MAKING EVERY CONTACT COUNT – FROM PREGNANCY TO PRESCHOOL

www.infantandtoddlerforum.org

LEARNING POINTS

1. The risks of poor health can be reduced by changing lifestyle behaviours but most people need support to do this
2. Changing lifestyle behaviours before and during pregnancy and in a child's early life can improve the child's short and long term health
3. Healthcare Professionals (HCPs) can effectively support clients to make lifestyle behaviour changes by using Healthy Conversation Skills (HCS) at all contacts
4. An opportunistic healthy conversation using Open Discovery Questions (ODQs) can be as short as two minutes
5. ODQs generally begin with 'How' or 'What'
6. Using ODQs helps explore someone's personal situation
7. Every healthy conversation has the potential to lead to a positive step in the right direction, which could simply be reflection on a small change the individual wishes to make. Each small step should be celebrated
8. HCS are best acquired through face-to-face practical training
9. The ITF Ten Steps resources for pregnancy, infancy and preschool can support HCPs to gain confidence in their knowledge of healthy lifestyle behaviours
10. Practical face-to-face training in the ITF Ten Steps in conjunction with HCS can be delivered effectively on-site using the half day ITF training programme

BDA endorsement applies only to the educational content of the learning activity.

BDA The Association of UK Dietitians
Centre for Education and Development
Endorsed by the BDA for CPD

Making Every Contact Count – from pregnancy to preschool

A factsheet discussing the use of 'Healthy Conversation Skills' to support clients to change their lifestyle behaviours and consequently improve their own health and that of their families

What is "Making Every Contact Count"?

Making changes such as stopping smoking, improving diet, increasing physical activity, losing weight and reducing alcohol consumption can help people to reduce their risk of poor health significantly. "Making Every Contact Count" (MECC) is an approach to behaviour change that utilises the millions of day-to-day interactions that organisations and healthcare professionals (HCPs) have with clients to encourage changes in behaviour that will have a positive effect on the health and well-being of individuals, communities and populations.[1]

Many healthcare professionals struggle to initiate "awkward" conversations with clients about their lifestyles and are not generally trained in skills to support behaviour change. Current practice is to rely primarily on the provision of information, advice and support. However, telling people what to do is not the most effective way to help them change. MECC is about altering how to interact with people through having healthy conversations and learning how to identify opportunities to talk to people about their well-being. Adopting a client-centred empowerment approach to these interactions increases the likelihood that individuals will make positive changes to their lifestyle behaviours and hence improve their health and well-being.

What can be achieved

A woman's pre-pregnancy nutritional and general health status has an important impact on her baby's growth and development in utero and that child's health status throughout its life.[2] Good early nutrition not only protects against deficiency diseases such as anaemia, neural tube defects, rickets and poor cognitive function, but also against adverse health outcomes such as obesity, dental caries, atopic disease and the risk of the long term chronic diseases such as diabetes, hypertension and heart disease.[2] The cost to the NHS of treating these diseases and their complications runs into billions of pounds each year.

Parents are often open to making changes when planning a pregnancy, during pregnancy or when children are very young. Supporting young women to make positive lifestyle changes can improve their long-term health and that of their future children.

These changes are likely to influence partners, other children and the extended family, improving the health and well-being of the whole family.

A healthy family lifestyle teaches young children behaviours that they will see as normal, which is likely to influence their future lifestyle to be passed onto future generations.

Challenges

Local healthcare policies generally support interventions in pregnancy on issues such as smoking, anaemia, folic acid, vitamin D supplementation and breastfeeding but wider nutritional, health and lifestyle factors are often not addressed.

Obesity can be particularly difficult to address. Over 50 per cent of women in their late 20s and early 30s are overweight or obese.[3] This applies just as much to the healthcare workforce as it does to their clients and HCPs may be reluctant to bring up sensitive topics, especially in areas they themselves find difficult to address. Even when such conversations do take place, they may not be effective at supporting clients to identify barriers and solutions to putting desired changes into practice.

An ITF poll of 150 healthcare professionals found that[4]

36%	**said their biggest challenge is lack of time to talk to mums**
35%	**said that their biggest challenge was encouraging mums to adopt healthy behaviours**
33%	**found it a challenge to explain the associated risks of obesity**
21%	**struggled to give priority to high risk pregnancies**
45%	**said they would welcome training in behavioural change specific to nutrition and lifestyle in pregnancy**

Developing 'Healthy Conversation Skills' to use during routine contacts

What are Healthy Conversation Skills (HCS)?

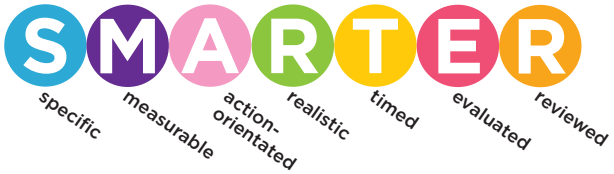
HCS are transferable skills that can be used in any situation where HCPs wish to support behaviour change in their clients. The skills are best acquired through face-to-face practical training. HCS are not complex or difficult to learn and implement. A healthy conversation can be as short as two minutes. The approach is flexible and opportunistic, can be adapted to most situations and can be fitted in to existing ways of working. It does not require any new structures, contact time or investment of resources beyond the training period. It is about making what practitioners already do more effective.

Training to acquire HCS

Healthy Conversation Skills training has been designed to enhance the existing communication and reflective skills of practitioners working with people from all backgrounds. It was developed by researchers at the MRC LEU, University of Southampton to support front-line practitioners to empower patients & clients to make lifestyle changes.[5] HCS training provides practitioners with skills to support individuals to:

- improve their self-efficacy and sense of control
- reflect on their lives and what they would like to change
- prioritise changes to be made
- identify first steps to improve health behaviours, including their diet and physical activity

Healthy Conversation Skills involve the practitioner:	
1	using Open Discovery Questions to help someone explore an issue
2	spending more time listening than giving information or making suggestions
3	using Open Discovery Questions to support someone to make a SMARTER plan
4	reflecting on their own practice and conversations



Open Discovery Questions (ODQs) generally begin with 'How' or 'What', and allow a client to explore their own situation, identify potential areas for change and possible solutions. This gives the practitioner a better understanding of their client's personal situation and how best the client can be supported. Once the client has decided on changes to be made the practitioner can support them to make a SMARTER plan for change by focusing on the individual's own agenda and priorities. To give such support assuredly the practitioner needs to feel confident in their own knowledge of healthy lifestyles and the evidence base behind them.

Examples of 'How' or 'What' questions

- How many portions of fruit and vegetables do you think you eat most days?
- What are the benefits of making this change/eating more fruit and vegetables?
- How do you think you can overcome any barriers to making a change?
- How do you feel about me contacting you in a week to see how you're getting along?
- What is the first thing you'll need to do to kick-start this change?
- How many portions of fruit and vegetables would you like to eat each day?
- What is a good day for you to start this new healthy eating plan?
- What might get in the way of you making this change/eating more fruit and vegetables?
- On a scale of 1-10 how important is it for you to make this change?
- What exactly would you like to do to make your diet healthier?
- What would be a good thing to do if you find things aren't going to plan?
- How might you revise your plan to make it more likely to happen?
- On a scale of 1-10 how confident are you that you can make this change?

Practitioners need to be careful to avoid:

1	telling people what to do, making suggestions, offering solutions, signposting, and giving information or advice – UNLESS and UNTIL this seems to be appropriate and warranted as a result of the exploratory healthy conversation
2	asking closed questions to which the answer can just be "yes" or "no", which can quickly shut a conversation down and lead the practitioner to do most of the talking
3	using 'why' questions that require the individual to explain themselves, which can seem judgemental or confrontational, and may cause them to become defensive
4	making any assumptions about the client they are aiming to help
5	pushing their own agenda
6	trying to persuade someone to do something

What is the evidence base?

There is a growing body of evidence that suggests this type of empowerment approach to changing behaviour is effective. Self-management programmes which focus on empowering people to manage their own conditions, such as diabetes and asthma, have demonstrated improvement in diet and health outcomes.[6,7] Programmes such as DAFNE[8] and DESMOND[9] work by supporting people to find solutions to their own problems, and this is the model adopted by HCS.

HCS training has been rolled-out to a wide range of professionals (including health, social care, education) working in many different settings and contexts both in the UK and internationally (for example in New Zealand[10]) – children's centres, community centres and clinics, hospitals, schools, housing and employment. Evaluation of the impact on staff practice has shown that HCS use continues up to one year post-training.[11–13]

Health Policies that support Making Every Contact Count

1	The **Childhood Obesity Strategy**[14] highlights the need for HCPs to always talk to parents about their family's diet, working towards making it the default to weigh everyone, referring people to local weight management services, clubs and websites if they ask for more advice. They have called for a review of content on nutrition, physical activity, healthy weight messaging and weaning advice in materials for visits by midwives and health visitors, in order for this content to be strengthened so new families get the best advice to ensure a focus on healthy weight.
2	The **Five Year Forward View**[15] calls for a radical upgrade in prevention and public health. It outlines the importance of increasing the support available to help people to manage and improve their own health and wellbeing and emphasises the importance of ensuring that behavioural interventions are available for patients, service users and staff to support them to understand the impacts of smoking, alcohol, weight and diet, and activity levels on their health and to make behaviour changes to address these.
3	The **2016/17 NHS Standard Contract Service Conditions**[16] raise the expectation that all NHS organisations will commit to MECC. In section SC8 on page 11: *The Provider must develop and maintain an organisational plan to ensure that Staff use every contact that they have with Service Users and the public as an opportunity to maintain or improve health and wellbeing, in accordance with the principles and using the tools comprised in Making Every Contact Count Guidance.*
4	**NHS Health Education England**[1] have developed a MECC website to support the development, implementation and evaluation of MECC programmes in local communities by providing a library of national and local resources.[1] It was developed with support from the National MECC advisory committee and PHE. Resources include: • Consensus statement • Implementation guide • Quality Marker checklist for Training • Evaluation Framework

KEY LIFESTYLE BEHAVIOURS TO ENCOURAGE FROM PREGNANCY TO PRESCHOOL

To enhance the confidence of healthcare professionals and early years staff in their own knowledge of ideal lifestyle behaviours during pregnancy, infancy and the toddler years the Infant & Toddler Forum have developed ten key steps for healthy lifestyles during each of those three stages:

1. During Pregnancy

Positive health benefits accrue for both mother and fetus when, during their pregnancy, mothers:

- eat a nutritious balanced diet with additional supplements of folic acid and vitamin D
- take regular exercise
- manage their weight gain depending on whether they began pregnancy at a normal weight, underweight or overweight
- maintain good hydration
- avoid smoking and drinking alcohol and do not misuse drugs or medication

Ten Steps for Healthy Pregnancy[17]

1	**Take a daily supplement** of 10µg vitamin D throughout pregnancy and 400µg folic acid up until at least the 12th week of pregnancy. Some women will be prescribed 5mg folic acid per day instead of 400µg
2	**Keep physically active** throughout pregnancy, aiming for at least 30 minutes of moderate intensity activity on 5 or more days per week
3	**A healthy weight gain** during pregnancy depends on your pre-pregnancy weight and height. Expect to gain only 1-4 pounds (0.5-2kg) in the 1st trimester and the rest over the 2nd and 3rd trimesters
4	**Choose nutritious foods, not extra foods**. Extra energy (e.g. half a sandwich each day) is only needed during the last trimester
5	**Balance your diet**. Base each meal on wholegrain starchy foods such as bread, rice, potatoes, pasta or breakfast cereals and include: a. 3 servings of milk, hard cheese or yogurt each day for calcium and iodine b. at least 1 vegetable and 1 fruit in both main meals and include fruit (fresh, canned or dried rather than juice) with breakfast c. meat, fish, eggs, nuts or pulses at 2-3 meals each day for iron
6	**Eat fish twice a week** with one or two servings as oily fish for omega 3 fats – if you don't eat fish take a daily supplement of 200mg DHA but avoid fish liver oil supplements
7	**Choose nutritious snacks** such as fruit, nuts, yogurt, a sandwich or toast rather than food or drink high in sugar or fat
8	**Have about 6-8 drinks** (1½-2 litres) per day for good hydration – water is a good choice. Limit caffeine to 200mg per day (about 1 shot of espresso or 2 mugs of instant coffee or 2½ mugs of tea)
9	**Food Safety**. Thoroughly cook meat, fish and eggs; wash all soil from vegetables and fruit and avoid vitamin A supplements, liver, liver pâté, unpasteurised dairy products, soft and blue cheeses, swordfish, marlin and shark; limit tinned tuna to 4 small servings per week
10	**Seek support** to stop smoking or misusing drugs or medication and avoid alcohol

2. During a baby's first twelve months

During infancy, parents and carers need to meet their baby's needs and bond with them. Certain risk factors for childhood obesity occur during the first 12 months and to minimise these parents may need support with responsive feeding and encouraging physical activity to aid physical development. Excess weight gain is a key risk factor for childhood obesity[18] and is evident when, after eight weeks of age, a healthy infant's weight consistently crosses upwards across the weight-for-age centiles.

Beginning solid foods (or weaning) is a time for infants to learn to like a wide variety of new flavours and manage progressively more complex food textures. Infants are born already liking the sweet tastes of breast milk or infant formula so first introducing, and offering regularly, the more savoury flavours of vegetables, cereals, meat, fish, eggs, nut butters, cheese and unsweetened yogurts will give them the opportunity to learn to like these flavours as well. In their second six months infants need iron rich foods to meet their nutritional requirements, so introducing meat, oily fish, pulses, eggs and nut butters is necessary. Equally important is that infants enjoy mealtimes by learning about foods through touch and play, and self-feeding finger foods. This is critical for setting up a positive attitude to food and mealtimes.

Ten Steps for Feeding Babies[19]

1	**Breastfeeding helps protect your baby from illness.** It may take time for you both to learn how it works best for you - ask for help if you need it
2	**Give breast milk, the best option, or infant formula for at least 12 months**
3	**Begin a vitamin D supplement from birth** as milk and foods do not necessarily provide enough
4	**Let your baby decide how much milk to drink.** Offer a feed when your baby is hungry and remember babies cry for reasons other than hunger
5	**Begin to offer food alongside their milk feeds, by six months but not before four months** when you think your baby is ready for more
6	**Offer high iron foods from beginning of complementary feeding** (weaning) – meat, oily fish, eggs, pulses and nut butters
7	**Offer spoon-feeding soft finger foods and a cup of water** at all meals so that your baby develops all their feeding skills
8	**Stop feeding when your baby shows you he or she has had enough** by keeping his mouth closed or turning away from food or milk
9	**Introduce allergenic foods one at a time, from four to six months** – dairy foods (cow's milk, yogurt, cheese), egg, nut butters, fish, wheat-based foods and foods with soya or sesame
10	**Move onto thick mash with soft lumps between six and eight months** and onto minced and chopped family foods and firm finger foods between nine and 12 months

3. During the preschool years

The preschool years can be the most challenging feeding stage for parents and carers. Toddlers are growing rapidly and have high nutrient needs but small stomachs. The normal developmental stage of food neophobia which is seen as fussy or picky eating can be very frustrating for parents and carers and many need guidance on how to manage it well. Toddlers learn by copying, so parents modelling healthy eating is one of the most important ways to shape a toddler's diet.[20]

Iron is the most critical nutrient in preschool children and about one in eight toddlers do not consume enough,[3] which may result in anaemia,[21] which can then affect their mental and physical development. Offering a balanced nutritious diet and giving a vitamin D supplement will meet a toddler's nutritional needs. However, toddlers should be allowed to decide how much they eat as most will regulate their intakes to meet their energy needs for growth and development. Recommended portion size ranges can be used to reassure parents who worry that their toddler does not eat enough.

In contrast, some toddlers have poor appetite regulation, tend to overeat and consequently cross upwards on the weight-for-age centile lines.[22,23] They are at risk of becoming overweight or obese but parents and carers can be supported to prevent this: normal portion sizes can be used as a guide for suitable energy intakes and distraction techniques can be used when these toddlers ask for more food or ask for food outside of meal and planned snack times.

Other ways to protect against obesity include limiting toddlers' sedentary behaviour through encouraging sufficient active play and activity, and ensuring adequate sleep for optimal growth and development.[18]

Ten Steps for Healthy Toddlers[24]

1	**Eat together as a family and make mealtimes relaxed, happy occasions**
2	**You decide which nutritious foods to offer but let your toddler decide how much to eat**
3	**Offer foods from all five food groups each day**
4	**Have a routine and offer three meals and two to three snacks each day**
5	**Offer six to eight drinks a day**. Water is a good choice
6	**Give vitamin D every day**
7	**Respect your toddler's tastes and preferences – don't force feed**
8	**Reward your toddler with your attention** – never give food and drink as a reward, treat or for comfort
9	**Limit** fried food, crisps, packet snacks, pastries, cakes and biscuits to very small amounts. **Avoid** sugary squash, fizzy drinks, fruit juice, tea and coffee, whole nuts and small, soft round foods which may cause choking
10	**Encourage physical activity** for at least three hours every day and about 12 hours sleep

TRAINING OPPORTUNITIES

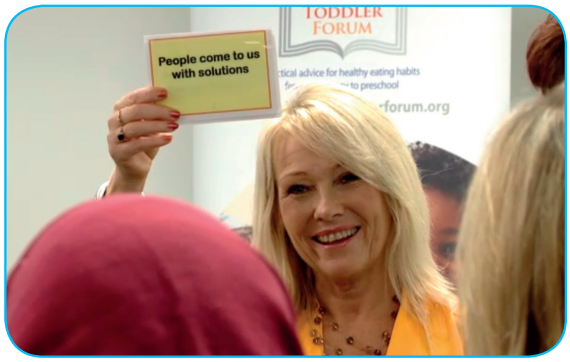
If the UK front-line workforce used a consistent, empowerment style of communication with all those they have contact with each day, this could impact on long-term population health. The HCS approach to supporting changes during pregnancy and early life has enormous potential for improving lifelong health for the current and future generations.

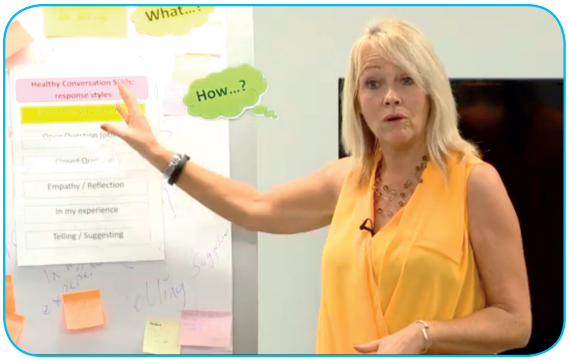
To help meet this need, The ITF has developed a training package:

chat Healthy conversations from pregnancy to preschool

Comprising both an online hub and face-to-face training sessions, CHAT can help HCPs to develop their HCS and also their knowledge of healthy behaviours in early life through the ITF's Ten Steps Programme. Training presentations for download, videos and quizzes to test knowledge make the hub an easy to use and extensive resource.

Face-to-face training sessions can be delivered to groups of HCPs (generally between 10–18 per group) in their own workplace and can be tailored to specific needs. HCPs taking part in a pilot study found the training to be interactive and engaging, and the skills learnt were considered extremely useful for their practice (see page 9).





For online training, visit CHAT: Healthy conversations from pregnancy to preschool at **http://www.infantandtoddlerforum.org/health-childcare-professionals/healthy-conversation**

To book face-to-face training, email **info@infantandtoddlerforum.org** for further details

CASE STUDY

A four-hour training course for HCPs that explained the Ten Steps programme and introduced 'Healthy Conversation Skills' to increase confidence in engaging and supporting families to make lifestyle changes to improve their short and long-term health.

Methods

In collaboration with the Pre-school Learning Alliance, a national early years' organisation, Early years staff were invited to attend a four-hour training session in five centres across the UK. The first half of the training focussed on two of the three Ten Steps resources above (see pages 5, 6 and 7) and the second half introduced them to the HCS.

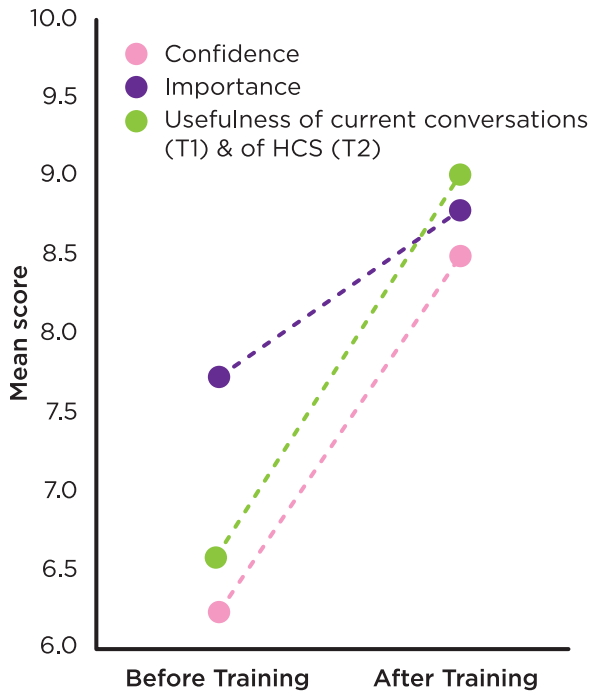
Before and after the HCS training each attendee:

- wrote down their responses to clients' quotes about difficult behaviour change situations
- completed measures of confidence, importance, usefulness (in having 'change' conversations)

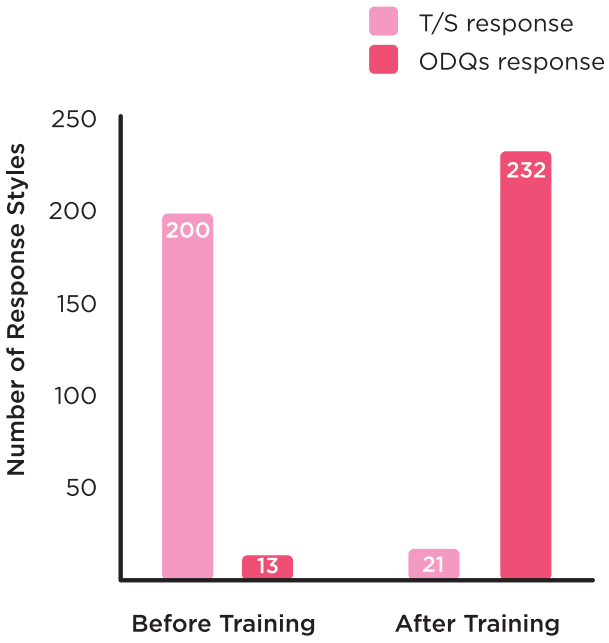
After the training, they rated the value of the training on a scale of 1-10.

Results

A total of 70 early years' staff undertook the training. All measures increased post-training: confidence (6.2 to 8.5), importance (7.7 to 8.8); usefulness (6.6 to 8.9).



A positive change in response style is one that goes from a Telling/Suggesting (T/S) style to asking ODQs, which is a more empowering style conducive to supporting individuals to plan change. In response to the clients' quotes, there were significant shifts from T/S to ODQs after training:



The value of the training was rated a mean of 9/10. Feedback was overwhelmingly positive and included:

Conclusion

A short, easily deliverable and highly-valued training course in Ten Steps and HCS can support HCPs to engage with parents and empower them to make lifestyle changes in line with current recommendations as detailed in the Ten Steps resources. This unique, scalable and transferable intervention may help achieve current government aims for "Making Every Contact Count" and more effectively combat maternal and childhood obesity.

Guidance and tips for HCPs to help embed HCS into routine practice

The following tips are for you to try out next time you are talking to someone. It might help you get started if you ask yourself the following questions and reflect on your responses:

How important is it for me to support my clients to live healthier lives? On a scale of 1-10?
How well do I currently support someone to make a behaviour change? On a scale of 1-10?
What are my challenges and frustrations?
What do I do well?
What areas could I improve in?
What opportunities do I have to have a healthy conversation?
When could I start putting into practise the tips below?
Which one can I start with?
When will I reflect on how I'm getting on?
Who can I discuss this with?
What will I do next?

Top Ten Tips

1	Ask Open Discovery Questions (ODQs) – these generally begin with 'How' or 'What', and allow an individual to explore their situation, identify potential areas for change and possible solutions. This gives you a better understanding of their world and how best you can support them.
2	Remember the power of listening and aim to spend more time doing this.
3	Demonstrate empathy by active listening and asking sincere and sensitive ODQs.
4	By asking ODQs, help someone identify their first step towards change.
5	Support someone to make a SMARTER plan for change.
6	Focus on the individual's agenda and priorities.
7	Reflect on your own practice and conversations – what did you do well, what could you do better?
8	Discuss your reflections and experiences with a peer/buddy to enhance skill use and share best practice.
9	Plan your own changes, personal or professional, to provide ongoing insight into the processes and challenges of change, and maximise your own health and well-being.
10	Be genuinely curious and sincere in your desire to support someone towards better health and well-being.

Infant & Toddler Forum

Practical advice for healthy eating habits from pregnancy to preschool

Supported by an unrestricted educational grant from Danone Nutricia Early Life Nutrition

References

1. Health Education England. *Making Every Contact Count*. Available from: http://www.makingeverycontactcount.co.uk/ [Accessed 9th May 2017].
2. Berti C, Cetin I, Agostoni C, Desoye G, Devlieger R, Emmett PM et al. Pregnancy and Infant's Outcome: Nutritional and Metabolic Implications. *Crit Rev Food Sci Nutr*. 2016;56(1):82-91. Available from: doi: 10.1080/10408398.2012.745477.
3. Public Health England and the Food Standards Agency (2014) National Diet and Nutrition Survey: results from Years 1 to 4 (combined) of the rolling programme for 2008 and 2009 to 2011 and 2012. Available from: https://www.gov.uk/government/publications/national-diet-and-nutrition-survey-results-from-years-1-to-4-combined-of-the-rolling-programme-for-2008-and-2009-to-2011-and-2012 [Accessed 9th May 2017]
4. OnePoll. Early Nutrition survey of 150 healthcare professionals. August 2014. Data on File
5. Barker M, Lawrence W, Baird J, Jarman M, Black C, Barnard K et al. The Southampton Initiative for Health: a complex intervention to improve the diets and increase the physical activity levels of women and children from disadvantaged communities. *J. Health Psychol*. 2011;16(1):178-191. Available from: doi: 10.1177%2F1359105310371397
6. Anderson RM & Funnell MM. Compliance and adherence are dysfunctional concepts in diabetes care. *The Diabetes Educator* 2000;26(4):597-604. Available from: http://journals.sagepub.com/doi/abs/10.1177/014572170002600405 [Accessed 9th May 2017]
7. Anderson RM & Funnell MM. Patient empowerment: reflections on the challenge of fostering the adoption of a new paradigm. *PEC*. 2005;57:153-7. Available from: doi: 10.1016/j.pec.2004.05.008
8. DAFNE. *DAFNE Home*. Available from: http://www.dafne.uk.com/ [Accessed 9th May 2017]
9. DESMOND. *Desmond Project*. Available from: http://www.desmond-project.org.uk/ [Accessed 9th May 2017]
10. Healthy Start Workforce Project. *Healthy Conversation Skills Training*. Available from: http://www.healthystartworkforce.auckland.ac.nz/en/our-education-programmes/healthyconversations.html [Accessed 9th May 2017]
11. Lawrence W, Black C, Tinati T, Cradock S, Begum R, Jarman M et al. 'Making every contact count': longitudinal evaluation of the impact of training in behaviour change on the work of health and social care. *J. of Health Psychol*. 2016;Feb; 21(2): 138-151. Available from: doi: 10.1177/1359105314523304
12. Tinati T, Lawrence W, Ntani G, Black C, Cradock S, Jarman M et.al. Implementation of new Healthy Conversation Skills to support lifestyle changes – what helps and what hinders? Experiences of Sure Start Children's Centre staff. *Health Soc. Care Community*. 2012;20(4):430-437. Available from: doi: 10.1111/j.1365-2524.2012.01063.x
13. Black C, Lawrence W, Cradock S, Ntani G, Tinati T, Jarman M et al. Healthy Conversation Skills: increasing competence and confidence in front-line staff. *Public Health Nutr*. 2012;17(3):700-707. Available from: doi:10.1017/S1368980012004089
14. Cabinet Office, Department of Health, HM Treasury, Prime Minister's Office, 10 Downing Street, *Childhood obesity: a plan for action*. Available from: https://www.gov.uk/government/publications/childhood-obesity-a-plan-for-action [Accessed 9th May 2017]
15. NHS England. NHS *Five Year Forward View*. Available from: https://www.england.nhs.uk/publication/nhs-five-year-forward-view. [Accessed 9th May 2017]
16. NHS England. *NHS Standard Contract 2016/17 Service Conditions (Full Length)* Available from: https://www.england.nhs.uk/wp-content/uploads/2016/04/2-nhs-fll-length-1617-scs-apr16.pdf [Accessed 9th May 2017]
17. Infant & Toddler Forum. *Ten Steps for a Healthy Pregnancy*. Available from: http://www.infantandtoddlerforum.org/media/upload/pdf-downloads/TSHP_booklet_FINAL.pdf [Accessed 9th May 2017]
18. Reilly JJ, Armstrong J, Dorosty AR, Emmett PM, Ness A, Rogers I et al. Early life risk factors for obesity in childhood: cohort study. *BMJ*. 2005;330:1357-1359. Available from: doi: 10.1136/bmj.38470.670903.E0
19. Infant & Toddler Forum. Ten Steps for Feeding Babies. Available from: https://www.infantandtoddlerforum.org/media/upload/pdf-downloads/Ten_Steps_for_Feeding_Babies_brochure_1.pdf [Accessed 19th December 2018]
20. Jones SS. Imitation in infancy: the development of mimicry. *Psychol Sci*. 2007 July ;18(7):593–9. Available from: doi: 10.1111/j.1467-9280.2007.01945.x
21. Black MM Integrated strategies needed to prevent iron deficiency and to promote early child development *J Trace Elem MedBiol*. 2012; June; 26(0): 120–123. Available from: doi:10.1016/j.jtemb.2012.04.020.
22. Llewellyn CH, Trzaskowski M, van Jaarsveld CH, Plomin R, Wardle J. Satiety mechanisms in genetic risk of obesity. *JAMA Pediatr*. 2014;168:338–44. Available from: doi: 10.1001/jamapediatrics.2013.4944.
23. Seeyave, D. M., Coleman, S., Appugliese, D., Corwyn, R. F., Bradley, R. H., Davidson, N.S et al. Ability to delay gratification at age 4 years and risk of overweight at age 11 years. *Arch Pediatr Adolesc Med*. 2009;163(4), 303–308. Available from: doi: 10.1001/archpediatrics.2009.12
24. Infant & Toddler Forum. *Ten Steps for Healthy Toddlers*. Available from: http://www.infantandtoddlerforum.org/media/upload/pdf-downloads/HR_toddler_booklet_green.pdf [Accessed 9th May 2017]

Additional copies of this Factsheet can be downloaded from www.infantandtoddlerforum.org

The information contained within this Factsheet represents the independent views of the members of the Forum and copyright rests with the Forum members.

ITF212 – January 2019