Obesity Prevalence Up in Kansas Preschoolers from Low-Income Families

Obesity is the current top health concern for young children in the U.S., and low-income children are disproportionately affected. A 2009 study from the Centers for Disease Control and Prevention (CDC) examined data from their Pediatric Nutrition Surveillance System (PedNSS) identifying trends and current prevalence in obesity during 1998 – 2008. The PedNSS is a state-based surveillance system that monitors the nutritional status of children from birth through age 4 enrolled in federally funded programs that serve low-income children. For Kansas and most other states, data come exclusively from WIC.

The findings indicated that obesity prevalence among low-income, preschool-aged children increased steadily from 12.4% in 1998 to 14.5% in 2003, but leveled off over the next five years, with a 14.6% prevalence in 2008. Kansas data paralleled national data trends, with state obesity prevalence jumping from 8.8% in 1998 to 12.6% in 2003, and another increase to 13.3% in 2008.

The national data trends are graphed by race and Hispanic ethnicity, and reveal higher overall prevalence of childhood obesity in Hispanic children (18.5%) and those of American Indian/Alaska Native descent (21.2%).

To access the complete article, go to http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5828a1.htm

Toddler Diets Need Improvement, Survey Shows

The preliminary results of the Feeding Infants and Toddlers Study (FITS) released in late 2009 showed these findings:

- 25% of toddlers age 12 to 24 months eat no fruit each day, and 30% eat no vegetables.
- The number one vegetable served to toddlers continues to be French fries.
- 71% of 2-year-olds and 84% of 3-year-olds consume more sodium than recommended.
- While 1/3 of preschoolers are not consuming enough fat in their diets, 75% are consuming too much saturated fat.
- While fewer toddlers are consuming sweets, desserts and sweetened drinks than in the 2002 FITS study, more than 60% are consuming the “empty calorie” foods and beverages.

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Child Obesity Related to Sleep Duration?
Fewer hours of sleep for children is associated with higher blood sugar, obesity. In this population-based cross-sectional study reported in the January 2010 issue of the Archives of Pediatric and Adolescent Medicine, over 1200 obese and nonobese preschoolers were studied to determine the association between sleep duration and risk of high blood sugar (hyperglycemia). Researchers looked to confirm earlier work that found that the brain is the major site of non-insulin-dependent glucose uptake, and if sleep is decreased, increased glucose concentration in peripheral tissues may result.

The study found that shorter sleep duration (≤ 8 hours) is associated with an increased risk of hyperglycemia among children in China aged 3 to 6 years, and that obese children were more likely to have shorter sleep duration than their non-obese counterparts.

Exercise During Pregnancy – The Right Move for Mom and Baby

Not too many years ago, women were advised to avoid exercise during pregnancy. Today, ongoing research and understanding of maternal and child health show that most women benefit greatly from exercising throughout their pregnancies. Not only is Mom’s health enhanced by exercise while expecting, baby benefits too. What’s a safe exercise plan during pregnancy? It depends on the mother’s fitness level and whether the pregnancy is complicated, so following the doctor’s individualized advice is the key.

It is important that women discuss their exercise plans with their doctor or healthcare provider early in the pregnancy. The benefits of exercise are numerous during pregnancy – moms who exercise can feel better by relieving backaches, reducing stress and avoiding constipation. Exercise can aid in better sleep, enhanced energy level and even ease labor and delivery.

A 2010 study from the University of Auckland in New Zealand found that regular moderate-intensity exercise during pregnancy slightly reduced an infant’s birth weight, resulting in a lower risk of the child becoming obese later in life. While the mother’s exercise had no effect on her body weight or body mass index (BMI) during late pregnancy, the findings showed that regular aerobic exercise “alters the maternal environment in some way that has an impact on nutrient stimulation of fetal growth,” co-author Paul Hofman wrote.

Health Care Reform Boosts Support for Employed Breastfeeding Mothers

The recently passed health care reform bill includes a section entitled “Reasonable Break Time for Nursing Mothers.” Section 4207 of the Patient Protection and Affordable Care Act (also known as Health Care Reform) states that employers shall provide breastfeeding employees with “reasonable break time” and a private, non-bathroom place to express breast milk during the workday, up until the child’s first birthday.

While some states had similar legislation in place prior to the national act, many did not. The section also notes that an employer does not need to compensate the breastfeeding employee for the breaks allowed. Additionally, an employer that employs less than 50 employees is exempt from the requirements, if they would impose “undue hardship” on the business.

Kansas has breastfeeding laws on the books which protect the mother’s right to breastfeed in any place where she has a right to be. Additionally, as of 2006, Kansas breastfeeding mothers are excused from jury duty. The new national law was effective immediately upon President Obama’s signing of the act, but the rules for enforcement are being established.
Resource You Can Use
-- Text4baby

A new educational program of the National Healthy Mothers, Healthy Babies Coalition, “text4baby”, provides timely health information throughout a woman’s pregnancy until her child’s first birthday. The new, free text service offers maternal and child health tips in the form of text messages sent to users via their cell phones.

Three text messages are provided each week, with information timed to a mother’s stage of pregnancy or her baby’s birth date. Messages were developed by dozens of cooperating partners, and provide sound information on many topics, including nutrition, immunization, seasonal flu, labor and delivery, smoking cessation, breastfeeding, mental health, birth defect prevention, oral health, exercise, fitness and car seat safety. Some messages provide important phone numbers for support services, such as the number for the WIC program.

The public service effort is supported by many wireless providers and is backed by a private-public partnership that includes the American Public Health Association, the U.S. Department of Health and Human Services, the White House Office of Science and Technology Policy, Johnson & Johnson and several national insurance companies and drug companies. Launched in early February, the service saw more than 16,000 users sign up for the free text messages in the first three weeks of its start.

Women can register for the service by texting “BABY” to 511411, or “BEBE” for messages in Spanish. For more information, visit www.text4baby.org.


Ask MOM

“What is BPA? Is it harmful for infants?”

Bisphenol A (BPA) is a chemical often found in plastic supplies and pieces used for babies, including bottles. Recent studies have shown that exposure to BPA can have harmful effects, especially for young children. In order to limit baby’s exposure to BPA, the U.S. Department of Health and Human Services offers this advice to parents and caregivers:

- Don’t use baby bottles or children’s cups that are scratched. The scratches may allow the release of the BPA in the plastic.
- Do not pour very hot or boiling water into baby bottles that may contain BPA.
- Do not microwave products that may contain BPA.
- Use baby bottles that are labeled BPA-free.

Canada has banned the use of BPA in baby bottles, and several U.S. states, including California, Maryland, Minnesota and Michigan, may ban the chemical from children’s products.
