National Eating Disorder Information Centre

BULLETIN


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# Supporting a child's self-regulation and eating autonomy in our diet culture – from baby's first bite

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My client was sitting across from me, scared, overwhelmed, and unsure. She wondered how, after so many years of living in diet culture and suffering from an eating disorder, would she be able to protect her child from internalizing harmful messaging about eating and bodies that might lead her little one to experience the same distress. On her recovery journey, she moved on with her life, which included starting a family of her own. She recognized that now, in the midst of watching her infant learning to feed himself, she was just barely hanging on to recovery from years of calorie counting, over-exercising, and ignoring her hunger and fullness cues. Like so many of our clients, friends, and family members living in our diet culture, she wondered how she could help nurture her child's innate wisdom in feeding when it was so hard to trust her own.

> It is possible – we, as professionals, parents, friends, and family members, can help support a child to develop a healthy relationship with food from their first bite.

It's very likely that you have faced this scenario. After all, diet culture has invaded even our safest places – medical offices, schools, churches, and maybe even Grandma's house. One client remarked to me that talking about diets is as commonplace as talking about the weather. In a culture in which a conversation about a cloudy day comes up as often as a new keto recipe, how do we protect the innate wisdom of our little ones? It is possible – we, as professionals, parents, friends, and family members, can help support a child to develop a healthy relationship with food from their first bite. After all, *we are all born to eat*.

## INNATE FEEDING SKILL

Think back to a time when you watched an infant, newly introduced to solid foods, grasp for the food or turn their head away – they want the food (*get in my belly!*) or they don't (not yet). If baby is developmentally ready for solid food, which is generally around the age of six months, they will let you know it's time to pull them up to the family table.[1] When baby is ready to eat, they may get excited and begin to flap their hands in the air in anticipation as the food – for example, avocado, slice of meat, or yogurt – moves closer to the table. By the time solids foods are offered, baby innately knows that what's on the plate will not only bring satisfaction to the emptiness in their belly, but can also bring pleasure to the palate.[2]

This time of physical and developmental readiness to start eating solids can be a fun yet challenging time for a family. It can be particularly hard for brand new parents not familiar with developmental milestones that indicate baby's readiness to start eating solid foods. These milestones include sitting unassisted, loss of the tongue thrust reflex, grasping with more control, and showing interest in solid food.[3] While the developmental signs of readiness may be more subtle over time, when a baby is ready to eat it's quite evident. Born with the skill, babies open their mouths and bob for the breast or bottle shortly after birth.[2] As solid foods are introduced, they continue to show us they can self-regulate their intake. They can open their mouth and turn towards a food source or cry

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when hungry. When satisfied, they can turn their head, press their lips closed, or push food away.

When a baby begins eating solid foods it's called *complementary feeding*. Aptly named, it's the added food that will complement either breastmilk or formula feedings when a rapidly growing baby needs more nutrition. According to the World Health Organization, this is the time to complement milk feedings with foods of the family.[4] It's necessary to note the importance of the phrase *foods of the family* because in recent decades, particularly in North America, we've seen a different trend. From squeezy packs of puréed chicken and sweet potatoes to jars of puréed corn, we've moved further and further away from foods of the family.

These pre-made foods can, of course, be used in a way that fits the family's lifestyle and values, but our culture's focus on convenience may make it more difficult for families to achieve true complementary feeding. Complementary feeding allows an infant to eat the same foods as parents or caregivers, modified as needed so they are a safe and appropriate texture.[4] Not only can we share a meal, but we can also model how to use a spoon, smell and savour a traditional dish, or leave food on the plate when we're satisfied. When we take from a child the opportunity to experience family meals, we take more from them than food. Foods of the family aren't just Tuesday's taco night. These foods are linked to things we often don't see, like tradition, culture, values, privilege, food insecurity, and even how much diet culture has impacted the family.

## RESPONSIVE FEEDING STYLES

New trends in infant feeding are emerging in research and interest in the use of self-feeding is rising among the general public in North America. Self-feeding, however, isn't a new method. Families across the globe have used this simple and safe feeding method for thousands of years. Both the Canadian Paediatric Society and American Academy of Pediatrics recommend that infants who are developmentally ready to start complementary foods do so in a way that supports self-feeding[1,7] – for example, with parental encouragement to use their hands to self-feed and to drink with assistance from a cup, and responsiveness to their hunger and fullness cues. Although both of these prestigious medical associations recommend this feeding style, it's seemingly underutilized by parents and medical professionals.

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Yet with newer terms like baby-led weaning, coined by Gill Rapley, PhD, coauthor of the *Baby-Led Weaning*, parents and professionals alike are returning to baby-led approaches to introduce solid foods.[5] Baby-led weaning is a feeding method that supports baby to self-feed all complementary foods. These are foods of the family that are offered in a way that baby can grasp and feed to themselves. A modified baby-led weaning approach incorporates the focus on priority nutrients like iron, zinc, and essential fats, as well as serving those foods in safe sizes and textures.[6] Research suggests that a baby-led weaning approach is beneficial in a variety of ways, including improved self-regulation, less fussiness with eating, and intake of a greater variety of foods among babies, as well as use of less controlling feeding practices by parents.[5,6]

The self-feeding and spoon-feeding approaches are different in multiple ways. Spoon-feeding starts solely with purées and typically continues with those foods longer. Parents using the spoon-feeding method often exhibit far more control over how much their infant eats. They control the spoon and may feed until the food on the plate or jar is finished, which could decrease the infant's ability to honour hunger and fullness cues.[8] This doesn't mean that parents who spoon-feed are doing something wrong – they can still support an infant's positive attitude towards food, inborn ability to self-regulate, and decrease food fussiness.[6,8,9]

*Responsive feeding* occurs when parents and caregivers pay close attention to baby's hunger and fullness cues. This increased awareness of an infant's readiness to eat or stop eating can be used in both spoon-feeding and baby-led weaning approaches. Parents using a spoon-feeding approach can support responsive feeding by offering a variety of foods and textures while watching for subtle cues of baby's fullness. The baby-led or self-feeding method allows parents to step back once the foods of the family are safely presented so that their infant can direct the feeding. This method supports self-regulation in allowing them to stop eating when they feel satiety cues. Many families use a blend of feeding styles to meet their baby's needs. When the tenets of responsive feeding are honoured in either feeding method, an infant's innate self-regulation can be supported.[9]

Responsive feeding also lends itself well to the Satter Division of Responsibility (sDOR) in feeding.[10] The sDOR was developed by Ellyn Satter, a registered dietitian, psychotherapist, and internationally recognized authority on eating and feeding. Agencies like Health Canada and the Academy of Nutrition and Dietetics among several others recognize the sDOR as a best practice because it helps define roles in feeding and eating from infancy into childhood.[10] Initially, parents' role is simply to offer food – breastmilk or formula. Then, the infant determines how much to eat and the frequency of eating. Responsibilities gradually change as the child begins to eat solids and takes a seat at the family table. At this stage parents or caregivers decide *what* food is offered, *when* food is served, and *where* food will be eaten. The child's responsibility at this point and throughout childhood is to decide *how much* they'll eat of what is offered.[10] As a child grows, the sDOR helps a child honour their self-regulation cues while parents support with the structure, asserting authority over the menu, and where and when meals and snacks will be served. In their role, parents can help limit mealtime distractions like television, and can offer foods consistently throughout the day while considering their child's food preferences. Parents provide, and the child decides upon how much depending on their hunger, fullness, and appetite cues.

## CONTROLLING PARENTAL FEEDING STYLES

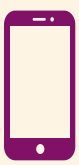
One of the most common reasons for pediatric and eating disorder dietitians to see parents in a counselling session is to address issues due to the sDOR guidelines no longer being followed or having never been implemented. When the roles aren't honoured, it's very possible that parents may overcontrol a child's food consumption in a way that doesn't support their self-regulation or autonomy in feeding. In our diet culture, it's not uncommon for parents to fear that a child may be "overweight" or have eating issues. When parents have had similar issues in their lifetime, they may want to safeguard their child from suffering the same way.

Evidence suggests that when a parent suspects or has been told their child is underweight, they are more likely to pressure their child to eat. If the parent has fears that their child will gain too much weight or is over a weight-normative ideal, they are more likely to restrict their child's intake.[11] This exerted control over how much or little a child may eat is in direct conflict with supporting the child's self-regulation cues and eating autonomy as they grow, and tends to backfire. A likely result is the child having difficulty trusting their body cues and self-regulating when eating unsupervised.[8,12] Another study reported that when mothers restricted their daughter's eating, those children were more likely to eat in the absence of hunger and overeat.[13] When parents and caregivers themselves are engaging in dieting practices and do not trust their own self-regulation, these behaviours may trickle down to their children.

## SUPPORTING SELF-REGULATION AND INTUITIVE EATING

These well-meaning behaviours around controlling food intake aren't just happening at home, they are happening within the classroom as well. Health curriculums in schools dichotomize foods and body shapes, and focus on body weight (even though the American Academy of Pediatrics warns against such practices).[14] While technology in the classroom yields fantastic educational opportunities, it can disrupt self-regulation via programs that categorize foods as either "good" or "bad", track calorie intake, and perpetuate the cultural thin ideal. When we recognize how these behaviours can set our children up for lifelong struggles with food and body image, and that decades of evidence of their harmful effects, we can do better.[14] We can help others understand the importance of supporting self-regulation, diverse bodies, and balanced eating.

When we support our clients, patients, families, friends, and children in nurturing their own nutrition intuition and self-regulation, we can help build resilient kids in the face of diet culture. Elyse Resch, eating disorder dietitian, coauthor of *Intuitive Eating*, and author of the *Intuitive Eating Workbook for Teens says it best – "what a precious gift we can bestow upon our children, if we teach them that they are born with a profound wisdom about eating that they can trust all of their lives."*



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