

Anticipatory Guidance for Avoiding Overweight/Obesity in Early Childhood

Period/Age	What to Tell Parents
Prenatal period	<ul style="list-style-type: none"> • Avoid excessive gestational weight gain because it has been associated with offspring overweight/obesity. • Do not smoke. • Plan to breastfeed, which has been identified as a protective factor against overweight/obesity along with its many other benefits. • Breastfeeding also allows infant to self-regulate food intake.
Early infancy (to 4 months)	<ul style="list-style-type: none"> • Try to breastfeed exclusively for 4 to 6 months or longer.¹ • Be alert to infant satiety cues, respect them, and do not push baby to eat more. Cues include spitting out or refusing nipple, falling asleep, and becoming fussy during feeding. • Do not feed any solids.
Later infancy (4 to 12 months)	<ul style="list-style-type: none"> • Introduce solid foods from 4 to 6 months. • Continue to respond to satiety cues, such as pushing the spoon away, closing mouth as spoon approaches. • Add new foods (a single ingredient at a time)¹ at 2- to 7-day intervals, such as fruits and vegetables, then pureed meats. Older infants may accept combination foods after establishing tolerance for individual components. • At about 9 months, introduce a variety of finger foods¹ and table foods that are soft and easy to chew, taking care to avoid choking hazards, such as hot dogs, nuts, grapes, and popcorn. • Present fruits and vegetables at every meal and use them as snacks. • Plan 3 regular meals and 1 to 2 snacks and avoid “grazing” during the day. • By 12 months, serve all drinks in a cup, not a bottle,¹ because extended bottle use is associated with increased risk for obesity. • Encourage physical activity: crawling and exploring.² • Avoid TV time completely until child is at least 2 years old.²
Toddler and preschool period	<ul style="list-style-type: none"> • Continue to introduce a variety of foods, keeping in mind that a toddler must on average be offered a new food 10 or more times before accepting it. • Satiety cues at this age include slowing the pace of eating, being distracted, playing with or throwing food, and/or leaving the table. • Do not mix existing preferred food with new texture—child often will reject both foods. • Limit TV time to no more than 2 hours a day in child 2 years or older¹ (no TV time at younger age) and instead encourage physical activity. Establish habit of daily exercise; 60 minutes of structured play and another 60 minutes of free play is ideal. • Do not push child to eat; until about 4 years of age, child recognizes caloric needs and eats to that level but by 1 or 2 years of age is influenced by the eating habits of the family—so be a good role model. • Goal is 3 nutritious meals and 1 or 2 healthy snacks a day; choose when and what to eat and let child decide how much. • Use low-fat dairy products and 100% fruit juice (just once a day).² • Avoid/limit high-sugar juices³ and sodas and salty snacks.⁴ • Have a regular family evening meal and make sure the child has sufficient sleep,² both of which are associated with less likelihood for obesity.
Elementary school period	<ul style="list-style-type: none"> • Continue to be a good role model as self-regulation is replaced by “habit” eating, influence of role models, and media.⁵ • Minimize eating out and eat healthy meals at home as a family most nights. • Offer 5 servings of fruits and vegetables each day. • Limit portion sizes. • Do not give high-fat, high-density snacks as a reward or ban these foods as punishment, because doing so increases their appeal. • Encourage child to eat breakfast every day.² • Do not allow a TV set in child’s bedroom. • Keep TV time to less than 2 hours a day and increase physical activity.

1. American Academy of Pediatrics. Committee on Nutrition. *Pediatric Nutrition Handbook*. 6th ed. Elk Grove, IL: AAP; 2009.

2. Davis MM, Gance-Cleveland B, Hassink S, et al. *Pediatrics*. 2007;120(suppl 4):S229-S253.

3. American Academy of Pediatrics. Committee on Nutrition. *Pediatrics*. 2001;107:1210-1213.

4. Gidding SS, Dennison BA, Birch LL, et al. Consensus statement from the American Heart Association. *Circulation*. 2005;112:2061-2075.

5. Dwyer JT, Butte NF, Deming DM, et al. *J Am Diet Assoc*. 2010;110(suppl):S60-S67.