

Diet related factors impacting on infant and young child obesity

The table below summarises some of the non-activity related factors that impact on infant and young child obesity and some suggestions of how we can support better outcomes. These should be part of any childhood obesity strategy.

Risk factors for excess weight gain in infants and young children	Evidence suggests	How can we support better outcomes?
Overweight/poor diet in pregnancy	Babies exposed to high protein, glucose and insulin concentrations during pregnancy have increased risk of higher birthweight, and of becoming an overweight or obese child.	Tailored advice on diet pre-pregnancy and during pregnancy, and support between pregnancies. Awareness by all health professionals of impacts and risks through training. NICE QS (98) support eating well advice in pregnancy and weight loss programmes post – pregnancy, these need to be funded and supported. All eligible pregnant women should receive Healthy Start and the scheme should be expanded. See the manifesto at www.healthystartalliance.org.
Underweight/poor diet in pregnancy	Women who are underweight or have low weight gain in pregnancy have an increased risk of having a low birthweight baby. Low birthweight and rapid catch up growth is associated with childhood obesity.	
Teenage pregnancy	Pregnant teenagers are more likely to have poor weight gain and poorer diet, related to a greater incidence of low birthweight babies.	Continued funding and expansion of the Family Nurse Partnership and consistent local support through Children's Centres. Ring fenced money to councils for Children's Centres.
Pregnant women in lower income families	Women in low income families are more likely to be overweight or to be underweight/have poor weight gain in pregnancy. Both are linked to greater risk of overweight in children.	Expansion and better support for the Healthy Start programme – see the manifesto at www.healthystartalliance.org. Expansion and ring fenced money for Children's Centres.
Diabetes in pregnancy	Maternal overweight is associated with greater risk of gestational diabetes, and all diabetes associated increased risk childhood obesity.	Tailored nutrition support for all women in pregnancy and particular support for women with, or at risk of, diabetes.
Baby born <i>high</i> birthweight	High birthweight is associated with childhood obesity.	Nutrition support for all women in pregnancy from qualified health professionals with tailored support for those at risk of a higher or
Baby born <i>low</i> birthweight	Rapid weight gain in low birthweight babies between birth and 5 months has been shown to double risk of being overweight at 4.5y.	lower birthweight baby. Consistent support for women at greater risk of delivering an under or overweight baby to breastfeed.

Risk factors for excess weight gain in babies and	Evidence suggests	How can we support better outcomes?
children		
Baby not being breastfed	Evidence supports a link between breastfeeding and lower risk of overweight/obesity in later life. This may be related to not just what, but how, a breastfed baby is fed with breastfeeding being more responsive to a baby's needs in the first year of life. Exclusive breastfeeding for the first 6 months is most likely to be related to lower risk of childhood obesity. Significant health benefits for women including return to pre-pregnancy weight.	An infant feeding lead in England to put into action, and monitor, a funded infant feeding strategy with clear outcome targets. Funded peer breastfeeding support for all women after birth. Implementation of the WHO Code and WHA resolutions to protect infant and young child feeding in line with the Global Strategy and the Convention of the Rights of the Child. Full implementation of UNICEF Baby Friendly in all settings. Particular support for younger women and lower income women to breastfeed needed.
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Rapid weight gain in the first year	Rapid weight gain in the first few months of life is associated with an increased risk of childhood overweight and obesity. Rapid weight gain in infancy programmes a child's metabolism by altering their sensitivity to insulin, which results in higher fat mass. Rapid weight gain in infancy is also associated with formula feeding. Risks are increased in babies born at lower birthweight.	Advice and support on breastfeeding throughout the first year through funded and trained peer supporters to encourage 6 months exclusive breastfeeding, continued breastfeeding in first year and appropriate introduction of solids at about 6 months. Support to all parents to responsively feed an infant however their baby is fed. Awareness of risks of rapid weight gain by health professionals. Regulating the inappropriate marketing of foods and drinks to infants and young children following WHO recommendations.
Poorer family dietary patterns and feeding behaviours.	Evidence suggests that parental feeding behaviour, parents own diet, their attitudes to diet and their own weight as well as their parenting style are key factors in whether infants and young children will become overweight and obese.	Support for families to eat well through practical programmes and classes focused around local Children's Centres. Support for parents through programmes such as HENRY or the Solihull Approach to understand parenting behaviours/relationships to food and eating. Training of health visitors to support families better around practical food choice and eating behaviours.
Infants and children in lower income families	Obesity rates in infants and children are related to lower income, with intakes of fruits and vegetables lower, and intakes of foods higher in fat, salt and sugar higher in poorer families.	Expansion of the Healthy Start scheme, see the manifesto at www.healthystartalliance.org. Practical support for families through Children's Centres. Restrictions on marketing of inappropriate foods for infants and young children in line with new WHO recommendations.