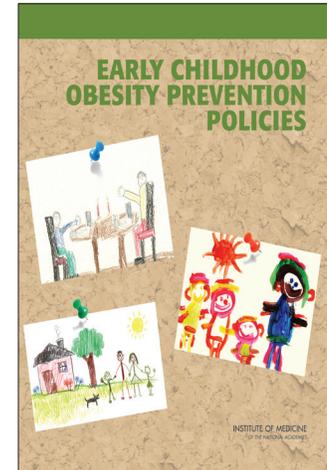


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# Early Childhood Obesity Prevention Policies

## Goals, Recommendations, and Potential Actions

*Early Childhood Obesity Prevention Policies* offers the following policy recommendations and potential actions for implementation designed to prevent obesity in infancy and early childhood by promoting healthy environments for young children.



### Growth Monitoring

**Goal: Assess, monitor, and track growth from birth to age five.**

**Recommendation 2-1:** Healthcare providers should measure weight and length or height in a standardized way, plotted on World Health Organization growth charts (ages 0–23 months) or Centers for Disease Control and Prevention growth charts (ages 24–59 months), as part of every well-child visit.

**Recommendation 2-2:** Healthcare professionals should consider 1) children's attained weight-for-length or BMI  $\geq$  85th percentile, 2) children's rate of weight gain, and 3) parental weight status as risk factors in assessing which young children are at highest risk of later obesity and its adverse consequences.

### Physical Activity

**Goal: Increase physical activity in young children.**

**Recommendation 3-1:** Child care regulatory agencies should require child care providers and early childhood educators to provide infants, toddlers, and preschool children with opportunities to be physically active throughout the day.

For infants, potential actions include:

- providing daily opportunities for infants to move freely under adult supervision to explore their indoor and outdoor environments;

- engaging with infants on the ground each day to optimize adult–infant interactions; and
- providing daily “tummy time” (time in the prone position) for infants less than six months of age.

For toddlers and preschool children, potential actions include:

- providing opportunities for light, moderate, and vigorous physical activity for at least 15 minutes per hour while children are in care;
- providing daily outdoor time for physical activity when possible;
- providing a combination of developmentally appropriate structured and unstructured physical activity experiences;
- joining children in physical activity;
- integrating physical activity into activities designed to promote children's cognitive and social development;
- providing an outdoor environment with a variety of portable play equipment, a secure perimeter, some shade, natural elements, an open grassy area, varying surfaces and terrain, and adequate space per child;
- providing an indoor environment with a variety of portable play equipment and adequate space per child;
- providing opportunities for children with disabilities to be physically active, including equipment that meets the current standards for accessible design under the Americans with Disabilities Act;
- avoiding punishing children for being physically active; and

- avoiding withholding physical activity as punishment.

**Recommendation 3-2:** The community and its built environment should promote physical activity for children from birth to age five.

Potential actions include:

- ensuring that indoor and outdoor recreation areas encourage all children, including infants, to be physically active;
- allowing public access to indoor and outdoor recreation areas located in public education facilities; and
- ensuring that indoor and outdoor recreation areas provide opportunities for physical activity that meet current standards for accessible design under the Americans with Disabilities Act.

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**Goal: Decrease sedentary behavior in young children.**

**Recommendation 3-3:** Child care regulatory agencies should require child care providers and early childhood educators to allow infants, toddlers, and preschoolers to move freely by limiting the use of equipment that restricts infants' movement and by implementing appropriate strategies to ensure that the amount of time toddlers and preschoolers spend sitting or standing still is limited.

Potential actions include:

- using cribs, car seats, and high chairs for their primary purpose only—cribs for sleeping, car seats for vehicle travel, and high chairs for eating;
- limiting the use of equipment such as strollers, swings, and bouncer seats/chairs for holding infants while they are awake;
- implementing activities for toddlers and preschoolers that limit sitting or standing to no more than 30 minutes at a time; and
- using strollers for toddlers and preschoolers only when necessary.

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**Goal: Help adults increase physical activity and decrease sedentary behavior in young children.**

**Recommendation 3-4:** Health and education professionals providing guidance to parents of young children and those working with young children should be trained in ways to increase children's physical activity and decrease their sedentary behavior, and in how to counsel parents about their children's physical activity.

Potential actions include:

- Colleges and universities that offer degree programs in child development, early childhood education nutrition, nursing, physical education, public health, and medicine requiring content within coursework on how to increase physical activity and decrease sedentary behavior in young children.

- Child care regulatory agencies encouraging child care and early childhood education programs to seek consultation yearly from an expert in early childhood physical activity.
- Child care regulatory agencies requiring child care providers and early childhood educators to be trained in ways to encourage physical activity and decrease sedentary behavior in young children through certification and continuing education.
- National organizations that provide certification and continuing education for dietitians, physicians, nurses, and other health professionals (including the American Dietetic Association and the American Academy of Pediatrics) including content on how to counsel parents about children's physical activity and sedentary behaviors.

## Healthy Eating

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**Goal: Promote the consumption of a variety of nutritious foods, and encourage and support breastfeeding during infancy.**

**Recommendation 4-1:** Adults who work with infants and their families should promote and support exclusive breastfeeding for six months and continuation of breastfeeding in conjunction with complementary foods for 1 year or more.

Potential actions include:

- Hospitals and other health care delivery settings improving access to and availability of lactation care and support by implementing the steps outlined in the Baby-Friendly Hospital Initiative and following American Academy of Pediatrics policy recommendations.
- Hospitals enforcing the World Health Organization's International Code of Marketing of Breast Milk Substitute. This step includes ensuring that hospitals' informational materials show no pictures or text that idealizes the use of breast milk substitutes; that health professionals give no samples of formula to mothers (this can be complied with through the Baby-Friendly Hospital Initiative); and that the Federal Communications Commission, the Department of Health and Human Services, hospital administrators (through the Baby-Friendly Hospital Initiative), health professionals, and grocery and other stores are required to follow Article 5 of the Code, which states that there should be no advertising or promotion to the general public of products within the scope of the code (i.e., infant formula).
- The Special Supplemental Nutrition Program for Women, Infants, and Children, the Child and Adult Care Food Program, Early Head Start,

other child care settings, and home visitation programs requiring program staff to support breastfeeding.

- Employers reducing the barriers to breastfeeding through the establishment of worksite policies that support lactation when the mothers return to work.

**Recommendation 4-2:** To ensure that child care facilities provide a variety of healthy foods and age-appropriate portion sizes in an environment that encourages children and staff to consume a healthy diet, child care regulatory agencies should require that all meals, snacks, and beverages served by early childhood programs be consistent with the Child and Adult Care Food Program meal patterns and safe drinking water be available and accessible to the children.

**Recommendation 4-3:** The Department of Health and Human Services and the U.S. Department of Agriculture should establish dietary guidelines for children from birth to age two years in future releases of the *Dietary Guidelines for Americans*.

**Goal: Create a healthful eating environment that is responsive to children’s hunger and fullness cues.**

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**Recommendation 4-4:** State child care regulatory agencies should require that child care providers and early childhood educators practice responsive feeding.

Potential actions include:

- For infants—holding infants in one’s arms or sitting up on one’s lap while feeding, and not propping bottles; recognizing infant feeding cues (e.g., rooting, sucking); offering an age-appropriate volume of breast milk or formula to infants and allowing infants to self-regulate their intake; and introducing developmentally appropriate solid foods in age-appropriate portions, allowing all infants to self-regulate their intake.
- For toddlers/preschoolers—providing meals and snacks as part of a daily routine; requiring adults to sit with and eat the same foods as the children; when serving children from common bowls (family-style service) allowing them to serve themselves; when offering foods that are served in units (e.g., sandwiches) providing age-appropriate portions and allowing children to determine how much they eat; and reinforcing children’s internal cues of hunger and fullness.

**Goal: Ensure access to affordable healthy foods for all children.**

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**Recommendation 4-5:** Government agencies should promote access to affordable healthy foods for infants and young children from birth to age five in all neighborhoods, including those in low-income areas, by maximizing participation in federal nutrition assistance programs and

increasing access to healthy foods at the community level.

Potential actions include:

- For children that qualify, U.S. Department of Agriculture and state agencies maximizing participation in federal nutrition assistance programs serving children from birth to age five, including for Special Supplemental Nutrition Program for Women, Infants, and Children; the Child and Adult Care Food Program; and the Supplemental Nutrition Assistance Program.
- The federal government assists state and local governments in increasing access to healthy foods.

**Goal: Help adults increase children’s healthy eating.**

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**Recommendation 4-6:** Health and education professionals providing guidance to parents of young children and those working with young children should be trained and educated and have the right tools to increase children’s healthy eating and counsel parents about their children’s diet.

## Marketing and Screen Time

**Goal: Limit young children’s screen time and exposure to food and beverage marketing.**

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**Recommendation 5-1:** Adults working with children should limit screen time, including television, cell phone, or digital media, to less than two hours per day for children aged two–five.

Potential actions include:

- Child care settings limiting screen time, including television, cell phone, or digital media, for preschoolers (aged two–five) to less than 30 minutes per day for children in half-day programs or less than one hour per day for those in full-day programs.
- Health care providers counseling parents and children’s caregivers to permit no more than a total of two hours per day of screen time, including television, cell phone, or digital media, for preschoolers, including time spent in child care settings and early childhood education programs.
- Health care providers counseling parents to coordinate with child care providers and early education programs to ensure that total screen time limits are not exceeded between at-home and child care or early education settings.
- State and local government agencies providing training, tools, and technical assistance for child care providers, early education program teachers and assistants, healthcare providers, and community service agency personnel in how to provide effective counseling of parents regard-

ing the importance of reducing screen time for young children.

**Recommendation 5-2:** Healthcare providers should counsel parents and children's caregivers not to permit televisions, computers, or other digital media devices in children's bedrooms or other sleeping areas.

**Recommendation 5-3:** The Federal Trade Commission, the U.S. Department of Agriculture, Centers for Disease Control and Prevention, and the Food and Drug Administration should continue their work to establish and monitor the implementation of uniform voluntary national nutrition and marketing standards for food and beverage products marketed to children.

**Goal: Use social marketing to provide consistent information and strategies for the prevention of childhood obesity in infancy and early childhood.**

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**Recommendation 5-4:** The Secretary of the Department of Health and Human Services, in cooperation with state and local government agencies and interested private entities, should establish a sustained social marketing program to provide pregnant women and caregivers of children from birth to age five with consistent, practical information on the risk factors for obesity in young children and strategies for preventing overweight and obesity.

## Sleep

**Goal: Promote age-appropriate sleep durations among children.**

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**Recommendation 6-1:** Child care regulatory agencies should require child care providers to adopt practices that promote age-appropriate sleep durations.

Potential actions include:

- creating environments that ensure restful sleep, such as no screen media in rooms where children sleep and low noise and light levels during napping;
- encouraging sleep-promoting behaviors and practices, such as calming nap routines;
- encouraging practices that promote child self-regulation of sleep, including putting infants to sleep drowsy but awake; and
- seeking consultation yearly from an expert on healthy sleep durations and practices.

**Recommendation 6-2:** Health and education professionals should be trained in how to counsel parents about their children's age-appropriate sleep durations.

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500 Fifth Street, NW  
Washington, DC 20001

TEL 202.334.2352

FAX 202.334.1412

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