

Over-fed and under-nourished – could a novel, baby-led, approach to infant feeding be protective?

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Outline

- **“First 1,000 days”**
- **Over-fed & under-nourished?**
- **Baby-Led Weaning a solution?**
- **Baby-Led Introduction to Solids**
- **Some take-home messages**



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The first 1,000 days

- **Conception to 2 years of age**
- **3.5kg at birth → 12kg on second birthday**
- **Brain ~25% formed at birth → most of remaining 75% formed by 2 years of age**
- **Developmental score at 22 months an accurate predictor of educational outcome at 26 years**



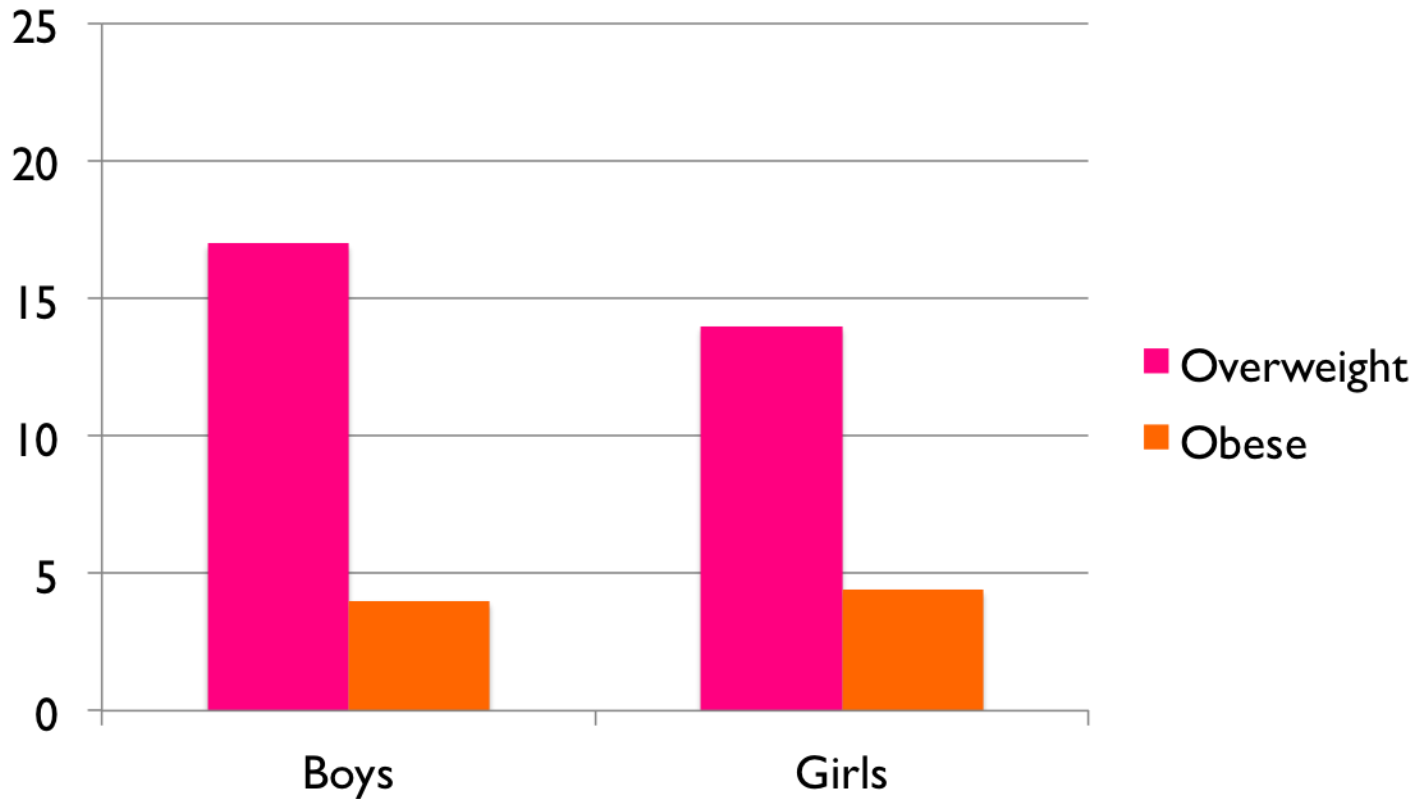
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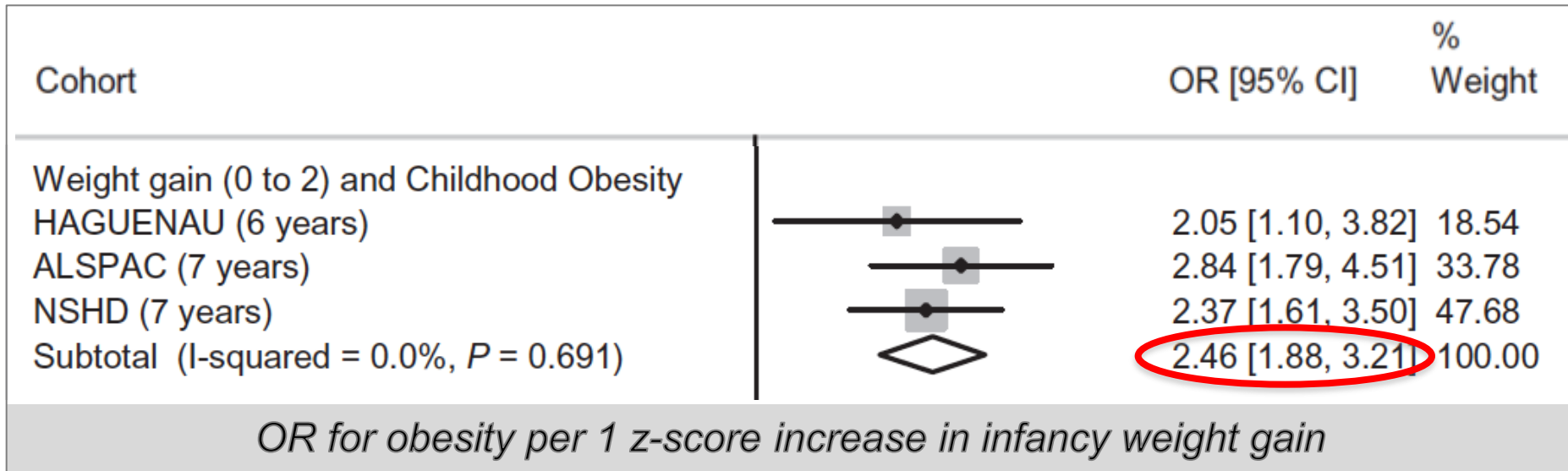
By 2-3 years of age 1 in 5 are already overweight or obese



(2007 National Children's Nutrition and Physical Activity Survey)



Weight gain 0-2 years a risk factor for later obesity



- Individual level meta-analysis using 10 large cohort studies (n > 47,000)

(Druet et al., 2012)



Infants, but not toddlers, eat smaller portions when energy density is high

| Predictors of portion size | | | |
|----------------------------|------------|-------------|--------------|
| | 4-5 months | 6-11 months | 12-24 months |
| Number of eating occasions | -0.13* | -0.07* | -0.04* |
| Number of unique foods | 0.0 | 0.02* | -0.01 |
| Energy density | -0.41* | -0.26* | 0.16 |

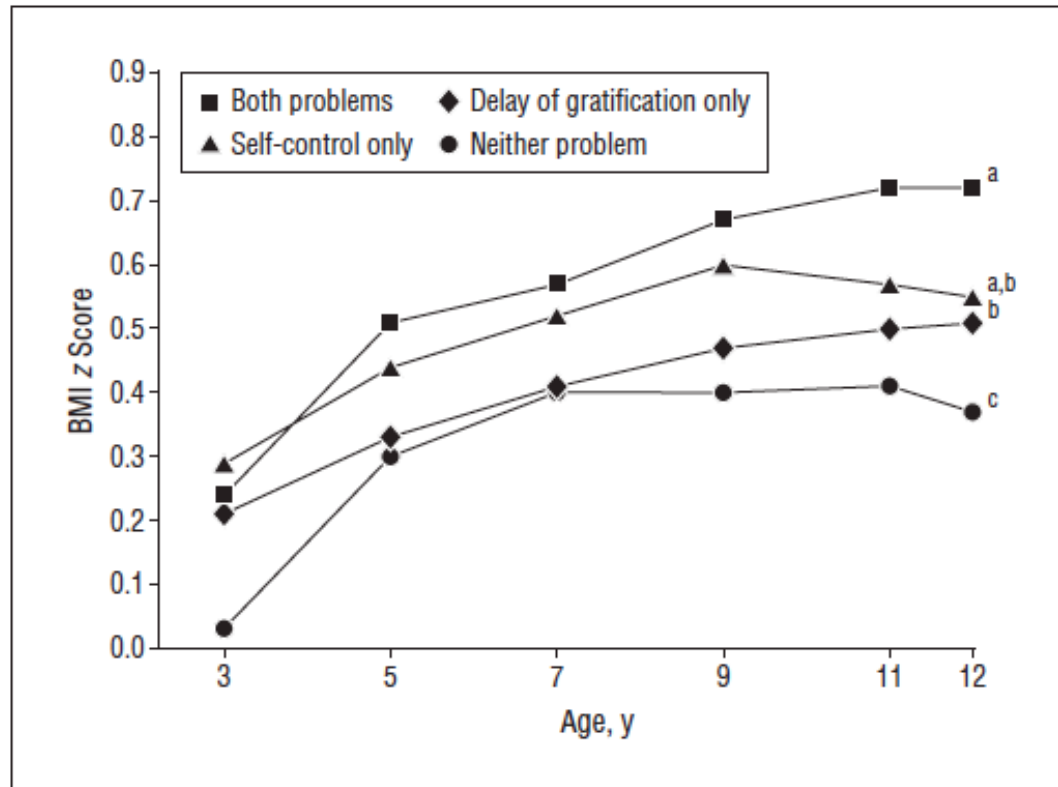
* $P < 0.05$



(Feeding Infants and Toddlers Study: Fox et al., 2006)



Poor self-regulation in children is associated with higher BMI



(Francis & Susman, 2009)



Many toddlers are iron or zinc deficient

| 12-24 month olds | |
|-------------------------|-----|
| Iron deficiency | 10% |
| Iron deficiency anaemia | 3% |
| Zinc deficiency | 32% |



(Zhou et al., 2012)



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|-------------------------|-----|
| Iron deficiency | 10% |
| Iron deficiency anaemia | 3% |
| Zinc deficiency | 32% |

| 12-24 month olds | |
|------------------------|-----|
| Inadequate iron intake | 16% |
| Inadequate zinc intake | 3% |

(Zhou et al., 2012)

Consequences of iron deficiency

Iron deficiency anaemia is associated with:

- **Poorer cognitive, motor, socio-emotional development**
- **These effects may not be reversible**
- ***May increase morbidity (fever, respiratory infections, diarrhoea)***



(Black, 2012)



Consequences of iron deficiency

Iron deficiency anaemia is associated with:

- Poorer cognitive, motor, socio-emotional development
- These effects may not be reversible
- *May increase morbidity (fever, respiratory infections, diarrhoea)*

Non-anaemic iron deficiency may be assoc with:

- Subtle -ve effects on cognitive function, fatigue
- Increased risk of iron deficiency anaemia

Consequences of zinc deficiency

Zinc deficiency in Australian preschool children has been associated with:

- Symptoms of respiratory disease
- Sore throat
- Shorter height-for age

Other studies have suggested:

- Poorer cognition
- Recurrent infections



(Saha et al., 1999; Gibson & Heath, 2011)

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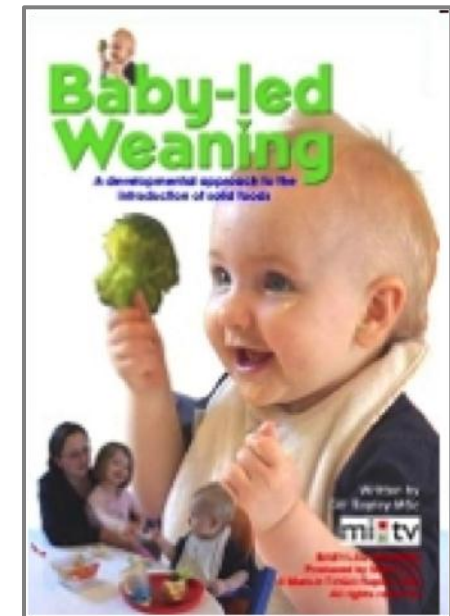
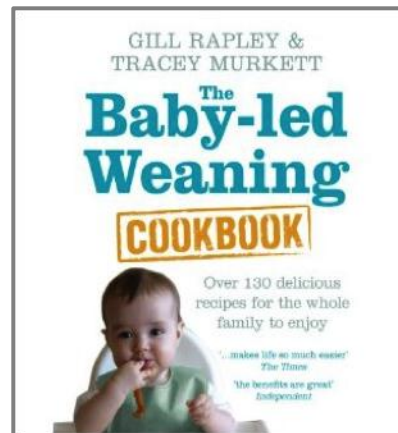
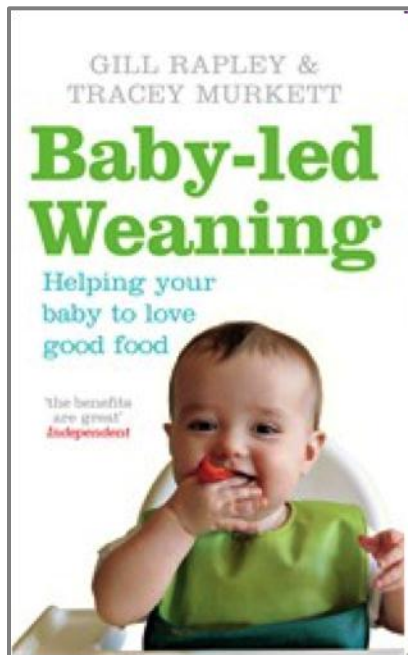
What is Baby-Led Weaning?

- **Infant self feeds**
- **Stick shaped pieces of food**
- **No spoon feeding**
- **Eating together**
- **Start at 6 months**





Origins



www.baby-led.com

Baby-Led Weaning in action!



<http://www.youtube.com/watch?v=ews5ceknSZ4>



Possible benefits?

- **↓ Obesity**
- **↑ Dietary diversity – texture & flavour**
- **↓ Neophobia**
- **Family meals**
- **“Makes sense”**
- **Healthier food**



Some health professionals have concerns

BMJ Open

Cameron S et al. (2012) *BMJ Open* doi
10.1136/bmjopen-2012-001542

- **n=31 health professionals**
- **Interviews with semi-structured interview schedule**
- **Identified a number of possible benefits**
- **Specific concerns:**
 - **Choking**
 - **Inadequate energy intake**
 - **Iron deficiency**
- **As a result reluctant to recommend**



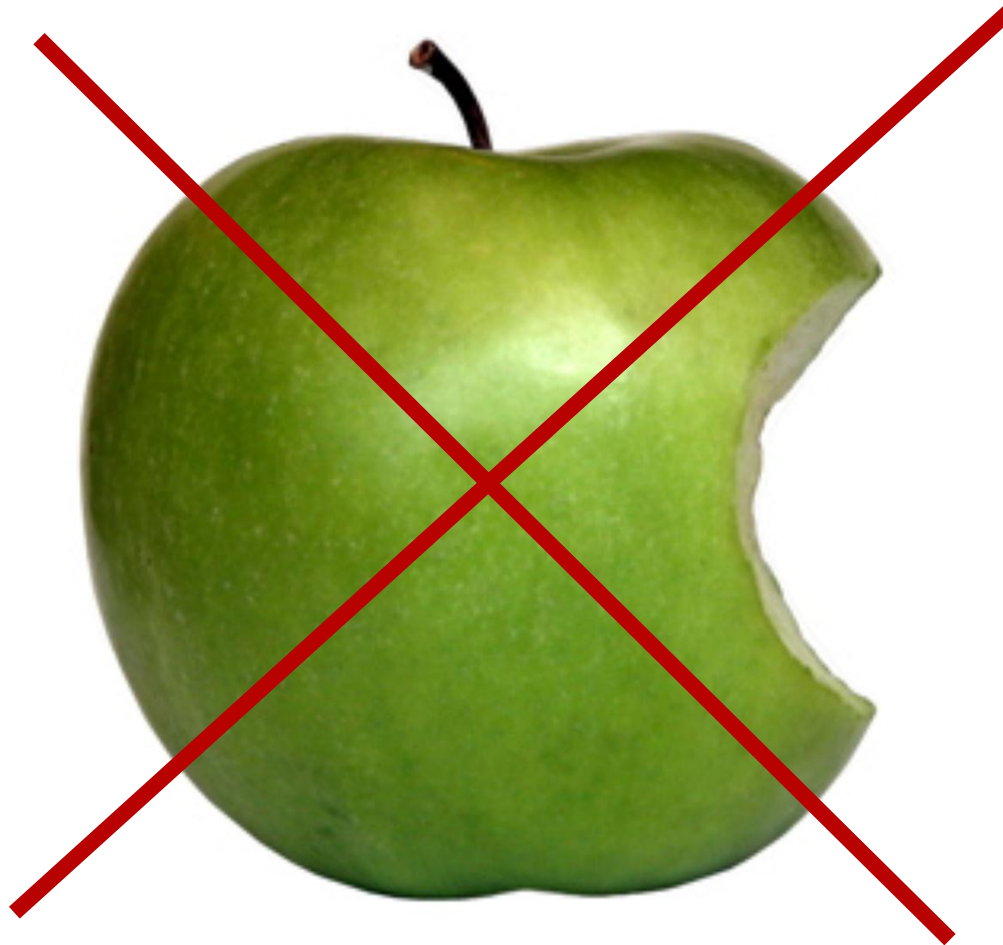
Mothers who have followed BLW much more positive

BMJ Open

Cameron S et al. (2012) *BMJ Open* doi
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- **n=20 mothers who had followed BLW**
- **Interviews with semi-structured interview schedule**
- **No major concerns**
- **Considered BLW to be:**
 - **Healthier**
 - **More convenient**
 - **Less stressful**
- **BUT ... 30% reported “choking”**





(Cameron et al., *BMJ Open* 2012)

BLW is associated with greater satiety responsiveness

pediatricobesity

Brown A & Lee MD (2013) *Pediatric Obesity* doi
10.1111/j.2047-6310.2013.00207.x

- n=298 mothers of an 18-24 month old (54.7% BLW)
- Questionnaire
- BLW significantly **less food-responsive**
- BLW significantly **more satiety-responsive**
- Overweight - **BLW 8.1% vs SW 19.2%**
- **BUT:**
 - Outcomes self-reported
 - Observational





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Baby-Led Introduction to Solids

Baby-Led Weaning modified to address:

- Choking
- Iron deficiency
- Growth faltering

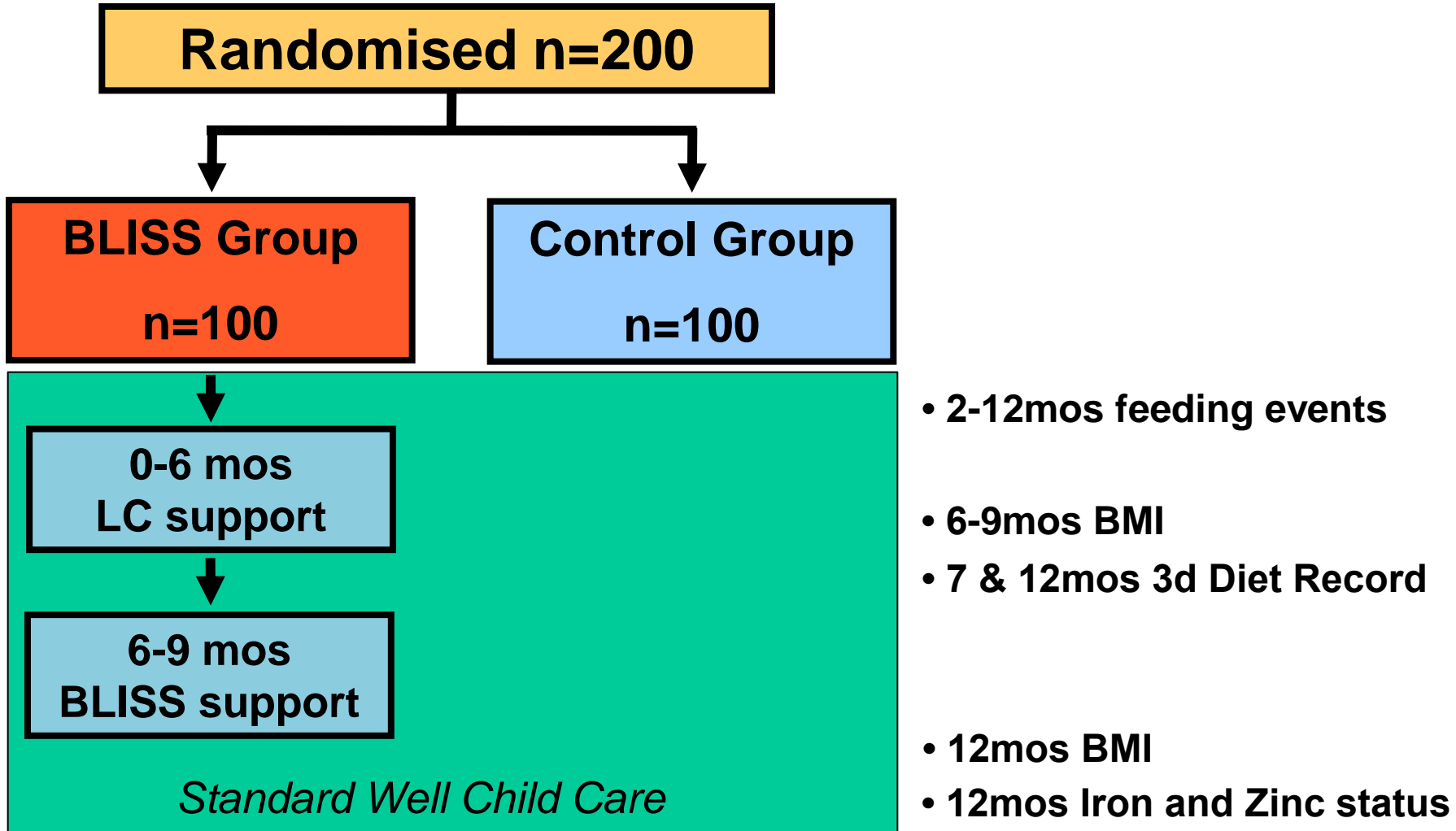


BLISS Study

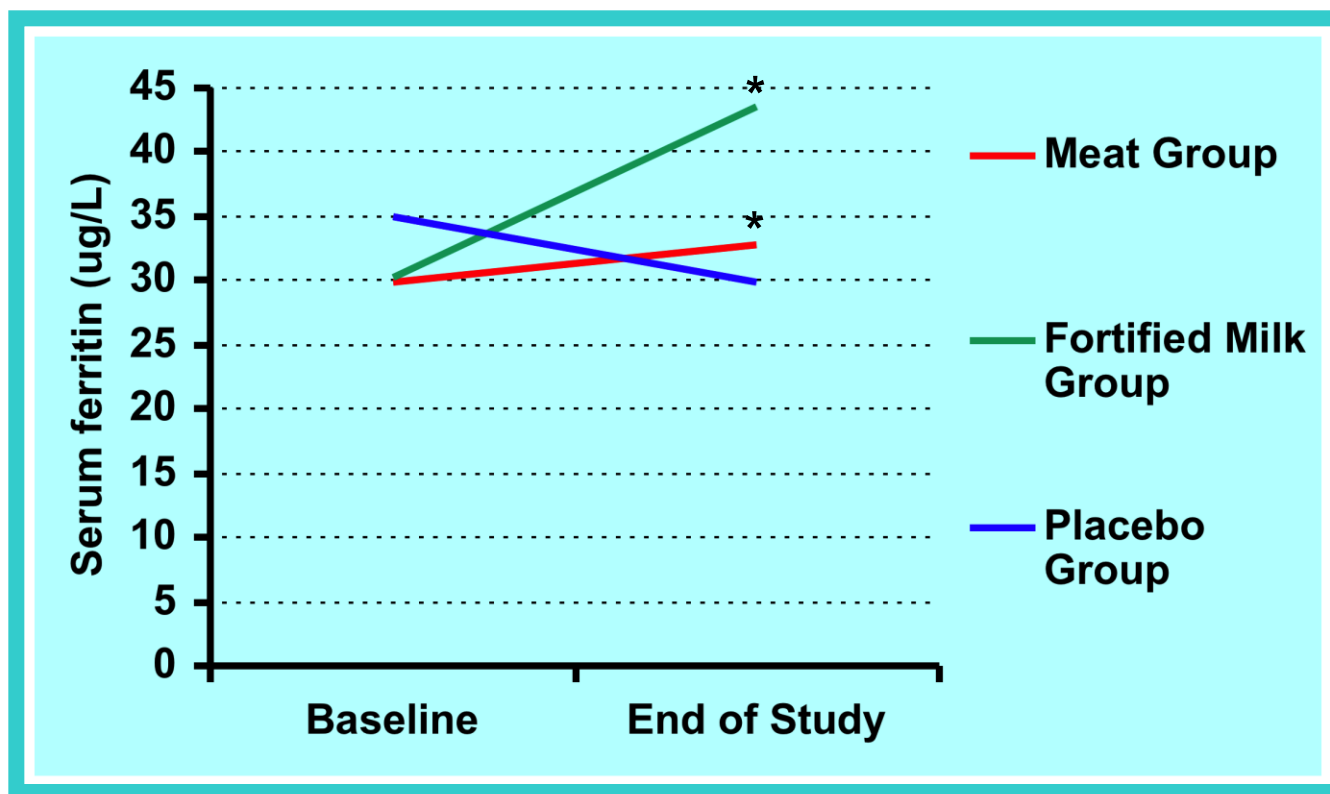
A **randomised controlled trial** with **200** infants to determine whether a novel approach to complementary feeding using foods that an infant can feed themselves – “**BLISS**” – can prevent the development of **overweight** in infants and toddlers without detrimental effects on their **iron status** or **growth**.



Randomised controlled trial



Red meat improves iron status in toddlers



Adjusted for age, sex, age x sex, infection, education, income, ethnicity

* Significant change compared to Placebo Group $P < 0.05$



Study outcomes

When completed, the BLISS study will tell us:

- Does a baby-led approach **prevent obesity** in young children?
- Can it improve **iron** and **zinc** status?
- Is it **safe**?
- Should **all parents** be doing it?





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Take home messages

- **Lots of interest** in BLW
- **Very little research**
- Possible **benefits**: ↓ obesity, ↑ dietary diversity, ↓ neophobia
- Possible **risks**: iron deficiency, growth faltering, choking
- **Randomised controlled trial** data urgently needed to determine whether BLISS can address over-feeding and under-nutrition of our young children





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