

Controversy and Issues in ECE practice, identified by states

Bonnie A. Spear, PhD, RDN, FAND

Milk, Whole milk vs. 2 percent

- Current recommendations from AAP and AHA
 - Breastfeeding or formula until 1 year of age
 - Whole milk until 2 years of age
 - Beginning at 2 transition to 2 percent milk
- So why the controversy
 - David S. Ludwig, an pediatric endocrinologist in Boston and Dr. Walter C. Willet, Professor of epidemiology and nutrition chair at the Harvard SOPH questioned why low-fat milk was given the OK over the whole milk option.
 - Few clinical trials that have looked at the benefits of reduced-fat milk compared to whole milk. Most people just assume the lower-fat milk has fewer calories and that is better

So what do we know?

- Toddlers are picky eaters:
 - They have tiny tummies
 - Toddlers don't like to sit still for anything.
- Milk
 - contains calcium, potassium and vitamin D, which helps the body balance levels of calcium and phosphorous for stronger bones.
 - milk and other dairy products have been known to improve bone health & reduce the risk of osteoporosis.
 - important to drink and eat dairy at a young age when bones are forming.

- Fats
 - provides twice as many calories per gram as do carbohydrates and proteins.
 - healthy fats are a necessary component of the vital tissues—especially the brain and central nervous system—that are growing so fast in your toddler.
 - **when you switch to two percent milk, you must add other healthy fats to your baby's diet.**
- **Need for fat**
 - Until age of 5 brain myelination- which is essential for brain development continues. Requires saturated fat to develop. If a child does not add other forms of fat that then the brain maybe at risk

- In a 2013 JAMA article, researchers suggested that whole milk may be the better option when giving children dairy drinks.
- A study in the Archives of Disease in Childhood in March 2013 showed that children who drank lower-fat milk were more likely to be overweight later in life.

Milk (per 8 oz.)	Calories	Fat	Pro	Carbs
Whole Milk	150	8g	8 g	12 g
2 Percent Milk (also known as reduced fat milk)	120	5g	8g	12 g
1 Percent Milk (also known as low-fat milk)	100	2 g	8 g	12 g
Skim Milk (also known as nonfat milk)	80	0 g	8 g	12 g
Non-fat Chocolate milk	120	0 g	8 g	20 g (8 g sugar)

So what is an ECE program to do?

- Breastfeeding or formula until 1 year of age
- Whole milk until 2 years of age
- Beginning at 2 transition to 2 percent milk
- However, research shows
 - Ok to continue whole milk past 2
 - For picky eaters of those who don't eat much fat, continue with whole milk to received necessary fat or encourage other foods that provide healthy fats
 - Skim milk is probably not needed until after 5 years of age, even for overweight children.

Food group	2 year olds	3 year olds	4 and 5 year olds	What counts as:
Fruits Make half your fruits whole	1 cup	1 - 1½ cups	1 - 1½ cups	½ cup of fruit? ½ cup mashed, sliced, or chopped fruit ¼ cup 100% fruit juice ½ medium banana 4-5 large strawberries
Vegetables Make half your vegetables whole	1 cup	1½ cups	1½ - 2 cups	½ cup of veggies? ½ cup mashed, sliced, or chopped vegetables 1 cup raw leafy greens ½ cup vegetable juice 1 small ear of corn
Grains Make half your grains whole	3 ounces	4 - 5 ounces	4 - 5 ounces	1 ounce of grains? 1 slice bread 1 cup ready-to-eat cereal flakes ½ cup cooked rice or pasta 1 tortilla 10" across
Protein Foods Choose low-fat or fat-free	2 ounces	3 - 4 ounces	3 - 5 ounces	1 ounce of protein foods? 1 ounce cooked meat, poultry or seafood 2 eggs 1 Tablespoon peanut butter ½ cup cooked beans or peas (kidney, pinto, lentils)
Dairy Choose low-fat or fat-free	2 cups	2 cups	2½ cups	½ cup of dairy? ½ cup milk 4 ounces yogurt ½ ounce cheese 1 string cheese

Engaging child care workers in Helping Their Kids eat

It's Not About Eating
It's About Feeding

Mealtime Conversations



Feeding is

- WHAT** (food, nutrition)
- HOW** (actions/attitudes)
- WHY** (child development/behavior /temperament/eating style)

Feeding Relationship

“Parents/child providers are responsible for WHAT children are offered to eat; children are responsible for HOW MUCH they eat.”

Children don't know how to choose balanced meals, regular timing or where to eat, but they do know when they've had enough to eat and how well food tastes and feels in their mouth.

www.ellynsatter.com

*“If you eat the broccoli you can have dessert.”
“Just two more bites and you can have more bread.”* **Rewarding**

- ⦿ Disregards internal hunger regulation
- ⦿ External factors preside (reward)
- ⦿ Food preferences impacted over time
- ⦿ Devalue healthy food; favor less healthy food
- ⦿ Gets kids to eat today, but doesn't get them to LIKE food tomorrow

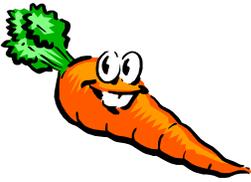
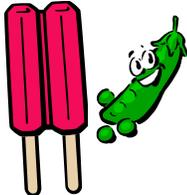
55% of parents of 3 year olds use rewards to get them to eat healthier

Falith et al, Obes Res, 2004; Webber et al. J Am Diet Assoc. 2010

Energy Intake Regulation

(Birch, 1991)

- Meal-to-meal energy intake highly variable
- Day-to-day variability of total daily energy intake is very low

Restricting

- ⦿ Greater intake of limited food
- ⦿ Eating in Absence of Hunger
- ⦿ Poor self-regulation of eating
- ⦿ Increased risk for overweight
- ⦿ Value restricted food

Limit second helpings, only low kcal food options, no sweets/junk/soda in the house



Birch et al. Am J Clin Nutr 2003; Savage et al. J Law Med Ethics 2007

Prompting/Pressure

Reminding the picky eater to eat, chasing the toddler with a sippy cup of milk, leaving food out all day to encourage more eating, excessive talking about food and nutrition at the dinner table

- Lower ability to regulate intake
- Decreased intake of fruit/veggies
- Increased satiety responsiveness (early fullness)
- Slow & fussy eating
- Overeating

Fisher et al. AJCN. 2002; Webber et al. J Am Diet Assoc. 2010

Controlling

*Parents take over kid's eating; control whether and how much they eat.
Child: “I don't want to eat that.”
Parent: “Then you must not be hungry for dessert either.”*

- ⦿ Unclear influence
- ⦿ During infancy, control over what and how much produces a lower BMI at age 2
- ⦿ Older child: May promote uncontrolled eating, overeating and weight gain

Farrow et al, Pediatrics. 2008

No Thank you Bites

(from University of Iowa)

What you need to know about kids

Temperament, Eating Style,
Ages & Stages of
Development

Temperament

- Easy-going
- Difficult
- Spirited
- Stubborn
- Timid

- Every child is different
- Temperament effects response to food

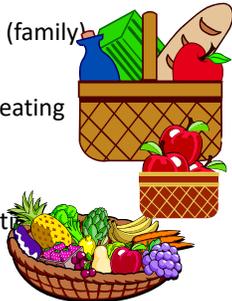


Eating Style

- Enthusiastic Eater: adventurous; tries and accepts new foods easily
- Steady Accumulator: most children; accept and accumulate new foods over time with exposure
- Late Bloomer: extremely cautious with food; reveals trait when starting solids
- Super-Tasters: heightened sense of taste, more sensitive to sensory components of food (smell texture, appearance)

Development Considerations in Feeding Young Children

- Importance of structure (family)
- Food jags
- Slow growth influences eating
- Importance of snacking
- Safety issues in feeding
- Hunger/fullness recognition
- Allow self-feeding



Birch et al. Obesity, 2006; 2008 FITS

Introducing New Foods

(University of Iowa)

Nutrient Needs of Toddlers/Preschoolers

Age (years)	Protein (g/day) RDA
1-3	13
4-8	19

DRIs, 2002

Nutrient Needs of Toddler/Preschool

Age (mo)	EER-girls (kcal/d)	EER-boys (Kcal/d)	Kcal/kg boys	Kcal/kg girls
12	768	844	82	81
24	997	1050	83	82
35	1139	1184	83	83

DRIs, 2002

Psycho-social tasks 1-3 Years

<p style="text-align: center;">Autonomy</p> <p><i>Child: "I can do it"</i> <i>Parent: "I know you can and I'm here to help if you need me."</i></p> <ul style="list-style-type: none"> ● Feeds self with help cutting foods ● Able to eat with hands and get messy ● Chooses what and how much to eat from what is offered ● Parent responsive to hunger/fullness 	<p style="text-align: center;">Shame and Doubt</p> <p><i>Child: "I can't do it."</i> <i>Parent: "You're too young, no you can't."</i></p> <ul style="list-style-type: none"> ● Is fed/assisted more than needed ● Controlled food ● Not allowed to get messy/explore food
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Psycho-Social Tasks 3-5 Years

<p style="text-align: center;">Initiative</p> <p><i>Child: "Eating is fun—I'm good at it!"</i> <i>Parent: You can make good decisions."</i></p> <ul style="list-style-type: none"> ● Helps with meals, setting table, etc ● Serves self at meals, encouraged to honor fullness, hunger ● Voices likes and dislikes, food preferences considered but not catered 	<p style="text-align: center;">Guilt</p> <p><i>Child: "eating is not fun—I make so many mistakes."</i> <i>Parent: "You can't do this, you need my help."</i></p> <ul style="list-style-type: none"> ● Adult discourages independent food serving ● Not allowed to turn down food outside of home ● Pressured to finish meals, eating performance emphasis ● Required to taste everything
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Helpful Mealtime Strategies

- Regular structured meal times
- Appropriate seating
- Environment calm and comfortable
- Some children respond well to music or too distracting for some

Resource

- University of Iowa vignettes
– [Http://cals.uidaho.edu/feeding/aboutus/index.html](http://cals.uidaho.edu/feeding/aboutus/index.html).
- Thank you Oregon for sharing this