



CHAPTER 1

from milk to cookies

*the truth about feeding and
nourishing your child*

My oldest child's first solid food was not an organic apple slice, a calcium-rich cheese stick, or free-range chicken. It was a half-sour pickle. Perhaps after all that milk, she was looking for something with a little zing. One friend had a baby who loved licking slices of lemon and lime. Another had a toddler who preferred "spicy" water (sparkling mineral water or seltzer) over flat, and salad greens dressed with garlicky olive oil. All these children, like millions of others, then proceeded to go through the "picky

eater” phase, but managed to survive, thrive, and eventually expand their culinary horizons beyond fish sticks.

Your decision on what and how to feed your child starts before birth, when you are still pregnant and your child is being nourished in the womb. Once your baby comes into the world, you’ll choose breast- or bottle-feeding. You’ll make decisions on types of milk and formula, baby foods, solid foods, snacks, beverages, and much more. You’ll also get lots and lots of advice, funny looks, and criticism if you do things a certain way. But if you can separate out the fiction from the facts, on topics ranging from breast-feeding to food allergies, you’ll be able to feed your child with confidence, even if he insists on dropping his spoon from his high chair just to watch you pick it up. Here, then, are some of the most popular misconceptions—and facts to set you straight—about feeding your baby and young child.

Breast-feeding and Bottle-feeding

Facts and fiction (and lots of opinions)

myth

Babies who breast-feed very often probably aren’t getting enough milk.

reality

The frequency of feedings is not an indicator of whether or not your baby is getting enough breast milk.

the facts

If you are feeding on demand, which many pediatricians and breast-feeding advocates recommend, then you might feel that your baby is constantly at the breast and you may worry

that he's not getting enough milk. But assuming you have developed a steady supply of milk, that you aren't limiting feeding times, and that your baby is latching on to the breast correctly, it's likely that he's simply having a classic growth spurt. The more you feed him, the more milk you will naturally produce for his growing appetite!



myth

If you are breast-feeding, you must always offer both breasts at each feeding for equal amounts of time.

reality

It's more important to let your baby finish with one breast first, even if that means she doesn't take the second breast at the same feeding.

the facts

Each time you breast-feed, you produce different types of milk. *Foremilk* is the initial breast milk that a baby drinks when she nurses at the beginning of a feeding. It resembles skim milk—high in volume but low in fat and calories. As the feeding progresses, the fat content of your breast milk increases and it begins to more closely resemble whole milk. Finally, toward the end of the feeding, your baby drinks *hind milk*, which is highest in calories and fat, and low in volume.

This means that if you switch your baby to the second breast too soon, she may fill up on the lower-calorie foremilk from both breasts rather than obtaining the normal balance of foremilk and hind milk. This may make it harder for her to get the calories she needs to gain weight.

Some mothers offer both breasts at each feeding; others offer one breast per feeding, then switch to the other breast for the next feeding, alternating throughout the day. If you

alternate breasts at each feeding, allow your baby enough time to get both foremilk and hind milk.

Can't tell left from right?

You already have a lot to keep track of, and now you have to keep track of whether you offered the left or right breast at the last feeding? You're so tired you can't even remember which is which! Lactation experts recommend a variety of tricks for keeping track, including the rubber band method: If you are offering the left breast, put a rubber band on your left wrist. When you are done with that feeding, switch the rubber band to your right wrist and you'll automatically know which side to feed your baby on first. Eventually, you'll be able to keep track without a reminder like this. The Web sites <http://breastfeeding.com> and <http://kellymom.com> contain good information for breast-feeding moms. (Note: If you use information from the Internet, make sure it has been vetted by a licensed, reputable health care professional. Always check with your doctor before implementing a major change in your baby's care or your own.)



myth

No spicy foods or alcohol if you are breast-feeding!

reality

You can have a beer with your enchiladas.

the facts

If you're consuming a healthful, balanced diet, you needn't be obsessive about restricting certain foods and beverages from

your diet. Even if you make poor food choices, your baby will still extract the nutrition he requires from your breast milk; but chances are you'll feel a lot better if you eat a good diet. So, is it true that if you eat garlic or onions or cabbage, and drink liquor, your baby will have an upset tummy or suffer from the effects of your alcohol consumption?

Some studies have shown that babies get gassy after their mothers eat foods from the cabbage family (like Brussels sprouts, kale, or cauliflower), or that they balk at "garlicky" tasting milk. But unless your infant is truly sensitive and colicky, he can handle a varied diet. It takes about five hours for the foods you eat to pass into your milk supply, so if you're concerned about the "tummy connection," pay attention to what you eat and when you eat it.

As for alcohol, you avoided it during your pregnancy, but now that you're breast-feeding, can you resume drinking an occasional serving of beer, wine, or other liquor? Many doctors agree that no harm will come from occasional or light (not heavy) alcohol consumption—a few drinks over the course of a week, for instance. Very little alcohol makes it into the breast milk supply, especially if you consume food with the alcohol. If you're at all concerned, then breast-feed (or express milk) before having a drink. By the time your baby is ready for his next feeding, you will have metabolized the alcohol (in a 120-pound woman consuming an average drink, this takes about two and a half hours).

There is no evidence that having an occasional alcoholic drink during breast-feeding harms babies permanently; so no need to "pump and dump" your milk if you've had a single drink. However, you may prefer that your baby not be exposed to milk that may contain any alcohol if you suspect he has a reaction to even the smallest amount. In one study, babies who nursed after their mothers ingested a small serving of alcohol sucked more frequently during the first minute of feeding, but then took in less milk in later

feedings. Researchers could discern a different odor in the milk of alcohol-consuming mothers, so perhaps the babies drank less because they didn't like the smell of the milk. However, the babies also took shorter but more frequent naps, which suggests that perhaps they consumed less milk because they were sleepy.

What about caffeine? Unless you can clearly connect its consumption to ill effects in your baby (irritability or wakefulness, for instance), you needn't avoid it completely. However, babies are unable to eliminate caffeine from their systems effectively, so it may build up and cause problems for days or even weeks after you've ingested it. Pay attention to your consumption of caffeinated beverages (not just coffee and colas, but energy drinks, certain caffeine-containing cold remedies, and substances like chocolate—though white chocolate has no caffeine) and moderate your consumption accordingly.

What is “nipple confusion”?

So-called nipple confusion can occur when a baby is offered the breast, the bottle, and/or a pacifier within a brief time frame. Breast-feeding and bottle-feeding require two different sets of skills from a baby. With breast-feeding, and with proper latching-on, a baby places her tongue beneath and around the elongated nipple to help create suction and extract milk. When drinking from a bottle, she uses her lips more and places her tongue in front of the nipple to control the flow of liquid. A pacifier uses yet another set of muscles and reflexes. So it's easy to see why a baby who has not yet caught on to breast-feeding could be confused when artificial nipples are introduced too early.

A breast-fed baby can successfully learn to switch back and forth from breast to bottle (this is a practical concern for nursing mothers who go back to work and continue to breast-feed when they are home); she can also use a pacifier to satisfy her need to suck between feedings. There is no science to suggest that pacifiers cause medical or psychological problems. The American Academy of Pediatrics (AAP) recommends no pacifier usage for the first month of life, so that correct breast-feeding technique is established; however, they have also released data that suggests the use of a pacifier in the first year of life, combined with crib-sleeping, cuts the risk of Sudden Infant Death Syndrome. (For more on SIDS, see pages 52–54 in chapter 2.) If you want to discourage nipple confusion, avoid artificial nipples, including pacifiers, for the first few weeks of life until breast-feeding and latching-on is well established.



myth

You must drink milk to make milk.

reality

While getting enough fluid is important, milk consumption is not essential.

the facts

While it would be nice to think that consuming large amounts of milk (especially in the form of a favorite ice cream or shake) automatically ensures a steady supply of breast milk, it's not true. Since you're losing fluids when you breast-feed, it makes sense to supplement them regularly, but water

will do the job, too. If you are concerned about your calcium consumption, then by all means drink milk (fat-free or reduced fat are the healthiest choices, and try other forms of dairy or other calcium-rich foods), but there are no set recommendations for nursing mothers on milk consumption. (The recommended daily calcium intake for a nursing mother over eighteen years of age is 1,000 mg, the same as for any other adult.) No mammals have to drink milk to make milk; humans are no exception.

You may have heard that you should drink eight glasses of water a day when you're breast-feeding. There is no research to suggest that that's a magic number (and in fact, the wisdom of drinking at least eight glasses of a water a day has been questioned in recent years by researchers); there is also no evidence that upping fluid intake increases breast milk output. The best advice is to pay attention to your body and drink when you're thirsty.



myth

If you develop an illness or infection or are taking medication, stop nursing.

reality

In most such cases, there is no reason to discontinue breast-feeding.

the facts

If you develop a common infection—whether it's a breast infection (mastitis) or an illness like strep throat or a bad cold—there is no need to stop breast-feeding. In fact, with regard to breast infections, they clear up faster if you continue to feed with the affected breast. Your baby probably already has the same germs that caused you to get sick, and you're actually boosting his immunity naturally by feeding

him breast milk. If he does catch your cold, remember that you are providing him with important antibodies that will help him fight the virus. Even if you have symptoms such as fever or coughing, keep breast-feeding and don't worry about passing the infection on to your baby; chances are he already has some form of it, since by the time you develop these symptoms you've been contagious for a day or longer. (*Note: If you are infected with the AIDS-causing HIV virus, you can pass the virus on to your child and therefore should not breast-feed.*)

If you take medication, as with any other substance you ingest, a small amount may pass into your milk supply, but in a minute quantity that is unlikely to affect your baby. You can safely take most over-the-counter medications, such as cold and cough remedies, pain relievers (ibuprofen, acetaminophen), and stomach medications, as well as most prescription medications. (With regard to over-the-counter pain relief, since aspirin is linked to the rare but dangerous Reye's syndrome, the AAP recommends that it be used with caution.) In addition to asking your own doctor and pharmacist (remind them that you are nursing), check with your pediatrician if you have concerns about a particular medication that you've been prescribed. Even most antidepressants are usually considered safe for nursing mothers, since most health professionals believe that the benefits of taking the medication outweigh any risks to the child. Breast-feeding experts add that the negative consequences of interrupting regular breast-feeding are greater than the risk of exposing a baby to a minute amount of a drug. (For the latest information on breast-feeding and contraindications, you can go to <http://www.cdc.gov/breastfeeding/disease/contraindicators.htm>.)



myth

If your baby has diarrhea or is vomiting, stop breast-feeding.

reality

You can safely nurse your sick baby.

the facts

If your baby develops a stomach bug and begins throwing up or having bouts of diarrhea, it turns out the best fluid she can ingest is breast milk. If you have an older baby who is already taking solid foods, you may try stopping the solid foods (check with your pediatrician first) to help with the tummy problems, but don't withhold breast milk. With its invaluable nutritional components—its necessary fats, carbohydrates, and proteins as well as its hydrating properties—it's a superior choice over the “rehydrating” drinks you'll find in the baby-care aisle of your local drug store. Even if she can't seem to keep anything in her stomach, she's still benefiting from breast-feeding, and the milk itself, which is extremely digestible, isn't what's making her throw up. Vomiting is a natural reflex that can be triggered when the gastrointestinal tract is irritated. Breast-feeding can help to calm your upset baby and bring her discomfort to an end.



myth

Some babies are allergic to their mother's milk.

reality

No baby is allergic to its mother's milk.

the facts

Some food allergies are very real, but this one is completely false. It is biologically impossible for your baby to be allergic to your breast milk. Some babies may develop allergies to

foods their mothers ingest during breast-feeding, including a reaction to the cow's milk proteins found in dairy products. Bloody stools in young infants can be caused by an allergic reaction to cow's milk protein; if this is the case, the condition usually clears up when the nursing mother lowers her consumption of dairy (she may be advised to give up cow's milk altogether). However, it's unusual for a baby to develop allergies or other severe reactions to foods a nursing mother consumes. (See pages 10–12, “No spicy foods or alcohol if you are breast-feeding!”)

If someone (other than a doctor) tries to tell you your baby is lactose intolerant, it's most likely not true. Lactose intolerance is highly unusual in early childhood; it is caused by the body's inability to produce enough lactase, the enzyme that breaks down lactose (milk sugar). Most babies have a generous supply of this enzyme from birth and its production does not generally decline until later in life.



myth

Breast-fed infants need water, too.

reality

Breast milk is the only fluid your infant needs.

the facts

Not that long ago, doctors advocated small amounts of water (or formula or sugar water) for a newborn in his first hours of life before breast milk, since there was a concern that the baby would somehow be unable to swallow the colostrum-rich milk. However, we now know that babies are perfectly capable of drinking breast milk as a first fluid, and that because of its easy digestibility and nutritional makeup, it's the best drink you can offer your newborn.

Even in hot weather, or when your baby has a fever, breast milk is still preferable to water. It has all the fluid your baby needs (it is 88 percent water), with vital nutritional benefits that water (or juice or “rehydrating” solutions) cannot offer. Unless your baby develops a medical condition that warrants supplementing with water or other fluids, stick to breast milk as the drink of choice. There is no need to offer water until your baby starts on solid foods (usually at four to six months, the suggested range for most babies by the AAP), when his need for additional fluids will increase. (*Note:* If your infant is bottle-fed, check with your pediatrician on guidelines for offering water.)



myth

You can't get pregnant while you're breast-feeding.

reality

Breast-feeding is not a reliable form of birth control.

the facts

Breast-feeding does provide a temporary, natural type of birth control because the resulting hormonal changes brought on by lactation prevent normal ovulation, provided you are *fully* breast-feeding (absolutely no supplementary liquids or solids plus regular, frequent feedings). If you can't ovulate, you can't get pregnant. However, even though this effect can last for several months, eventually—especially if you are not exclusively breast-feeding, and once feedings become less frequent—your hormonal balance will change and regular ovulation will return. Once your cycle is normalized, you can get pregnant again, even if you are still breast-feeding.



myth

Bottle-fed babies don't bond as well to their mothers as breast-fed infants do.

reality

Babies, no matter how they are fed, and parents have a unique bond.

the facts

If you can't or choose not to breast-feed, you will probably get an earful about how you're missing out on a once-in-a-lifetime opportunity to "bond" with your newborn.

Don't feel guilty. Adoptive parents, parents of infants who were medically unable to breast-feed, and generations of parents who bottle-fed their babies will all tell you that the loving relationships they have with their children are as strong and indestructible as those of their breast-feeding counterparts. There is no reason that you can't turn your bottle-feeding sessions with your baby into warm, relaxing experiences. In fact, if you bottle-feed, other family members and caregivers—both parents, older siblings, grandparents, friends, sitters—will have the pleasure of getting to know the new baby in a special, one-on-one way.

How you feed your child is your choice. You and your child have a shared lifetime ahead of you, and every day will offer ample opportunities for bonding, long after the bottles and baby clothes are put away forever.



myth

Canned (ready-to-feed) formula is easier for your baby to digest than concentrated formula.

reality

When it comes to ease of digestibility, there is no major difference.

the facts

The real difference between ready-to-feed formula, which comes premixed in cans or bottles, and powdered or liquid concentrate is cost. Ready-to-feed liquid is more expensive simply because it's more convenient. All you have to do is pour it in a clean bottle and it's ready to use, with no need to locate drinking water or to measure and mix. However, many on-the-go parents prefer powdered concentrate because it's more portable. If you're traveling, you can measure single servings into empty, tightly capped bottles and just add water when you're ready. You can make small amounts as you need them and not have to worry about storing (or throwing away) any costly leftovers. And you don't need to worry about a leaky bottle in the diaper bag. Some powdered formulas are even sold in single-serve packets, though it is nearly always cheaper to buy the larger quantity and make up your own single servings. Liquid or powdered, concentrated or not, your baby should be able to digest either form easily. (Some babies reject powdered formula because its texture may differ from ready-to-feed, a problem that can be solved by mixing powdered formula in a blender.)

Formula is either cow's milk-based (the majority of formula sold) or soy-based, or it is a "specialty" formula for a newborn with specific medical needs. Check with your pediatrician to make the best choice for your baby. Be sure to look for a DHA-enriched formula; DHA is a fatty acid necessary for brain growth and development. Nearly all formulas produced in the United States, including store-brand formulas, now contain DHA.

You may also find that your baby prefers one brand over another, concentrate over ready-to-feed, or powdered over liquid. While you may not be brave enough to try a taste test, your little gourmet may have a strong opinion! Some parents try “homemade” formulas to save money or avoid certain ingredients; be aware that homemade or alternative formulas can be very harmful to an infant because they may contain ingredients a baby cannot digest, and they are lacking crucial nutrients a growing infant must have.



myth

The iron in many baby formulas causes constipation.

reality

Constipation is not caused by iron-fortified formula.

the facts

Iron is an extremely important part of your baby’s diet, and iron-deficiency anemia can occur if your baby does not get enough of this nutrient. More important, iron is an important nutritional component from a neurodevelopmental standpoint. Mild deficiencies of iron will not cause anemia, but will adversely affect a baby’s development. Breast milk contains all the iron a full-term infant needs, but iron supplements are recommended if a baby is exclusively breast-fed (that is, if solid foods are delayed) beyond four months. Premature babies may require iron supplementation early on, since babies in the womb receive their iron stores at the tail end of a pregnancy. The AAP recommends choosing a formula with added iron to prevent iron-deficiency anemia, from birth through one year of age. Iron in commercially prepared formulas is easily absorbed

and digested by most infants. Adults often experience constipation when they take iron supplements, which is probably why the erroneous link between iron-fortified formula and infant constipation exists. If your formula-fed baby is constipated, the culprit may be another ingredient in the formula, such as cow's milk protein. The constipation may also be caused by an abrupt switch in types of formula, from formula to cow's milk, or by a change in the number or pattern of feedings. Before you try to resolve the problem by switching formulas or otherwise altering your baby's diet, consult with your pediatrician. Do not remove iron from your growing baby's diet!



myth

Bottles and nipples should be sterilized before every use.

reality

Normal dishwashing is sufficient treatment.

the facts

You may have a vague childhood memory of an adult carefully and laboriously sterilizing baby bottles and nipples, which in fact is what previous generations were instructed to do. However, because of advancements in water purification and the low, safe levels of bacteria in our tap water, it's perfectly acceptable to wash and dry baby bottles and nipples with dishwashing soap and hot water, or to put them in your dishwasher on a normal cycle. If you are in a country where tap water is not chlorinated, if you are using well water, or if your tap water supply has been contaminated or is otherwise unsafe to drink, then you should sterilize bottles and nipples by placing them in boiling water for five to ten minutes. In addition, when you purchase brand-new bottles

and nipples, follow the manufacturer's recommendations for cleaning them before first-time use. Sterilization before initial use may be indicated, but after that you can wash them normally.



myth

Never heat a baby bottle in the microwave.

reality

You can use the microwave, but be cautious.

the facts

You have undoubtedly heard that microwaving your baby's bottle, whether it contains formula or breast milk, is a dangerous practice because the liquid in the center of the bottle can become very hot and can burn your baby's mouth and throat, or because the microwaving process destroys certain vitamins and nutrients and "breaks down" the milk or formula, or perhaps because the bottle itself will explode. Certainly, if you overheat a bottle, or place a nonmicrowavable bottle into the appliance, you can increase the risk of "hot spots" and other problems.

Though many experts, including the AAP, caution against using the microwave, many parents still rely upon it as a common method for heating bottles. If you are going to do this (and I admit, my wife and I did it), take some precautions. And remember, there is nothing wrong with cold or room-temperature milk or formula.

Place an uncapped, microwave-safe bottle of cold liquid—milk or formula, not breast milk (see the box on page 25)—into your microwave on a low-power setting for ten to fifteen seconds to start. (*Note:* This temperature setting and time period may vary for you, but if you're doing

this for the first time, start out with the lowest power setting and a very brief microwave time. There are many variables to take into account. You may be using glass instead of plastic, or 4 ounces of milk as opposed to 6 or 8, or your appliance may be highly efficient or not very powerful. Experiment until you get the desired results.) If you are using powdered or concentrated formula, rather than make it up and then heat the bottle, try heating the water only and adding it to the formula.

After you cap the bottle, gently shake it to evenly distribute the heat and then test the temperature of the liquid by shaking a few drops of the bottle onto the back of your hand or your wrist. And of course, the milk or formula should *never* be hot—lukewarm or room-temperature liquid is ideal for most babies; as your baby gets older, you may find that she likes cooler milk (and of course, as time goes by, your child will drink milk straight out of the refrigerator with no preheating). As an added precaution, let the bottle sit for a minute or so and shake it gently once more, before offering it

If you are at a restaurant, instead of asking them to heat the bottle, request a mug of hot water and warm the bottle in it yourself. That way you know it won't get too hot or that it won't be microwaved in an unsafe manner. Similarly, if you are using an unfamiliar microwave, take into account that it may heat up more (or less) quickly than your own, so test the milk temperature carefully before you offer the bottle.

While some parents use specially designed bottle warmers, you can use the warm water method (which is also safer than microwaving)—placing your baby's bottle in a pan or mug of warm water, or running it under warm water from the tap until it reaches the right temperature. If you express and freeze breast milk into special freezer-safe bags designed for that purpose, follow the bag manufacturer's instructions for thawing the milk. Usually this involves thawing the bags in the

refrigerator, or under gently running warm water. It's unwise to microwave bottles with disposable plastic liners in the microwave, as you may accidentally weaken the seams of the plastic liners, which could then burst open during a feeding.

Recently a chemical called bisphenol A, or BPA, found in many plastic baby bottles, sports water bottles, reusable plastic food containers, and other food and beverage containers, has come under scrutiny. These plastics, particularly when they are heated, may leach BPA into foods and beverages. When ingested in very high doses, BPA has been known to harm lab animals. Although no conclusive research has been done to determine BPA's impact on humans, there are increased safety concerns. If you have polycarbonate bottles, do not boil, microwave, or place them in the dishwasher. To minimize exposure, avoid clear plastic bottles with recycling code #7 or the letters "PC" imprinted on them. Use glass bottles or BPA-free alternatives instead.

Too hot to handle?

There is evidence that the naturally occurring vitamins and nutrients in breast milk will break down at high temperatures. Rather than risk wasting this precious resource, play it safe and use the microwave for cow's milk and formula only. You may safely use the microwave for heating small amounts of baby food if you follow the same precautions: Start on a very low power setting and mix the food well, testing the temperature before serving. Put the food into a microwave-safe container first, rather than heating the glass baby food jar, which could grow too hot to the touch because of its small size. Do not use polycarbonate bottles or sippy cups in the microwave; choose BPA-free containers.

Cow's Milk

What kind, when, and just how much

myth

Children over one year of age should not be switched to low-fat or skim milk until school age.

reality

You can usually switch to lower-fat cow's milk at age two.

the facts

Do not feed your baby cow's milk before one year of age, since he will have difficulty digesting it, and since it does not contain the crucial nutrients for a baby's first year of life that breast milk or formula offers.

When you start him on cow's milk, choose whole milk. (In some cases, reduced fat 2% milk may be a better choice. The AAP once recommended whole milk up until age two for all babies, but recently concerns about childhood obesity and cholesterol levels compelled them to revise their guidelines. Two percent milk is now recommended for babies who are at risk for being overweight, from age twelve months to two years; at two years, the AAP recommends going from 2% to 1% milk. If you have a family history of obesity, heart disease, or high cholesterol, consult your pediatrician to determine if 2% milk is preferable.) Some reduced-fat or skim milks have higher concentrations of certain vitamins and minerals that could be harmful to children under two years of age. Also, they do not have enough fat and calories for a normally growing baby's needs, and can't provide the necessary amounts of absorbable vitamins A and D. Once your child turns two, however, and with your pediatrician's approval, it's safe to switch to lower-fat or even skim milk.

As our babies grow into children and young adults, we look for safe, easy ways to reduce the amounts of unnecessary fat, cholesterol, and calories in their diets. Switching the older child from whole milk to lower-fat or fat-free milk and other dairy products (and starting an at-risk toddler on 2% rather than whole milk) is a relatively painless step toward teaching them a lifelong healthy habit.



myth

There's no such thing as drinking too much milk.

reality

Too much of any "good" food is a bad thing.

the facts

Milk isn't the perfect food, but for growing bodies, it's a pretty good one. Babies, children, and adolescents (and adults!) all need bone-building calcium. Eight ounces of milk contain 300 milligrams of calcium, which is 35 percent of the recommended daily allowance (RDA) for school-age children. (If your child has been diagnosed with a milk allergy, consult with your pediatrician on other calcium-rich food sources.) With 8 grams of protein, as well as rich supplies of vitamins D and B₁₂ (and added vitamin A), and minerals like magnesium and potassium, milk is a healthy choice for most children.

So, how can you possibly take in too much of a healthy food? If your child fills up on unlimited milk during and between meals, he may not feel hungry for fruits and vegetables, meats, and other components of a balanced diet such as whole grains, including iron-fortified cereals. Cow's milk lacks significant amounts of iron, and can even

cause iron loss in some children, as it occasionally causes intestinal bleeding. Also, whole milk is high in fat, with 5 grams of saturated fat (8 grams total fat) per 8 ounces. For babies between one and two years of age, this is not a concern; for older toddlers, and preschool and school-age children, this can become an issue if rapid or excessive weight gain is becoming a problem. (See the reality on page 26, “You can usually switch to lower-fat cow’s milk at age two,” for more information on substituting lower-fat milk for whole milk.)

Milk should be a part of your child’s balanced diet, not the focus. The AAP recommends limiting milk consumption to no more than 32 ounces per day for toddlers up to age three. Between ages three and five, 16 ounces of milk provides enough daily calcium for your child.



myth

If you have a daughter, when you switch her to cow’s milk, only buy organic to avoid unnecessary hormones that may speed up the onset of puberty.

reality

There is debate over what causes early-onset puberty in girls.

the facts

In recent years, the phenomenon of “early-onset puberty” has made the news, with reports of girls as young as six and seven growing breasts and pubic hair. In an effort to understand why this was happening, researchers looked at dietary causes (among other factors) and concluded that widespread exposure to certain chemicals, food additives, and other substances that were similar in their makeup to the

feminizing hormone estrogen could have an impact. They concluded in addition that substances that can disrupt the endocrine system (such as chemicals called “phthalates,” found in plastic toys and food containers, as well as cosmetics) could also play a role. (High levels of phthalates were found in the bloodstreams of girls recruited for one study.) Other researchers examined links between high-fat diets and puberty. Ultimately, no single genetic or environmental factor has been pinpointed as an exact cause.

A common growth hormone, rBST, which was introduced in the early 1990s to increase milk production in dairy cows, has also come under scrutiny. Some parent and consumer groups linked the use of rBST as well as other additives in commercially produced milk to early-onset puberty. And many other parents, as well as consumer groups and health professionals, objected to this genetically engineered hormone being added to a food consumed by their babies and children—regardless of gender.

Organic milk is produced without rBST or any other added growth hormones, antibiotics, or nonorganic pesticides. However, it can also be twice as expensive as regularly produced cow’s milk, so it may not be an option for many milk-consuming families. If you are concerned about avoiding growth hormone in your child’s milk, the good news is that many large commercial dairy producers are now producing regular (nonorganic) milk without rBST (read the label on your milk carton), despite the fact that the Food and Drug Administration has deemed it safe for human consumption.

There is no documented link between early-onset puberty in girls and the consumption of commercially produced, nonorganic milk. You may want to purchase organic milk and dairy products for other reasons, but if you want to avoid rBST, you may be able to find more inexpensive options at your local grocer.

**“But if it’s organic, then it’s safer for
her to eat, right?”**

Some consumers choose organic foods because they mistakenly believe that if they are organically produced, they are nonallergenic. In fact, some of the most severe allergic reactions in those who suffer from food allergies come from unprocessed foods (made without chemicals, dyes, or additives), such as shellfish, wheat, eggs, and soy. If your child is diagnosed with a food allergy, then you should follow your doctor’s guidelines on restricting that particular food, even if it’s produced organically.

Real Food

When milk isn’t the only thing on the menu

myth

If you have food allergies, your baby will, too.

reality

Your “trigger foods” may not cause a reaction in your child.

the facts

If one or both parents have an allergic tendency, their child will have an increased risk for allergies. But what a child inherits from his parents is overall genetic makeup, not necessarily a specific allergy—be it a food allergy, a respiratory condition like hay fever, or a skin reaction like eczema. (*Note: Allergy researchers have suggested a link between infant eczema and the onset of asthma later in life. Ask your pediatrician for more information if your baby has been diagnosed with eczema.*)

For instance, with regard to foods, if you are allergic to corn, your child may be able to consume corn with absolutely no reaction; however, he may develop an allergy to gluten. In other words, his allergies can manifest themselves in very different ways from your own, or he may never show any symptoms of allergies at all. Don't assume that you or your child's other biological parent is passing along allergies. Food allergies, like other allergies, can develop at any point in your child's life. Generally speaking, genetics can increase a child's risk for allergies, but they can also be triggered or exacerbated by environmental factors, stress, or any other condition that taxes the immune system.

How common are food allergies in children?

We are more aware of allergies in young children than ever before, perhaps because the rate of nut allergies—which can cause severe reactions and death—among school-age children has actually doubled in the last few years, and parents are understandably concerned. A study done by Scott H. Sicherer, M.D., a pediatrician and allergist, documents a percentage increase of peanut allergies in kids in the United States from 4 per 1,000 in 1997 to 8 per 1,000 in 2002 (which translates to about 600,000 kids, experts estimate), though the rate for adults did not see much change. Researchers suggest that the rise (particularly among boys, though no one knows why) may be due to the fact that children are eating peanuts and other nuts or nut butters at an increasingly earlier age, before their immune systems are mature (some pediatricians recommend waiting until age three; ask yours); that more skin ointments and other products are nut- or soy-based; and that roasted nuts, in particular, are triggering the reaction. Many schools

have established “nut-free” zones in their lunchrooms, and in some cases, peanut butter is not allowed in school lunch boxes. (Peanuts may be getting a makeover in the future, however, as researchers appear to have developed a new breed of peanut that does not contain the allergens that make eating a PB&J sandwich an impossibility for some kids.)

With regard to food allergies in general, only 6 percent of adults in the United States and only 3 to 4 percent of all children in the United States suffer from food allergies. Many more may have “food intolerance” or “food sensitivities”—adverse reactions like bloating or diarrhea after consuming a particular food—which are often confused with allergy, but which do not involve a response by the body’s immune system.



myth

Once a picky eater, always a picky eater.

reality

The young child who rejects variety may grow up to be a famous food critic.

the facts

Just like children, taste buds have “growing pains,” too! Don’t be discouraged if your toddler or preschooler (or school-age child) prefers plain chicken over herb-roasted, or fish sticks to broiled salmon. She wants the macaroni and cheese, not the homemade pasta with fresh tomato and basil. You may dread trying to find a restaurant when you’re on vacation, or

at Thanksgiving with the grandparents, because your child is going through a “white foods only” phase. When it comes to getting your child to eat fruits and vegetables, an effort that often deteriorates into a battle, I’m reminded of a child who objected to the color green if it was placed on his plate in any form, and only ate yellow-skinned fruits and vegetables: bananas, corn, summer squash, and of course, the occasional lick of a lemon slice. His pediatrician’s response to his mother was the same as mine: At least he’s eating fruits and vegetables!

Picky eating is a phase that must be tolerated with patience. Unless your child is failing to gain weight or has a nutritional deficiency, there’s no reason to worry, and there’s no reason to turn mealtime into a minefield. If you make food into a power struggle or an emotional issue by insisting that your child clean her plate after each meal or by forcing her to eat certain foods, you’re doing more harm than good. By making a child finish every morsel, you could be laying the groundwork for overeating. How will she know when she feels full if you keep making her eat beyond that point? And if you stand over her until she tries the garlic-infused side dish, she may grow up despising garlic.

How do you get through this phase, which can last for years? First of all, do a gut check, literally: make sure you and other adults or older siblings in your household are setting a good example by eating a variety of fresh and nutritious foods at mealtime and for snacks. Stay away from empty-calorie junk food (sodas, chips, candy), unless you want your child to develop a taste for it, too. For older kids, offer meal choices whenever you can, but don’t turn into a short-order cook. Make meals a pleasure and show that they’re a valuable opportunity for socializing. Don’t seat your child alone with her food while you disappear into the kitchen or catch up on e-mail, or she’ll associate the dinner table with isolation and boredom.

Keep pushing (gently, not forcefully) new foods—don't get stuck in the Chicken Nugget Rut, as you're only reinforcing her self-restricted palate. If you feel that you're getting nowhere in persuading your child to eat a more balanced and varied diet, and you're worried about nutritional deficiencies, speak to your pediatrician about adding a daily multivitamin.

Most of all, don't argue or punish over food, though this is an emotional issue for lots of parents. You are, after all, simply trying to nourish your child. Take comfort in the fact that what a child eats over the course of a single day does not determine whether or not she's eating healthily; instead, a nutritious diet consists of the foods a child consumes over a period of several days. Picky eating is harder on adults than it is on kids! Learning to like new foods is part of growing up and it doesn't happen overnight. When the urge to scold grips you, bite your tongue—and she just may use hers more to taste some new foods and even ask for seconds.



myth

All babies and children should take daily over-the-counter multivitamins.

reality

Prescription vitamins are beneficial and required in some cases, but ordinary over-the-counter supplements are often unnecessary.

the facts

Breast-fed babies get almost all of the vitamins they need from breast milk, as do bottle-fed babies who are fed an appropriate formula (see pages 19–21 for information on choosing the correct formula). In recent years, however, the AAP began recommending supplemental doses of vitamin D. In 2003, the AAP recommended that nursing mothers give their babies

a low supplemental dose (200 International Units) of vitamin D beginning in the first two months of life. However, in November 2008, the AAP doubled the amount of vitamin D supplementation recommended based on further review of available research. The AAP now recommends that all breast-fed and partially breast-fed infants be supplemented with 400 IU of vitamin D daily beginning in the first few days of life. Likewise, infants consuming less than one quart of vitamin D–fortified formula should also receive 400 IU of vitamin D daily.

Studies show that human milk may not provide enough vitamin D for newborns and infants, particularly if a breastfeeding mother lives in a wintry, northern climate where it may be difficult to get exposure to sunlight (the skin makes vitamin D when it's exposed to sunlight). The AAP's suggestion for additional vitamin D is also probably in response to their recommendation that sunscreen—which blocks vitamin D production—be used on all children. (See the box on pages 36–37 for more information on vitamin D.)

Once your baby is ready to move off breast milk or formula and on to a diet of cow's milk and table foods, he may get a less consistently balanced diet. He no longer has the "vitamin safety net" of breast milk and D supplements, or D-fortified formulas; if he started solids at four to six months, an iron-fortified cereal helped to keep his diet balanced. Therefore, your pediatrician may suggest an over-the-counter children's vitamin, or may prescribe one. However, vitamins on their own do not provide the body with extra energy for growth and development. Only the calories present in foods containing carbohydrates, proteins, and fats provide energy, which is all the more reason to encourage your child to eat a variety of healthful foods.

Some pediatricians will prescribe fluoride drops for older babies or chewable tablets for toddlers and preschoolers, which are often available in combination with a multivitamin. Their main purpose is to provide a source of fluoride for protection against tooth decay. Fluoride drops are usually prescribed in

communities where the fluoride content in tap water is low or nonexistent (less than .3 parts per million, or ppm), or if your family drinks bottled water instead of tap water. You can also purchase fluoridated drinking water if this is a concern. (If your baby is older than six months and drinks ready-made formula, fluoride supplementation may be needed since you aren't making the formula yourself with fluoridated water.)

Always check with your pediatrician before offering your child any form of nonprescription supplementary nutrition. Though adults frequently ingest large quantities of popular vitamins or minerals such as vitamin C or zinc, for instance, such megadosing in children is dangerous. If your child is consuming a nutritious, varied diet, he probably won't need supplementation. (*Note:* If your baby was premature or you're breast-feeding and are a strict vegetarian, there are different guidelines for supplementation, which your doctor will advise you on.)

Another dose of (more about) vitamin D

Vitamin D promotes the absorption of calcium, which is crucial for bone development and growth. Without enough vitamin D, the bones don't form properly and are weak, brittle, and malformed (rickets afflicts children who don't get adequate vitamin D).

If you follow the AAP recommendations for additional vitamin D supplementation beginning in the first few days of life (now 400 IU for breast-fed babies and for non-breast-fed infants consuming less than 1 quart of vitamin D-fortified formula per day), you may be wondering at what age you can stop offering supplements and let your child's balanced diet take over and do the rest. Once your child begins taking in at least 1 quart (32 ounces) of D-fortified formula or cow's milk each day, you can stop the extra supplements. The bottom line on the AAP recommendations: Until your

baby is getting adequate D from another source, continue with the supplements. Since older children are drinking less milk than in the past, many children may require vitamin D supplements throughout their childhood and adolescence.

In recent years, as the use of sunscreen to reduce the risk of skin cancer has risen, so has concern over the human body's production (or slowed production) of vitamin D. The National Institutes of Health suggests that adults, too, can be at risk for vitamin D deficiency, particularly if they live in cities such as Boston, where there isn't enough sunlight from November through February to aid in sufficient vitamin D production, or in rainy climates like the Pacific Northwest, where cloud cover can block ultraviolet rays. While adults are past the age for rickets if their bones have already developed normally, the bones can soften and weaken in adulthood. Osteoporosis is another concern, because without adequate vitamin D, the body can't absorb calcium. Given the importance of adequate vitamin D status during pregnancy for healthy fetal development, the AAP is now recommending that providers who care for pregnant women consider measuring vitamin D levels in this group of women.

For both children and adults, it's hard to get vitamin D from natural food sources and difficult to balance exposure to sunlight without sunscreen with the risks of skin cancer. Therefore, D-fortified milks and other foods, as well as proper levels of supplements, are often the best answer.



myth

Feed your baby carrots to improve her vision.

reality

Carrot eaters wear glasses, too.

the facts

Carrots are a good food choice, whether you offer them as a snack or as part of a meal. Keep them pureed or steamed to a soft consistency until your child is old enough to chew raw carrots thoroughly. But they're no guarantee that your child will have the eagle-eyed vision of a superhero. True, they are rich in beta-carotene, which the body converts to vitamin A, an important nutrient for good eyesight. In fact, people with night blindness often suffer from vitamin A deficiency, which may be the reason that we associate carrot consumption with better vision.

Unless your child actually suffers from vitamin A deficiency, however, consuming vast amounts of carrots (or other beta-carotene rich foods) will not improve her eyesight. But serve them anyway. They're low in calories and rich in an important nutrient, and they're one vegetable kids usually eat with no fuss.

Perhaps you've been cautioned that a daily serving of carrots will inevitably turn your child's nose a bright orange. While this condition—called hypercarotenemia—is not uncommon among children who eat a lot of orange-colored foods, it's often the palms of the hands that appear to have an orange tint. Hypercarotenemia, caused when the body fails to use up all the carrots' beta-carotene, is harmless and eventually vanishes with dietary modification.



myth

Spinach is a good source of iron.

reality

Spinach is a great source of many nutrients, but iron isn't one of them.

the facts

Popeye had us fooled. The famous sailor man downed can after can of spinach, to be “strong to the finish,” and we were led to believe that it was high in iron. The myth goes back to the 1870s, when a Dr. E. von Wolf mistakenly put a decimal point in the wrong place when reporting spinach’s iron content; the error was not discovered until the late 1930s, but by that time, Popeye was already taking on Bluto and winning. Spinach, it turns out, has a mere one-tenth of the amount of iron von Wolf calculated.

Spinach is an excellent source of vitamins A and E, as well as several important antioxidants, along with half a day’s serving of beta-carotene (it doesn’t all come from carrots!)—all good for a growing body. (*Note:* Raw spinach has been linked to a handful of dangerous—and fatal, especially for children—outbreaks of *E. coli*. These outbreaks are rare, however, and are always well publicized by the media and by organizations such as the Centers for Disease Control and Prevention.)



myth

Children should drink fruit juice daily.

reality

There is no Recommended Daily Allowance (RDA) for fruit juice, and too much of a “good” drink has a downside.

the facts

Some varieties of real fruit juice—as opposed to fruit-flavored “drinks” or “punches”—can be healthy choices for your child. Fresh-squeezed orange juice and other citrus juices, for instance, are high in vitamin C, and the commercially

available calcium-fortified orange juices provide an extra nutritional boost for growing bodies. Apple juice, with added ascorbic acid as a source of vitamin C, is also an acceptable choice. Mango juice has vitamins A and C, and some vegetable juices such as carrot also have plenty to offer. However, giving too much juice—or the wrong variety—can backfire.

First of all, don't let juice consumption interfere with your child's intake of milk or other more nutritious foods. If he fills up on juice, he won't be inclined to drink milk, which is far richer in nutrition. (See "There's no such thing as drinking too much milk" on pages 27–28 for more on this topic.) The same applies to babies who are transitioning to solid foods, as overconsumption of juice can cause them to feel full and reject iron-enriched cereals and other nutritionally beneficial starter foods. Second, juice is naturally high in sugar and calories. If you get your child into a "juice box habit" at a young age, he may grow up choosing juice over water or lower-calorie alternatives whenever he wants to quench his thirst. Worse yet, if he gets into the habit of wanting a sugary-tasting drink a few times a day, he may indulge in soda more often than you'll want him to. If your child is old enough to eat an apple or an orange, then go for the fruit and cut back on the juice. You'll be giving him more fiber and vitamins and fewer empty calories.

Something as pure and natural as fruit juice shouldn't be complicated, but the AAP does offer some guidelines on juice consumption for babies and children.

- Most infants consume some fruit juice by the time they reach one year of age, but it should be limited to 4 to 6 ounces per day, up until age six years. In addition to potentially interfering with balanced nutrition, too much juice can cause gas or diarrhea.
- Do not offer a baby or young child unpasteurized juice. Because of their still-developing immune systems, they

can become extremely ill if they consume naturally occurring bacteria in a beverage such as unpasteurized apple cider.

- You can dilute white grape or apple juice with water and offer it with food to reduce juice consumption. Many parents who dilute juices from the start find that as their children grow older, they prefer mildly sweetened beverages to very sugary sodas.

Finally, think twice before you lay in a few cases of juice boxes. Though they are convenient for school lunch boxes and for travel, don't let your preschooler or young child have free access. While a medium-sized (6.75 fluid ounces) apple juice box does offer 100 percent of vitamin C, it also packs 18 grams of sugar (the equivalent of more than 4 teaspoons of sugar) and 90 calories. If your child is reaching for another juice box, offer him fresh apple slices and a drink of water instead.

Sugars

The lowdown on sweet stuff

myth

Honey is a better sweetener than sugar.

reality

Though honey is a better choice than refined sugar, never give honey to a baby in her first year of life.

the facts

You may have heard (correctly) that honey can be very harmful to a young baby. In its purest forms (labeled, for instance,

as “100 percent natural, raw, unblended and unfiltered”) honey may have some health benefits, ranging from antibiotic properties to serving as an old-fashioned stomach-calming remedy; however, it can be not only harmful but even deadly to a baby with an immature gastrointestinal system. Honey can contain naturally occurring bacteria in the form of botulism spores, which, when ingested, may cause a toxic reaction in an infant. These spores are usually harmless in most adults, but in babies they are essentially poisonous, causing a reaction within minutes if the bacteria are concentrated enough. In such extreme cases, it can cause paralysis of the muscles involved in breathing, resulting in death.

Even when you purchase high-quality, locally produced, and organic honey, avoid feeding it to your baby for the first year of life; after that, her GI system is more mature and able to handle the naturally occurring bacteria in honey. Botulism is an *extremely* rare illness in infants, but never risk exposing your child to its toxic effects.

Are artificial sweeteners like aspartame safe for my child?

Many parents wonder what, if any, risks there are when offering a child a food or beverage containing an artificial sweetener like aspartame or saccharin. These sugar substitutes aren't just in carbonated diet sodas anymore; they can be found in powdered drink mixes, yogurt, puddings, candy, baked goods, frozen desserts, and many other commercially available products. So, which is better for your child: real sugar, or a low- or no-calorie substitute?

Saccharin, once the market leader, was infamously linked to bladder cancer in rats back in the 1970s. Similarly,

a recent Italian study linked aspartame with lymphoma and leukemia in rats. But, the generalizability of these animal studies is often questioned and there is no conclusive evidence that these sweeteners cause similar or other serious health problems in humans. At the same time, these sweeteners have no nutritional benefits, although all mainstream health organizations view them as safe, even for children. For parents of youngsters struggling with obesity, a low-calorie drink flavored with artificial sweetener is often a much better choice than a sugar-laden cola, which packs about 150 calories per 12-ounce can, or a flavored "sports drink" or "energy drink." (Aimed at athletes but often consumed by young children who aren't engaging in calorie-burning sports, these drinks generally have fewer calories than a regular soda, but they are not calorie-free.)

This doesn't mean that your child should have unlimited access to artificially sweetened beverages (or foods) just because they are low in calories, as it may lead to over-indulging and poor snacking habits. Like some weight-watching adults, children may develop an attitude of "It's low-calorie, so I can drink/eat twice, three times, four times as much!" (There are a few recent studies that suggest appetite may even be increased when artificial sweeteners are substituted for sugar!) It might be hard to stop a teenager from drinking multiple cans of diet soda per day (or eating half a box of reduced-calorie cookies); you'll have better odds with a young child. As a parent, you can exert some control over how much and what kind of artificially sweetened beverages and foods your child consumes. You can also make sure your child is offered a variety of healthy drinks, such as water and low-fat milk.

If a child is at risk for obesity, most pediatricians would agree that artificial sweeteners can be useful and practical. ("But it's a chemical," a parent of an overweight

child objected when a pediatrician colleague suggested offering diet soda to replace the full-calorie version the child loved. “So is sugar,” the pediatrician reminded her.) Finally, consider that a glass of iced, homemade lemonade, flavored with a bit of real sugar and fresh lemon, can be a more satisfying treat than several glasses of the powdered, artificially sweetened version. Sometimes this lesson is lost on the very young, who may be more about quantity than quality. But it’s worth trying—those budding taste buds just may prevail.



myth

Sugar causes hyperactivity in children.

reality

It’s the birthday party, not the birthday cake, that makes your child “hyper.”

the facts

It’s hard to dismiss a connection between your four-year-old’s consumption of his Halloween candy and his subsequent leaps from the living room couch onto his brother’s back. Or your little daughter’s wild behavior at a wedding reception, when she runs screaming onto the dance floor after consuming wedding cake and ginger ale. But while ingesting sugar doesn’t do your child’s teeth or growing body any favors, it’s not necessarily what’s making him act like a maniac.

Numerous studies have been done on the relationship between the consumption of sugar and hyperactivity, with no significant evidence that the two are related. Despite the science, why does this belief persist? Some researchers

believe that it's largely perception. In one study, children and mothers were divided into two groups. Half the mothers were told their children were drinking a sugar-free drink and half were told their children were drinking a beverage with added sugar. The "added sugar" moms rated their children's behavior as hyperactive, while the "sugar-free" mothers viewed their children's behavior as normal. In fact, all kids had been given the exact same drink, sweetened with the sugar substitute aspartame. This suggests that the sugar/hyperactivity belief is a common, ingrained incorrect belief among many parents.

Young children, in particular, are thought to be prone to a condition sometimes referred to as "sugar sensitivity." Although objective studies have failed to confirm sugar sensitivity as a cause for hyperactivity, some parents and professionals believe that if children ingest too much sugar, it can have a negative behavioral effect. Too much sugar is always a bad idea; it can definitely be blamed for tooth decay, is full of empty calories, and in some cases may possibly lead to bad behavior.

Experts suggest we look at the whole situation—not just the food or the drink—that may be causing our kids to go wild. If you only allow your child to have sugar on special occasions, chances are those occasions are celebratory ones where the atmosphere is fun and lively, probably with other children present, possibly at a late hour or otherwise off your child's normal schedule. That environment may well be what's triggering his no-holds-barred behavior. What child doesn't get excited during Halloween or over the holidays, at birthday parties or festive family gatherings? There are many good nutritional reasons to limit sugary treats in your child's diet, but chances are it's not the ice cream sundae that's causing him to grin and run in circles. It's that his much-loved uncle, whom he only sees twice a year, just treated him to a very special dessert.

Weight Gain

What's to blame, and when it's an issue

myth

Sugar makes children obese.

reality

No single food is responsible for a child's unwanted weight gain.

the facts

If you're struggling with a child who is headed for a weight problem, you may be compelled to cut out sugar, but a sweet tooth is not the only culprit contributing to the epidemic of childhood obesity. It is true that sodas, juices, fruit-flavored beverages, and other drinks with a high sugar content are also extremely high in calories. For instance, a child can easily consume several hundred nutritionally empty calories each day if she has a soda habit. Weight gain (as well as tooth decay) is linked to sugary beverage consumption, because it is caused by an excess of calories consumed versus calories expended. If a child is drinking a few servings of regular (nondiet) soda, energy drink, fruit drink, or pure fruit juice each day, adding an additional 300 calories or so, she must burn off those calories or she'll put on weight.

There are many excellent reasons to reduce sugar consumption, but a child can become overweight and be at risk for adult-onset heart disease without consuming sugar-laden foods and drinks if she is taking in nutritionally worthless calories found in junk foods such as chips, or french fries, and most fried foods in general, as well as processed foods like frozen pizzas, fatty and salty luncheon meats, refined bread products, fast food, and many other foods found in grocery stores or school lunchrooms. In addition there are

many foods that aren't sweet treats—red meats, high-fat cheeses, foods rich in butter and oil—that aren't nutritionally empty but that can be high in saturated fat and calories and should also be consumed in moderation.

The presence of artificial trans fats—produced through the use of hydrogenated oils found in many common commercially manufactured foods like crackers, baked goods, snack foods, and many fast foods—in our diets is headline-making news, since it raises our levels of “bad” LDL cholesterol and contributes to weight gain. (In some U.S. cities, like New York, local health officials have successfully lobbied to require restaurants to reduce or eliminate trans fats or to clearly post its content for consumers.) The Food and Drug Administration now requires that manufacturers comply with clear labeling of trans fats, and many fast food chains and other restaurants have begun eliminating them. Though we think of heart disease and high cholesterol as adult health concerns, the groundwork for these conditions and for obesity is set in early childhood.

If your pediatrician has determined that your child is overweight (never make this diagnosis without a medical professional), reducing the empty calories in sugary foods is one step toward managing the situation, but look at every aspect of your child's diet. The occasional cookie or glass of chocolate milk may prove to be a better choice than a daily bag of potato chips.



myth

Children outgrow their baby fat.

reality

Baby fat can follow a child into adulthood, but it doesn't have to.

the facts

A fat baby used to be thought of as a healthy baby. This belief had some relevance in centuries past, when malnutrition among children and adults was not uncommon. We also once thought that children automatically outgrew their pudginess, that stout little legs would lengthen and thin out with time and chubby baby faces would develop angular features. But now we know that doesn't always happen, and that children who gain too much weight as babies often have a harder time normalizing their weight—a problem that can dog them into adolescence and adulthood—than babies who fall into a normal range.

As your baby grows into toddlerhood and beyond, he will become more physically active and much stronger, his height will begin to take off, and his “baby fat” may well be history. Annual checkups for your child are especially important, as they offer a way for you and your pediatrician to make sure your child's weight is on track for his height. (Never make a diagnosis about your child's weight and embark on any dietary changes without consulting your pediatrician.)

Pediatricians are increasingly being urged by groups such as the AAP and the Centers for Disease Control and Prevention to review a child's body mass index (or BMI, a body-fat calculation based on height and weight) beginning at two years of age, as BMI may provide a more accurate picture for children who are over- or underweight, or who are at risk for future weight gain. The amount of body fat varies with age (even from month to month) and between boys and girls. Though it is possible to calculate your child's BMI through the same standard calculator that adults use, the results should *always* be interpreted by a pediatrician; for children and teens, age and gender are important factors and pediatricians use a special BMI calculator to take these variables into account.

If there is a weight issue, there are many things you can do to ensure your child achieves and maintains a healthy body weight, starting with offering the right amounts of healthy foods and making sure that he gets enough physical exercise each day, and with making sure that you're setting the right example in your own diet and exercise routines. (Sometimes, the best indicators of a child's future weight are his parents.) Often, simple adjustments such as a daily walk to the playground instead of a ride in the stroller, making a switch to reduced-fat milk, or consuming one less serving of juice, can have a big impact on a little body. Although there's no reason to assume that a plump baby or child will be an overweight adult, if your pediatrician has indicated a concern about your child's weight, ask for specific dietary recommendations and consider a consultation with a licensed nutritionist who has experience working with children.

