

Eating, Feeding and Food Insecurity

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In a recently released study in *Pediatrics* ([10.1542/peds.2018-4113](https://doi.org/10.1542/peds.2018-4113)), Dr. Rachel Gross and colleagues examined beliefs of low-income Hispanic mothers regarding food insecurity during pregnancy, lactation and the first two years of their infant's life.

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In a recently released study in *Pediatrics* ([10.1542/peds.2018-4113](https://doi.org/10.1542/peds.2018-4113)), Dr. Rachel Gross and colleagues examined beliefs of low-income Hispanic mothers regarding food insecurity during pregnancy, lactation and the first two years of their infant's life. The authors were particularly interested in the impact of mothers' practices, beliefs and feeding styles on future childhood obesity. The authors enrolled 100 low-income predominantly non-US born Hispanic women who were participating in an early childhood obesity prevention program; a structured interview guide was used to elicit mothers' concerns and their perception of how stress and food insecurity impacted their family's eating.

The authors identified 3 major themes and associated subthemes using an "iterative process of textual analysis:" in other words, interview transcripts were read and re-read by 4 of the authors, who carefully examined participants' statements for context and meaning, and for reappearance of similar ideas. The themes are intuitive and well described. Most haunting for me, however, was that new financial burdens associated with infant expenses added to the already present stress of poverty, "leading to feelings of desperation" among mothers. The thread of stress was omnipresent, with mothers practicing culturally accepted but counterproductive feeding strategies. Examples related to breastfeeding included discarding milk when stressed so as not to transmit negative emotions to the infant, and discontinuing or not initiating breastfeeding because of the perception that without a good diet (including eating "good vegetables") their breastmilk would not be nutritious or safe for the infant. It is heart breaking that each of these practices deprives the infant of exactly what he or she needs most, which is maternal breastmilk, yet meanwhile each mother earnestly believes she is doing her absolute best for her baby.

For each of us, who may serve families of different cultures, races, ethnicities and stresses, I think one take home message is that we need to listen carefully to understand the cultural practices of our patients' families with respect to diet, breastfeeding and infant nutrition. Feeding practices reflect tradition, family, finances, stress and health literacy. We have an obligation to recognize the impact of food insecurity, and to respect the choices parents make, even as we seek to help them make incremental healthy changes.

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