Parent Teaching: Nutrition of Healthy Toddlers

What is Teaching Parents about Nutrition of Healthy Toddlers?

› Good nutrition in healthy toddlers (i.e., children ages 1–2 years) is essential for normal growth and development

• What: Teaching parents about nutrition of healthy toddlers is the process of educating parents to increase their knowledge of nutrition of healthy toddlers, improve their skills needed to promote healthy eating in young children, and enhance their ability to cope with potential difficulties related to ensuring nutrition in their child

• How: A variety of learning activities (e.g., face-to-face instruction, written materials, videotapes, computerized learning, phone conversations) can be utilized when teaching parents about nutrition of healthy toddlers

• Where: Education about nutrition of healthy toddlers can be performed in any healthcare setting, as well as in the home

• Who: Education about nutrition of healthy toddlers can be given by healthcare professionals (e.g., registered dietitians[RD], registered nurses, physicians), and should not be delegated to assistive staff

What is the Desired Outcome of Teaching Parents about Nutrition of Healthy Toddlers?

› Teaching parents about nutrition of healthy toddlers can allow them to

• better understand what constitutes a healthy diet for a toddler, and its importance in promoting normal growth and development

• understand the potential consequences of a poor diet, including
  –deficiency diseases such as scurvy, beriberi, kwashiorkor, or iron deficiency anemia
  –health-threatening conditions like obesity and metabolic syndrome
  –chronic diseases such as cardiovascular disease, diabetes mellitus, and osteoporosis

• discuss age-appropriate strategies intended to encourage consumption of a healthy diet and reduce choking risk

Why is Teaching Parents about Nutrition of Healthy Toddlers Important?

› Education about nutrition of healthy toddlers is provided to increase the parents’ knowledge of an appropriate diet for healthy toddlers and improve their skills in promoting healthy nutrition in their child

› Patient education is required by The Joint Commission (TJC). In 2004, TJC integrated the required patient education elements and standards throughout their accreditation manual instead of keeping them collected in a designated chapter (TJC, 2014)

Facts and Figures

› The eating habits of children shortly after weaning are largely understudied. In a recent study of 2,420 children at 14 months of age, researchers identified those with “health conscious” patterns (i.e., infants who eat pasta, fruits, vegetables, oils, legumes, and fish) and those consuming a “Western-like” diet (i.e., infants who regularly consume snacks, animal fats, confectionary, and sugar-containing beverages) (Kiefte-de Jong et al., 2013)
• Factors positively associated with “health conscious” dietary patterns among toddlers include single parenthood, folic acid use, and dietary fiber intake during pregnancy. Negative influences are maternal co-morbidity, alcohol consumption during pregnancy, and female gender
• Factors linked to “Western-like” diets in infants and toddlers include low parental education, low household income, parental smoking, multiparity, maternal body mass index (BMI), maternal carbohydrate intake, and television watching habits of the child. Parental age, dietary fiber during pregnancy, introduction of solids after 6 months, and female gender were inversely related to “Western-like” diets

Infants and toddlers are at risk of iron deficiency anemia; their rapid growth leads to high iron needs. Factors placing them at greatest risk include low birth weight, high cow’s-milk intake, low intake of iron-rich foods, low socioeconomic status, and immigrant status (Domellör et al., 2014)

Shared family meals have numerous benefits, including reduced risk of obesity in young children, improved family connectedness and opportunities for teaching moments, and more nutritious meals. Child behavior problems and scheduling issues were identified as barriers to family meals (Quick et al., 2011)

What You Need to Know Before Teaching Parents about Nutrition of Healthy Toddlers

› General recommendations about providing a healthy diet to the children of all ages are to
• provide a variety of vegetables, fruits, and whole-grain food products
• choose low-fat or nonfat milk or dairy products plus lean meats, poultry, fish, lentils, and beans for protein
• serve reasonably-sized portions
• promote calcium intake by serving milk rather than soda pop or sugar-sweetened drinks at meals
• limit consumption of sugar sweetened beverages and foods with sugar and saturated fat
• look for ways to make the child’s favorite dishes healthier
  – Parents can, for example, use lean ingredients such as low-fat cuts of meat and/or increase the amount of fruit or vegetable ingredients

Parents may notice a sharp drop in their toddler’s appetite after the age of 1 year. It may seem as though the child should be eating more, because he or she is much more active than during infancy. However, compared to the first year, the child’s growth rate has slowed, so he or she does not require as much food

Toddlers need only about 1,000 calories a day to meet nutritional needs for growth and activity. This can be divided into 3 small meals and 2 snacks a day, although toddlers’ eating habits are usually unpredictable and change from one day to the next
• As long as toddlers consume approximately 1,000 calories of nutritious food per day over several days, they will likely get enough food necessary for age-appropriate growth and development. When growth is evaluated by the treating clinician, having normal height and weight gain compared to other children the same age is a good indication that the child is getting adequate nutrition

Toddlers are often stereotyped as being obstinate and picky, and throwing tantrums when they do not get what they want. This is because choosing for themselves is part of becoming independent in simple ways, which is an important developmental task at this age
• For this reason, mealtime can easily become a sparring match as the parents try to get their toddler to eat a balanced meal. The toddler’s diet will usually balance out over several days, so encourage parents to offer a selection of nutritious foods at each meal and allow the toddler to decide what to eat
  – Encourage the family to avoid allowing the toddler to fill up on cookies or sweets after refusing a meal, as this may fuel an interest in eating empty-calorie foods and diminish the appetite for nutritious food choices

Although childhood obesity is a growing problem, it is important to remember that in first two years of life toddlers need more dietary fat than children of other ages
• Babies and young toddlers should get about half of their calories from fat, as cholesterol and other fats are very important at this age for normal growth and development
• Parents can gradually decrease fat consumption after the child reaches 2 years, lowering it to about one-third of daily calories by age 4–5 years

By the age of 1 year, most children are able to eat foods served to the rest of the family, with a few considerations
• Toddlers can easily choke on food because they have small airway passages and are not as coordinated as older children and adults in chewing and swallowing. In the toddler years, parents should make sure the child’s food is either mashed or cut into small, easily chewable pieces. Parents should never offer a child of this age foods that can block airways if aspirated (e.g., peanuts, whole grapes, whole cherry tomatoes, or slices of hot dogs or bananas). Also avoid hard candies (including jelly beans and gummy bears), marshmallows, and chunks of peanut butter, although thinly spreading peanut
butter on a cracker or bread is considered safe. Foods such as hot dogs, bananas, and carrots should be quartered lengthwise and then sliced into small pieces

– To further reduce the risk for choking, parents to make sure their toddler eats only while seated and supervised by an adult. Toddlers should be taught as early as possible to finish chewing a mouthful of food before speaking or taking another bite

› By 1 year of age or soon after, toddlers can usually drink liquids from a cup. It is not considered problematic if they drink less milk and other fluids than infants, because they take in a good deal of water from moist, solid foods such as mashed vegetables

• At age two years, most children can use a spoon, drink from a cup with just one hand, and feed themselves a wide variety of foods. Because children at this age are becoming more independent and may be obstinate, they may be more interested in healthful foods if they can feed themselves. Whenever possible, offer “finger foods” the child can grasp rather than those that require a fork or spoon to eat

› Large quantities of milk (particularly more than 32 ounces per day) interfere with the proper absorption of iron, increasing the risk of iron deficiency. Toddlers should drink approximately 16 ounces of low-fat or whole milk each day. This will provide most of the calcium needed for bone growth and will not interfere with the toddler’s appetite for other foods, including those that provide iron

• Vitamin supplements are rarely necessary for toddlers who eat a varied diet. However, supplemental iron may be prescribed if the child eats very little meat, iron-fortified cereal, or vegetables rich in iron

– A vitamin D supplement of 400 IU per day is usually prescribed for children who are not regularly exposed to sunlight or are consuming less than 32 ounces per day of vitamin D-fortified milk

› Risk factors for poor childhood nutrition include problems in parent-child bonding, lack of knowledge about child nutrition, and emotional and/or psychiatric problems among family members

› In a recent report examining nutritional challenges for toddlers, researchers recommended the numerous strategies for a healthy toddler diet (Schwartz et al., 2013)

• Food portions should reflect the child’s age and development; portion sizes are frequently too large for the toddler and encourage overeating

• Parents and caregivers should also be encouraged to role model good mealtime behaviors by limiting high-energy, low-nutritional food and drinks, and by eating healthy foods along with their children at a table with the television shut off

• New foods need to be introduced repeatedly (up to 15 times) before the toddler generally accepts them

› Other practical tips for promoting good nutrition among healthy toddlers include the following (Nelson-Tuttle, 2014):

• Allow the toddler to do more for him/herself while eating

• Transition from a bottle to a cup at age 1 to prevent tooth decay

• Vary the colors, textures, and flavors of foods

• Offer small servings, and encourage the child to ask for more

• Provide appropriate equipment (e.g., silverware scaled to size, dishes that are colorful and unbreakable, bibs, floor coverings)

• Maintain a calm, relaxed demeanor while helping toddlers at mealtime

› The most successful strategies for teaching parents about nutrition of healthy toddlers are individualized educational interventions

• Parent education and teaching tools (e.g., handouts, books, videos) should be tailored to address the parent’s specific needs and priorities

• Visually oriented informational handouts (i.e., those with diagrams and limited wording) should be parent-friendly and easy-to-read

• All teaching should be parent-centered and evidence-based

• Educational information should be delivered in a culturally-sensitive manner and in a language and at a level that can be easily understood by the parents

• Professional certified medical interpreters, either in person or via phone, should be used when there are language barriers

• Simple, nonmedical language should be used for all parents, but especially when low literacy levels are assessed

› Preliminary steps that should be performed before teaching parents about nutrition of healthy toddlers include the following:

• Review facility protocols and policies specific to nutrition of healthy toddlers and parent education

• Become familiar with facility-wide and unit-specific practices for teaching parents about nutrition of healthy toddlers

• Identify acceptable resources available on-site and online

› Verify availability of necessary supplies prior to initiating the educational session. Supplies may include

• a teaching guideline or documentation form outlining key content areas
How to Teach Parents about Nutrition of Healthy Toddlers

› Assess parent for
  • readiness to learn
    – Listen for cues that the parents are asking for information about nutrition of healthy toddlers (e.g., “I’ve heard that it’s impossible to get a toddler to eat a healthy diet.”) or ask questions to help parents identify what information they need to know for optimal follow-up care (e.g., “You mentioned that you are having difficulty encouraging your child to eat a healthy diet. What strategies have you tried?”)
    – Parents of toddlers may be at different stages of learning readiness; it is important to individualize your approach based on each individual learner’s readiness
  • preferred learning style
    – Individuals are auditory, visual, or tactile learners, and learn by hearing, by seeing, and by doing
  • parent-identified learning priorities
    – When there is incongruence between the parent’s priorities and the health care provider’s goals, explore why the incongruence
  • learning barriers
    – Barriers to learning include cognitive issues; learning disabilities; physical limitations; language; low literacy; impaired hearing, sight, and/or speech; financial issues; and cultural, psychosocial, and/or emotional concerns.
  • learning needs and desires
    – Many parents of toddlers are preoccupied with the challenges of the care their child requires and may need to be encouraged to learn more about nutrition of health toddlers

› Plan for timely delivery of relevant information
  • The overall plan for teaching parents about nutrition of healthy toddlers should be comprehensive, but tailored to meet the parents’ specific needs
  • High quality teaching tools (e.g., clear, concise print materials written at a 5th grade reading level; a parent-friendly videotape about importance of a healthy diet for toddlers) should be identified in advance to support teaching and learning. The assessment of the parent’s learning characteristics and the child’s needs should guide the selection of appropriate teaching tools, if appropriate
  • Discuss and set mutually achievable goals for learning with the parents

› Implement the parent teaching plan
  • Anticipate a planned approach to teaching/learning, but be prepared to be flexible and individualize information based on the parents’ learning characteristics/needs
  • Provide timely and relevant information
    – Encourage the parents to choose a private, low-stress setting for learning
      – Potential topics may include
        - information on the importance of proper nutrition of healthy toddlers
        - potential short- and long-term consequences of poor nutrition, including deficiency diseases, life-threatening conditions, and chronic diseases
        - strategies to promote consumption of a healthy diet by a toddler
        - what constitutes a healthy diet, including the caloric needs of toddlers, and the need for toddlers to consume a relatively high-fat diet
        - strategies to reduce choking risk
        - parent-focused resources related to nutrition of healthy toddlers that can be found on the American Academy of Pediatrics’ website at http://www.healthychildren.org/English/ages-stages/toddler/nutrition/Pages/default.aspx
    – Encourage parents to assess their child’s nutritional habits ongoing. Parents should periodically answer the following questions and discusses any concerns with their child’s doctor (American Academy of Pediatrics, 2014)
      - Does my toddler seem to have a normal appetite?
- Does my toddler eat a variety of foods?
- Does my toddler eat meals and snacks at regular times?
- What is my toddler eating in child care?
- What is my toddler eating at friends’ and/or relatives’ houses?

Use a variety of teaching/learning strategies for best results. Written materials have received mixed reviews. Their effectiveness may vary based on overall comprehensibility, visual appeal, legibility, text style, typeface, size, and layout.

› Evaluate the parent’s response to teaching

• The RD should continually reassess learning throughout the continuum of care
• A teach-back method can be used to evaluate learning understanding
  – Have the parent restate health information and/or perform a return-demonstration of a skill allowing the RD to listen/observe carefully and clarify, as needed
  – Remember that specific information is better recalled than general information
• Self-efficacy (i.e., the extent to which a person believes he or she is capable of achieving a desired outcome) ratings can be used to understand how confident the learner is in terms of understanding information or performing a skill. For example, ask the parents “On a scale of 1–10, how certain are you that you will be able to incorporate healthy foods into your child’s diet?”
  – If the parent’s response is < 7, the plan will need to be readjusted (e.g., reiterate education until ≥ 7, explore why the parent is not certain, initiate greater involvement of supportive individuals [e.g., family members, spouse, etc.] in teaching)

› Document the following information in the patient’s medical record, and communicate any concerns with the multidisciplinary healthcare team so that information can be reinforced and the learning plan can be continued or modified accordingly:
  • Education about nutrition of healthy toddlers provided, including specific teaching/learning strategies implemented
  • Assessment findings regarding readiness to learn, preferred learning style(s), learning needs/desires, and learning priorities of the parent
  • Identified barriers to learning and methods used to help overcome these barriers
  • Parent response to learning, including demonstrated level of understanding and/or ability to perform necessary skills
  • Plan for continuation of parent education, including whether or not specific information should be reinforced or taught again using a different teaching method

Other Nutritional Interventions That May Be Necessary Before or After Procedure

› Anthropometric measurements plotted on a growth chart may be evaluated and monitored to assess appropriate growth and nutritional status
› Available labs may be evaluated and monitored for signs of potential nutritional deficiency
› A diet history in the form of food frequency questionnaire may be obtained from the infant’s parents to assess variety and nutritional adequacy of diet
  • Inquire about family food preferences or intolerances which may affect available food choices in the home

What to Expect After Teaching Parents about Nutrition of Healthy Toddlers

› The parent will
  • better understand what constitutes a healthy diet for a toddler and its importance in promoting normal growth and development
  • understand the potential consequences of a poor diet, including deficiency diseases, health-threatening conditions, and chronic diseases
  • discuss age-appropriate strategies intended to encourage consumption of a healthy diet and reduce choking risk
  • experience seamless delivery of information throughout the course of care
  • perceive having received information that is culturally-sensitive and understandable

Red Flags

› A consistent decrease in the toddler’s growth trends below the 5th percentile for age and gender may be due to failure to thrive
Unless supported by the parents, use of family members, friends, and nonprofessional staff as interpreters is a violation of the patient’s right to confidentiality. Parents with limited English proficiency should be offered a professional medical interpreter to ensure best patient care and safety

**What Do I Need to Tell the Patient’s Family?**

- Based on their needs and desires, educate the parents about nutrition of healthy toddlers
- Emphasize the importance of keeping medical and nutrition appointments to allow for continued well-child medical care and monitoring the patient’s nutritional status

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**References**