

Salud America!

The Robert Wood Johnson Foundation Research
Network to Prevent Obesity Among Latino Children

ISSUE BRIEF

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How to Achieve a Healthy Weight by Kindergarten for Latino Kids

Introduction

One of four U.S. kids is already overweight or obese by age 2-5, with a higher prevalence among Latino kids (30%) than white kids (21%).

How can Latino kids achieve a healthy weight by kindergarten?

Breastfeeding has positive effects on children. Interventions or policies aimed at improving breastfeeding rates among Latina mothers may be critical to promoting healthy weight goals.

In addition to breastfeeding, research suggests that other factors that may also play a critical role in helping Latino kids achieve a healthy weight by kindergarten: mothers' physical activity and healthy eating habits before and during pregnancy, formula marketing, maternity leave, kids' healthy eating and physical activity habits established during early childhood, and increased health care coverage.

Interventions addressing these factors can help build a culture of health and empower everyone to live healthy lives.

The Evidence

Maternal obesity is highly associated with childhood obesity in Latino kids.

- Nearly 50% of Latinas are overweight or obese when they become pregnant.
- About 52% of overweight and 75% of obese Latina women have gestational weight gain during pregnancy that exceeds federal guidelines and appears to be increasing over time.
- Obese Latina moms gave birth to kids who were 1.8 times more likely to be obese than their peers.
- Latinas are only half as likely as whites to meet guidelines for physical activity during pregnancy.
- Latinas face barriers to exercise during pregnancy: limited knowledge of how to exercise safely, lack of support from husbands, lack of friends to exercise with, lack of childcare, cultural beliefs that emphasize rest over exercise, unsafe streets, and social isolation.
- Kids were less likely to be overweight or obese if the mother reported moderate exercise during pregnancy than if the mother reported remaining sedentary.

Latino infants are less likely than their peers to have healthy feeding and activity patterns.

- Latino parents were more likely than white parents to encourage infants (2 months old) to finish feeding or engage in bottle-propping behavior, both of which can contribute to childhood obesity.



ABOUT THIS ISSUE BRIEF

This issue brief is based on a research review prepared by Lauren Mays Weddle, Ph.D., Mays Ink Medical Writing, LLC, and Amelie G. Ramirez, Dr.P.H., and Kipling J. Gallion, M.A., University of Texas Health Science Center at San Antonio. The full research review, which includes citations, is available at <http://bit.ly/HealthierWeight>.

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- About 41% of Latino infants watched TV more than 25 minutes per day, with a mean daily TV exposure time of 228 minutes (or 3.8 hours).
- Fewer Latino infants (22%) meet recommended tummy time (physical activity) guidelines—30 minutes daily—than black (45%) or white (46%) infants.

Breastfeeding significantly lowers the prevalence of Latino childhood obesity.

- Breastfeeding for 1 year or more resulted in a 47% reduction in obesity rates among Latino kids, and significantly protected kids from becoming obese through age 4, studies found.
- Experts recommend that mothers should exclusively breastfeed their infants for at least the first 6 months of life and continue for 1 year or longer, and not supplement with formula unless advised by a health care professional.

Latina moms are less likely than white moms to exclusively breastfeed their infants at 3 months and 6 months of age.

- Latina moms are more likely than their peers to provide early formula supplementation and introduce solid foods before age 4 months. Nonexclusive breastfeeding and early formula supplementation both contribute to significantly higher body mass indices (BMIs) in Latino kids.
- Latina moms face barriers to breastfeeding: high pre-pregnancy weights, low income, participation in federal food assistance programs that offer free infant formula, pain/discomfort, embarrassment, employment, inconvenience, lack of maternal access to breastfeeding information, not being properly instructed on how to breastfeed by hospital staff, and other cultural, social, economic, political, and psychosocial factors.

Marketing infant formula to pregnant women is associated with reduced rates of initiating breastfeeding, shorter duration of breastfeeding, and increased use of formula.

- In a focus-group study, women reported that formula marketing decreased confidence in a mother's ability to breastfeed, especially in cases where marketing material was supplied by healthcare practitioners/practices.
- At the peak point in a five-year analysis, about 15% of the advertisements in two popular U.S. parenting magazines were dedicated to infant formula.
- Seven of 11 studies demonstrated lower breastfeeding rates among women who had received hospital discharge packs containing formula samples or coupons than those who didn't.
- Breastfeeding initiation and duration are improved for babies born in hospitals that participate in WHO's Baby Friendly Hospital Initiative, which promotes breastfeeding and deemphasizes the use of formula.

Lack of paid maternity leave can impact utilization of leave and breastfeeding duration.

- The United States is 1 of only 5 countries not to mandate paid leave for new mothers. The Family Medical Leave Act (FMLA) offers women up to 12 weeks of unpaid, job-protected maternity leave; however, not all female employees are eligible and many low-income households cannot afford to take unpaid leave, relying on a combination of short-term disability, sick leave, vacation, and personal days.
- Latinas are less likely to utilize maternity leave than white and black women, one study shows.
- One-third of employed women (29.4%) did not report using maternity leave during their last pregnancy.
- Of women employed before pregnancy, 59.5% planned to exclusively breastfeed for at least the first 3 months, but only about a quarter met this objective.
- Each additional week of maternity leave has the potential to increase breastfeeding duration by half a week.

- In California, where a paid family leave program is in place, breastfeeding duration was twice as long among mothers who took paid family leave, increasing from 5 to 9 weeks in women with lower-paying jobs.

Prenatal interventions and workplace initiatives can help improve Latinas' breastfeeding rates.

- Women enrolled in a program that pairs a nurse with a first-time, low-income mother in Colorado (47% Latina) achieved positive outcomes: 90% of babies being born at a healthy weight, 91% of mothers initiating breastfeeding, and 36% continuing breastfeeding by 6 months.
- Latina moms were 30% more likely than white moms to meet recommendation of breastfeeding for at least 6 months in states with laws that provided break-time from work, and 20% more likely to breastfeed for at least 6 months in regions with enforcement provisions for pumping laws.

Early childcare settings are promising environments to provide obesity-prevention resources.

- About 60% of kids under the age of 6 are placed in some form of non-parental care during the work week (i.e., day care, preschool, pre-kindergarten, and Head Start programs).
- Generally, improving nutrition and physical activity standards in these settings can decrease kids' fat intake, increase fruit/vegetable consumption, increase activity levels, and positively impact fitness and motor skills.
- One study of preschool kids (90% Latino) in Head Start centers in San Antonio, Texas, demonstrated that an obesity prevention program significantly increases outdoor physical activity and intake of healthy food.

Conclusions and Policy Implications

Conclusions

- Latinas don't meet recommendations for physical activity and gestational weight gain during pregnancy, which negatively affects their children's risk of obesity as infants and into adulthood.
- Increased breastfeeding and reduced formula supplementation can reduce the risk of obesity in Latino kids.
- Numerous strategies—reducing formula marketing; offering workplace breastfeeding initiatives; and providing paid maternity leave—hold promise to increase breastfeeding rates among Latinas.
- Latino infants are exposed to unhealthy eating and physical activity patterns.

Policy Implications

- Policymakers should expand and enforce state and federal policies promoting breastfeeding in hospitals, childcare centers, workplaces, and public settings to promote breastfeeding initiation and duration. Policies could include: paid maternity leave, break time and/or private places to breastfeed or pump, etc.
- Policymakers should enforce nutrition and physical activity standards across state, federal, private, and home-based U.S. childcare centers to reduce rates of obesity in infants and preschool-aged kids.
- Childcare providers should enforce age-appropriate eating and physical activity requirements (i.e., replacing sugary drinks with water and low-fat milk, offering daily physical activities) for all kids in their care and should serve as a resource to educate parents in these areas as well.
- Healthcare providers should use pre-delivery educational programs to: increase the health benefits of breastfeeding; help pregnant Latina mothers overcome cultural misconceptions that result in unsafe gestational weight gain and sedentary behaviors; prevent improper feeding practices common among Latinas, such as bottle propping and early introduction to solid foods.
- Advocates should work to eliminate direct and inadvertent formula marketing in hospitals and other settings.