How should you manage an overweight breastfed infant?

Evidence-based answer
There are several steps you can take. Monitor the growth of exclusively breastfed babies by plotting routine weights and lengths on the World Health Organization (WHO) growth curve (strength of recommendation [SOR]: A, systematic reviews). Reassure parents that higher-than-normal weight gain in infants who are breastfeeding easily without supplementation has no known adverse effects. Advise parents to change behaviors that result in overfeeding or insufficient physical activity (SOR: C, expert opinion). Refer parents to a lactation consultant to manage large volumes of milk that exceed the infant’s need. In the rare case of an infant who exhibits lack of satiety or dysmorphia, consider an overgrowth syndrome and seek an endocrinology and genetics consult (SOR: C, expert opinion).

Clinical commentary
Avoid comfort feeding, stress activity
I often see breastfeeding mothers who are concerned about their chubby babies, who have both a high success rate with breastfeeding and a high rate of type 2 diabetes as adults. When talking to these mothers, I first stress the importance of focusing primarily on nutritional feeding, not “comfort feeding.” I point out that evidence suggests that exclusive breastfeeding helps prevent adult obesity. It’s also important to recognize that the epidemiologic shift toward increased obesity and diabetes has to do with the activity habits of children and adults, as well as their eating habits. As children grow, our advice should focus on encouraging activity, limiting “screen time,” and eliminating juices and other high-calorie dietary additions once an infant is no longer exclusively breastfed.

Evidence summary
An estimated 9.5% of infants and children younger than 2 years of age are considered overweight—that is, their weight is at or above the 95th percentile of weight-for-recumbent length on the sex-specific growth charts from the Centers for Disease Control and Prevention (CDC). The prevalence is unknown for infants who are exclusively breastfed or fed only human milk without any supplementation (except recommended vitamins, minerals, and medication) for the first 6 months of life.

Exclusively breastfed babies have a different growth curve
Because comparison growth studies demonstrate that healthy breastfed infants have a different growth curve than formu-
Avoiding juices.

Activity and encouraging signals and encouraging movement and crawling.

Expressing breast milk to increase infant intake increases weight gain (r=0.59); this effect gets stronger as the infant gets older (r=0.58). Referral to a lactation consultant is recommended to manage large volumes of milk that exceed infant need. For the rare infant who exhibits hypoglycemia, lack of satiety, or dysmorphia, consider early macrosomia or an overgrowth syndrome, such as Beckwith-Wiedemann syndrome, and seek an endocrinology or genetics consult.10

Recommendations

Exclusive breastfeeding for approximately the first 6 months of life is recommended by the American Academy of Family Physicians (AAFP), American College of Obstetricians and Gynecologists, American Academy of Pediatrics, Academy of Breastfeeding Medicine, WHO, United Nations Children’s Fund, and other organizations. The AAFP recommends that physicians help prevent and manage overweight in childhood to reduce the risk of obesity and chronic disease in later life.11

References


