

Infant and Toddler Nutrition Security

Issue Brief

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NACCHO

National Association of County & City Health Officials

The National Connection for Local Public Health

Infant and Toddler Nutrition Security: Capacity Brief Series Introduction

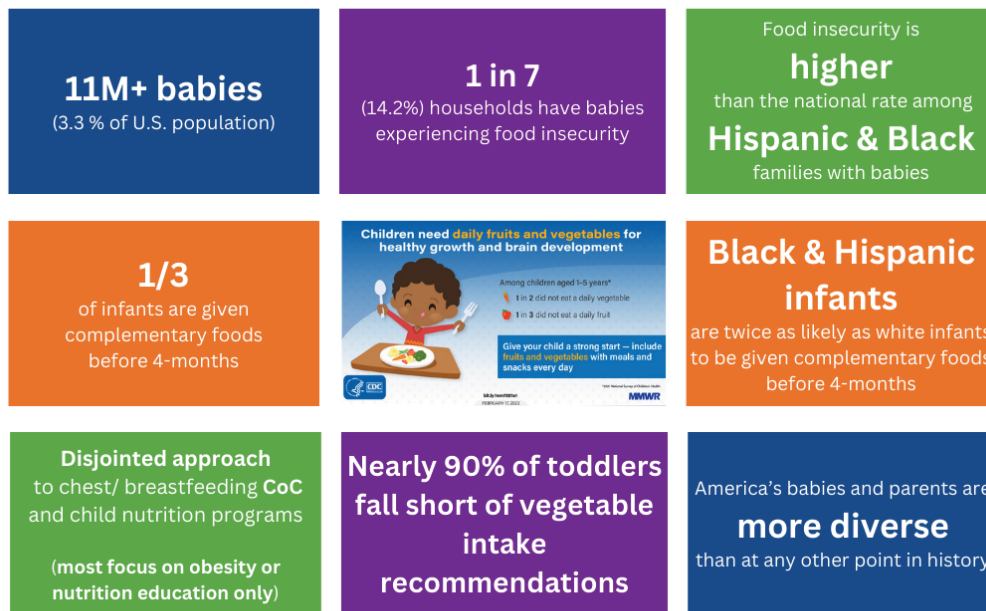
Background

The first 1,000 days, the period from pregnancy through a child’s second birthday, represent a critical window for establishing healthy dietary patterns that promote healthy growth and development.¹ During this time, a child’s brain develops more rapidly than any other time in life.² Optimal nutrition, stimulation, and nurturing care during the first two years of life significantly influence positive brain development and health outcomes, promote lifelong health and risk reduction of other chronic diseases later in life.³

The National Association of County and City Health Officials (NACCHO), through the *Reducing Breastfeeding Disparities through Continuity of Care* project, funded by the Centers for Disease Control and Prevention’s (CDC) Division of Nutrition, Physical Activity, and Obesity, aims to improve local approaches to breastfeeding protection, promotion, and support through the advancement of continuity of care for optimal infant and toddler nutrition security through the first 1,000 days of life.

A Snapshot Infants and Toddlers Nutrition Security in the United States:

Data from the State of Babies Yearbook⁴, National Immunization Survey⁵, MMWR Morbidity and Mortality review⁶



Sources:
 ZERO TO THREE: State of Babies Yearbook: 2022
 The First 1,000 Days: Nourishing America’s Future to 24 Months
 Stooddy, E. et al (2019). The Pregnancy and Birth Project: a series of systematic reviews on diet and health.
 Orozco, J. et al. (2020). Household Food Insecurity, Breastfeeding, and Related Feeding Practices in US Infants and Toddlers
 CDC Morbidity and Mortality Review. Fruit, Vegetable, and Sugar - Sweetened Beverage Intake Among Young Children, by State - United States, 2021/February 17, 2023/72(7)

Optimal infant and toddler nutrition includes exclusive breastfeeding for six months, and continuing with the addition of age-appropriate, complementary nutrient-dense foods as outlined in the 2020–2025 Dietary Guidelines for Americans, for two years and beyond. However, there are persistent disparities in breastfeeding duration rates and food insecurity by race, ethnicity, and socioeconomic status. Suboptimal breastfeeding and nutrition insecurity during the first 1,000 days can lead to irreversible negative health outcomes for babies, such as birth defects, and impaired cognitive development for infants; and for both babies and birthing parents, risks include increased incidence of several chronic diseases such as diabetes, cancers, obesity, and associated cardiometabolic comorbidities.⁷

Breastfeeding

One of the drivers of breastfeeding discontinuation is gaps in Continuity of Care (CoC) within communities. CoC in breastfeeding support is achieved by consistent, collaborative, and seamless delivery of high-quality services for families throughout the first 1,000 days. In addition to care coordination, CoC in breastfeeding support also refers to the establishment of proactive, supportive environments where families live, work, play, and raise children through the implementation of organizational policies, systems, and environmental (PSE) solutions. The Continuity of Care in Breastfeeding Support: A Blueprint for Communities (Blueprint) outlines systems solutions for community-wide coordinated lactation support and supportive environments for breastfeeding.

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In addition to establishing coordinated systems for breastfeeding, Continuity of Care during the first 1,000 days ensures nutrition security beyond human milk (the *first food security* - or infant nutrition security). Strengthening local CoC can also improve access to systems for optimal complementary and toddler feeding, including increased access availability to healthy complementary foods, and culturally responsive, evidence-based nutrition education. Nutrition security is impacted by multisector structural



barriers factors and collaborating with stakeholders and services that address families' social and structural determinants of health (SDOH) is key. All organizations and professionals serving pregnant and postpartum families must be equipped to continue advancing CoC throughout the first two years of life and beyond.

NACCHO's Early Childhood Nutrition initiatives identify community-driven solutions to address optimal complementary feeding after 6 months and nutrition security through the first 1,000 days. In 2021, NACCHO hosted multiple convenings, where participants discussed the intersectionality between race and ethnicity, socioeconomic status, and cultural context that influences food and infant and toddler nutrition security. These convenings highlighted the importance of understanding nutrition security and services available for young children, using culturally responsive family-centered programming and content sensitive to diverse views on child feeding and co-created from within the community, and building from existing systems and infrastructure.

Main themes that emerged from these sessions were:

1. COMMUNITY NUTRITION SECURITY AND LOCAL FOOD SYSTEMS:

The community that a family lives in are instrumental to what foods are accessible to infants and toddlers. Accessibility, coupled with the type of support families can use, directly influences their opportunity to achieve optimal health. It is critical to understand the nuances of a community's nutrition landscape, such as the local food systems, governmental food benefit programs and charitable food systems, key stakeholders, and the specific needs and wants of families with infants and toddlers.

2. EATING IS A FAMILY BUSINESS:

The influence of various cultures that parents were raised in impacts what and how babies are fed. Some cultural aspects may include the language spoken in the home, perception of what is healthy, feeding children familiar or nostalgic ('comfort') foods, how and who prepares food for the family, the role of community, religion, and views on government support.

3. NOTHING FOR US WITHOUT US:

A foundational recommendation echoed across all convenings was to build all programs from within. Each community is unique, and any services should be community-rooted, embracing and engaging the community. Hiring staff from the community, centering parental lived experience as community expertise, compensating with fair wages, and co-creating any materials and services with the community (rather than solely creating "for the community") is imperative for any program to be utilized and successful.

4. NUTRITION EDUCATION FOR INFANTS AND TODDLERS:

Infants and toddlers have specific dietary needs with recommended daily amounts of specific nutrients that serve as building blocks for optimal growth and development. In addition, caregivers also need

Infant and Toddler Nutrition Security Briefs

This 4-part brief series presents the summary findings of the NACCHO's *Improving Infant and Young Child Nutrition Convenings Report*, in addition to recent literature from the American Journal of Public Health – Nutrition in the First 1000 Days special edition and other community interventions. These briefs are intended for any organization and individual that interacts with pregnant and postpartum families.

culturally responsive education on responsive feeding. These recommendations are outlined in the Dietary Guidelines; however, many communities are not aware of these resources or do not have the capacity to disseminate to families. Access to culturally responsive nutrition education is key to improving feeding behaviors.

The highlighted topics and additional relevant content will be compiled into modules for the upcoming ***Feeding Babies Equitably: Infant and Toddler Nutrition Security During the First 1,000 Days***, e-learning certificate course, with no-cost continuing education credits. The course will be available in the Winter 2024. You may pre-register [here](#).



Feed Babies Equitably:
Infant and Toddler
Nutrition Security
During the First 1,000
Days
E-LEARNING COURSE
SIGN UP FOR COURSE

Summary of References

For a full list of references and work consulted, go to [NACCHO's Improving Infant and Young Child Nutrition Convenings Report](#) reference list.

- 1) Heather C. Hamner, et al. Improving Nutrition in the First 1000 Days in the United States: A Federal Perspective", American Journal of Public Health 112, no. S8 (October 1, 2022): pp. S817-S825.
- 2) Schwarzenberg SJ, Georgieff MK; Committee on Nutrition. Advocacy for improving nutrition in the first 1000 days to support childhood development and adult health. Pediatrics. 2018;141(2):e20173716
- 3) Centers for Disease Control and Prevention. National Center on Birth Defects and Developmental Disabilities, Early Brain Development and Health Early Brain Development and Health | CDC
- 4) Zero to three. State of Babies Yearbook 2023. <https://stateofbabies.org/>
- 5) Centers for Disease Control and Prevention (2023) National Immunization survey. Breastfeeding Rates
- 6) Chiang KV et al (2023). Timing of Introduction of Complementary Foods — United States, 2016–2018. MMWR Morb Mortal Wkly Rep;69:1969–1973
- 7) Schwarzenberg SJ, Georgieff MK; Committee on Nutrition. Advocacy for improving nutrition in the first 1000 days to support childhood development and adult health. Pediatrics. 2018;141(2):e2017371

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The mission of the National Association of County and City Health Officials (NACCHO) is to improve the health of communities by strengthening and advocating for local health departments.

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