baby shared. Soon after, she learned about the health benefits of breastfeeding and was convinced that it was the right choice for her.

Toshina's first son, Darrell, was born when she was still in high school. Though the young mom did her best to breastfeed her baby and pump between classes, the breaks soon took a toll on her classwork. Determined to graduate ready for college, Toshina felt forced to give up breastfeeding.

## **For Toshina, as for many mothers around the country, deciding to breastfeed means going against the grain.**

Today, Toshina has her high school diploma and is busily planning for higher education. But with a two-month old newborn to care for, she worries that the demands of school will interfere with her commitment to breastfeeding. Right now, though, she's doing the best she can to meet her breastfeeding goals while also stockpiling infant formula, anticipating that she'll have to make the switch once college classes begin. Like so many moms, Toshina faces a trade-off: getting the degree she knows will help her find good-paying work, or doing what she thinks is best for her baby today.



## THE JOURNEY FROM BREAST MILK OR FORMULA TO THE FAMILY DIET

### Introducing solid foods doesn't always go according to plan.

Talking to women across the U.S. it is clear: introducing solid foods to babies can be a challenge. Many moms followed the recommendation for introducing solids—waiting until six months for anything other than formula or breast milk. However, like so much in parenting, for many the process did not always go as planned. In some cases, especially for those stretching their food dollars every month, hungry babies made it harder for moms to follow recommended feeding guidelines. In other cases, family members encouraged moms to introduce things other than breast milk too soon—typically around 4 months.

For example, at her grandmother's suggestion, one mother from Mississippi introduced Karo Syrup to her four-month-old son in order to treat his constipation. A mom from Kentucky shared how her parents would often let her infant son taste whatever they were having. Another mom struggled to keep her children full on the amount of formula provided through the WIC program and had trouble affording more. More than one mother mixed cereal into formula in order to stretch it and keep children fuller longer.

**Almost 40% of parents introduce solid foods to their babies before six months of age.**



### Children learn to eat from the people around them.

Once kids start eating solid foods their diets almost always mirror what the rest of the family eats. First, kids tend to want to eat what they see everyone else eating. And like busy parents everywhere, the moms we interviewed generally preferred to cook or buy one meal for the whole family, including the youngest children. The end result? Kids' di-

ets varied as much as their families'. Some included ample healthy options like fruits and vegetables; others prominently featured fast food, snacks and treats.

**Moms are not the only ones feeding their kids or exposing them to new foods—for better or for worse.**

Moms shared another thing in common: generally, they are the ones shopping for food, cooking meals, and feeding children. Yet moms are not the *only ones* feeding their kids or exposing them to new foods—for better or for worse. Often other family members offer young children new tastes, like sips of soda or juice or bites of ice cream. One mom complained that her husband would bring home fast food for the family although she preferred to avoid it.

In one family, both parents shared the responsibilities of shopping, meal planning, cooking and feeding their children, and the entire family's diet was generally healthy and nutritious. Another mom shared that her son eats more when his father is around because his father talks with him while they eat.

**Lifelong eating habits begin to form during infancy and early childhood.**

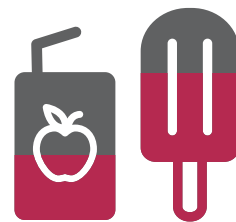




### Snacks and sugary drinks: trying to do the right thing.

Every parent faces a common set of choices each day: once your child is having more than breast milk or formula, exactly which foods should they eat, and how much? This question is especially pointed when it comes to what kids eat between meals. Food, especially snack foods and treats, is about more than nutrition; it can soothe a fussy toddler, be a way a relative shows love, or even just a convenience in the middle of a busy day.

In the families we spoke to, many kids had snacks or drinks other than milk and water on a regular basis. Most moms we spoke to dilute their kids' juice with water, often because their WIC counselor recommended the practice; yet in general, most moms did not highlight juice or other beverages as a concern when it came to calories or nutrition.



**Over 40% of American infants and over 70% of toddlers eat some type of dessert, sweet or sugar-sweetened beverage at least once a day.**

As with so many things in parenting, following the ideal practice is often complicated by life in the real world. Some moms offered juice or sweetened beverages to help their children get to sleep at night. One mom did not keep sugary drinks at home, and was frustrated that her parents would give their grandchild as much juice as she wanted when she went to visit.

For Chloe, snack foods took on a different level of importance. Her son, Noah, was born premature and had struggled to gain weight from birth. As he grew into a toddler, he became more and more selective with what he'd eat, refusing to partake in family meals. Worried about his growth and development, Chloe came to rely on snack foods like chips or doughnuts—the only foods her son would often eat. Parenting a picky eater is frustrating and worrisome for any parent, but especially one whose child is underweight.

### **Moms get creative to encourage kids to eat healthy foods.**

Introducing kids to healthy foods is not always easy. Many moms we spoke to faced the perpetual challenge of picky eating and getting kids to eat fruits and vegetables. Often, moms would get creative with their solutions. One mom started keeping a small bag of healthy foods and snacks for her daughter on top of the refrigerator. That way, if she's

short on time, she could grab it and go, instead of relying on unhealthy convenience and fast foods once they're out.

Other moms came up with ways to balance treats with the other foods their children eat. In one family, the mom created a mealtime rule: each meal would have two healthy foods and one food she knew her son would eat.

### **TAKE HOME MESSAGE**

**In general, children eat what their families eat. When families eat healthy, nutritious diets, children do too. While moms know the importance of healthy eating for themselves and their children, every mom could benefit from strategies to translate that knowledge into action—whether it is about feeding kids, creating healthy habits, or keeping treats in their place in a balanced diet.**



## IN HER WORDS

### FAMILY NUTRITION

He eats better when his dad is around... they sit next to each other and his dad talks to him, and puts food in his mouth.

AMELIA, MOTHER OF A 23-MONTH-OLD, SAN JOSE CA

I'm sure if I ate healthier, then she would probably automatically eat healthier.

KIM, MOTHER OF A 2-YEAR-OLD, CHICKASHA, OK

Children are like sponges. When they see you do something, eat something, say something —they copy.

NINA, MOTHER OF A 2-MONTH-OLD, FRESNO, CA

[My boyfriend's] mom, every day after school takes the boys to get McDonalds or Sonic or something and when they come home they give it to [my little daughter]. I think she shouldn't be doing that and I don't want her to grow up [eating that].

RACHAEL, MOTHER OF A 1-YEAR-OLD, ANADARKO, OK

[S]ince our daughter started going to daycare I think they give them a snack... [W]hen she gets home she wants more snacks – and then when it's mealtime she doesn't want vegetables as much as before she went to daycare. I wish daycare could offer healthier food...

AMANDA, MOTHER OF A 1-YEAR-OLD, EAGAN, MN

I don't like when she drinks juice. Because I'm scared she's gonna get cavities...My parents, they will give her anything she wants. [I'd change] everything [about that]. They give her Popsicles. They give her as much juice as she wants. They give her candy and they give her gum.

MIKAYLA, MOTHER OF A 2-YEAR-OLD, CHICKASHA, OK





**PROFILE OF AN AMERICAN MOTHER**



**ANNIE**

**MOTHER OF A 21-MONTH-OLD.**

SAN JOSE, CALIFORNIA



At 28, Annie works hard to make sure her toddler daughter is getting the best start in life. Though she only works part-time as a nanny, Annie is able to make ends meet thanks to living rent-free in the same house her grandmother grew up in. The neighborhood of San Jose is safe and friendly. Annie moved in with her grandmother when she discovered she was pregnant, and the home is the only one her daughter has ever known.

Eating well and staying healthy has always been a top priority for Annie. Since she started her daughter on solid food, Annie has been conscious of what she feeds her: lots of fruits, vegetables, and whole grains, most of them organic. To make sure they're not stuck eating junk food when they are out, Annie keeps bags of healthy snacks on top of the refrigerator so she can grab one to stash in her diaper bag.

**Since she started her daughter on solid food, Annie has been conscious of what she feeds her: lots of fruits, vegetables, and whole grains, most of them organic.**



In between meals, Annie breastfeeds her daughter three or four times a day. When her daughter was an infant, Annie's friends applauded her decision to breastfeed. But now that her daughter is approaching two, the support has evaporated, shifting into sidelong looks and skeptical comments from friends and strangers alike. For Annie, this is a personal choice, and one she's making based only on what's best for her and her daughter. Right now, she sees the health and emotional benefits far outweigh anyone else's opinions or judgment.



## INFORMATION AND TRUST

### Moms crave credible information about infant and young child feeding.

In our information-rich society, advice on health and nutrition is easy to come by. But finding sound advice from a credible source is another matter altogether. Like most mothers, the women we spoke with rely on a number of sources for information about feeding their very young children. The sources range from health care providers, family, friends, as well as the Internet and social media. The challenge that they and many parents face when it comes to nutrition information is gauging its reliability, and knowing what to do when different sources conflict. Moms often have to weigh conflicting advice and make their own decisions; however, this misalignment can make an important topic on infant and toddler feeding much more complicated for moms to navigate.

**Though doctors and pediatricians are also trusted authorities, some of the moms shared that the recommendations from their doctors conflicted with what WIC staff advised, especially when it came to when and how to introduce solid foods.**

The moms we spoke to shared the ups and downs of their family members' input. Sometimes, relatives provided essential support and counsel; other times family advice was a source of conflict when it ran counter to parents' preferences.

One source that many moms we spoke to relied on was the WIC program. Many described WIC as particularly use-

ful for tips, advice, and problem-solving when it comes to healthy eating and feeding choices for themselves and their children, including breastfeeding. Moms trusted WIC staff because of their experience and flexibility, their use of evidence-based guidance, and the fact that many of the staff are mothers themselves.



**54% of mothers say they receive mixed messages about what to feed their young children.**

Though doctors and pediatricians are also trusted authorities, some of the moms shared that the recommendations from their doctors conflicted with what WIC staff advised, especially when it came to when and how to introduce solid foods.

Finally, many moms turn to the Internet for answers to their nutrition and feeding questions, referring to a range of sources, from government websites to parenting blogs and private groups on Facebook. One mom liked the immediacy of social media and the virtual community it provided—within minutes of posting a question, she could have a dozen responses from other moms.





## TAKE HOME MESSAGE

Moms become researchers and use creative strategies to try to ensure the information they are getting is accurate and works for their child. They need trustworthy, credible sources that provide consistent information, take into account their life circumstances and help them make practical decisions. Unfortunately, their sources of information for healthy eating and feeding are not credible and often provide conflicting advice.

## IN HER WORDS

### INFORMATION & TRUST

There is a lot of information but not a lot of support. You can go anywhere for information, but sometimes you want reassurance from someone. You need someone who understands what you're going through.

WANDA, MOTHER OF A 4-MONTH-OLD, A 22-MONTH-OLD AND AN 8-WEEK-OLD, LEXINGTON, KY

I do trust the pediatrician. I do look online too, but I also want to listen to the pediatrician because she knows our son.

AMANDA, MOTHER OF A 1-YEAR-OLD, EAGAN, MN

Moms go by their experience. Every mom is different. My pediatrician doesn't know if it's not medicine. She don't have kids - I don't listen. My WIC advisor has five kids, and she goes by the book too. She has experience and book smarts too. I listen to her before I listen to my doctor.

TANYA, MOTHER OF A 9-MONTH-OLD, CLARKSDALE, MS



PART 2

# The Impact and Influence of the Community

“He makes enough for us to be okay. It’s just unexpected things come up sometimes. We live very much paycheck to paycheck. We live comfortably unless there’s a surprise, and that will throw us off for a couple weeks.”

– Kathy, Mother of a 6-month-old, Somerset, KY



## NEIGHBORHOOD FACTORS

### Place matters to families' food choices, access and quality of life.

Where young children and their families live has a direct impact on their quality of life. Community assets like affordable supermarkets, public transportation, and food banks are all essential to helping low-income families keep healthy food on the table. For too many moms in the U.S., access to healthy, affordable food means borrowing a car or taking multiple buses with kids in tow. And no matter how much moms know about healthy cooking, planning meals ahead of time becomes useless if there is no guaranteed way to get to the store.

For example, Toshina, who lives in a rural area in Mississippi, relies on friends to give her rides to WIC and the pediatrician. This makes it impossible for her to make and keep to a predictable schedule. Chloe, who lives in Oakland, California, often takes two buses with her three kids in order to reach the nearest food pantry to supplement the food she gets through the WIC program. Sometimes the cost of the bus fare doesn't seem worth it, so she instead spends the \$5 on a small package of meat from a nearby store, especially since there is no guarantee that the food pantry will be well-stocked.

A community's features—good and bad—play a role in moms' experiences. In neighborhoods with drug activity, gang violence, or other crime, walking to the store or letting the kids out to play is a lot riskier—and a lot more stressful.

### TAKE HOME MESSAGE

**When it comes to nutritional health, where a family lives matters a lot. A community's resources—or lack thereof—profoundly affect families' food options, sense of safety, and ability to make healthy choices.**



## FOOD INSECURITY

### The WIC and SNAP programs provide vital lifelines to many babies and toddlers.

Maintaining a nutritious diet is a major challenge for families that don't have consistent access to enough healthy food. Refrigerators can be full of fresh fruit, vegetables and meats on one day, but nearly empty when the food budget runs short at the end of the month. The same family that prepared a chicken dinner with sides of vegetables might find a few weeks later that meals consist largely of less expensive, shelf-stable options like rice and beans and canned goods, or cheap, processed foods.

For millions of mothers in this country, federally-funded nutrition assistance programs such as the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) and the Supplemental Nutrition Assistance Program (SNAP) provide a critical safety net to ensure that they and their young children have the food they need to get by. The SNAP program helps low-income families afford healthy food. The WIC program provides food assistance, nutrition and breastfeeding counseling, and health referrals to pregnant women and children under the age of 5.

On the whole, the moms we spoke to found the WIC program essential to helping them provide healthy food for themselves and their children. For many, the foods provided by WIC became the basis of their diet. A number of the moms identified ways to make the program even more impactful. For instance, some moms would like to see more

options available in the list of WIC-approved foods. Others would like the value of the cash vouchers that allow participants to buy any sort of fresh produce to be increased.

While moms' experiences with WIC were overwhelmingly positive, for some accessing this important support brought its own set of challenges. From confusion over program qualifications to embarrassment at the store, many women talked about paying a price—in lost time or social stigma—for getting the help they needed.



**Nearly 1 in 5 children under the age of 6 lives in a family that struggles to put enough nutritious food on the table.**

## TAKE HOME MESSAGE

**For many low-income moms and their children, federal nutrition programs are essential. From healthy foods to nutrition information to breastfeeding support, these programs have a real and lasting impact on families' well-being. With many in the U.S. living in or on the brink of poverty, it's all the more urgent to protect and strengthen these programs if we want to give kids and their families an opportunity to thrive.**



## IN HER WORDS

### COMMUNITY

You can't really walk down the streets without anybody stopping you.... We don't really go outside.

MARÍA, MOTHER OF A 1-YEAR-OLD, FRESNO, CA

There is a park down the street from us, but my girls do not play there. [It's] not a very good environment right now. We have different places to go, I just won't let my girls outside. So [we're trying] to find a better, stable place in a better area.

MARÍA, MOTHER OF A 1-YEAR-OLD, FRESNO, CA

I go to the food banks. I have a double stroller, so I make her walk and put the food in her seat. It takes hours. On top of that I have three crying children that just want to go home. It's not necessarily worth it. It costs \$5 to get on the bus. Sometimes it's easier to just spend \$5 on a pack of meat at the store here.

CHLOE, MOTHER OF 1-, 2-, AND 4-YEAR OLDS, OAKLAND, CA

Well the food is what helps us most because we barely have enough... But I also love the classes and advice on healthy meals.

LATASHA, MOTHER OF A 2-YEAR-OLD, SAN JOSE, CA

When I was breastfeeding they would call and they would check on me and they would give me advice. ...[T]hey checked on me and they talked with me and they just gave me that boost.

MIKAYLA, MOTHER OF A 2-YEAR-OLD, CHICKASHA, OK

I just think some people are embarrassed of getting help...[Dads] feel embarrassed because [they] don't want somebody else providing or giving help or getting handouts.

KRIS, MOTHER OF A 2-MONTH-OLD, FRESNO, CA



## PROFILE OF AN AMERICAN MOTHER



**CHLOE**

MOTHER OF 3 INCLUDING A  
ONE-YEAR-OLD AND A TWO-YEAR-OLD.

OAKLAND, CALIFORNIA



Chloe's family used to have a permanent address. Back then, the five of them—Chloe, her husband, and their three kids—lived with her mother-in-law in Arizona. But then two of the children were diagnosed with Autism. Managing two kids with special needs and a baby was tough, and Chloe's mother-in-law wasn't supportive. The family decided to move to Oakland to be near Chloe's relatives instead.

Today, the family of five lives in a motel room. Chloe works part-time and her husband works two jobs, but it's not enough to pull together the money for a security deposit and first and last month's rent on an apartment. Chloe says they've been working on it; the day when they can have a place of their own can't come soon enough.



In the meantime, Chloe makes do with what she has. The small motel room has a mini-fridge but no stove or oven. Chloe does all of her cooking in a rice cooker set on the windowsill or on a hot plate on the bathroom counter. She fears her kids may one day pull the appliances down on themselves or get burnt.

When it comes to food shopping, Chloe's family cobles together what they can and still runs short. While her WIC benefits go a long way toward covering the basics like milk, beans and peanut butter, she relies on food pantries to fill in the gaps. When the baby's formula supply runs low and the food pantry doesn't have any, Chloe tries to stretch it by using water or cereal, hoping it will keep him full. Just getting to the supermarket is an expedition involving multiple bus rides with three small kids and bags of groceries.

## Just getting to the supermarket is an expedition involving multiple bus rides with three small kids and bags of groceries.

Shopping, cooking and scraping food together for the family leaves Chloe feeling like she's barely keeping her head above water, and it's easy to feel like one good wave will pull them under. At one point, Chloe's pediatrician told her that her youngest was small for his age. Desperate to get his weight up and find something he'd eat, Chloe resorted to giving him sweets like doughnuts and juice when he refused to eat regular meals with the family. In her rare moments of downtime between juggling work and the needs of her family, Chloe worries about how her kids are growing, whether they're hitting their developmental milestones, and what the future holds for them all.



PART 3

# The Physical and Emotional Labor of Motherhood

*"It's only recently that I realized that I should probably take into account my own sanity in taking care of this child."*

– Mimi, Mother of a 19-month-old, Fresno, CA

## Moms struggle to stay healthy during and after pregnancy and blame themselves when they fail.

The responsibility of “eating for two” weighed heavily on the moms we spoke to, as they were very aware that their diets during pregnancy could have an impact on their children’s future health. Even when circumstances were beyond their control, many felt responsible for negative outcomes for their kids. One mom struggled during labor and delivery, resulting in an injury to her daughter’s shoulder and spine. Looking back, she second-guessed herself, wondering if things would have been different if she had eaten better and exercised more during her pregnancy. Another mother, Monique, was diagnosed with gestational diabetes and gave birth prematurely. While the baby was born healthy, Monique worried for months afterward about whether her eating habits during pregnancy had caused health problems for her daughter.

Making healthy food choices during pregnancy is not easy—especially since hormones, physical changes and exhaustion can take a toll. Like so many of us when faced with these kinds of challenges, some of the moms we met found junk food and sweets hard to resist. For one mom, powerful cravings for sweets led to a warning from her doctor about her weight gain. Just a month after her daughter was born, she was admitted to the hospital for an inflamed pancreas. The hospital stay derailed her plans to breastfeed her daughter, leaving her feeling heartbroken.



**Nearly half of women gain an excessive amount of weight during pregnancy.**

## Moms struggle with chronic sleep deprivation and depression.

One of the biggest challenges moms of infants and toddlers face is exhaustion. Many moms shared the toll a lack of rest took on the rest of their lives. One who was committed to pumping breast milk for her son until he turned one explained that she needed to pump and feed him every three

## TAKE HOME MESSAGE

**Moms know their diet before and during pregnancy can have a big impact on their health and the health of their children, and they blame themselves when things go awry. Maintaining good health and nutrition during pregnancy depends not only on the woman, but on her social support system, her community and her access to quality health care.**

hours, leaving her very little time for sleep. Moms are often left with limited mental and physical energy to draw on in order to take care of their own needs, especially if they are also balancing work, caring for older children, or continuing their own education.

It’s not surprising, then, that some mothers relayed stories of depression. A few had sought counseling or therapy, while others told no one at all. One mom relied on her mother to





help take care of her son, especially during the many nights she spent crying. Another lost her own mother shortly before having her child. Grappling with serious depression, she sought a doctor's help and took prescription medication when she started to think about harming herself.



**One in eight** women have postpartum depression symptoms.

### TAKE HOME MESSAGE

Many moms spend their days and nights in a cycle of feeding, changing, comforting, pumping milk, and cleaning bottles. For some this means functioning on only a few hours of sleep, which takes a toll on their ability to perform other tasks like caring for older children, planning and preparing meals, and taking time for themselves. For others, hormonal changes after giving birth disrupt normal patterns of emotion and lead to depression. Supportive family and workplaces are essential. It's also important that medical professionals and others who interact with new moms are trained to spot and treat common mental health concerns.



## IN HER WORDS

### PHYSICAL & EMOTIONAL HEALTH

I think too, moms feel like they have to act like everything's perfect and I think don't be afraid to admit that you're struggling and that you need help 'cause every mom has been there. So it's okay to ask for help 'cause we've all been there. We've all felt like we were going to lose our minds.

ALISHA, MOTHER OF A 1-YEAR-OLD,  
CHICKASHA, OK

"[When I first got pregnant I only wanted to eat sweets.... The doctor would reprimand me for gaining weight so fast. Then, about a month after my baby was born I was admitted [to the hospital] for 5 days for inflammation of the pancreas. I wanted to breastfeed her until she turned one but I couldn't breastfeed her after [this hospitalization] and it was frustrating. My heart broke and my heart hurts from stopping breastfeeding.

SOFÍA, MOTHER OF A 1-YEAR-OLD,  
LOS ANGELES, CA

If you have other children you just come last. You...don't do things for yourself that you used to do, like care about what you eat. [Even] your showers are based around everybody else's life...So is your sleeping, and everything else.

KIM, MOTHER OF A 2-YEAR-OLD, CHICKASHA, OK

I would cry and cry every night. I thought I was strong enough to handle it, so that's why I didn't reach [out] to anybody. And nobody noticed it 'cause I'm really quiet.

TAMMY, MOTHER OF A 1-YEAR OLD,  
SAN JOSE, CA

[I] lost my mom then right after [my son was born]...I fell into depression, I cried all the time, and it also affected my child. I told the doctor I don't want to harm my kids, I only want to harm myself... Thanks to God, and the medication, I'm better. I don't feel like I felt before. The medicine is helping me a lot. I now say to myself that my children need me.

KATRINA, MOTHER OF A 2-YEAR-OLD,  
PARLIER, CA



PROFILE OF AN AMERICAN MOTHER



**CHARLENE**

MOTHER OF A 9-MONTH-OLD.

MADISON, MISSISSIPPI

Charlene is a 20-year old mother living in Madison, Mississippi with her husband and his teenage siblings. They had been living a comfortable, independent life in Florida when tragedy struck the family. Charlene's father-in-law was diagnosed with cancer and spent all of his savings on medical care. Her in-laws then moved to a nearby state to continue to seek specialized care they could afford. That was when Charlene and her husband moved to Mississippi to help care for her husband's three younger siblings who were still in school.

Suddenly, Charlene's husband had three extra people to support financially, plus a new daughter. Now, he works long hours while Charlene stays home to care for their baby. Charlene wanted to work to bring in extra income, and was even offered a position as a WIC breastfeeding peer counselor. But she couldn't find a job that would pay enough to cover more than just the cost of child care for her daughter. As Charlene was passionate about breastfeeding her baby, staying home allowed her to continue doing so.



**Like most of the moms we spoke to, Charlene is hungry for the most reliable, up-to-date information on how to best care for her daughter.**

Like most of the moms we spoke to, Charlene is hungry for the most reliable, up-to-date information on how to best care for her daughter. She weighs information from a number of sources, including her doctors, WIC, and her own research. Ultimately, she makes her own decisions based on what she believes is right. As Charlene said, "You may be her doctor, but I'm her mom."

CONCLUSION

# **Nourishing America's Future: A Shared Responsibility**



The quality of a child's nutrition is shaped not only by the decisions made by his parents and caregivers, but also by broader social and economic factors. As such, the responsibility for ensuring that young children thrive cannot rest on the shoulders of America's parents and caregivers alone. We all have a role to play in nourishing our nation's youngest children.

In its previous report *The First 1,000 Days: Nourishing America's Future*, 1,000 Days outlined a set of "wins" where greater action and investment can have a transformative impact on the future health and well-being of America's infants and toddlers. The mothers we spoke with are a testament to the need for national conversation on how best to improve the nutritional health of our youngest children and their families. Several opportunities include:

- Empowering parents and caregivers with an understanding of the importance of early nutrition and tangible ways to put infant and young child feeding recommendations into practice.
- Ensuring women have access to high quality, comprehensive preconception, prenatal and post-partum care, as well as mental health services.
- Protecting and strengthening programs that provide healthy food, nutrition education and breastfeeding support in the 1,000 day window, such as the WIC program.
- Investing in strong paid leave and family-friendly workplace policies that allow parents to meet their breastfeeding goals and provide nurturing care for their young children.
- Ensuring that healthy, nutritious foods are the affordable, available and desired choice for all families, no matter where they live.

All of the women that we met in conducting this research are doing everything they can to ensure the health and well-being of their children—yet they face numerous barriers and challenges beyond their control. A healthy diet for babies and toddlers is inevitably a lower priority for families without stable housing, that don't have enough food to put on the table, or are struggling to make ends meet. Even for parents who don't face these hardships, information about

what and how to feed their children is often neither credible nor reliable, and the demands of work and school can derail a family's best intentions.

As a society, when we don't nourish a child's potential in the first 1,000 days, we all feel the consequences. Today's babies and toddlers offer a glimpse of what our nation's future holds. They are the American workforce of tomorrow—our scientists, our teachers, our business leaders. We should be doing everything we can to support America's moms and families to nourish that future.





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