



Determinants and Patterns of Mother's Health Care Providers

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ABOUT THE STUDY

Early feeding habits in children might have a long-term impact on their health. Poor early childhood nutrition is linked to an increased risk of obesity later in life. Dietary quality reductions in children aged 6 months to 4 years can be evident as early as 1 year old, as measured by a modified Dietary Quality Index Score. Subcomponent scores, for example, dropped with age and were lower for milk, refined grains, vegetables, and whole fruits.

Parents of young children obtain nutrition and feeding information from a variety of sources, including family, friends, the media, literature, and Health Care Providers or Doctors (HCPs). HCPs have a high frequency of contact with children during their first years and are frequently a trusted source of knowledge. Typically, at well-child visits, families receive anticipated advice from the HCP regarding child nutrition and feeding. One important component of this feeding advice is the timing of the introduction of solid food. It is advised to start introducing solid foods to babies about 6 months old and not earlier than 4 months. One study discovered that two modules, each consisting of six sessions, of early feeding instruction in which healthcare experts offer families proactive advice may enhance child nutrition and feeding habits. Other early child feeding topics discussed at health care visits in the American Academy of Pediatrics' Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents include offering foods with a variety of tastes and textures, not forcing a child to finish food or bottles, offering a variety of fruits and vegetables, limiting foods and drinks with added sugar, and limiting eating meals in front of the television or other elective media. These critical themes are presented at varied frequencies during health care appointments with children aged 6 months to 5 years and are critical to a child's growth and development. Because HCPs can be a reliable and influential source of information, it is critical to understand what moms remember talking with their doctors.

Many studies have been conducted to examine how HCPs provide nutrition advice to families with young children. According to a 2018 study, the majority of pediatricians and paediatric residents discuss the following topics with families of children aged 2 years: avoiding sugar-sweetened beverages (78%), eating a variety of fruits and vegetables (85%), and being exposed to a variety of tastes and textures (52%). Fewer than half of doctors and residents reported discussing not pressuring a kid to complete food or bottles (33%) and restricting meals in front of the television (23%), with families of children under the age of two.

Few researches have examined what guidance parents recall HCPs discussing. Those studies that characterize families' recollection of nutrition issues discussed with HCPs are not particular to nutrition. A 2005 study, for example, examined the number of nutrition themes recalled by parents from HCPs' discussion of anticipatory advice among families with children aged 2-11 years but did not examine specific topics individually. Other research on maternal recollection use small, non-nationwide populations. By analyzing maternal recall of specific dietary themes discussed with a child's HCP in a nationally representative sample, this study solves existing gaps. This study also seeks to discover themes with lower recollection and sociodemographic characteristics of groups with lower recall in order to identify when resources for improvement should be prioritized or causes for lack of remember should be investigated further in future studies.

Mothers reported strong recall of early childhood nutrition advice from their HCP; however, specific themes (for example, optimum timing of solid food introduction) might be prioritized, and particular subpopulations may require more attention to increase message reception. A greater understanding of the heterogeneity in recall of feeding guidance could lead to interventions that address challenges to obtaining and keeping guidance.

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