

MY BABY KNOWS WHEN THEY ARE FULL, BUT...

Investigating feeding styles, beliefs and self-regulation.



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Purpose

This study

The purpose of this study is to investigate how parents' feeding styles and beliefs about infants' self-regulation relate to one another. The overall aim of this study is to collect data in order to inform the development of a brief parenting intervention to promote appropriate feeding from the start.

Background

- Infants have the natural ability to regulate their food intake by responding appropriately to their internal cues (i.e. to eat when hungry and stop eating when full)¹.
- Responsive feeding style, in which parents tune into baby's hunger and satiety cues to feed them, might foster infants' self-regulation of food intake².
- Controlling feeding styles, in which parents regulate their baby's feeding without responding to hunger and satiety cues, have been characterized as a) pressuring and b) restrictive.
- Controlling feeding styles have been associated with childhood obesity³.

Why infancy?

- Infant overweight predicts overweight in pre-school years and onwards⁴.
- Feeding patterns are embedded in the first years of life and are likely to remain stable throughout life⁵.
- Promoting child-led feeding strategies and responsive parenting in infancy has the potential to act as a protective factor for pediatric obesity.

Hypothesis

It is predicted that:

1. Higher rates of controlling feeding styles (both 'pressuring' and 'restrictive') will be reported, compared to responsive style.
2. Participants will report more pressuring than restrictive feeding practices.
3. Belief that baby can regulate their energy intake will be negatively correlated with controlling feeding styles.

Methods

Sample to date

- Participants are 220 parents (99% mothers) aged 20-60 years ($M=33$, $SD=5.04$) with infants (52% male) aged 0-27 months ($M=11$, $SD=7$). Most participants have a university degree (75%) and no financial difficulties (83%).
- **Weight status:** 43.1% of participants and 62.7% of partners are overweight or obese. 8.7% of babies are obese (weight for length $\geq 95^{\text{th}}$ percentile, *WHO growth charts*).
- Recruitment is ongoing.

Method

- Anonymous self-reported online survey. Recruitment: Australia-wide.

Measures

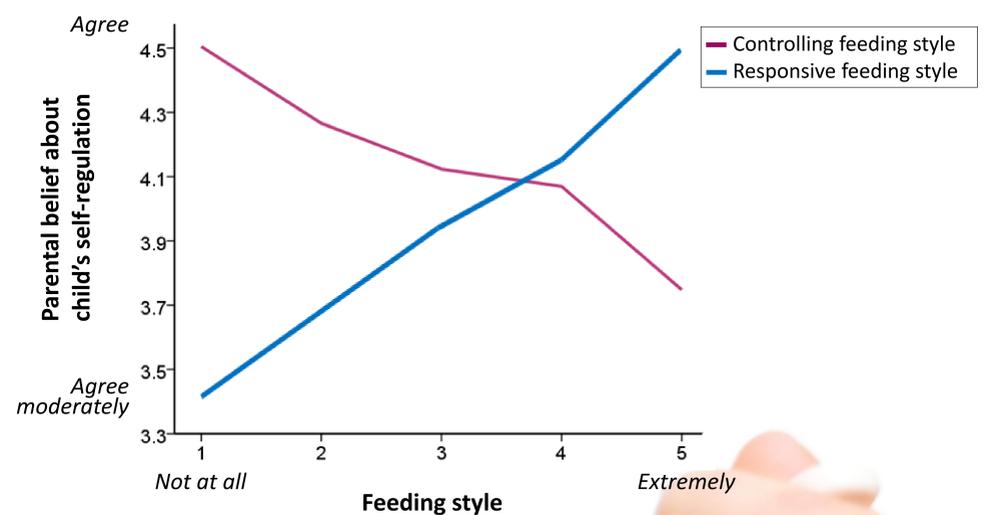
- Validated instruments (Family Background Questionnaire⁶, Maternal Controlling Feeding Styles and Perceptions of Infant's Ability to Regulate Feeding⁷), and purpose-built questionnaires.

'My baby keeps on refusing to eat more after I have insisted for a while'
Pressuring feeding style

Preliminary results

1. T-tests revealed that contrary to our assumption, parents are more likely to respond to their baby's cues ($M=4.5$; $SD=.66$) than to use controlling feeding practices ($M=2.75$; $SD=1.41$), $t(227)=16.98$, $p < .001$.
2. T-tests showed significant differences between controlling feeding styles:
 - Participants are almost twice as likely to use pressuring feeding ($M=2.48$, $SD=1.21$) than restrictive feeding practices ($M=1.58$; $SD=0.89$), $t(230)=9.54$, $p < .001$.
3. Pearson's correlations revealed significant relationships:
 - The more parents believe their baby can self-regulate their food intake, the less likely they are to use controlling feeding practices and the more likely they are to use responsive feeding practices (*Figure 1*).

Figure 1. Parental belief about infants' self-regulation of food intake related to controlling versus responsive feeding styles.



Conclusions

- Important differences between rates of pressuring versus restrictive feeding practices suggest that further analyses on controlling styles should be run on both variables separately.
- Parental feeding behaviors seem related to how much caregivers believe babies can recognize their own internal cues and regulate their food intake.

What next?

- Although the n of obese babies is still too small for any reliable comparison between weight groups, exploratory analysis point towards differences in parents' feeding behaviors depending on their child's weight status.
- Recruitment is now focused on the lowest SES areas around Australia in order to increase participation of at risk families. Comparing parents' beliefs, feeding styles and infants' weight status across different socio-economic groups will be highly interesting.

References

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