

Old Wives' Tales: Myths about Feeding Children

Section 1: Welcome

This session will be presented in a voice-narrated format that allows you to follow along with a PowerPoint slide presentation. A high-speed Internet connection is required to complete this session. This module is divided into multiple sections; see the menu bar on the left for the course outline, enabling you to complete and/or review content at your own pace. Printable handouts, if applicable, will be presented prior to the section in which they are referenced.

Please complete a brief, multiple-choice survey before you start this session and again at the end of this session. Once you have completed the survey, you will be free to advance to the course content by checking the "Next Section" button at the bottom of the page.

If at any time you wish to take a break from the session, simply log out and return to the course when you are ready to continue. When you sign back in to the session, you will be taken directly to the section where you left off. To review a section you have already completed, click on the desired section on the left menu bar.

Section 2: Introduction

Learning Objectives:

- Describe two or more myths about feeding children.
- List two or more reputable authorities you can use when refuting child feeding myths.

Slide 1

Old Wives' Tales are erroneous beliefs and misconceptions widely held and passed down from one generation to another. Today, they're often referred to as urban myths. These seemingly harmless beliefs aren't always without consequences, as we'll learn during this session while we explore common myths associated with feeding children.

Childcare providers and parents should be aware that myths about feeding children can be harmful to children. It's best to double check the advice of well-meaning family members and friends with a reputable, science-based authority, such as the American Academy of Pediatrics or a family doctor.

The authority used in this presentation is the American Academy of Pediatrics, or AAP. Nutrition education and advice should be consistent with the American Academy of Pediatrics' recommendations, with the caveat that some individual physicians may differ from the recommendations of the AAP depending on the unique needs and health of the child in their care. In these cases, parents and caregivers should follow their physician's advice.

Two resources that may be helpful for parents and child caregivers are:

1. The consumer and parent website of the American Academy of Pediatrics, which is located at Healthychildren.org; and
2. *Food Fights*, which is published by the American Academy of Pediatrics. It is written by Jana and Shu for parents and other child caregivers.

These two resources are included on a handout you will receive at the end of this session.

Section 3: The Fussy Baby

Slide 2

Unfortunately, no baby is happy 100% of the time, leaving parents and caregivers anxious to cure the source of the baby's tears. A baby's tears can be associated with conditions such as colic, constipation and diarrhea. Crying isn't always a sign that a baby is hungry.

Many people have opinions as to the cause of colic or its cure. However, there's no known cause of colic. Twenty percent of babies develop colic, usually between the second and fourth week. Babies with colic will cry inconsolably, often screaming, extending or pulling up their legs, and passing gas. Since the symptoms of colic may mask medical problems, it should be brought to the attention of the doctor. Colic generally subsides on its own around the age of 3 or 4 months, but it can last up to 6 months.

There is no cure for colic. It's a myth that giving Chamomile Herbal Tea to an infant will help reduce colic. Infants under the age of 6 months should drink only breastmilk or formula. Some colicky infants can be soothed by a quiet and darkened room.

Having a colicky baby can be stressful for parents and caregivers. It's important that caregivers have adequate rest and relief from child care responsibilities. Everyone caring for the child must understand that shaking a baby can cause blindness, brain damage, or death.

Slide 3

Perhaps you've heard the myth that raisins will cause diarrhea while bananas can cause constipation.

Whether a food causes diarrhea or constipation may be due to the amount consumed and not necessarily the type of food.

Foods considered binding are: milk, bananas, cheese, and low-fiber foods.

Risk factors for constipation are:

- a diet high in processed foods and sweets but not enough fiber,
- not drinking enough fluids,
- new foods or diet changes,
- ignoring the urge to defecate or 'holding it in,'
- changes in routine,
- lack of physical activity,

- illness, as well as
- some medications and physical conditions.

Consuming a teaspoon of olive oil is purported to help with constipation. However, this is not included in the AAP's constipation recommendations.

Prevention and treatment of constipation includes:

- Give the child more fluids.
- Serve more fiber-rich foods.
- Make sure kids are getting enough physical activity.
- Develop a regular meal schedule.
- And finally, get kids in the habit of using the bathroom at the same time each day.

Frequent or prolonged constipation should be brought to the attention of a physician.

Slide 4

Diarrhea is most often caused by infection with a virus or bacteria or a food sensitivity.

The BRAT diet is no longer recommended. The BRAT diet for children with diarrhea consisted of bananas, rice, applesauce and toast. Hence, the acronym BRAT. Instead of the BRAT diet, offer typical foods; avoid high-sugar and high-fat foods, and make sure the child has plenty of fluids to avoid dehydration. Diarrhea can be serious, especially in infants or young children.

Consultation with a physician is advised.

Tea is marketed for children who are: fussy, colicky, or experiencing diarrhea. However, these products have not been proven safe, and the FDA hasn't evaluated them to determine if they can treat, cure, or prevent disease. These products are not recommended for infants and children and may not be safe.

Slide 5

Infants may be fussy for a number of reasons. Fussiness is not always a sign that the infant is hungry, especially if they nurse well.

The American Academy of Pediatrics doesn't recommend anything except breast milk and/or formula before the age of 4 months. In other words, no water, juice, cereal, or baby foods.

Between 4 and 6 months of age, the gastrointestinal tract is developmentally ready to digest foods with reduced risk for developing food allergies. Also about this time, the developmental milestones required before feeding solids to baby are present.

Start introducing foods to baby at about 6 months of age. Introduce a single-ingredient food one at a time, and wait several days to observe the child for food sensitivities before offering a different single-ingredient food. Many parents and caregivers choose to introduce a single grain cereal as baby's first food.

Slide 6

Many well-meaning people recommend adding a little cereal to a baby's bottle to help the baby sleep through the night. Consequently, some child caregivers and parents put cereal in a bottle that has an enlarged hole in the nipple. This practice isn't recommended and can be harmful to the baby. Adding cereal to a baby bottle can cause choking by the baby and may increase the risk for developing food allergies.

Despite the picture on this slide, infants should sleep on their backs and not with parents.

Section 4: Bottles and Beverages

Slide 7

The age at which a child should be weaned from a bottle is often debated. Some parents let their 2 or 3 year old child drink from a bottle.

However, by age 12 to 14 months, most children can drink from a cup and should be weaned from the bottle. Babies at this age can sit up and hold a cup. Some babies are learning to walk, and this time is exciting to them, causing a distraction from bottle usage. One year old babies may not miss the bottle as much during this time as they might when they are older. Weaning from a bottle shortly after their first birthday is often easier than weaning an older toddler from the bottle.

Past the age of 18 months, children who walk around with a bottle may drink too much milk and may not be hungry for table foods. Babies this age should have about 2 cups or 16 ounces of milk. After 12 months, no beverages should be placed in a baby bottle except milk or water.

Slide 8

Water before 6 months of age isn't recommended by the American Academy of Pediatrics. Sips of water from a cup after the age of 6 months of age is allowed, as long as it isn't too much and it doesn't fill up the baby and keep him or her from nourishing foods and breastmilk or formula.

Some individual pediatricians allow water during infancy. In this case, caregivers should defer to the doctor's advise.

Notwithstanding, nutrition educators should endorse the AAP water recommendation, with the caveat for parents to defer to the child's doctor.

Municipal water is generally regarded as safe for infants. Store-bought bottled water may be convenient when traveling or camping. However, bottled water costs money and isn't any safer than city water.

Well water must be tested annually to make sure it doesn't contain harmful nitrates. Boiling well water won't remove nitrates. In this case, it's best to use bottled water.

Slide 9

Some parents allow children to drink juice all day long. However, allowing children to drink juice throughout the day can result in a diminished appetite for nourishing foods at meal and

snack times. Also, prolonged juice exposure on teeth can hasten the development of dental caries.

Recent juice recommendations are to offer 100% juice only after 1 year of age. Juice is not recommended for infants and babies less than 12 months of age. At 12 months of age, parents and caregivers can introduce juice served from a cup. Juice should never be put in a baby bottle. Toddlers and children should drink no more than 4 to 6 ounces of juice in a day. Six ounces is $\frac{3}{4}$ of a measuring cup.

Slide 10

Cow's milk isn't recommended for infants or babies before 1 year of age. Because of their nutrient needs during this first year of life, babies need either breast milk or formula. Toddlers 12 to 24 months of age should drink whole milk, unless advised differently by the child's doctor. Children older than 2 years should be served reduced-fat milk, such as 1% or 2%.

Lactose-free milk is okay for children to drink. However, chocolate milk should be treated as a 'once in a while food' because of the added sugar and calorie content.

Parents who choose to serve their children soy or other plant-based milks should carefully compare the Nutrition Facts panel with that of cow's milk. Calcium fortification is necessary for plant-based milks to achieve the same level of calcium content as cow's milk. Pediatricians should be aware of the parent's decision to substitute plant-based milk for cow's milk, as it can have nutritional consequences.

Section 5: Too Little or Too Much

Slide 11

Many parents struggle with understanding the appropriate amount of food needed by toddlers. Parents often have expectations as to the amount of food needed by toddlers that is actually in excess the child's caloric needs. Children triple in weight during the first year of life. In contrast, while toddlers are still growing, their rate of growth is less than the rate of growth during the first year. When children are offered healthy foods and beverages from which to select, they'll usually eat according to their hunger and satiety cues.

A small minority of children, 2-6%, has feeding problems and need to be treated by a health care professional. However, for the majority of children, adequate nutrition can be assumed if they are healthy, growing, and have energy to play. Questions and concerns need to be discussed with child health professionals.

Slide 12

Food refusal should not be viewed as defiance. Instead, maintain a meal and snack time pattern so the child understands when they will next have food to eat.

Often, adults serve too much food to children. A rule of thumb for feeding young children is 1 tablespoon per year of age for each food item. For example, a dinner for a 3 year old

preschooler may be about 3 tablespoons of cooked chicken, 3 tablespoons of egg noodles, and 3 tablespoons of peas. If children are still hungry, they should be offered more food.

Children around 3 to 5 years of age can begin to serve their own food based on their hunger.

Slide 13

Picky eating is associated with a developmental stage that peaks around the ages of 2 to 3 years. Neophobia is the fear of new things and is common in many, if not all, young children of this age. Parents and caregivers need to offer the new food item many times on different occasions and prepared in different ways. Research suggests about 12 food exposures may be required before a young child will try a new food item. In contrast, parents often stop offering a new food item after about 6 attempts.

Food refusal can be caused by:

- Lack of appetite because of grazing or drinking too many caloric beverages throughout the day;
- Illness - a few days before symptoms occur, children may lose their appetite; also, a poor appetite may remain for about 2 weeks after the illness has passed;
- Being over-tired; and/or
- Constipation.

A handout 'Patience Works Better than Pressure' is included with this presentation.

Slide 14

As mentioned earlier, children respond best to structured meal and snack times. Young children need food about five times a day. In this case, we define snack as between-meal eating, not a type of food. Toddlers and young children can't fulfill their calorie needs by eating only three times a day due to the small size of their stomachs.

In addition to three meals, plan two scheduled snacks. Children should not be allowed to eat throughout the day, which is often called "grazing."

Foods of limited nutritional value, such as candy, cookies and chips, should be kept out of sight, consumed infrequently, and consumed in small portions.

Slide 15

Parents and caregivers are often in denial that their child is overweight, as determined by their physician.

Too often, parents believe their overweight child:

- has big bones,
- comes from a 'big' family, or
- will outgrow their extra weight.

Parents may need to improve their knowledge and skills related to lifestyle behaviors associated with healthy weight.

Ten behaviors associated with healthful weight are:

1. Make half your plate fruits and vegetables.
2. Limit sugar-sweetened beverages.
3. Decrease TV to no more than 2 hours each day.
4. Be physically active at least 1 hour each day.
5. Prepare more meals at home rather than eating out.
6. Eat at the table as a family at least 5 times a week.
7. Eat a healthy breakfast each day.
8. Involve the whole family in lifestyle changes.
9. Allow the child to decide how much food to eat, and don't totally restrict certain foods.
10. Get enough sleep each night.

A handout listing these healthful weight behaviors is provided.

Section 6: Know the Limits

Slide 16

Many people believe that sugar causes hyperactivity, but this widely held belief has never been proven to be true in research settings. We do know that the environment and circumstances in which sugar is commonly eaten, such as birthday parties or Halloween night, can lead to excitement. This excitement can be interpreted as hyper or wild behavior by adults.

Sugar should be limited because it provides empty calories and contributes to dental disease.

Slide 17

Many parents believe it's okay for their child to have juice drinks, soda, and sweets as long as they have a healthy diet. However, sweets, juice drinks, and soda:

- Displace healthy food,
- Add calories, and
- Are inconsistent with establishing a healthy eating pattern.

That said, small and infrequent portions of sweets add balance to the eating plan. Completely prohibiting sweets can result in heightened desirability for these types of foods by children. Children need to learn and experience moderation. Sweets are once-in-a-while foods.

Beverages other than formula and breastmilk should never be served in a baby bottle. Small, infrequent portions of sweet beverages should be offered using a cup and only to children over the age of 1 year.

Slide 18

Children have 'lots of energy' compared to adults, but they don't need to refuel with energy drinks. Such beverages aren't proven safe and should never be served to children or teens. Some energy drinks contain high levels of caffeine and/or other substances with biological properties. The caffeine in energy drinks can exacerbate medical conditions and react with some medications.

Because research on caffeine safety in children is not established, caffeine-containing beverages aren't recommended for children. Caffeine-containing beverages include energy drinks, coffee, and tea.

Section 7: Keeping Baby Healthy

Slide 19

Making homemade baby food can be an option for parents. Homemade baby food may introduce baby to a greater variety of foods and flavors than store-bought. Also, homemade baby food may be less expensive than store-bought.

However, poor food safety practices during food preparation and storage can be a concern. Infants and young children are susceptible to foodborne illness, which can have deadly consequences. Food safety best practices must be followed during food preparation and storage. It's critical to follow the Fight Bac principles and recommendations for storage temperature and duration.

In addition, certain foods should never be served to babies. For example, some vegetables are high in nitrates and shouldn't be fed to infants. Vegetables high in nitrates include: green beans, carrots, beets, and spinach. The store-bought baby food of these vegetables don't have high levels of nitrates. In addition, children under the age of 12 months shouldn't have honey or foods containing honey because babies are susceptible to a certain foodborne illness associated with honey and young children. Unpasteurized milk and unpasteurized juice aren't recommended because they can cause illness, which may lead to death.

The handout included in this section contains information on the four simple Fight Bac steps to food safety.

Slide 20

Never give vitamins and/or supplements to children unless specifically advised to do so by the child's physician. A physician can determine if a breastfed infant needs a vitamin D supplement. Likewise, a doctor can determine if a vegetarian mother's breastfed infant needs a vitamin B12 supplement.

In general, older healthy children aren't harmed by a single daily children's multivitamin supplement, provided it is given in the right dose. Nonetheless, parents and caregivers should ask their child's physician if a multivitamin is appropriate and what kind of vitamin pill is recommended.

Vitamin pills aren't harmless and should never be left on the kitchen counter. Caution must be used to ensure that multivitamin pills are stored well out of the reach of children. Children can overdose on vitamin pills. Eating vitamin pills can result in too much iron, which is toxic, and can cause death to a young child.

Slide 21

A well-baby or well-child check-up is a wonderful opportunity to get to know the child's pediatrician and/or nurse practitioner.

Before going to a child's well-baby appointment, parents and caregivers should think about the following questions:

- How is the child currently doing?
- What is going well?
- What problems exist?
- What changes need to be made?
- Is the child's height and weight appropriate for his or her age?

It may be helpful for parents and caregivers to take a notepad and pencil to the appointment. Write down questions for the doctor or nurse before going to the appointment. Keeping the notepad handy during the appointment will help in jotting down instructions and reminders.

Parents should inform the physician if the child is vegetarian or is on any special eating plan. These choices may affect the overall diet quality and health of the child.

Section 8: Conclusion and Author Information

Slide 22

As we stated earlier, childcare providers and parents should be aware that myths about feeding children are not only incorrect, they can be harmful. It's best to double check the advice of well-meaning family members and friends with a reputable science-based authority, such as the American Academy of Pediatrics or a family doctor. The Selected Resources handout that accompanies this presentation may be beneficial when seeking fact-based information on child feeding.

This concludes our overview of common myths concerning the feeding of young children.

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