

Maternal Intake of Ultraprocessed Foods Is Associated with Excess Risk for Pediatric Obesity

The association was observed for maternal intake during child-rearing years but not during pregnancy.

More than half of calories in the U.S. diet come from ultraprocessed foods (i.e., ready-to-consume formulations containing little or no whole foods). These foods — which typically have low nutritional quality and often contain additives, processing byproducts, and other nonnutritive components — have been associated with a variety of adverse health effects (*NEJM JW Gen Med* Nov 1 2022 and *BMJ* 2022; 378:e070688, e068921). Healthful maternal diets during pregnancy and child rearing have been associated with lower risk for childhood obesity. Might maternal intake of ultraprocessed foods specifically influence risk for pediatric obesity?

From longitudinal health studies of U.S. nurses and their children, researchers identified 20,000 children born to 14,000 mothers between 1981 and 1997. Enrolled women periodically reported their own and their children's medical histories, risk factors, and detailed dietary intake. A subset of 2800 mothers who became pregnant during follow-up reported dietary intake during their pregnancies.

Children of women with the highest intake of ultraprocessed food were significantly more likely to develop overweight or obesity by age 18 (relative risk, 1.26) than were children of women with the lowest intake. Analyses were adjusted for maternal risk factors and the children's diets and physical activity. Maternal intake of ultraprocessed foods during pregnancy was not associated with overweight or obesity in children.

COMMENT

Although the mechanisms of this association remain obscure, these data add to growing concern about the health effects of ultraprocessed foods and the increasing prevalence of these products in the Western diet. — **Bruce Soloway, MD**

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Wang Y et al. Maternal consumption of ultra-processed foods and subsequent risk of offspring overweight or obesity: Results from three prospective cohort studies. *BMJ* 2022 Oct 5; 379:e071767. (<https://doi.org/10.1136/bmj-2022-071767>)