

[5120.4] Maternal Knowledge of Infant Hunger and Satiety Cues in a Low-Income Women, Infants and Children (WIC) Population

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BACKGROUND: Early WIC programs aimed at reducing low birth weight, iron-deficiency anemia and malnutrition improved the nutritional status of young children. The increasing prevalence of obesity in children in WIC suggests a need for new preventive efforts beginning in infancy. Mothers' recognition of hunger and satiety cues in infants may result in more appropriate infant caloric intake and healthier weight.

OBJECTIVE: Assess maternal knowledge of hunger and satiety cues and the relationship between knowledge of cues, pressure to feed and obesity.

DESIGN/METHODS: Cross-sectional study. A consecutive sample of low SES Latina mother-infant dyads was recruited at four NYC WIC sites. Mothers were assessed for knowledge of infant feeding cues and pressure to feed (questions in part adapted from Infant Feeding Questionnaire), and for family characteristics: maternal marital/work status, BMI (overweight ≥ 25); child age, gender, wt/length%ile.

RESULTS: 157 women completed the survey with a mean maternal BMI 27, 38% single, 29% employed. Infants: 52% male, mean (SD) age 4.9 (1.4) mos. Knowledge of cues: 71% agreed that the baby is hungry when he sucks on his hands. 90% agreed that the baby is full when he turns his head away from the nipple. 66% agreed that if the baby cries he must be hungry. 94% agreed that the baby knows when he is full. Pressure to feed: 52% agreed that the baby must finish every bottle. In stepwise linear regression, (all family characteristics considered for entry) knowledge of cues was lower for overweight mothers ($sr=-.16$, $p=.04$), with a trend towards lower knowledge for mothers of heavier infants ($sr=-.15$, $p=.06$). Mothers with higher overall knowledge of cues were less likely to report pressure to feed (44% vs 56%, this was NS with $p=.28$). In stepwise logistic regression, independent predictors of pressure to feed were misinterpretation of crying as hunger (AOR 3.0, $p=.003$) and mothers not working (AOR 2.9, $p=.006$).

CONCLUSIONS: Even though most mothers correctly interpreted hunger and satiety cues, many felt that any crying represents hunger and that babies should always finish bottles. Overweight mothers and mothers of heavier babies were less likely to correctly interpret feeding cues. Maternal educational programs are needed since feeding behaviors unresponsive to infant cues are associated with overfeeding and increased risk of obesity.

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