

The association between an unhealthy childhood diet and body composition depends on prenatal experience

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Introduction

- The prevalence of obesity is rising in children and is associated with both childhood ill health and an increased risk of subsequent adult obesity
- Intrauterine life may be a critical period for the programming of later obesity
- The developmental mismatch hypothesis proposes that risk of diseases such as obesity is increased when impaired prenatal nutrition and growth, is followed by an unhealthy childhood diet.



Southampton Women's Survey



12,583 non-pregnant Southampton women aged 20-34, interviewed about diet, physical activity, social circumstances and lifestyle.



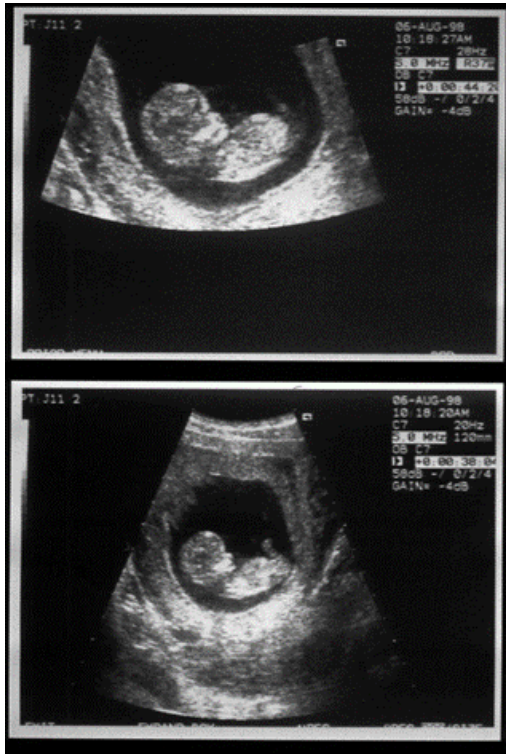
3,158 live-born singleton births.



Offspring followed through pregnancy, infancy and beyond.

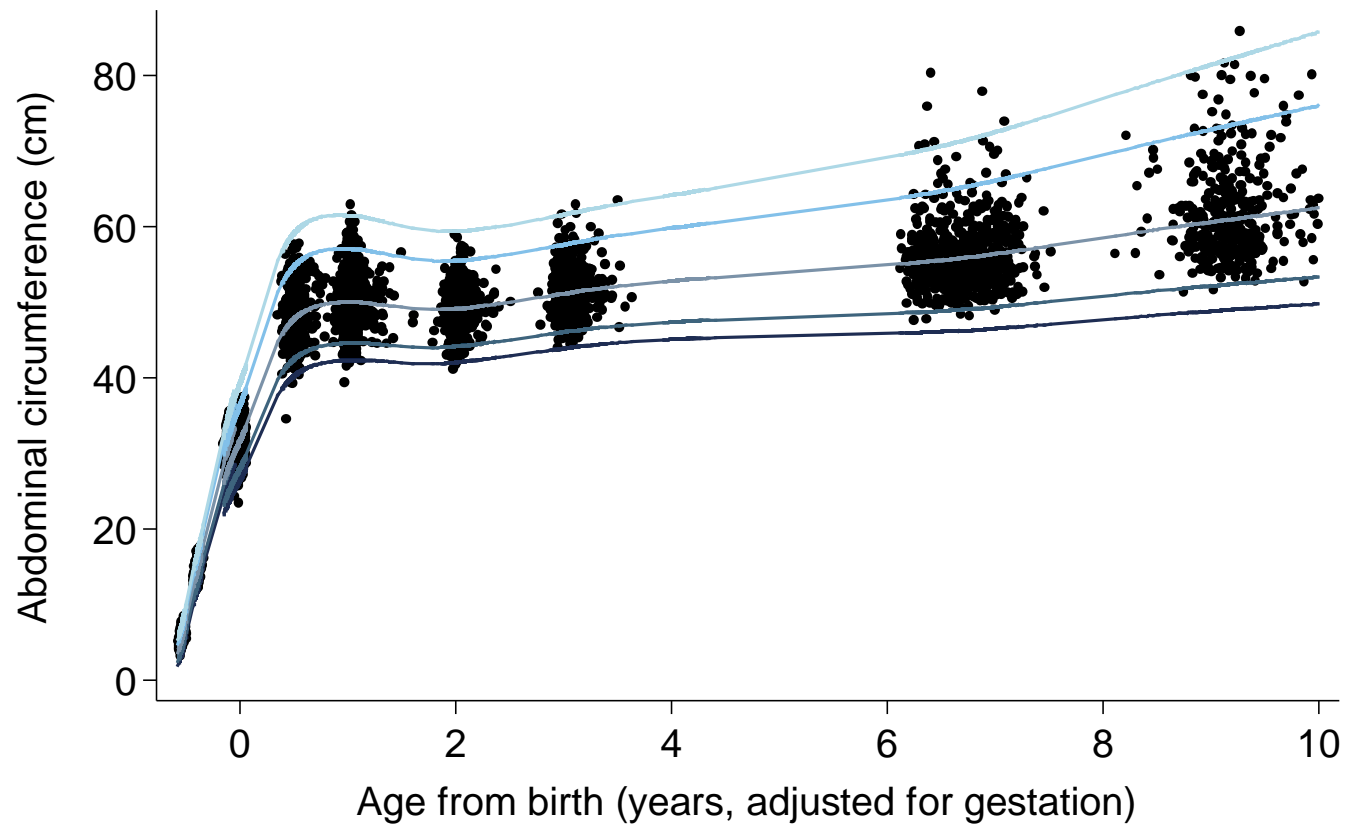


Abdominal circumference



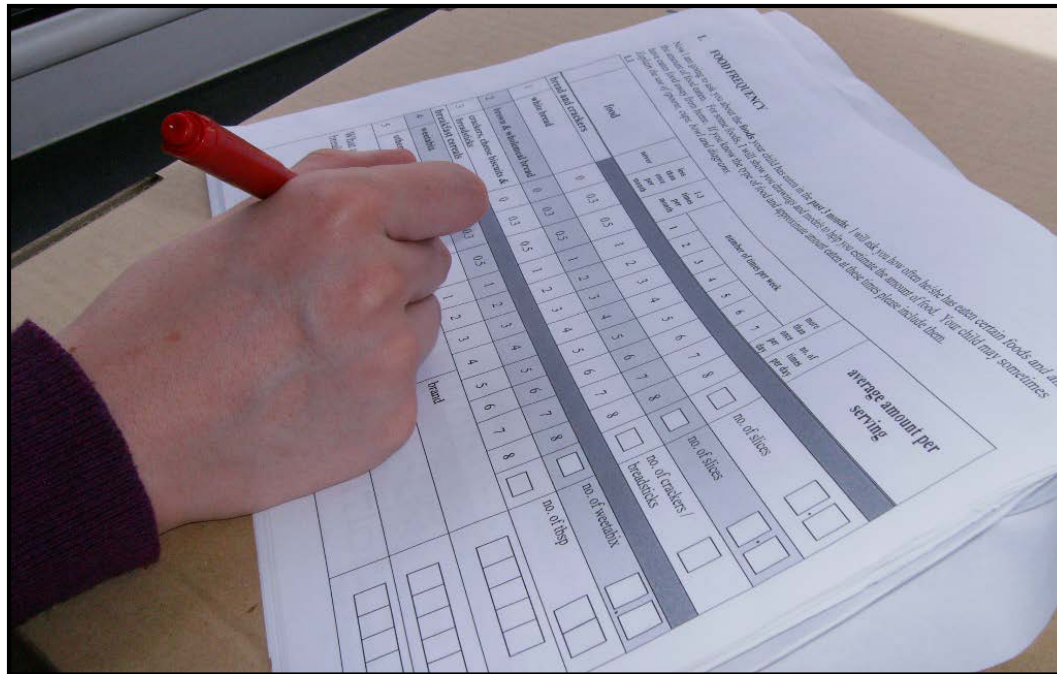
Abdominal circumference was measured at 11 weeks, 19 weeks, 34 weeks, birth, 6 months, 1 year, 2 years, 3 years, 6-7 years and 9 years.

AC size z-scores



Lines are mean, 2 SDs and 3 SDs

Food frequency questionnaire











The image shows a close-up of a hand holding a red pen, filling out a food frequency questionnaire. The form is titled 'FOOD FREQUENCY' and includes instructions: 'How often you eat or drink the food listed below in the past 12 months. I will ask you how often you eat or drink certain foods and also the amount of food. Please use the scale below to indicate the amount of food. Your child may sometimes eat or drink more than the amount listed below. If you are unsure, please include them.' The form has columns for 'food', 'times per week', 'no. of times per week', 'no. of cans/bottles/bags', 'no. of packets', and 'average amount per serving'. The 'times per week' column has a scale from 0 to 7. The 'no. of times per week' column has a scale from 0 to 8. The 'no. of cans/bottles/bags' and 'no. of packets' columns have checkboxes. The 'average amount per serving' column has a box for the amount.

- The broad pattern of 6 year diet has been characterised by the use of a prudent diet score.

Principal component analysis

	Weighting		Frequency (per week)		Total
Green vegetables	0.33	×	7	=	2.3
Salad vegetables	0.25	×	4.5	=	1.1
White bread	-0.20	×	0.3	=	-0.1
Crisps	-0.21	×	0.5	=	-0.1
					<hr/>
					Total = 3.2

Median frequency per week food intake by quarters of the 6 year prudent diet score

Food	Least prudent quarter	Most prudent quarter
 Salad vegetables	0.8	6
 Green vegetables	2.3	6.5
 Root vegetables	2	4.3
 Other vegetables	0.5	2
 Crisps	5	2
 Processed meat	7	4.8
 White bread	7	1
 Chips and roast potatoes	3	1.5

Outcomes

- Dual-energy X-ray Absorptiometry (DXA) was used to assess body composition at 9 years; fat, lean and bone mass were derived using paediatric software.
- 592 children included in the analysis.

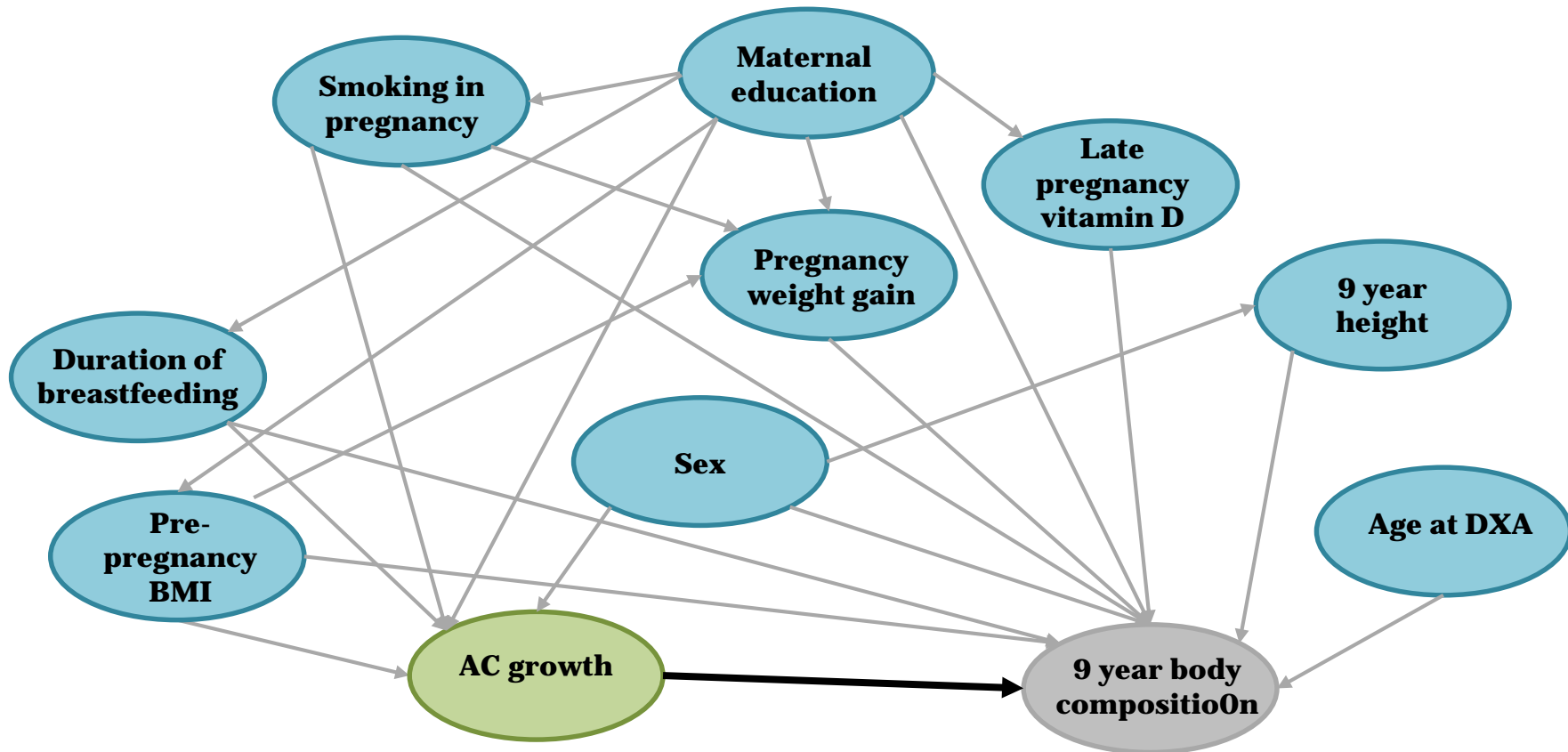


Directed Acyclic Graphs



- An analysis can stand or fall on the choice of confounders
- A Directed Acyclic Graph (DAG) or causal diagram describes a model of the associations between all variables that could influence the exposure-outcome association.

DAG



- Adjust for: 9 year height, sex, breastfeeding duration, maternal BMI, education, smoking in pregnancy, late pregnancy vitamin D and pregnancy weight gain

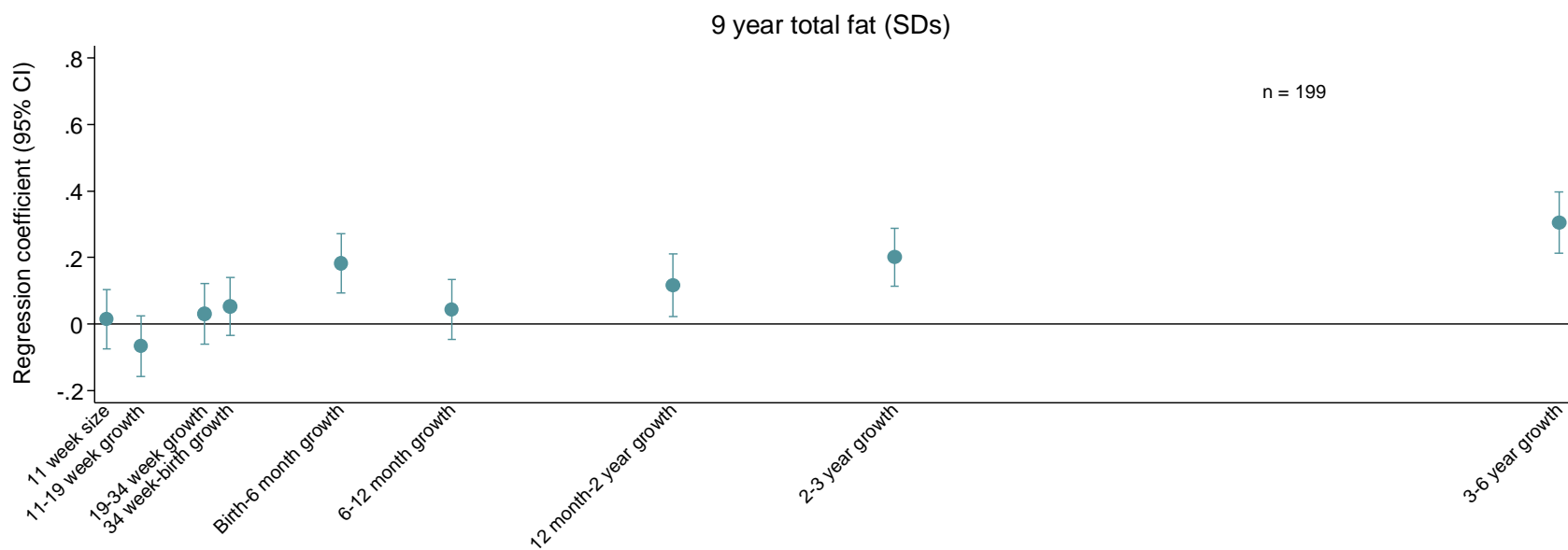
Characteristics

n = 592

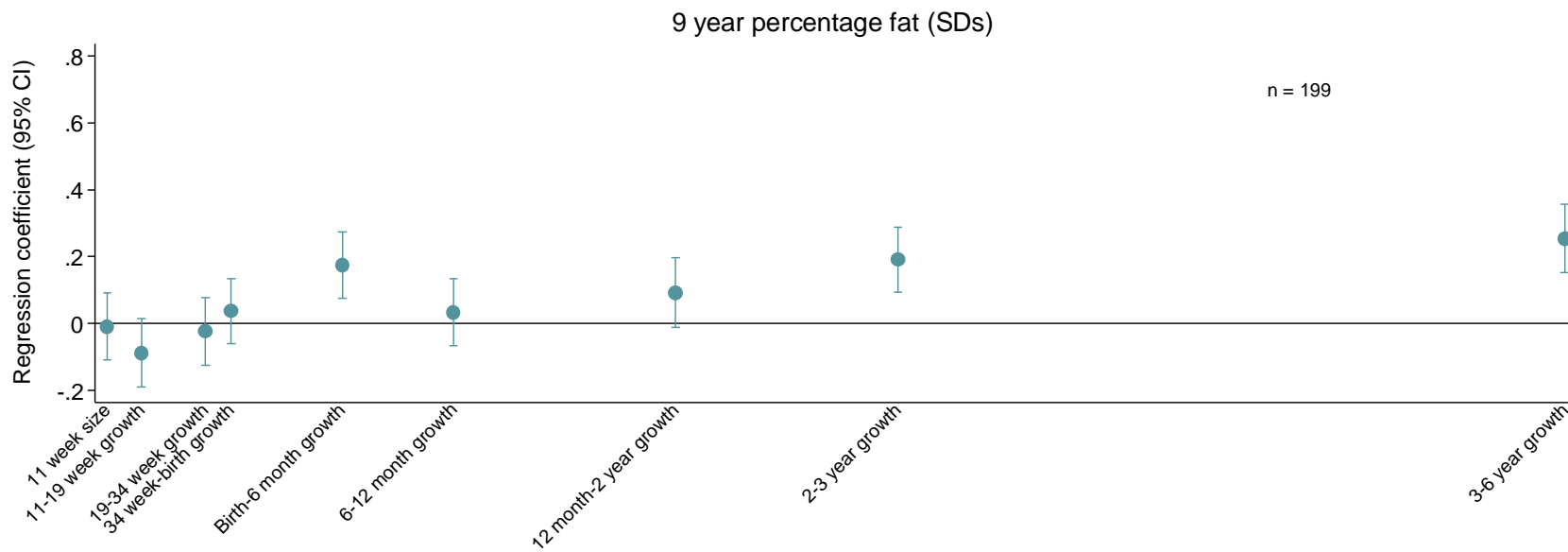
Characteristic

Maternal education \geq A-levels, n (%)	376 (63.6%)
Pre-conception BMI, kg/m ² [median (IQR)]	24.0 (22.1 to 27.0)
Female, n (%)	303 (48.8%)
Age at DXA scan, years [mean (SD)]	9.2 (0.3)
9 year total fat, kg [median (IQR)]	7.6 (5.7, 10.0)
9 year total lean, kg [mean (SD)]	22.7 (3.3)
9 year total BMC, kg [mean (SD)]	1.0 (0.1)

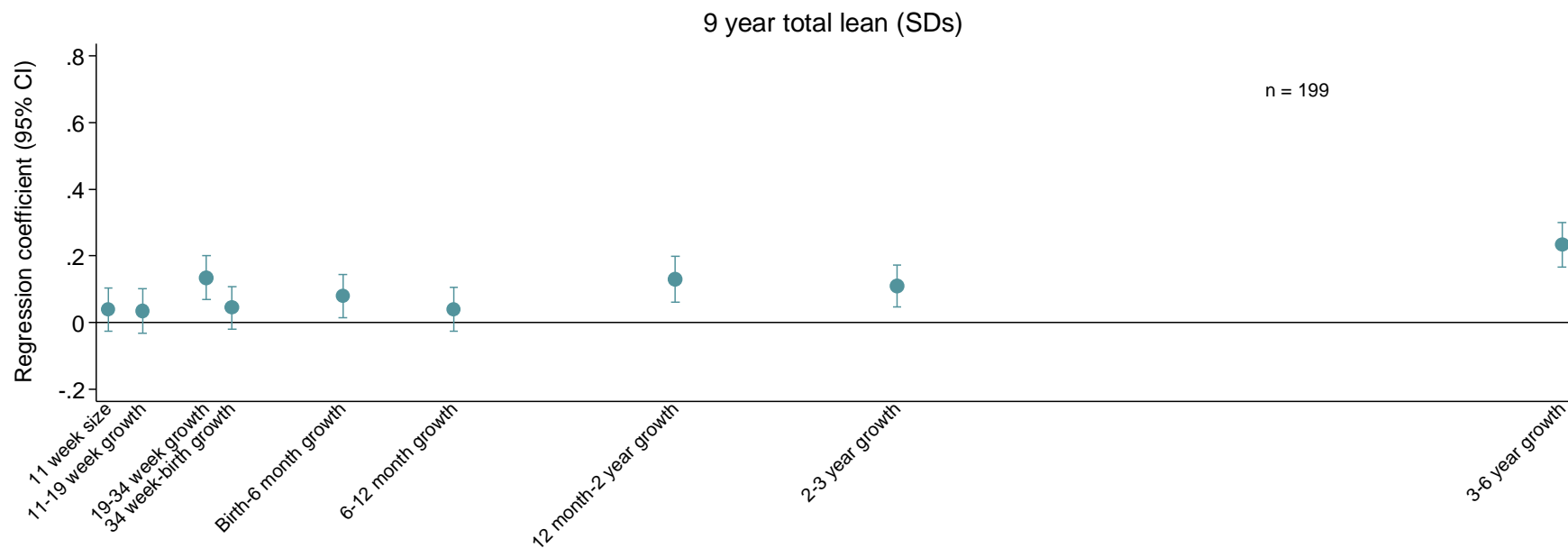
Main effects - fat mass



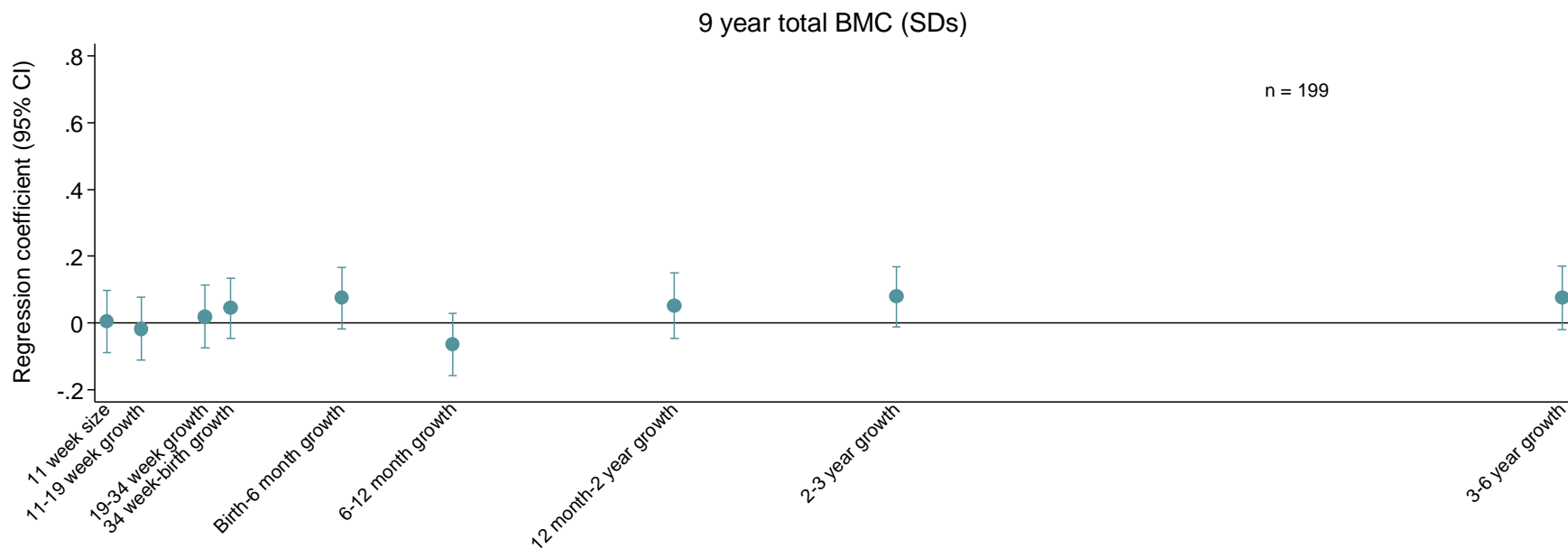
Main effects – percentage fat



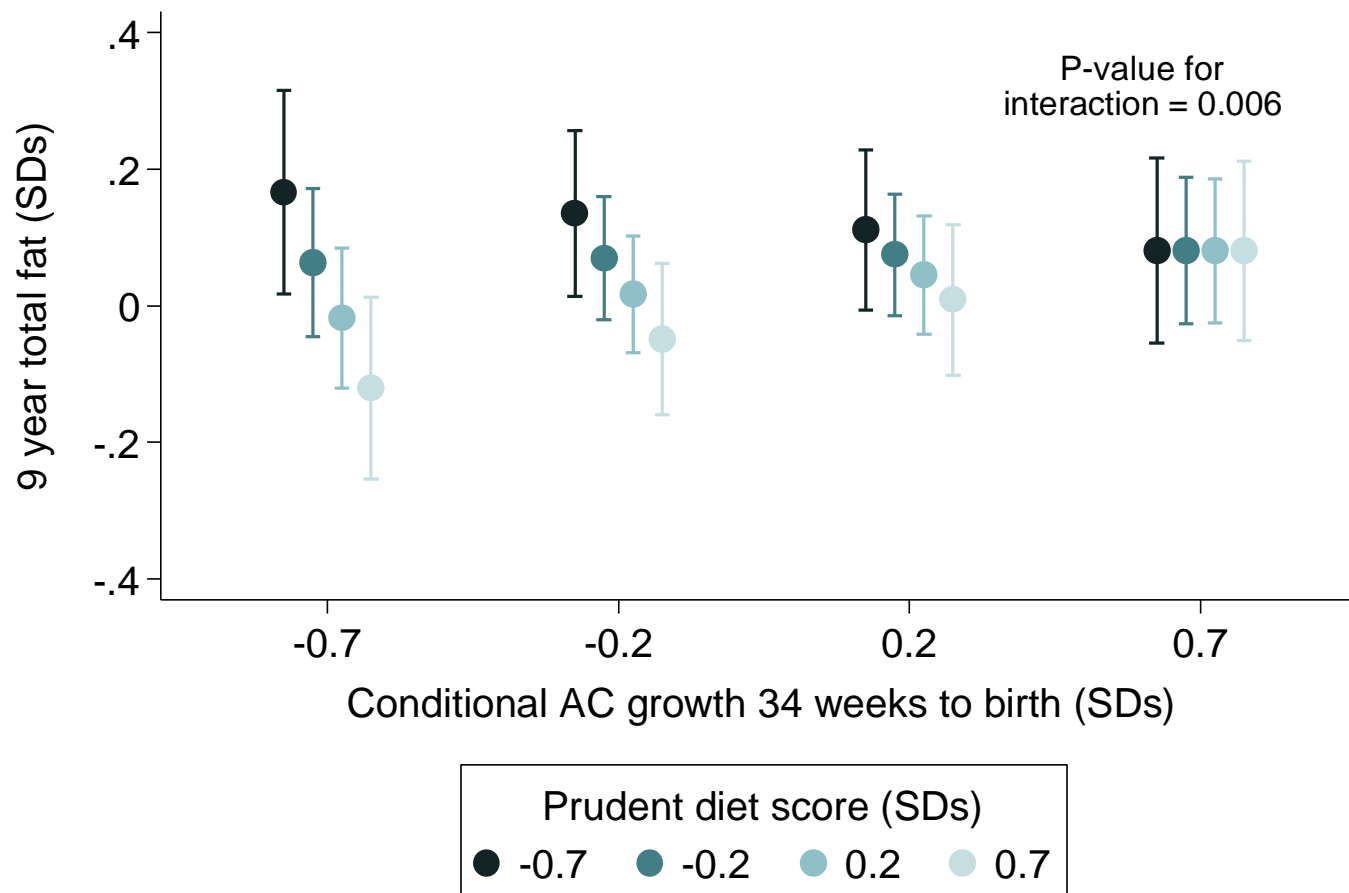
Main effects – total lean



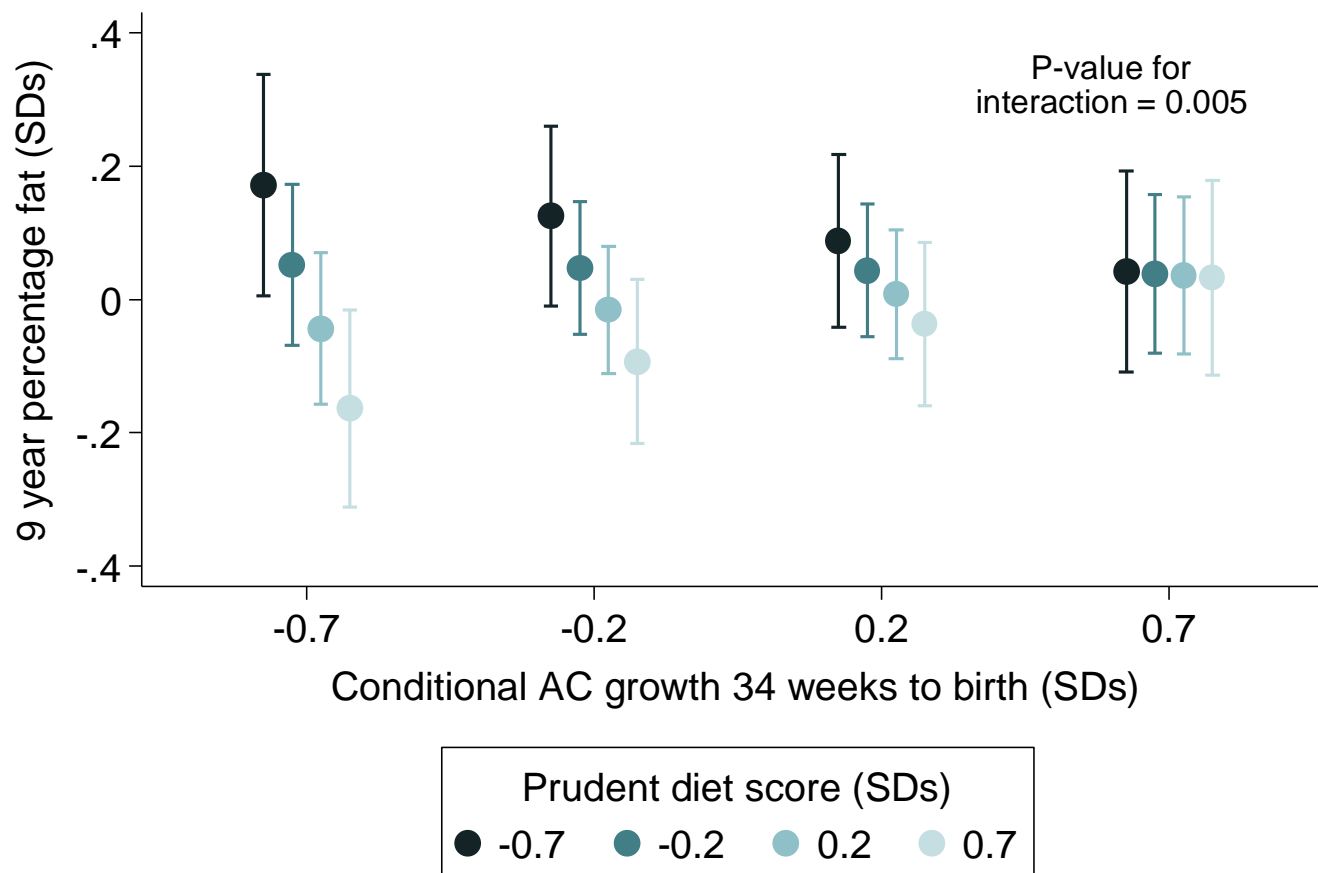
Main effects – total BMC



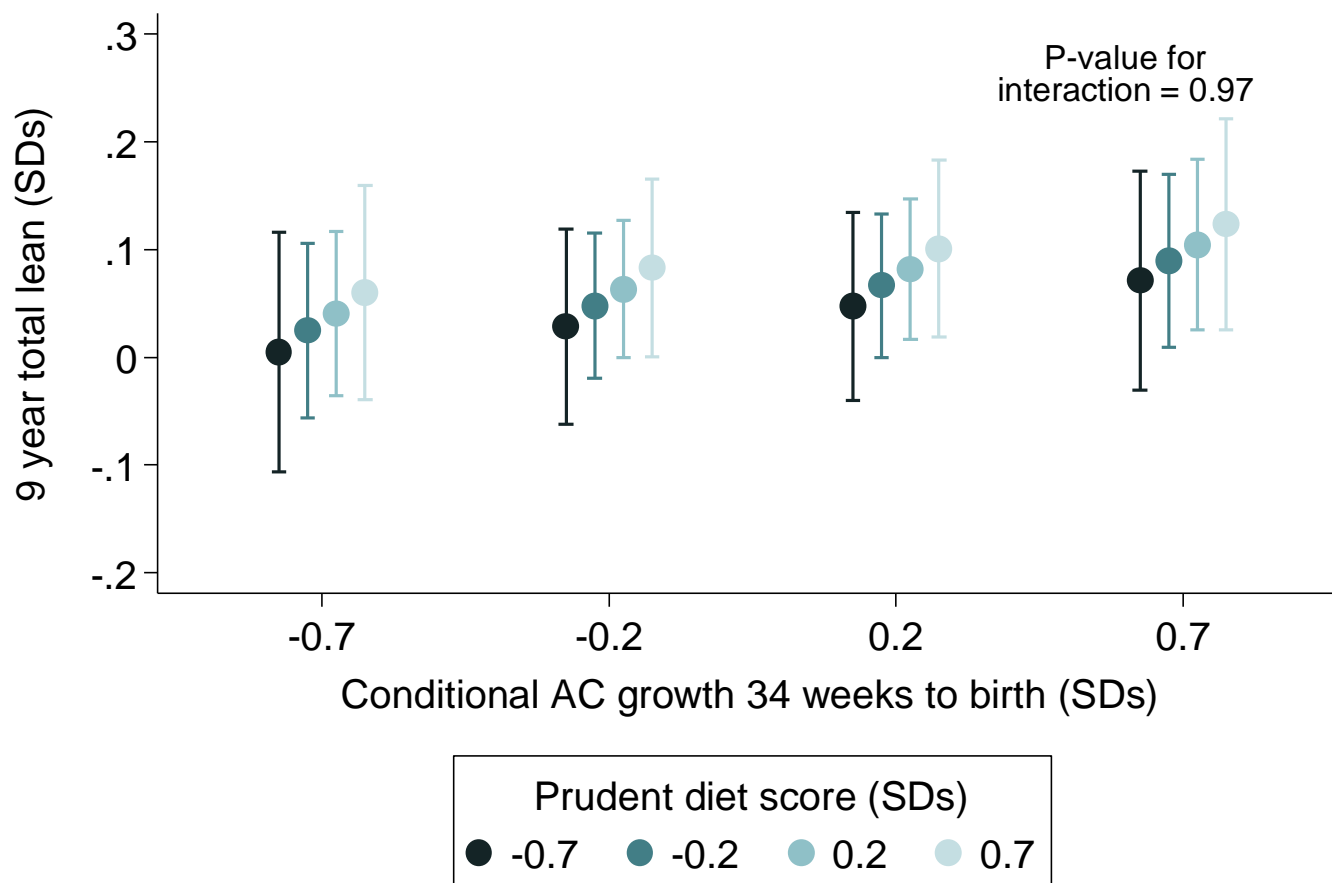
Interaction – total fat



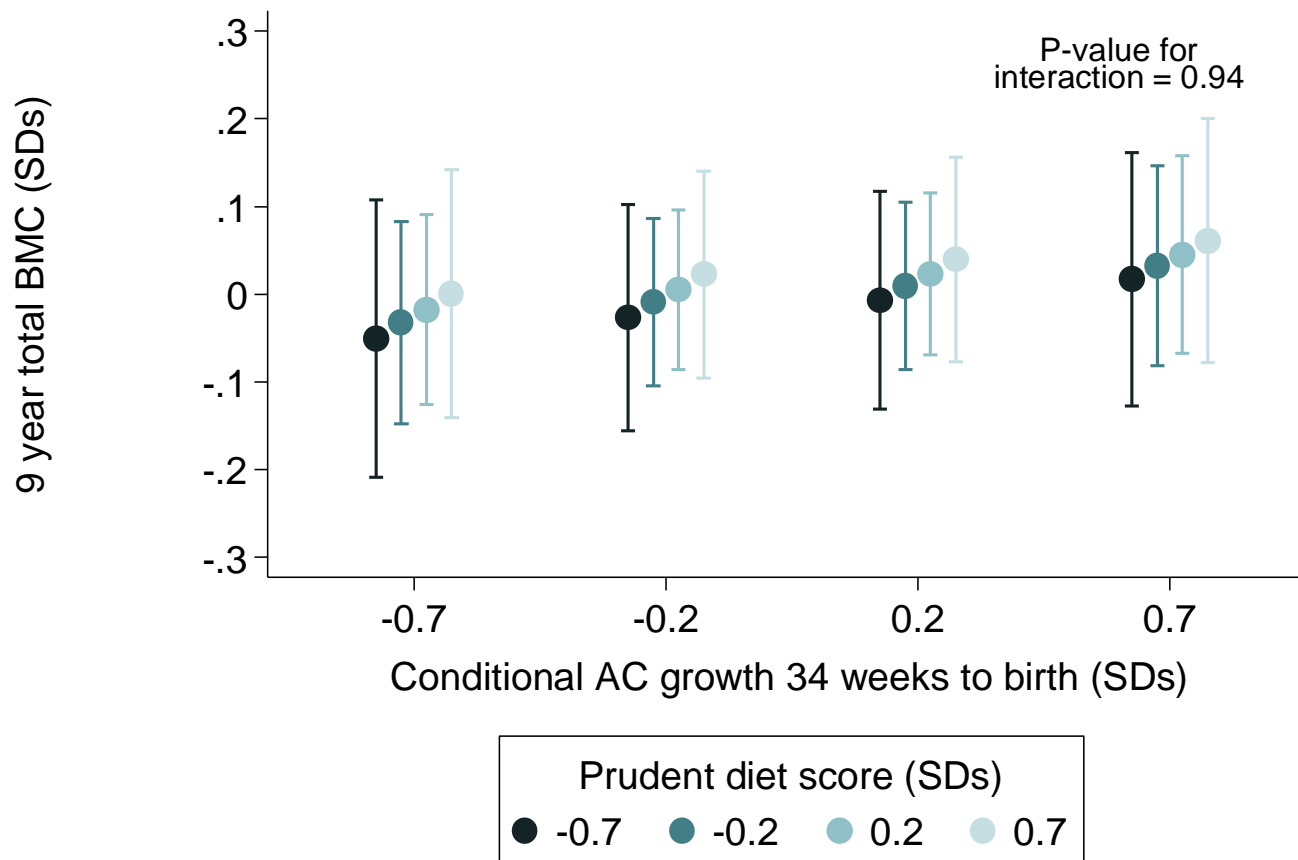
Interaction – percentage fat



Interaction – total lean



Interaction – total BMC



Strengths and weaknesses



- **Strengths**

Detailed anthropometric measurement and conditional growth analyses enabled description of abdominal circumference growth.

Dietary patterns describe broad patterns of diet, with greater potential for public health intervention.

Directed acyclic graphs provide an objective method to determine confounders, aiming to describe causality.

- **Weakness**

The conditional growth method only provides measures of fetal growth for participants with abdominal circumference data at all time points.

Conclusions



- Individuals showing late gestation faltering of fetal growth who then had an unhealthy childhood diet had greater adiposity, while childhood diet was less influential on adiposity in individuals whose fetal growth had not faltered.
- There were no similar interactions for lean and BMC outcomes.
- The result for adiposity provides some evidence in support of the mismatch hypothesis.

Acknowledgements

12,583 SWS study participants

Ultrasonographers

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