Factsheet

New Perspectives of First Foods, Complementary Feeding and Obesity

1. The Department of Health advises that solid foods should be introduced around the age of 6 months alongside breastfeeding, with consideration given to developmental signs of readiness including self-sitting; co-ordination necessary for self-feeding; and swallowing of food. Premature babies may require separate advice.

2. Surveys in the UK that have looked at recent complementary feeding practices indicate that the majority of mothers introduce solid foods before the recommended age of around 6 months, with about a quarter of mothers weaning their infants between 3 and 4 months.

3. Early life risk factors including maternal obesity, excess weight gain during pregnancy, smoking during pregnancy, low maternal vitamin D status and short duration of breastfeeding are associated with greater risk of overweight and obesity in childhood. Interventions to promote healthy behaviours pre-pregnancy, during pregnancy and in early life should be key strategies to prevent obesity.

4. Research has shown that children can inherit characteristics such as an avid appetite and lower sensitivity to satiety (feeling full), making them more likely to overeat when food is easily available. Genetic factors may be responsible for certain individual appetite differences even before any solid food has been introduced and these differences appear to influence infant weight gain.

5. The timings and types of food given during the complementary feeding period are key in ensuring good nutritional status and taste preferences, but may not be independent risk factors for childhood overweight or obesity. A limited amount of research has shown that early introduction of solid foods before 4 months is associated with higher childhood body mass index, but more evidence is needed before any firm conclusion can be made.

6. A small number of studies that looked at infants introduced to solid foods using the baby-led weaning method (self-feeding) have suggested that they may be more satiety-responsive than spoon-fed infants, and less likely to be overweight as a toddler. However further research is needed before any conclusive recommendations on baby-led weaning can be made.

7. Ethnic differences in infant feeding practices have been reported in the UK. Both White British and Pakistani mothers report early introduction of solid foods, with White British mothers starting complementary feeding slightly earlier. White British and Pakistani infants both appear to have some unhealthy dietary habits at 12 months (e.g. foods high in fat/free sugars), albeit differing with regard to food types, which both track and also increase by 18 months.

8. Early and repeated exposure as part of complementary feeding (5-10 times), using a variety of vegetables, appears to be important for establishing liking and increased intake of vegetables in later childhood.

9. Health visitor interventions with parents whose infants may be at risk of obesity should focus on empowering parents to improve their feeding practices, as well as the diets and physical activity habits of their infants. There are a number of barriers that may prevent health visitors discussing risks of infant obesity with parents. A digital interactive, education programme* has been designed for UK health visitors to facilitate discussions about obesity prevention with parents during routine home visits.

10. An early years intervention (HENRY)** to address child obesity has focused on parenting, family lifestyle habits, healthy eating, physical activity and emotional well-being. Bringing these five elements of a healthy lifestyle together enables families to make positive changes, which if maintained could promote a healthy lifestyle and embed the kind of eating behaviours, as well as food and activity habits, that may have potential to reduce the risk of later obesity.
* Proactive Assessment of Obesity Risk during Infancy (ProAsk)
** HENRY is a multi-layered, holistic early years intervention which was developed to deliver the evidence-based messages from the Department of Health’s report Tackling Child Obesity through the Healthy Child Programme: a Framework for Action.

Useful references


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This is a summary from the British Nutrition Foundation conference ‘New Perspectives on First Foods, Infant Feeding and Obesity’ held in London on 28th April 2015. Speakers were Dr Lucy Chambers (British Nutrition Foundation), Prof Marion Hetherington (University of Leeds), Prof Siân Robinson (University of Southampton), Jo Pearce (University of Nottingham), Dr Clare Llewellyn (University College London), Prof Sarah Redsell (Anglia Ruskin University), Prof Pinki Sahota (Leeds Beckett University), Dr Michelle Lee (Swansea University) and Kim Roberts (HENRY). The conference was chaired by Prof Marion Hetherington (University of Leeds).

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