

What Gets Said, Heard, and Done: Health Care Provider Influences on Early Childhood Feeding Decisions



Place yourself in this scenario: you have questions about your 6-month-old infant's health and well-being, you may be sleep deprived, your infant might not

be eating as you expect them to, and you have a well-child visit to attend during which you plan to get information and reassurance from your health care provider (HCP). Well-child visits are packed with tasks and messaging that need to be conveyed in a very short period of time. In this issue, McGowan and colleagues¹ point out that the average well-child visit is conducted in about 18 minutes. They note that in this amount of time, the HCP covers topics such as growth, parenting, developmental milestones, and vaccinations (not at all an exhaustive list of the subjects that may be covered). The topics that get conveyed to caregivers about best practices in early child-feeding, and the extent to which caregivers recall this guidance, is the subject of their study.

Examining data from the 2017-2019 National Survey of Family Growth collected from a representative sample of caregivers of children 6 months to 5 years of age ($n = 1,632$), McGowan and colleagues examined responses to survey questions that asked caregivers to recall whether their HCP had discussed 6

early childhood feeding topics: 1) when to start feeding solid foods; 2) the offering of foods with many different tastes and textures; 3) not forcing a child to finish food or bottles; 4) offering a variety of fruits and vegetables; 5) limiting foods and drinks with added sugar; and 6) limiting eating meals in front of screens.

The good news? Most caregivers reported that they recalled hearing about these topics from their HCPs (about 63% to 85%), except for being given guidance about avoiding screens during eating (for which less than half reported hearing any information). Clearly, HCPs are conveying important early childhood feeding information in ways that caregivers can hear and recall. Such well-child messages have been reported to result in improvements in feeding decisions and behaviors.²

Whether caregivers in this study adopted the behaviors they recalled being recommended by HCPs was not part of the current study's aim. Although important that HCPs offer it and caregivers can recall it, that such guidance is followed is the desired endpoint. Many factors influence whether child-feeding guidance is put into practice by caregivers. For example, when caregivers have older children with whom they have made different choices (with no perceived negative fallout), are they likely to follow guidance from an HCP that may be contrary to that offered by important others such as family and friends? When guidance requires

making multiple versions of the same food to feed the entire family, are caregivers willing and able to tailor what is offered to each child? When caregivers have specific concerns such as family history of food allergies or other medical issues that impact which foods are offered and how, how does this influence whether HCP guidance is followed?

It is heartening that most caregivers in this study had recall of HCPs offering child-feeding guidance that aligns with best practices. As noted by these authors, determining the extent to which caregivers adopt these messages and whether messages are sufficiently persuasive, actionable, and culturally appropriate will require additional efforts.

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REFERENCES

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