

## Parents Can Influence Child's Eating Behavior

by Jimmy Unger

Part One of this two-part piece discussed how childhood obesity got started. In Part Two, we'll discuss the role parents can play in influencing their children's eating behavior from conception to adolescence.

It may come as a surprise that a woman's habits during pregnancy actually can influence whether or not the developing fetus ends up as an obese child. We now know that the tastes of the foods that Mom eats (and Mom's food preferences) end up in amniotic fluid. For example, babies of carrot juice-drinking Moms clearly are much more likely to take to carrots more than are other babies. The lesson here: if you want your child to like fruits and vegetables, then you should start exposing her during pregnancy and if you don't want the child to crave Twinkies and fries, then avoid them during pregnancy.

Pregnancy can be a time in which parents examine and change their lifestyle for the benefit of both themselves and their baby. Habits like tobacco, drugs, alcohol, physical inactivity, stressful lifestyle, unhealthy nutrition, and excessive TV watching all may be cast aside. Having a home environment that reflects these kinds of values will make the lifestyle changes easier.

Of all the strategies recommended to prevent childhood obesity, breastfeeding for the first year of life stands out as the one that may carry the "most bang for the buck." Like amniotic fluid, breast milk is a vehicle in which taste and food preferences are transferred. Want a kid who doesn't spit out his broccoli or doesn't hold his breath and turn blue because he can't have a Whopper? Then let the baby get used to the taste of healthy food while you're nursing. He can get used to the idea that the sweet stuff (as even Cookie Monster now teaches us about cookies) is a "sometimes food." Studies have shown that for each additional month of breastfeeding up to age 12 months, there is approximately 5 percent reduced incidence of childhood obesity. This protection, for unknown reasons, seems to last as late as adolescence.

As babies are introduced to solids (starting at 6 months of age), parents should remain aware of the babies' need to regulate the amount of their food—in other words, feed them when they're hungry and stop feeding them when they're full. It's the parents' job to regulate the content ("what") and the child's job to regulate the amount ("how much"). Children are by nature reluctant to try and, therefore, likely to spit out, new foods. The child's repeated rejections may delight the family dog and dismay parents who hate both the waste and the messes. It is common for a child to accept and enjoy a new food after having rejected it more than a dozen times. Parents should not permanently take a rejected food off the list of foods offered to the "picky" eater. The combination of exposure during pregnancy and breastfeeding, modeling healthy eating, and repeated offerings in a non-coercive way during toddler and pre-school years all should enable a child to appreciate her vegetables and fruits.

Parents often ask about the "Eat your vegetables and then you can have dessert" model of encouraging healthy eating. (Or: "No, Sir... no leaving the table until your plate is clean.") The experts tell us that this practice sends unintended messages about how great

the sweets are and about how bad the healthy stuff is. This style of parenting probably makes it more likely that the child will end up hating vegetables. Instead, families who like sweets (isn't that everybody?) should think of ending their meals with a healthful dessert (for example, fruit) that is offered no matter how poorly the first part of the meal has gone. The cake and ice cream probably should be saved for special occasions. As far as preventing obesity in childhood is concerned, the ideal parenting style is one in which there are clear-cut expectations about children's eating with responsiveness to the child's needs—ideally, starting as soon as the pregnancy test comes back positive and continuing until adulthood.

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