

# **OPRU Project 8: What policy options will be effective in encouraging healthy feeding practices among infants and young children?**

## **Phase 2 findings on infant feeding practices at 1 year old**

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This report presents findings from **Phase Two** of a three-part qualitative longitudinal study on parents' experiences of introducing complementary feeding to their infants (starting solids). Phase Two was completed when the infants were 10-12 months of age and feeding had been fully established.

The report covers:

1. An overview of who took part;
2. What the transition from milk to solid foods looks like, with various examples of how this differed among participants;
3. Key findings for how parents of infants across the socio-economic spectrum experience the transition from milk to solid food;
4. What influences the food and drink parents across the socioeconomic spectrum choose for their infants;
5. The opportunities and implications for public health policies that aim to facilitate healthy childhood diets.

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# What we did: Phase Two

- During Phase 2, we followed up with 58 parents whose babies were now 10-12 months old and interviewed them over the phone or Zoom.
- We asked a large range of questions about the factors shaping their feeding decisions at this stage.
- Parents also took photos and discussed them with us to provide deeper insights into the feeding journey.
- The final phase of the study commenced in July, with the babies now aged 16-18 months.

## Focus:

**How do parents experience the transition from milk to solid food and what influences them when making decisions?**

This research is intended to provide evidence for public health policies that aim to facilitate healthy childhood diets.

## COVID-19 Context

This has raised many challenges for new parents, particularly in terms of: isolation; a sense of loss in relation to what they were expecting; concerns around infant development; and disconnection from health professionals.

However, the opportunity to have both parents at home for so long has also brought many benefits.

Phase 1: July-Nov 2020  
Infants 4-6 months at  
recruitment date

Interim  
report:  
packaging  
focus

Phase 2: Jan-May 2021  
Infants 10-12 months at  
interview date

2<sup>nd</sup> interim  
report

Phase 3: July-Nov 2021  
Infants 16-18 months at  
interview date

# Who was included in Phase 2?

## No. participants

- 62 participants took part in Phase 1
- 58 continued to take part in Phase 2

## Gender

- 57 female
- 1 male

## Family composition

- 28 first time parents, 30 had at least one child
- 4 single parents, 54 2-parent families

## Ethnic makeup

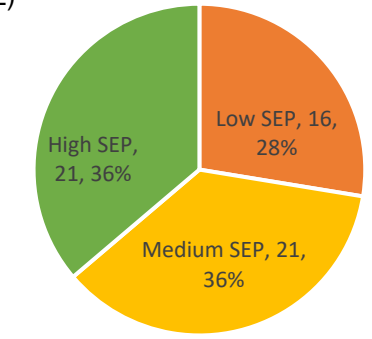
- 72% self-defined as White British
- 5% self-defined as White (no nationality given)
- 16% self-defined as British (no ethnicity given)
- Other self-defined ethnicities recorded: Indian, Black Caribbean, South Asian and Norwegian an Greek.



**Geographical distribution of study participants**

## Socioeconomic Profile

Calculated using Kininmonth et al 2020's validated measure, which takes account of **income, employment, housing, car ownership** and **local area deprivation** score (See Appendix 2)

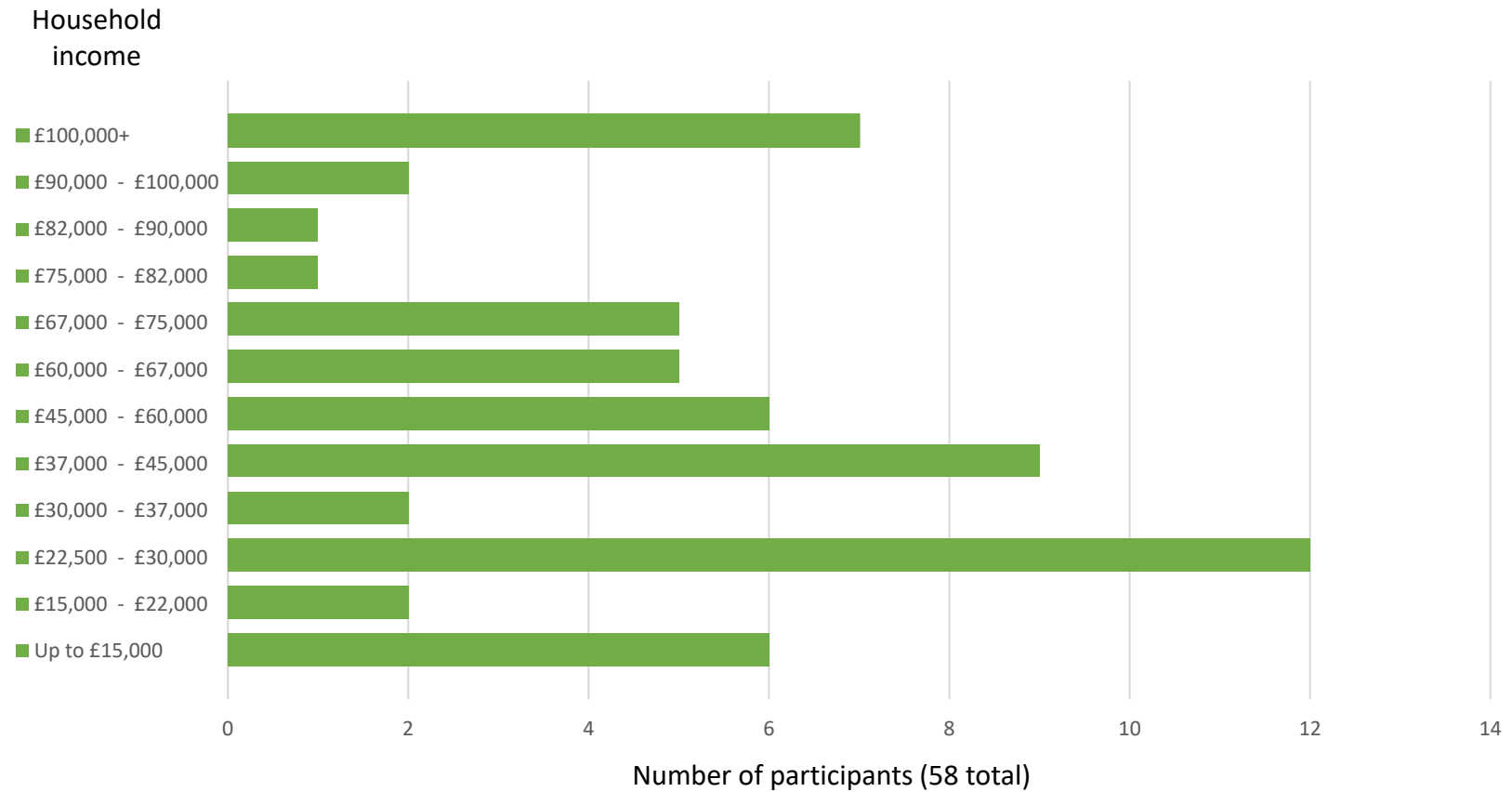


5 with total income <£15,000

Low SEP Medium SEP High SEP

# Who was included in Phase 2?

## Household Income



# Section 1:

# Feeding transitions

This section provides an overview of what infants aged 10-12 months are eating, and the key transitions between 6 and 12 months.

# How did parents approach feeding?

- Parents prioritised feeding their infants meals that were ‘balanced’. This generally meant a combination of carbohydrates, protein, and fruit and vegetables.
- A second priority was for infants to eat the same as either the rest of the family or older siblings (if different to the parents).
- Although by one year parents were generally confident, infant feeding still brought challenges. These included:
  - The timings of meals differing from when parents normally eat versus the desire to eat together as a family;
  - Preparing and cooking food with infant (and other children) around;
  - Managing allergies;
  - How to reduce milk feeds;
  - Infant’s increasing independence with feeding.



# Timeline from Phase 1 to Phase 2

## BABY FOOD

- General approach either baby-led weaning, purees (shop-bought and /or homemade) or a mixed approach.
- Baby snacks popular across SEP.

## FAMILY FOOD

- Eating the same as the parents and/ or older children, sometimes with modified texture.
- Snacking now routine
- Some adult snacks included, e.g. soft crisps (Wotsits, Quavers) (predominantly low and medium SEP)
- Foods just for infant: yoghurts, fruit purees, packaged baby/ infant snacks.

## MILK

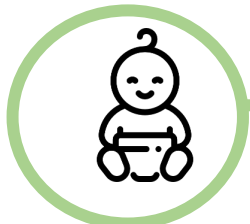
- Breastfeeding: 27 of 62 parents (44%)
- First formula: 35 parents (56%)

## MILK

- Breastfeeding
- First formulas
- Follow-on formulas

## MILK

- Breastfeeding: 21 of 58 parents (36%) - some plan to continue, some plan to move onto cow's milk, two are considering plant milks.
  - First formulas: 17 parents (29%)
  - Follow-on formulas: 20 parents (33%)
- Moving onto**
- Full-fat cow's milk: 34 parents (59%) on cow's milk already, or considering it.
  - Infant milk formula: 2 considering (3%)
  - Plant-based milk: 3 considering (5%)



**Phase 1**  
**4-6 months**

HIGH LEVELS OF  
UNCERTAINTY

MORE CONFIDENCE



**Phase 2**  
**10-12 months**

# Examples of the Infant Feeding Journey



Carol, low SEP

## Phase 1: 6 months old

**Milk:** Breastfeeding.

**Meals:** Baby-led weaning – soft-boiled veg and fruit.

**Snacks:** None (only just started foods).



## Phase 2: 12 months old

**Milk:** Breastfeeding (plan for cow or oat milk in near future).

**Meals:** Same as family – varied, homemade meals during the week and more ready-meals at the weekend.

**Snacks:** Baby/ infant yoghurts, fruit, egg muffins, breadsticks, sometimes adult crisps, e.g. Quavers and Pom Bears.

Patrick, high SEP

## Phase 1: 5 months old

**Milk:** Breastfeeding exclusively until 4½ months, then a combination of breastfeeding and first formula.

**Meals:** Hadn't started yet. Plan for fruit / veg purees (pouches and homemade).

**Snacks:** None. Plan for packaged baby snacks.



## Phase 2: 12 months old

**Milk:** Follow-on formula (from 6 months) and cow's milk.

**Meals:** Pouches at 6 months, then mostly homemade meals from 7 months. Same as older child; parents ate differently.

**Snacks:** Cheese straws, oat bars, homemade cakes/ oat bars.

Jade, low SEP

## Phase 1: 5½ months old

**Milk:** First formula – hungry baby.

**Meals:** Some fruit / veg pouches, homemade purees.

**Snacks:** Wafers.



## Phase 2: 11½ months old

**Milk:** Cow's milk.

**Meals:** Same as family – homemade meals.

**Snacks:** Wafers, crisps, oat bars – frequently as part of meals.

Valerie, med SEP

## Phase 1: 5 months old

**Milk:** Breastfeeding exclusively until 5 weeks, then first formula.

**Meals:** Hadn't started yet. Plan for baby-led weaning.

**Snacks:** None.



## Phase 2: 11½ months old

**Milk:** Dairy-free prescription formula. Plan for almond milk at 1 year old (dairy, wheat and soya allergy).

**Meals:** Mostly same as family – vegetarian and soya, wheat and dairy free; fruit pouches, coconut yoghurt.

**Snacks:** Baby/ infant crisps, finger food (non-packaged).

# Section 2: Findings

This section explores the key themes that answer Research Questions 1 and 2:

1. **How do parents of infants across the socio-economic spectrum experience the transition from milk to solid food?**
2. **What influences the food and drink parents across the socioeconomic spectrum choose for their infants?**

# Section 2: Overview of key findings

- 1** Between six months and one year, parents experience uncertainty about how to introduce solids and reduce milk feeds.
- 2** By one year, children are largely fitting into family food practices, eating similar meals to parents and/ or older children. While some foods are still bought exclusively for babies, the experimentation gap is rapidly closing.
- 3** Allergies, intolerances and extreme food refusal can make fitting into family food practices particularly challenging. For some parents, packaged foods can provide nutrients and reassurance in this context.
- 4** Having both parents in work and/or having more than one child changes family food practices, increasing reliance on quick and easy meals.
- 5** Snacks are highly routinised and range from baby/ infant snacks, through fruit and yoghurt to adult snacks such as crisps and biscuits.
- 6** Childcare shapes the food that children eat in both positive and negative ways.
- 7** During Covid-19, parents have felt isolated from health professionals and often let down by the lack of reassurance around their babies' overall health.

# Section 2: Key findings

## 1 Between six months and one year, parents experience uncertainty about how to introduce solids and reduce milk feeds.

- Parents reflected on the numerous challenges associated with feeding between six and 12 months. These included knowing how to transfer from purees to different textures and appropriate portion sizing for different ages.
- Parents also felt lost in terms of how to reduce milk feeds (whether breast milk or formula) during this time.
- Some dads with limited confidence in preparing and cooking food would resort to treat foods, such as chocolate, or packaged purees for convenience.
- Practical tips and advice about how to prepare foods and reduce milk feeds during this transition stage were considered hard to find.
- By one year, however, this uncertainty had largely passed, except in cases of allergies or extreme food refusal.

“

Do I then have to spoon feed him or, if I do that, is he never going to get the message that he has to feed himself? **It was really hard to tell what's going to create bad habits and what's not.** And I still don't know, to be honest, **I'm making it up as I go along**, but I wish I'd had a bit more time to talk about things like that, about what to do if you're worried that the baby's not getting enough to eat.

Sometimes, **I worry about his portion size**, I don't know if he's getting enough, because he can get very cranky around mealtimes, but then I also think I don't want to overfeed him, I don't want him to get into this habit of overeating.

Gabi, high SEP

“

My partner will only really give [infant] something very easy. He would never look in a recipe book or make him a recipe that would always be what I do. So **my partner's probably more likely to go down choosing something from the baby food aisle.**

Maddy, low SEP

“

Interviewer: Did you have a plan in mind when you were breastfeeding before, when you wanted to stop? Has that changed at all?

Maya: Ideally, I didn't want to breastfeed past a year, but we're getting close to that mark now, and I don't see us stopping any time soon.

Interviewer: And what would you say is the main reason for that?

Maya: One, because of the bottles. She won't take any bottles or anything, and the allergy, she won't take milks at all. And also, because **I don't know how to stop, and properly reduce it.**

Interviewer: Is there anything you're worried about in terms of feeding with [infant]?

Maya: It's mainly just the milk side of things that I'm a little bit dubious. **I'd like to start introducing some at some point soon, but I don't know how. I don't know when, or anything like that. So that's a little bit of a concern.**

Maya, low SEP



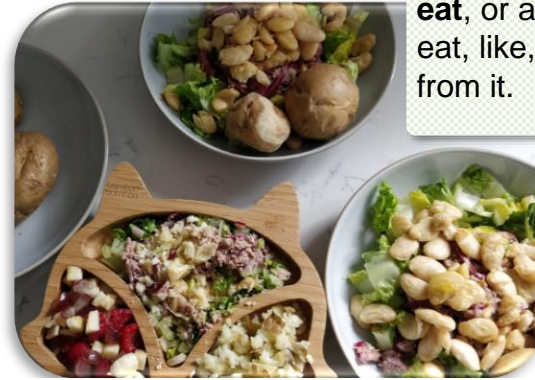
# Section 2: Key findings

## 2 By one year, children are largely fitting into family food practices by eating similar meals to parents and/ or older children.

- At one year old, most infants were being fed either the same food as parents (or a variant of it) or the same as older siblings in the family.
- Where children were fed differently to parents, this would either be because the parents were having food they deemed unsuitable for the children, e.g. takeaways or spicy food, or because the children required meals that could be prepared more quickly as they ate earlier in the evening. These quicker options often included freezer food such as fishfingers and frozen veg, or sometimes a baby pouch / ready meal (only infants with no older siblings).
- While some foods were still bought and/ or prepared exclusively for infants (e.g., fruit purees and infant snacks), the experimentation gap, where the infant is given different foods to the rest of the family, is rapidly closing.
- Thus, by one year, overarching family food practices have become the dominant factor shaping what infants eat. This was the case for all families, regardless of the infant feeding approach taken.



Michelle, low SEP  
Infant eating the same family meal



Lexi, high SEP  
Infant eating the same family meal



Interviewer: With the Petit Filous, do you remember why you went for those first off?  
Nadia: I think it's because I had them as a kid [...] And they taste great, let's be honest, **they taste amazing**. And I think they're the right size, **they're not too big for him**. So, as a little snack I think they're just enough to fill him up a little bit or just as a little snack just to keep you going between meals. And everybody loves yoghurts.

Nadia, med SEP

“ We try to give him what we eat, or a version of what we eat, like, eliminate something from it.

Lexi, high SEP



Zoe, high SEP  
Fruit purees bought specifically for infant



Melissa, high SEP  
Baby/ infant yoghurts

“ Yeo Valley yoghurts, that was a lot to do with the fact about [infant] stopping breastfeeding. So like I said, **we had to make sure she was getting enough calcium** and stuff. We tried to find different sorts of ways of getting the calcium in, so yoghurts have been really successful.

Melissa, high SEP

# Section 2: Key findings

## 3 Allergies, intolerances and extreme food refusal can make fitting into family food practices particularly challenging.

- For the eleven families where infants had one or more allergies, the transition to family food practices had been less straightforward.
- There was a lot of uncertainty about what babies could eat and a lack of clear information to help guide parents.
- Infant allergies often caused mums to eat differently if breastfeeding, or the whole family so that the same meals were suitable for all.
- Some parents avoided packaged foods because they often contained allergens and trying to find suitable options was time-consuming and yielded few results.
- Free-from foods were also considered expensive and limited in choice.
- However, for other parents, packaged foods provided infants a variety of nutrients and flavours with the reassurance that these products were safe and allergen free.
- Parents managing allergies desired more practical support with feeding, including help with planning meals and understanding the best substitutions for allergens.

“ With the other two, I would never have bought the stuff like the Ella’s Kitchen, because it’s so much more expensive. But **when you’re that limited, it’s been more important to me to give him a variety,** than to keep the costs down.

Samantha, high SEP

“ Michelle: Because one thing I have noticed, is **when you have an allergy, everything is so much more expensive.**

[...]

Interviewer: And so, would you say that feeding [infant] has got more expensive, because of that?

Michelle: Yes, because he can’t just have what we would normally have, now, so it’s definitely, as I say, everything’s got to be different. Milk, butter, cheese, it’s not something that we all eat.

Interviewer: I imagine, then, rather than giving the whole family dairy-free, it’s more economical just to do that for him?

Michelle: Well, yes, it’s also not really great nutritionally, for everyone to be dairy-free. I think as an adult, I can make a choice to do that, but as a child, I think you should probably follow normal food habits.

[...]

**I try and adapt the meals, but most of the time, I end up making something completely separate,** because there’s milk in everything. **It’s really difficult** to do, so normally he’ll have the same sort of meal we’re having, as near as possible, but dairy-free.

Michelle, low SEP

“ Interviewer: What kind of advice, then, would you want or expect the NHS to provide?  
Michelle: I think **they could provide more meal planner ideas.** They do, obviously, [...] there’s lots about weaning a baby and what they should have, so maybe some more allergy type foods to add to the chart, as opposed to just a cheese substitution.

Michelle, low SEP  
Range of free-from products for infant





# Illustrative case study: allergies and intolerances

## Participant story – Miriam (high SEP)

- Miriam’s infant has multiple intolerances, including dairy, soy and nut.
- As these are expected to be short-term intolerances, Miriam is happy to buy more packaged foods at this stage to make life easier, despite previously making a “real effort to cook from scratch”.
- Miriam is also breastfeeding, which means that she has had to change her diet quite radically to accommodate infant’s intolerances.
- Having realised that many brands include ingredients that are not on the front-of pack and may contain allergens, such as oats, Miriam now looks predominantly through Ella’s Kitchen packaged foods to choose options more quickly when online shopping.

“

Obviously, my preference would be omelettes and porridge, things that we cook ourselves. **But the packaged things are easier. And I feel better about giving him stuff with a baby on the front.** It says it’s for a baby. I’m always having to check for allergens. So that way, I just assume that it’s fine for salt. It probably isn’t. It’s probably still rammed with sugar and whatever, but it makes me feel better. **If I know it’s marketed for his age, then at least I feel like he can have it safely** and I don’t stress too much about it. And it’s not like he can eat things like chocolate and stuff. [...] I try and avoid things that are just constant fruit, because I’m conscious that his intolerances mean he has a lot of fruit, because they’re easy. [...] **So I tend to go for things that market themselves as healthy** [...] So you’ll see a lot of snacks, carrot crisps, I’m like oh, that sounds healthier. I’ll get carrot crisps. It’s got sweet potato in it. Well, that sounds better. It’s obviously not, but **it helps me feel like he’s not just living off bananas and coconut milk.**

“

You’d think it would be healthy, but it’s not, because you end up just eating the same things, and more of it. Because healthy foods, like porridge or omelettes for breakfast, he can’t have. So instead, what you’re doing is loads of bread. [...] How often does he try new foods? Not as much as I’d like, just because **we stick with what we know he can eat. And there’s so much emotional energy into looking at recipes** and thinking about it and finding something else.

### What does this illustrate?

- There is limited help for parents whose babies have allergies.
- Packaged foods can provide variety that parents sometimes feel is lacking when they prepare options themselves.
- Parents would appreciate more support with choosing free-from options (e.g., plant-based milks) and understanding how to substitute key ingredients in recipes, as well as a variety of recipes to suit their infant’s needs.

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### Finding 3

**Allergies and extreme food refusal can make fitting into family food practices particularly challenging. For some parents packaged foods can provide nutrients and reassurance in this context.**



# Section 2: Key findings

## 4 Having both parents in work and/or having more than one child changes family food practices, increasing reliance on quick and easy meals.

- Once maternity or paternity leave has finished, rigid working schedules for both parents made it more difficult for family mealtimes with food prepared and cooked from scratch to be a reality.
- Packaged foods such as freezer meals and (less often) pouches were found useful as a quick option when schedules were constrained
- Having more than one child increased the importance of having quick-to-prepare options for children's earlier eating times, especially when only one parent was home to prepare the meal.
- Many parents expressed guilt at not having the time to cook more from scratch and wanted to be able to do this more. As mothers have generally taken responsibility for providing food, this has a particular impact on them.
- Having one or both parents working from home was considered a facilitator for preparing more meals cooked from scratch and eating together as a family. Parents often contrasted this to pre-pandemic when commuting times would have prohibited this. This was only noted in medium and high SEP households.

But as he developed and he needed more food rather than just [...] pureed vegetables, **I just didn't have the time and it was too stressful** to try and fit in working, cooking meals to freeze it to give to him every day, and now he's gone over the six months the volume of food he eats has gone from that one day a meal to the full three days of meals and it's just not practical.

And **I did beat myself up a bit about that** until my sister said, no, there's nothing wrong with giving him purchased baby food that takes the pressure and the stress off of you worrying about it otherwise.

Clara, med SEP

In terms of what we are giving her, it depends. If possible it's a take on what we are having for dinner, but if say my husband is not going to get back in time for dinner and I haven't got anything easy to prepare because, of course, **it's an absolute nightmare preparing decent food for children when they are running around** and injuring themselves sometimes.

So, sometimes I will just prepare something easy for them **and sometimes she will just have one of those pouchy type things** or a ready meal. Well, not a ready meal, like a baby food type thing.

Clare, med SEP



Clare, med SEP  
Pouches for when mum is low on time to prepare dinner



Typical frozen option for children's dinner – Elizabeth

The [kids] like chicken nuggets, sausages, dinosaurs, bolognese, chili. Any kind of pasta or potato they like [...] I try and mix it up. **Usually, it's some form of frozen.** Like, chicken, sausages that are dinosaurs. Then I'll mix up the vegetables and the potatoes.

Elizabeth, low SEP

It's nice that [partner] is here working from home, because he wouldn't get in till seven, quarter past seven, so me and him wouldn't really eat till eight, sometimes half eight. Whereas, **now that he finishes work upstairs at five, comes downstairs and we all have dinner together most of the time**, so that's quite nice.

Julia, high SEP

# Section 2: Key findings

## 5 Snacks are highly routinised and range from baby/ infant snacks, through fruit and yoghurt to adult snacks such as crisps and biscuits

- Snacks had become routine by 10-12 months and often given to pacify mood or hunger, keep infant occupied, or replace a milk feed.
- Snacks included fruit or infant yoghurts (usually flavoured), packaged infant and adult snacks, and fruit puree pouches.
- Parents who still chose infant snacks trusted that these were safer and healthier for their infant than adult snacks.
- Adult snacks, such as crisps or biscuits, were also given by some parents at this stage, most commonly middle and low SEP.
- Adult crisps (e.g., Quavers, Wotsits) were chosen because of value for money, particularly in comparison to baby/ infant crisps, and their soft texture that would melt in the infant's mouth and not cause choking.
- Some adult biscuits were given as an occasional treat or more regularly if deemed low in sugar, (e.g., Rich Tea biscuits).
- Some parents noted that infant snacks could be higher in sugar than adult ones, (e.g., Heinz Biscotti vs Rich Tea biscuits).
- Infants often recognised the packaging and got excited for snacks; however this was not always the case.



“ We actually got those because I love eating biscuits, but I like really decadent, chocolate, crumbly biscuits and [infant] always tries to eat them. But the Rich Tea are like 40p or probably less. **When you compare them to Rusks, they have less sugar, even the low-sugar Rusks.**

[...] I think it was something we just thought, just get him those and it's more, **just seems easier and cheaper to just get him Rich Teas.** He doesn't at them all the time, it's just like as a little snack.

Maddy, low SEP



Abigail, high SEP  
Examples of infant's favourite packaged snacks

“ The baby [crisps] are more expensive, and the normal ones, everybody eats them, so **it's easier for me to buy a multipack of the bigger crisps** and then limit how many she has rather than just but in separate crisps just for [infant].

And I also don't worry too much about the amount of salt that she has now, rather than thinking about it on a daily basis I tend to think about it on a weekly basis. So, I know if she's had a packet of Cheetos today then I know that tomorrow she won't have a heavy salt day.

Zara, low SEP

“ Interviewer: What kind of snacks work the best?  
Abigail: Ella's melty sticks. I don't know what they put in them but **they will calm her down in any situation.** Soon as she sees one, her face just lights up. So, they are actually coming to the doctors with me this afternoon for when she's had her jab. So, I'll give her one straight after to distract her. [...] I tend to just give her one of those [pictured] each evening after she's finished a meal. So, they're like little soft biscuits and flapjacks, little things like that. They're all ready made. **I find them quite handy to just give her one whilst I'm tidying up to keep her busy.** [...] They're all sugar free. There's no additives and so on in them.

Abigail, high SEP



# Section 2: Illustrative case study: snacking

## Participant story: Jacqui (low SEP)

- Jacqui has a partner and two children and works in childcare. She returned to work in January 2021 when baby was ten months old.
- Jacqui's approach to feeding has been quite confident in general and very relaxed. Her main sources for information have been friends and her own experience and instinct.
- She sees snacks both as finger food to help with development and a form of pleasure. She also mentions giving snacks when her infant is getting "a bit fussy" or when out and about to keep him occupied.
- The progression from baby/ infant snacks to their adult counterpart, seen clearly in the example opposite, was not followed by all participants. Those who did go from baby/ infant snacks to similar adult ones chose foods that were similar - soft and quick to melt in the mouth – perceived as safe and appropriate options.



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### Finding 5

Snacks are highly routinised and range from baby/ infant snacks, through fruit and yoghurt to adult snacks such as crisps and biscuits

### Phase 1 Photo Interview

So they're [Ella's Kitchen Melty Sticks are] a bit like **Monster Munch or Wotsits**. Like maize. A maize snack. It's made out of maize. Yes, so he loves them, but he does get really messy with them, because he tends to rub them through his hair. But **they're good finger foods**. And I know they say from seven months, but he's done really well with them, so...

[...]

[Age recommendations are] guidelines, aren't they? To say... A lot of them say you shouldn't start weaning until six months and stuff like that, but honestly, I mean, my daughter, she was eating some foods from three months. So like I say, every child is different. So obviously I will look at that, but... You know. **If I think it's something that he can cope with, then I will try him with it.**

### Phase 2 interview

Interviewer: Are they Wotsits in that last photo?

Jacqui: Yes, I know it's really bad and I do give them to him a couple of times a week, but he loves anything cheese and he loves giant Wotsits. So obviously Friday's my day off so he knows on a Friday he can have some giant Wotsits with mommy. **We can't all be good all of the time. So, I think a little treat at the end of the week's fine.**

[...] **Because he had the baby ones.** You could get these baby vegetable... They like vegetable puffs things which were a bit like Wotsits. And I think that day I think it was actually [older child] was having some Wotsits and she gave him one and he liked it.

# Section 2: Key findings

## 6 Childcare shapes the food that children eat in both positive and negative ways

- Parents were generally very happy with the food given in nursery or other childcare (childminder or grandparents).
- Less food was given at home on days when infants were in nursery/ childcare, with parents usually just giving a snack before bed.
- Nursery food (and to a smaller extent, food given by grandparents) exposed babies to a wider variety of foods.
- This often shaped the home food environment by increasing food options and providing ideas for different foods that parents could safely give.
- Parents were split on the role of grandparents in food provision: some stuck to parents rules and/ or gave more variety than infants might have had at home; others gave foods that the parents did not want the infant to have such as sugary yoghurts or chocolate.

“

[...] **Grandma, you turn your back and she'll have Nutella in one of the kid's mouths** guaranteed. Sweets and chocolates coming out of their ears. It doesn't matter how old they are.

[...] She says it's a grandma thing. She says when a kid is at a grandma's it's **grandma's rules in grandma's house**, something like that. It's like it's fine but the problem is that those rules filter through into the house, so [older child]'s like, oh but I want this, I want that, because he had it at grandma's, and that's the problem.

Astrid, high SEP

“

Beans on toast I've started giving him because his nursery gives him that. His nursery gave him day reports from when he was there, we keep those in a folder, so **I look through them for ideas on what things he eats and what to feed him.**

Lottie, med SEP

“

**The nursery gave me a lot of confidence** actually, and just reminded me about trying her on different things. Because at first, I was mainly giving her porridge and Weetabix at breakfast and stuff. And then they would say, oh, she's had some toast this morning, and I'm thinking, I never thought to give her toast, because I thought she couldn't eat it. **So they actually have given me a lot of inspiration with what to feed her**, you know, to realise she can eat stuff like that.

Alexia, med SEP

I really would like him to try more fish-based products, but [...] I don't eat fish. I can't stand it. I've never liked it in any way, shape, or form. And actually, for me to cook fish fingers for him is actually quite a big thing. [...] But I know the health benefits with fish, and I really don't want to deny [infant] those benefits. So that's something that **I ask his grandparents to do, to give him for lunch or for tea, do some fish.**

Jeni, high SEP

# Section 2: Key findings

## 7 Parents have felt isolated from health professionals and often feel let down by the lack of reassurance around their babies' overall health.

- There has been limited access to health professionals overall with mixed perceptions of services received across SEP.
- This is likely because of the pandemic, as parents reported experiencing better support with previous children.
- The one-year check-up was perceived as lacking depth and not very useful, particularly when it was a postal questionnaire and not in person – in some cases, it did not happen at all.
- Most parents did not want to take up health professionals' time unless they had a medical issue, but wanted to see someone in person for reassurance of their infant's health and to be able to ask quick questions.
- The most helpful advice received from health professionals (when seen) was around milk transitions and sleep routines.

“ [...] **It's little questions here and there** that you wouldn't then think you'd be able to phone up the health professionals for that or the health visitor. I felt like because things like we couldn't take [infant] to be weighed, for example, and I felt like that touch in with a health visitor and maybe with the other mums, that would've been really helpful for me just to go in and even just listening to other people talking and **just getting a bit of reassurance** that way.

Zoe, high SEP

“ I've not heard from my health visitor since [infant] was seven weeks old. So, no support whatsoever. **Feel a bit let down by health visitors, to be honest**, in that respect. Especially because through the pandemic and things, you'd think they would just give you a phone call or even a text message, and say how are you doing? Do you need any help? But there's been absolutely nothing.

Alice, low SEP

“ I'm only slightly worried because he's quite a big boy. [...] When he was last weighed, I think when he was six months old, he'd gone from the 91st percentile to the 98th. And no-one seemed really concerned about that. So, **I just want to make sure that I'm not feeding him too much** because I don't want him to have problems. I know some babies are chunky but I don't want him to be too heavy. It's a fine line.

Nadia, med SEP

“ Yes, I just think it's always nice **to be sure that everything's all right**, even though you probably know it. You don't have any worries, it's just nice for someone to say, yes, that's looks okay, because you might miss something, I suppose or just that'd be nice.

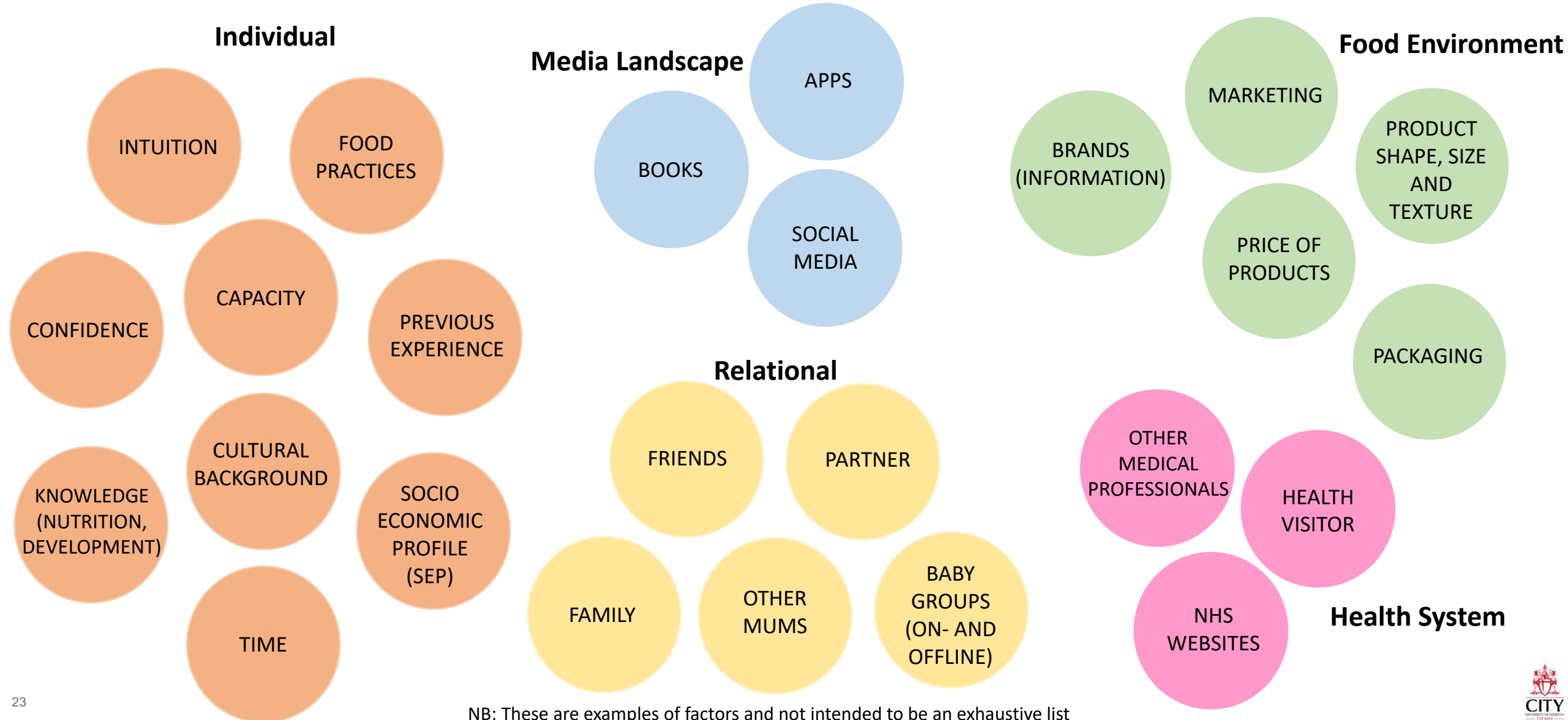
Michelle, low SEP

“ Interviewer: Did [the health visitor] give any advice about feeding, or did you have any questions for her?  
Mary: Yes. Because I wasn't quite sure, because I thought his milk is meant to be reduced. How and when that should be happening and not feeding him through the night. So **I did have a good conversation about that, and she advised around what kind of levels**. Because she said I was definitely feeding too much through the night. He shouldn't be drinking through the night. She did help me through how to just chop that down, because I may have continued doing more milk and not really realising that I was feeding him too much. Yes, so she did help with that.

Mary, high SEP

# **Section 3:** Influences and Opportunities

# Factors influencing parents/ carers – Phase 1



NB: These are examples of factors and not intended to be an exhaustive list

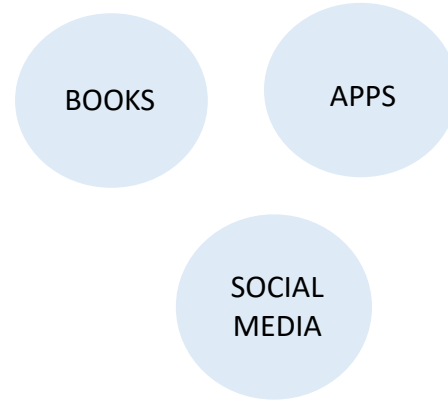


# Most important factors influencing parents/ carers – Phase 2

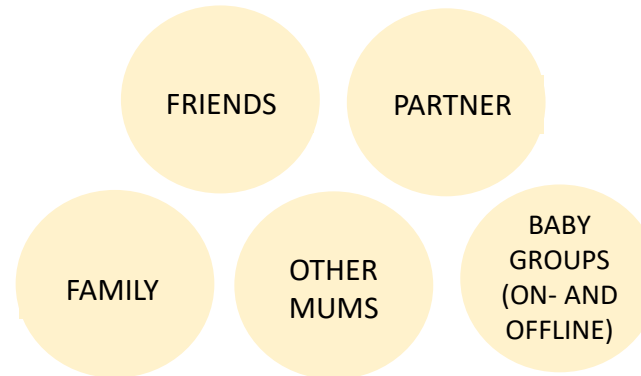
## Individual



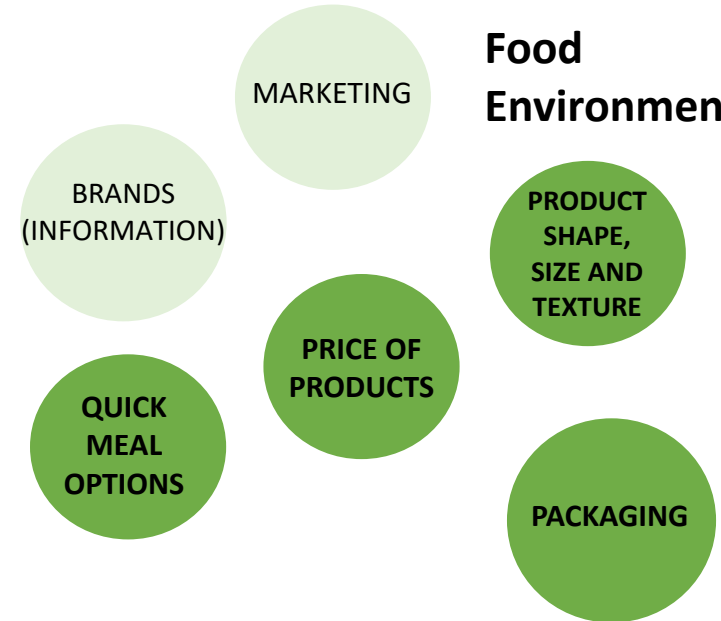
## Media Landscape



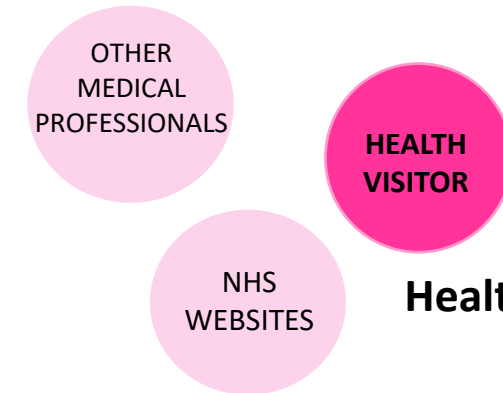
## Relational



## Food Environment



## Health System



Whilst all factors still played some role, those highlighted were the most influential during Phase 2 interviews.

Words in bold indicate new factors.



# What did / would parents find useful?

✓ Face-to-face visit from health professional and consistent support.

HEALTH VISITOR

CONFIDENCE  
(ANXIETY,  
UNCERTAINTY)

✓ Financial and employment security.

FINANCIAL  
SITUATION

✓ Flexible work schedules and/ or working from home.

WORK  
SCHEDULES

✓ Varied and healthy food options in childcare settings.

CHILDCARE  
OPTIONS

FINANCIAL  
SITUATION

✓ Quick-to-prepare foods, such as eggs, fishfingers, chicken nuggets and frozen vegetables.

QUICK  
MEAL  
OPTIONS

TIME

WORK  
SCHEDULES

✓ A variety of packaged food options for allergens with clear information on ingredients.

ALLERGIES

PACKAGING

✓ Practical guides for feeding (portion sizes, preparation, managing allergies) and reducing milk feeds.

NHS  
WEBSITES

HEALTH  
VISITOR

✓ Packaged snacks that were deemed healthy and affordable.

PRICE OF  
PRODUCTS

MARKETING

# Section 4: Policy implications

This section explores Research Question 3:

**What are the implications for public health policies that aim to facilitate healthy childhood diets?**

## Section 3: Policy implications

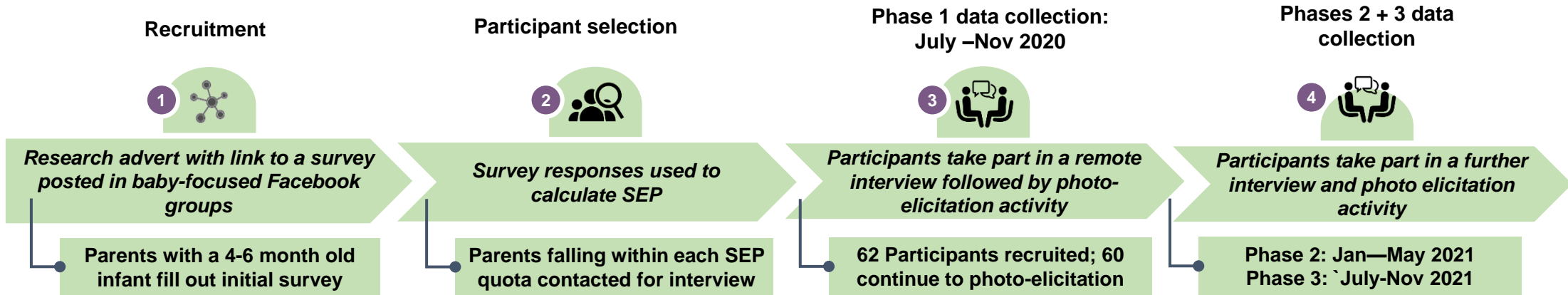
1. Health professional support:
  1. Ensure the resumption of in-person support from a health visitor post-pandemic for reassurance and the opportunity to ask questions.
  2. This should include timely support with how to reduce milks feeds (both breastmilk and formula), which would be most useful around the 10-month mark.
  3. Increase the support available for parents of babies with allergies, including clear medical pathways and practical information on how to adapt meals with suitable alternatives.
2. Given that the window of opportunity, where infants eat different meals to the rest of the family, is very small (up to a year), it is important to consider infant feeding in the context of wider family food practices. Changing the foods that infants eat up to one year of age will have limited impact without also ensuring healthier family food practices.
3. Increase opportunities for more flexible working schedules and working from home to allow more families to prepare, cook and eat food together.
4. Consider ways to encourage reformulation of children's products that are deemed healthy by parents, but are high in added sugars, such as baby/ infant yoghurts and fruit-based snacks and puree pouches.
5. Explore further research opportunities into how tastes and snacking practices and preferences develop into childhood and older age in order to provide clear guidance for both parents and grandparents on snacking during infancy.

# Appendices

This section will cover:

1. Detailed methods
2. Explanation of SES calculations

# Appendix 1: Methods



## In-depth interview themes:

- Experience of life with an infant
- Impact of COVID-19 on life with an infant
- Perceptions of infant health and wellbeing
- Family shopping and eating practices
- Experience of introducing solids so far
- Feeding decisions so far
- Influences on food choice and infant feeding style
- Broader feelings about feeding and parenting

*Interviews are intended to draw out the personal, relational, social, cultural, and economic factors shaping infant feeding decisions*

## Photo elicitation exercise:

Parents are asked to spend a week taking photos of anything that relates to feeding their infant such as:

- Infant products purchased
- Places parents feed infants
- Things that make it difficult or easy to feed infants

The photos are then discussed in a second interview.

# Appendix 2: Calculating Socioeconomic status

- As well as acting as a recruitment tool, our initial survey allowed us to calculate the participants' socioeconomic status. This meant we could recruit an even number of participants from across the socioeconomic spectrum.
- Rather than focusing solely on income, we chose to use a measure of socioeconomic position which also took into account level of parental education, employment type, housing status, IMD, and car ownership.
- We used a validated measure developed by Kininmonth et al<sup>1</sup> to calculate an SEP score. After calculating the highest and lowest possible SES scores, we defined high, low, and medium SEP by creating three equally sized groups within this range.

<sup>1</sup>Kininmonth, A.R., Smith, A.D., Llewellyn, C.H., & Fildes, A. (2020). Socioeconomic status and changes in appetite from toddlerhood to early childhood, *Appetite*, 146: 10457

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