Pediatricians’ Practices on Early Nutrition, Feeding, and Growth (Birth–2 Years): Results from a National Survey of Pediatricians, 2017

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Background

• Studies indicate that feeding practices during infancy and early childhood are important for obesity prevention and can serve as the foundation for lifelong eating patterns.
• However, limited information is available about pediatricians’ practices on many aspects of early nutrition and obesity prevention.

Objective

• Examine pediatricians’ practices regarding breastfeeding, complementary feeding, and early obesity prevention.

Data and Methods

Data

• Randomly selected sample drawn from AAP’s member database:
  ▪ Response rate=50%
• Analytic sample restricted to pediatricians who provide health supervision and are not residents (n=533).

Sample Demographics

• Gender: Female 68%; Male 32%
• Age < 50 years: 52%
• Practice setting: Solo/two-physician:18%; Group practice/HMO: 64%; Medical school/hospital/health center: 18%
• At least half of time spent in general pediatrics: 95%
• Part-time: 28%
• Work area: Suburban: 47%; Urban, not inner city: 22%; Urban, inner city: 16%; Rural: 15%

Analysis

• Descriptive statistics were used to examine pediatricians’ practice of plotting weight-for-length, recommendations for breastfeeding duration and solid food introduction, and discussion of healthy behaviors.
• McNemar tests compared pediatrician responses to published recommendations for breastfeeding duration and solid food introduction.

Frequency of Plotting Weight-for-Length

• 90% of pediatricians plot weight-for-length on a growth chart at every (87%) or most (3%) well child visits.
• 84% plot on the World Health Organization (WHO) age and sex appropriate growth chart at every (82%) or most (2%) visits.

Results

Figure 1

• Half (48%) recommend exclusive breastfeeding for at least 6 months; 34% recommend this for as long as mutually desired by mom and baby.
• Seven in 10 recommend any breastfeeding for as long as mutually desired by mom and baby.

Figure 2

• Most recommend the introduction of baby cereals and fruits/vegetables between 4-6 months (91% and 87%, respectively). Recommendations for meats are more varied.
• At 4-5 months, respondents are more likely to recommend baby cereals than fruits and vegetables or meats, p<.001.

Figure 3

• Strong majorities discuss 7 healthy behaviors with parents of children under age 2 years at most or all well visits, including limiting juice (92%) and avoiding sugar-sweetened beverages (92%).
• Fewer discuss other behaviors of importance for establishing healthy eating behaviors at most or all visits, including hunger cues (35%), avoiding restrictive and/or permissive practices around food (94%), and not providing food as a reward (32%).

Discussion of Healthy Behaviors (Children < 2 yrs)

• This analysis is based on self-report survey data, and is generalizable to the pediatrician members of the AAP that meet the sample restrictions applied in this analysis.
• “Exclusive breastfeeding” was self-defined and may have been interpreted as breastfeeding without formula, rather than breastfeeding only.

Conclusion

• 8 in 10 pediatricians are plotting weight-for-length on the WHO growth chart at every visit
• Most are recommending the introduction of solid foods at 4 months or older.
• Pediatricians routinely discuss healthy nutrition and activity behaviors with parents of children under age 2 but do not routinely discuss responsive feeding practices.

Limitations

• The Division of Nutrition, Physical Activity, and Obesity at the Centers for Disease Control and Prevention provided research support (Grant # U38OT000167) and public health guidance.
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