Children's Hospital of Philadelphia PolicyLab

Mothers' and Clinicians' Priorities for Obesity Prevention Among Black, High-Risk Infants

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INTRODUCTION: Despite many recommended strategies for obesity prevention during infancy, effectively delivering recommendations to parents in clinical settings is challenging, especially among high-risk populations. This study describes and compares mothers' and clinicians' priorities for obesity prevention during infancy, to facilitate more-effective obesity prevention messaging.

METHODS: A discrete choice experiment using maximum difference scaling was administered in 2013 and analyzed in 2013?2014. Twenty-nine low-income, obese mothers of infants and 30 pediatric clinicians from three urban primary care practices rated the relative importance of 16 items relevant to obesity prevention during infancy, in response to this question: Which topic would be most helpful [for new mothers] to learn about to prevent your [their] child from becoming overweight? Response options encompassed the domains of feeding, sleep, parenting (including physical activity and screen time), and maternal self-care.

RESULTS: Mothers (all Medicaid-enrolled and black; mean age, 27 years; mean BMI, 35 kg/m2) and clinicians (97% female, 87% pediatricians, 13% nurse practitioners) both highly prioritized recognizing infant satiety and hunger cues, and appropriate feeding volume. Mothers rated infant physical activity and maintaining regular routines as 3.5 times more important than clinicians did ($p<0.001$). Clinicians rated breastfeeding as 3.4 times more important than mothers did ($p<0.001$). Neither group prioritized learning about screen time or maternal self-care.

CONCLUSIONS: Low-income, obese, black mothers of infants highly prioritized learning about many effective obesity prevention strategies, including recognizing hunger and satiety cues, promoting infant activity, and maintaining regular routines. Clinicians may frame preventive guidance to be responsive to these priorities.

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