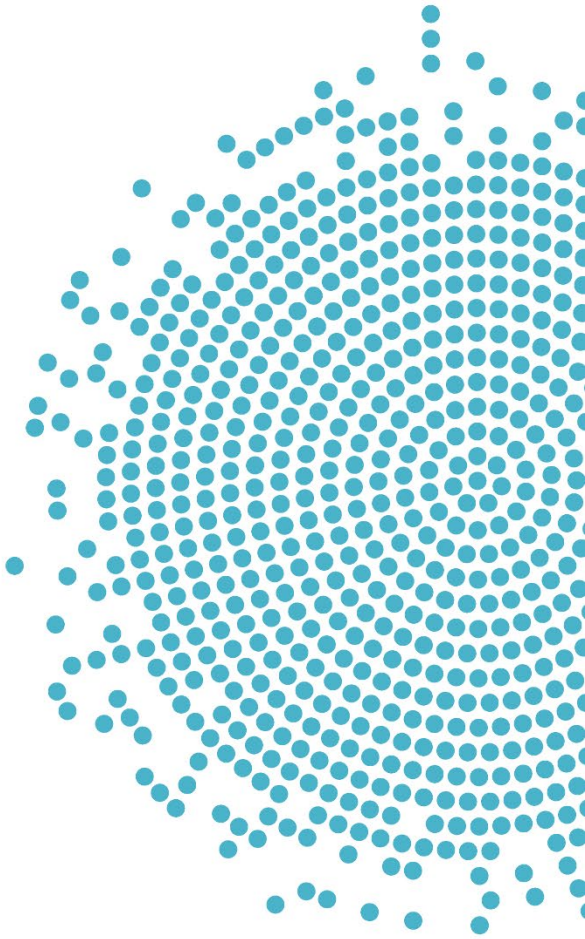
USDA
UNITED STATES DEPARTMENT OF AGRICULTURE

Parental and Caregiver Feeding Styles and Practices and Consuming a Dietary Pattern that is Aligned with the *Dietary Guidelines for Americans*: A Systematic Review



Jennifer Orlet Fisher, PhD,[a,b] Heather A. Eicher-Miller, PhD,[a,c] Angela Odoms-Young, PhD, MS,[a,d] Cristina Palacios, PhD, MSc,[a,e] Steven Abrams, MD,[a,f] Aline Andres, PhD, RD,[a,g] Carol Byrd-Bredbenner, PhD, RD, FAND,[a,h] Andrea Deierlein, PhD, MPH, MS,[a,i] Megan Lawless, PhD,[j] Shabnam Momin, PhD,[j] Gisela Butera, MEd, MLIS,[k] Molly Higgins, MLIS,[l] Nancy Terry, MS, MLIS,[k] Julie Obbagy, PhD[m]

[a] Diet in Pregnancy and Birth through Adolescence Subcommittee, 2025 Dietary Guidelines Advisory Committee

[b] Temple University, Subcommittee Chair

[c] Purdue University

[d] Cornell University, Committee Vice Chair

[e] Florida International University

[f] University of Texas at Austin

[g] University of Arkansas for Medical Sciences

[h] Rutgers, The State University of New Jersey

[i] New York University

[j] Systematic Review Analyst, Nutrition Evidence Systematic Review (NESR) Branch; Panum Telecom, LLC (A wholly owned subsidiary of Aretum), under contract with FNS, USDA

[k] Biomedical Librarian/Informationist, National Institutes of Health Library

[l] Systematic Review Librarian, NESR Branch; Nutrition Guidance and Analysis Division (NGAD), Center for Nutrition Policy and Promotion (CNPP), Food and Nutrition Service (FNS), U.S. Department of Agriculture (USDA)

[m] Branch Chief, NESR Branch; NGAD, CNPP, FNS, USDA

NESR

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Plain language summary

What is the question?
The question is: What is the relationship between parental and caregiver feeding styles and practices during childhood and consuming a dietary pattern that is aligned with the *Dietary Guidelines for Americans*? The population of interest for this question includes children ages 2 to 6 years.

Why was this question asked?
This systematic review was conducted by the 2025 Dietary Guidelines Advisory Committee as part of the process to develop the *Dietary Guidelines for Americans, 2025-2030*.

How was this question answered?
The Committee conducted a new systematic review to answer this question with support from the USDA Nutrition Evidence Systematic Review team.

What is the answer to the question?

- Food parenting practices by caregivers of children ages 2 to 6 years that structure children's physical and social eating environments (e.g. availability and accessibility of healthy foods, monitoring children's eating, modeling of healthy eating behaviors, meal routines such as eating together as a family) are associated with higher intake of fruits and vegetables. This conclusion statement is based on evidence graded as moderate.
- A conclusion statement cannot be drawn about the relationship between controlling food parenting practices (e.g. pressure to eat, overt limits on consumption of certain foods) by caregivers of children ages 2 to 6 years and outcomes related to consuming a dietary pattern aligned with the *Dietary Guidelines for Americans* because there are substantial concerns with consistency in the body of evidence.
- A conclusion statement cannot be drawn about the relationship between food parenting practices by caregivers of children ages 2 to 6 years that provide developmentally appropriate support for children's autonomy (e.g., responsive feeding, praise, child involvement in food and eating activities) and outcomes related to consuming a dietary pattern aligned with the *Dietary Guidelines for Americans* because there is not enough evidence available.
- A conclusion statement cannot be drawn about the relationship between feeding styles by caregivers of children ages 2 to 6 years and outcomes related to consuming a dietary pattern aligned with the *Dietary Guidelines for Americans* because there is not enough evidence available.

How up-to-date is this systematic review?
Conclusion statements from this review are based on articles published between January 2000 – January 2024.

Abstract

Background

This systematic review was conducted by the 2025 Dietary Guidelines Advisory Committee as part of the process to develop the *Dietary Guidelines for Americans*, 2025-2030. The U.S. Departments of Health and Human Services (HHS) and Agriculture (USDA) appointed the 2025 Dietary Guidelines Advisory Committee (Committee) in January 2023 to review evidence on high priority scientific questions related to diet and health. Their review forms the basis of their independent, science-based advice and recommendations to HHS and USDA, which is considered as the Departments develop the next edition of the *Dietary Guidelines*. As part of that process, the Committee conducted a systematic review with support from USDA's Nutrition Evidence Systematic Review (NESR) team to answer the following question: What is the relationship between parental and caregiver feeding styles and practices during childhood and consuming a dietary pattern that is aligned with the *Dietary Guidelines for Americans*? This is a new systematic review.

Methods

The Committee conducted a systematic review using the methodology of the USDA NESR team. The Committee first developed a protocol. The intervention/exposure and comparators were parental or caregiver feeding styles or practices in children 2 to 6 years, and the outcomes were measures of diet quality as measured by the Healthy Eating Index (HEI) or dietary intakes of fruit and vegetables, whole grains, or sugar-sweetened beverages by children and adolescents 2 to 19 years. Additional inclusion criteria were established for the following study characteristics: a) use randomized or non-randomized controlled trial, prospective or retrospective cohort, or nested case-control/other study designs, b) be published in English in peer-reviewed journals, c) be studies from countries classified as high or very high on the Human Development Index, and d) enroll participants with a range of health statuses. The review excluded studies that exclusively enrolled caregivers with a disease or disorder that affects feeding or eating, and multicomponent interventions in which the isolated effects of the caregiver feeding styles and practices on dietary intake and dietary quality cannot be determined.

NESR librarians conducted a literature search in PubMed, Embase, CINAHL, and Cochrane to identify articles published between January 2000 and January 2024. Two NESR analysts independently screened all electronic results and the reference lists of included articles based on the pre-determined criteria. NESR analysts extracted data, from each included article, with a second analyst verifying accuracy of the extraction. Two NESR analysts independently conducted a formal risk of bias assessment, by study design, for each included article, then reconciled any differences in the assessment. The Committee qualitatively synthesized the evidence according to the synthesis plan, with attention given to the overarching themes or key concepts from the findings, similarities and differences between studies, and factors that may have affected the results. The Committee developed conclusion statements and graded the strength of evidence based on its consistency, precision, risk of bias, directness and generalizability.

Results

Structured feeding practices

Conclusion statement[*] and grade: Food parenting practices by caregivers of children ages 2 to 6 years that structure children's physical and social eating environments (e.g. availability and accessibility of healthy foods, monitoring children's eating, modeling of healthy eating behaviors, meal routines such as eating together as a family) are associated with higher intake of fruits and vegetables. This conclusion statement is based on evidence graded as moderate. (Grade: Moderate)

Summary of the evidence:

- Twenty-two articles examined structured feeding practices and dietary intakes aligned with the *Dietary Guidelines for Americans*. Ten were prospective cohort studies and 12 were randomized controlled studies.
- The direction of results and effect size were similar across studies.
- The size of the study groups was adequate for most studies. Variation around the effect estimates ranged from narrow to wide across studies.
- Few studies were designed and conducted well.
- The exposures and outcome measures that were examined directly represent those of interest in the review.
- The evidence may not apply to the U.S. population.

Controlling feeding practices

Conclusion statement above and grade:* A conclusion statement cannot be drawn about the relationship between controlling food parenting practices (e.g. pressure to eat, overt limits on consumption of certain foods) by caregivers of children ages 2 to 6 years and

[*] A conclusion statement is carefully constructed, based on the evidence reviewed, to answer the systematic review question. A conclusion statement does not draw implications and should not be interpreted as dietary guidance.

outcomes related to consuming a dietary pattern aligned with the *Dietary Guidelines for Americans* because there are substantial concerns with consistency in the body of evidence**.** (Grade: Grade Not Assignable)

Summary of the evidence:

- Six articles examined controlling feeding practices and dietary intakes aligned with the *Dietary Guidelines for Americans*. Five were prospective cohort studies and 1 was a randomized controlled trial.
- The 2025 Committee was not able to draw a conclusion due to critical limitations in the body of evidence.

Autonomy supportive feeding practices

*Conclusion statemen*t [*] *and grade:* A conclusion statement cannot be drawn about the relationship between food parenting practices by caregivers of children ages 2 to 6 years that provide developmentally appropriate support for children's autonomy (e.g., responsive feeding, praise, child involvement in food and eating activities) and outcomes related to consuming a dietary pattern aligned with the *Dietary Guidelines for Americans* because there is not enough evidence available. (Grade: Grade Not Assignable)

Summary of the evidence:

- Four articles examined autonomy supportive feeding practices and dietary intakes aligned with the *Dietary Guidelines for Americans*. Two were prospective cohort studies and 2 were randomized controlled trials.
- The 2025 Committee was not able to draw a conclusion due to not enough evidence being available.

Feeding styles

Conclusion statement and grade:* A conclusion statement cannot be drawn about the relationship between feeding styles by caregivers of children ages 2 to 6 years and outcomes related to consuming a dietary pattern aligned with the *Dietary Guidelines for Americans* because there is not enough evidence available. (Grade: Grade Not Assignable)

Summary of the evidence:

- Two articles examined feeding styles and dietary intakes aligned with the *Dietary Guidelines for Americans*. Both were prospective cohort studies.
- The 2025 Committee was not able to draw a conclusion due to not enough evidence being available.

[*] A conclusion statement is carefully constructed, based on the evidence reviewed, to answer the systematic review question. A conclusion statement does not draw implications and should not be interpreted as dietary guidance.

Introduction

To prepare for the development of the *Dietary Guidelines for Americans, 2025-2030*, the U.S. Departments of Health and Human Services (HHS) (**Appendix 1**) and Agriculture (USDA) identified a proposed list of scientific questions based on relevance, importance, potential federal impact, and avoiding duplication, which were posted for public comment.[*] The Departments appointed the 2025 Dietary Guidelines Advisory Committee (Committee) in January 2023 to review evidence on the scientific questions. The Committee's review of the evidence forms the basis of the Scientific Report of the 2025 Dietary Guidelines Advisory Committee[†], which includes independent, science-based advice and recommendations to HHS and USDA and is considered during the development of the next edition of the *Dietary Guidelines*.

The proposed scientific questions were refined and prioritized by the Committee for consideration in their review of the evidence. As part of that process, the following systematic review question was prioritized: What is the relationship between parental and caregiver feeding styles and practices during childhood and consuming a dietary pattern that is aligned with the *Dietary Guidelines for Americans*? The Committee conducted a systematic review to address this question, with support from USDA's Nutrition Evidence Systematic Review (NESR) team. This review is a new review (**Table 1**).

Table 1. Review history

Date	Description	Citation
May 2023	Systematic review protocol for the 2025 Dietary Guidelines Advisory Committee published online	Fisher JO, Abrams SA, Andres A, Byrd-Bredbenner C, Deierlein A, Eicher-Miller HA, Odoms-Young A, Palacios C, Obbagy J, Kim JH, Lawless M, Momin S, Spahn J, Higgins M, Butera G, Terry N. Parental and Caregiver Feeding Styles and Practices and Consuming a Dietary Pattern that is Aligned with the Dietary Guidelines for Americans: A Systematic Review Protocol. May 2023. U.S. Department of Agriculture, Food and Nutrition Service, Center for Nutrition Policy and Promotion, Nutrition Evidence Systematic Review. Available at: https://nesr.usda.gov/protocols
February 2024	Revisions to the systematic review protocol for the 2025 Dietary Guidelines Advisory Committee published online	Fisher JO, Abrams SA, Andres A, Byrd-Bredbenner C, Deierlein A, Eicher-Miller HA, Odoms-Young A, Palacios C, Obbagy J, Kim JH, Lawless M, Momin S, Spahn J, Higgins M, Butera G, Terry N. Parental and Caregiver Feeding Styles and Practices and Consuming a Dietary Pattern that is Aligned with the Dietary Guidelines for Americans: A Systematic Review Protocol. May 2023. U.S. Department of Agriculture, Food and Nutrition Service, Center for Nutrition Policy and Promotion, Nutrition Evidence Systematic Review. Available at: https://nesr.usda.gov/protocols
June 2024	Revisions to the systematic review protocol for the 2025 Dietary Guidelines Advisory Committee published online	Fisher JO, Abrams SA, Andres A, Byrd-Bredbenner C, Deierlein A, Eicher-Miller HA, Odoms-Young A, Palacios C, Obbagy J, Kim JH, Lawless M, Momin S, Spahn J, Higgins M, Butera G, Terry N. Parental and Caregiver Feeding Styles and Practices and Consuming a Dietary Pattern that is Aligned with the Dietary Guidelines for Americans: A Systematic Review Protocol. May 2023. U.S. Department of Agriculture, Food and Nutrition Service, Center for Nutrition Policy and Promotion, Nutrition Evidence Systematic Review. Available at: https://nesr.usda.gov/protocols

[*] Dietary Guidelines for Americans: Learn About the Process. 2022. Available at: https://www.dietaryguidelines.gov/work-under-way/learn-about-process

[†] 2025 Dietary Guidelines Advisory Committee. 2024. Scientific Report of the 2025 Dietary Guidelines Advisory Committee: Advisory Report to the Secretary of Health and Human Services and Secretary of Agriculture. U.S. Department of Health and Human Services. https://doi.org/10.52570/DGAC2025

Methods

The Committee used NESR's methodology to conduct this systematic review. NESR's methodology is described in detail in its methodology manual,[*] as well as in the Committee's Scientific Report.[†] This section presents an overview of the specific methods used to answer the systematic review question: What is the relationship between parental and caregiver feeding styles and practices during childhood and consuming a dietary pattern that is aligned with the *Dietary Guidelines for Americans*?

Develop a protocol

A systematic review protocol is the plan for how NESR's methodology will be used to conduct a specific systematic review and is established by the Committee, *a priori*, before any evidence is reviewed. The protocol is designed to capture the most appropriate and relevant body of evidence to answer the systematic review question. Development of the protocol involves discussion of the strengths and limitations of various methodological approaches relevant to the question, which then inform subsequent steps of the systematic review process. The protocol describes all of the methods that will be used throughout the systematic review process. Additionally, the protocol includes the following components, which are tailored to each systematic review question: the analytic framework, the inclusion and exclusion criteria, and the synthesis plan.

The protocol was posted online (https://nesr.usda.gov/protocols) for the public to view and comment on. *[Revisions to the systematic review protocol were made during the review process. These amendments are documented in **Table 2**.]*

Table 2. Protocol revisions

Date	Protocol revision	Description
January 2024	Inclusion and exclusion criteria for publication date were updated to document that the review will include studies published through January 2024.	This revision was made to document the final publication date range covered by the literature search.
May 2024	The analytic framework and inclusion and exclusion criteria for population were updated to document that the review will include only those studies that examine caregiver feeding practices in children 2 to 6 years. This change also resulted in a change to the wording of the systematic review question (i.e., removal of "adolescence"), to clarify that the focus of the review is on caregiver feeding practices during childhood.	This revision was made to enable focus on 1 life stage, taking into consideration project timelines and workload. The revision was made before evidence synthesis.

[*] USDA Nutrition Evidence Systematic Review Branch. USDA Nutrition Evidence Systematic Review: Methodology Manual. February 2023. U.S. Department of Agriculture, Food and Nutrition Service, Center for Nutrition Policy and Promotion, Nutrition Evidence Systematic Review. Available at: https://nesr.usda.gov/methodology-overview

[†] 2025 Dietary Guidelines Advisory Committee. 2024. Scientific Report of the 2025 Dietary Guidelines Advisory Committee: Advisory Report to the Secretary of Health and Human Services and Secretary of Agriculture. U.S. Department of Health and Human Services. https://doi.org/10.52570/DGAC2025

Develop an analytic framework

An analytic framework visually represents the overall scope of the systematic review question and depicts the contributing elements that were examined and evaluated. It presents the core elements of each systematic review question, including the **P**opulation (i.e., those who experience the intervention/exposure and/or outcome), **I**ntervention and/or exposure (i.e., the independent variable of interest), **C**omparator (i.e., the alternative being compared to the intervention or exposure), and **O**utcome(s). Definitions for key terms are also included because they provide the basis for how concepts are operationalized throughout the review. The Committee identified key confounders based on their knowledge of the nutrition and health research and experience as subject matter experts. Key confounders are participant characteristics such as health status, demographics, and diet and lifestyle behaviors, and/or other factors related to both the intervention/exposure and the outcome of interest that may impact the relationships of interest. Key confounders were considered during review and evaluation of the evidence, particularly during the risk of bias assessment of non-randomized and observational studies.

Figure 1 is the analytic framework for the systematic review. The intervention or exposure of interest is parental and caregiver feeding styles and practices in children (2 to 6 years). The comparators are different degrees of parental or caregiver feeding styles or practices or different parental or caregiver feeding styles or practices. The outcomes are diet quality as measured by the Health Eating Index (HEI), including versions jointly released by USDA and HHS starting in 2008 (HEI-2005, HEI-2010, and HEI-2015) and dietary intake of fruits, vegetables, whole grains, and sugar-sweetened beverages in children, adolescents, adults, and older adults. The key confounders are socioeconomic position and/or parental or caregiver education, race and/or ethnicity, baseline dietary intake for food components assessed as outcomes, child's anthropometry at baseline, child sex, and parental or caregiver BMI.

Figure 1. Analytic framework for the systematic review question: What is the relationship between parental and caregiver feeding styles and practices during childhood and consuming a dietary pattern that is aligned with the *Dietary Guidelines for Americans*?

Population	***Intervention/ exposure***	***Comparator***	***Outcome***	***Key confounders***

Children (2 to 6 years)	Parental and caregiver feeding styles and practices	• Different degrees of parental or caregiver feeding styles or practices
		• Different parental or caregiver feeding styles or practices
			In children, adolescents, adults, older adults
			• Diet quality as measured by the Healthy Eating Index (HEI), including versions jointly released by USDA and HHS starting in 2008 (HEI-2005, HEI-2010, and HEI-2015)
			• Dietary intake of
			  ○ Fruit and vegetables
			  ▪ Fruit
			  ▪ Vegetables
			  ○ Whole grains
			  ○ Sugar-sweetened beverages (SSBs)
				• Socioeconomic position and/or parental or caregiver education
				• Race and/or ethnicity
				• Baseline dietary intake for food components assessed as outcomes
				• Child's anthropometry at baseline
				• Child sex
				• Parental or caregiver BMI

Synthesis organization:

I. ***Intervention/exposure:*** Parental and caregiver feeding styles and practices

a. ***Outcome:*** Diet quality as measured by the Healthy Eating Index (HEI); Dietary intake of fruits, vegetables, whole grains, sugar-sweetened beverages

Key definitions:

Caregiver: A parent or guardian who provides most of the direct care to a child in the home setting (e.g., mother, father, grandparent, and guardian).

Feeding styles and practices across developmental stages

Parental feeding styles: reflect the overall attitude and emotional climate which characterize child eating occasions and reflect differences in parental demandingness and responsiveness[*]:

- Authoritative feeding style characterized by high demand and high response is defined as reasonable nutritional demands in conjunction with sensitivity toward the child.
- Authoritarian feeding style characterized by high demand and low response is defined as high control with little sensitivity during feeding.
- Indulgent feeding style characterized by low demand and high response is defined as high responsivity with little structure around feeding.
- Uninvolved feeding style characterized by low demand and low response is defined as a lack of involvement during feeding.

Food parenting practices/feeding practices: goal-oriented food-specific behaviors or actions carried out by parents (intentional or unintentional) that affect their child's attitudes, behaviors, or beliefs.[†] Three overarching, high-order food parenting constructs include:

- Coercive control: "parent's pressure, intrusiveness, and dominance in relation to children's feelings and thoughts, as well as their behaviors". Coercive control includes restriction, pressure to eat, threats and bribes (instrumental feeding, food and non-food threats or rewards), and using food to control negative emotions (emotional feeding).
- Autonomy support: "psychological autonomy and encouragement of independence" and may include responsiveness to feeding cues, nutrition education, child involvement, encouragement, praise, reasoning, and negotiation.
- Structure: "parent's organization of children's environment to facilitate children's competence" and may encompass rules, limits or boundaries, limited/guided choices, portion size, monitoring, meal- and snack time routines (atmosphere of meals, distractions [e.g., screens], family presence, and meal and snack schedule), modeling, food availability and accessibility, and food preparation, and unstructured (indulgent feeding practices).

Sugar sweetened beverages (SSB): are liquids that are sweetened with various forms of added sugars. These beverages include, but are not limited to, soda (regular, not sugar-free), fruitades, sports drinks, energy drinks, sweetened waters, and coffee and tea beverages with added sugars. Also called calorically sweetened beverages.[‡]

[*] Hughes SO, Power TG, Orlet Fisher J, Mueller S, Nicklas TA. Revisiting a neglected construct: parenting styles in a child-feeding context. *Appetite*. 2005;44(1):83-92. doi:10.1016/j.appet.2004.08.007

[†] Vaughn AE, Ward DS, Fisher JO, et al. Fundamental constructs in food parenting practices: a content map to guide future research. Nutr Rev. 2016 Feb;74(2):98-117.

[‡] Dietary Guidelines Advisory Committee. 2020. Scientific Report of the 2020 Dietary Guidelines Advisory Committee: Advisory Report to the Secretary of Agriculture and the Secretary of Health and Human Services. U.S. Department of Agriculture, Agricultural Research Service, Washington, DC. Available at: https://doi.org/10.52570/DGAC2020

Develop inclusion and exclusion criteria

The inclusion and exclusion criteria provide an objective, consistent, and transparent framework for determining which articles to include in the systematic review (**Table 3).** These criteria ensure that the most relevant and appropriate body of evidence is identified for the systematic review question, and that the evidence reviewed is[*]:

- Applicable to the U.S. population of interest
- Relevant to Federal public health nutrition policies and programs
- Rigorous from a scientific perspective

Table 3. Inclusion and exclusion criteria

Category	Inclusion Criteria	Exclusion Criteria
Study design	• Randomized controlled trials • Non-randomized controlled trials[†] • Prospective cohort studies • Retrospective cohort studies • Nested case-control studies	• Uncontrolled trials[‡] • Case-control studies • Cross-sectional studies • Ecological studies • Narrative reviews • Systematic reviews • Meta-analyses • Modeling and simulation studies
Publication date	• January 2000 – January 2024	• Before January 2000, after January 2024
Population: Study participants	• Human	• Non-human

Population: Life stage	• At intervention or exposure:
	  ○ Children (2 to 6 years)
	• At outcome:
	  ○ Children and adolescents (2 to 19 years)
	  ○ Adults and older adults (19 years and older)
		• At intervention or exposure:
		  ○ Infants and young children (birth to 24 months)
		  ○ Children and adolescents (6 to 19 years)
		  ○ Adults and older adults (19 years and older)
		• At outcome:
		  ○ Infants and young children (birth to 24 months)

[*]USDA Nutrition Evidence Systematic Review Branch. USDA Nutrition Evidence Systematic Review: Methodology Manual. February 2023. U.S. Department of Agriculture, Food and Nutrition Service, Center for Nutrition Policy and Promotion, Nutrition Evidence Systematic Review. Available at: https://nesr.usda.gov/methodology-overview

[†] Including quasi-experimental and controlled before-and-after studies

[‡] Including uncontrolled before-and-after studies

Category	Inclusion Criteria	Exclusion Criteria

Population: Health status	• Studies that enroll <u>some</u> caregivers with a disease or disorder that affects feeding or eating (e.g., eating disorders, depression, or anxiety disorders)
	• Studies that <u>exclusively</u> enroll children not diagnosed with a disease or disorder that affects feeding or eating*
	• Studies that enroll <u>some</u> participants:
	  ○ diagnosed with a disease;
	  ○ diagnosed with a disorder that affects feeding/eating or growth (e.g., autism spectrum disorder, attention-deficit/hyperactivity disorder, eating disorders);
	  ○ with severe undernutrition, failure to thrive/underweight, stunting, or wasting;
	  ○ born preterm,† with low birth weight,‡ and/or small for gestational age
	  ○ and/or hospitalized for an illness, injury or surgery
		• Studies that <u>exclusively</u> enroll caregivers with a disease or disorder that affects feeding or eating (e.g., eating disorders, depression, or anxiety disorders)
		• Studies that <u>exclusively</u> enroll participants:
		  ○ diagnosed with a disease;§
		  ○ diagnosed with a disorder that affects feeding/eating or growth (e.g., autism spectrum disorder, attention-deficit/hyperactivity disorder, eating disorders);
		  ○ with severe undernutrition, failure to thrive/underweight, stunting, or wasting;
		  ○ born preterm,† with low birth weight,‡ and/or small for gestational age;
		  ○ and/or hospitalized for an illness, injury, or surgery**

Intervention/ exposure	• Measured parental or caregiver feeding styles or practices assessed using objective (observations) or subjective (self-reported questionnaire) or ecological momentary assessment methods • Multi-component intervention in which the isolated effect of the parental or caregiver feeding styles and practices on dietary intake and dietary quality, or effect or association can be determined despite multiple components	• Childcare and school-based interventions/exposures • Multi-component intervention in which the isolated effect of the caregiver feeding styles and practices on dietary intake and dietary quality is not provided or cannot be determined due to multiple components
Comparators	• Different degrees of parental or caregiver feeding styles or practices • Different parental or caregiver feeding styles or practices	• No comparator

Outcomes	• Diet quality as measured by the Healthy Eating Index (HEI), including versions jointly released by USDA and HHS starting in 2008 (HEI-2005, HEI-2010, and HEI-2015)
	• Dietary intake of
	  ○ Fruit and vegetables
	  ▪ Fruit
	  ▪ Vegetables
	  ○ Whole grains
	  ○ Sugar-sweetened beverages (SSBs)
		• Other scales or indices of diet quality, including those based on or adapted from the HEI that are not released jointly by USDA and HHS.
		• Intake of other food groups and beverages not described in the inclusion criteria

* Studies that enroll participants who are at risk for chronic disease were included; disorder that affects feeding or eating include condition such as autism spectrum disorder, attention-deficit/hyperactivity disorder, eating disorders, depression or anxiety disorders.

† Gestational age <37 weeks and 0/7 days

‡ Birth weight <2500g

§ Studies that exclusively enroll participants with obesity were included

** Studies that exclusively enroll participants post-cesarean section were included

Category	Inclusion Criteria	Exclusion Criteria
Publication status	• Peer-reviewed articles published in research journals	• Non-peer-reviewed articles, unpublished data or manuscripts, pre-prints, reports, editorials, retracted articles, and conference abstracts or proceedings
Language	• Published in English	• Not published in English
Country*	• Studies conducted in countries classified as high or very high on the Human Development Index the year(s) the intervention/exposure data were collected	• Studies conducted in countries classified as medium or low on the Human Development Index the year(s) the intervention/exposure data were collected

Search for and screen studies

NESR librarians, in collaboration with NESR analysts and the Committee, used the analytic framework and inclusion and exclusion criteria to develop a comprehensive literature search strategy. The literature search strategy included selecting and searching the appropriate bibliographic databases, translating search using syntax appropriate for the databases being searched, and employing search refinements, such as search filters. The full literature search is documented in **Appendix 2**.

The results of all electronic database searches, after removal of duplicates, were screened independently by 2 NESR analysts using a step-wise process by reviewing titles, abstracts, and full-texts to determine which articles meet the inclusion criteria. Manual searching was conducted to find peer-reviewed published articles not identified through the electronic database search. These articles were also screened independently by 2 NESR analysts at the abstract and full-text levels.

Extract data and assess the risk of bias

NESR analysts extracted all essential data from each included article to describe key characteristics of the available evidence, such as the author, publication year, cohort/trial name, study design, population life stage at intervention/exposure and outcome, intervention/exposure and outcome assessment methods, and outcomes. One NESR analyst extracted the data and a second NESR analyst reviewed the extracted data for accuracy. Each article included in the systematic review underwent a formal risk of bias assessment, with 2 NESR analysts independently completing the risk of bias assessment using the tool that is appropriate for the study design.[†‡§]

* The classification of countries on the Human Development Index (HDI) is based on the UN Development Program Human Development Report Office (http://hdr.undp.org/en/data) for the year the study intervention occurred or data were collected. If the study does not report the year(s) in which the intervention/exposure data were collected, the HDI classification for the year of publication is applied. Studies conducted prior to 1990 are classified based on 1990 HDI classifications. If the year is more recent than the available HDI values, then the most recent HDI classifications are used. If a country is not listed in the HDI, then the current country classification from the World Bank is used (The World Bank Country and Lending Groups, available from: https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-country-and-lending-groups)

† Sterne JAC, Savović J, Page MJ, et al. RoB 2: a revised tool for assessing risk of bias in randomised trials. *BMJ* 2019; 366: l4898.doi:10.1136/bmj.l4898

‡ Sterne JAC, Hernán MA, Reeves BC, et al. ROBINS-I: a tool for assessing risk of bias in non-randomized studies of interventions. BMJ 2016; 355; i4919; doi: 10.1136/bmj.i4919

§ Higgins JPT, Morgan RL, Rooney AA, et al. A tool to assess risk of bias in non-randomized follow-up studies of exposure effects (ROBINS-E). *Environment International* 2024 (published online Mar 24); doi: 10.1016/j.envint.2024.108602.

Synthesize the evidence

The Committee described, compared, and combined the evidence from all included studies to answer the systematic review question.[*] Synthesis of the body of evidence involved identifying overarching themes or key concepts from the findings, identifying and explaining similarities and differences between studies, and determining whether certain factors impact the relationships being examined, which includes potential causes of heterogeneity across all included evidence.

Extracted data and risk of bias assessments for all included studies were tabulated to visually display results and facilitate synthesis. During synthesis, the Committee considered the effect direction, magnitude, and statistical significance of the results reported across the articles included in the body of evidence. The evidence was synthesized qualitatively without meta-analysis of effect estimates, statistical pooling or conversion of data, or quantitative tests of heterogeneity.

The synthesis plan for this review was designed with the end-use in mind, to inform the Committee's advice to HHS and USDA regarding dietary guidance across life stages. The first level of synthesis organization was by caregiver feeding practices and styles. Then, within each caregiver feeding practice or style, the evidence was organized by similar outcomes based on the available evidence.

Develop conclusion statements and grade the evidence

After the Committee synthesized the body of evidence, they drafted conclusion statements. A conclusion statement is 1 or more summary statements carefully constructed to answer the systematic review question. Each conclusion statement reflects the evidence reviewed, as outlined in the analytic framework (e.g., PICO elements) and synthesis plan, and does not take evidence from other sources into consideration. Conclusion statements do not draw implications and should not be interpreted as dietary guidance. The Committee reviewed, discussed, and revised the conclusion statements until they reached agreement on wording that accurately reflected the body of evidence.

The Committee then graded the strength of the evidence underlying each conclusion statement. They did this using NESR's predefined criteria, based on 5 grading elements: consistency, precision, risk of bias, directness and generalizability of the evidence. Study design and publication bias were also considered.[†]

- Consistency: Consistency considers the degree of similarity in the direction and magnitude of effect across the body of evidence. This element also considers whether differences across the results can be explained by variations in study designs and methods.
- Precision: Precision considers the degree of certainty around an effect estimate for a given outcome. This element considers measures of variability, such as the width and range of confidence intervals, the number of studies, and sample sizes, within and across studies.
- Risk of bias: Risk of bias considers the likelihood that systematic errors resulting from the design and conduct of the studies could have impacted the accuracy of the reported results across the body of evidence.
- Directness: Directness considers the extent to which studies are designed to directly examine the relationship among the interventions/exposures, comparators, and outcome(s) of primary interest in the systematic review question.

[*] USDA Nutrition Evidence Systematic Review Branch. USDA Nutrition Evidence Systematic Review: Methodology Manual. February 2023. U.S. Department of Agriculture, Food and Nutrition Service, Center for Nutrition Policy and Promotion, Nutrition Evidence Systematic Review. Available at: https://nesr.usda.gov/methodology-overview

[†] Spill MK, English LK, Raghavan R, et al. Perspective: USDA Nutrition Evidence Systematic Review Methodology: Grading the Strength of Evidence in Nutrition- and Public Health-Related Systematic Reviews. Adv Nutr. 2022 Aug 1;13(4):982-991. doi: 10.1093/advances/nmab147

- Generalizability: Generalizability considers whether the study participants, interventions and/or exposures, comparators, and outcomes examined in the body of evidence are applicable to the U.S. population of interest for the review.

The Committee assigned a grade to each conclusion statement (i.e., strong, moderate, limited, or grade not assignable). The grade communicates the strength of the evidence supporting a specific conclusion statement to decision makers and stakeholders. A conclusion statement can receive a grade of Strong, Moderate, or Limited, and if insufficient or no evidence is available to answer a systematic review question, then no grade is assigned (i.e., Grade Not Assignable) (**Table 4**). The overall grade is not based on a predefined formula for scoring or tallying ratings of each element. Rather, each overall grade reflects the expert group's thorough consideration of all of the grading elements, as they each relate to the specific nuances of the body of evidence under review.

Table 4. Definitions of NESR grades

Grade	Definition
Strong	The conclusion statement is based on a strong body of evidence as assessed by consistency, precision, risk of bias, directness, and generalizability. The level of certainty in the conclusion is strong, such that if new evidence emerges, modifications to the conclusion are unlikely to be required.
Moderate	The conclusion statement is based on a moderate body of evidence as assessed by consistency, precision, risk of bias, directness, and generalizability. The level of certainty in the conclusion is moderate, such that if new evidence emerges, modifications to the conclusion may be required.
Limited	The conclusion statement is based on a limited body of evidence as assessed by consistency, precision, risk of bias, directness, and generalizability. The level of certainty in the conclusion is limited, such that if new evidence emerges, modifications to the conclusion are likely to be required.
Grade Not Assignable	A conclusion statement cannot be drawn due to either a lack of evidence, or evidence that has severe limitations related to consistency, precision, risk of bias, directness, and generalizability.

Recommend future research

The Committee identified and documented research gaps and methodological limitations throughout the systematic review process. These gaps and limitations are used to develop research recommendations that describe the research, data, and methodological advances that are needed to strengthen the body of evidence on a particular topic. Rationales for the necessity of additional or stronger research are also provided with the research recommendations.

Peer review

This systematic review underwent external peer review in a process coordinated by staff from National Institutes Health (NIH). NIH staff identified potential peer reviewers through outreach to a variety of professional organizations to select academic reviewers from U.S. colleges and universities across the country with a doctorate degree, including MDs, and expertise specific to the questions being reviewed. All peer reviewers were external to the *Dietary Guidelines* process, and therefore, current Committee members or Federal staff who supported the Committee or the development of the *Dietary Guidelines* were not eligible to serve as peer reviewers.

The peer review process was anonymous and confidential in that the peer reviewers were not identified to the Committee members or NESR staff, and in turn, the reviewers were asked not to share or discuss the review with anyone. Peer reviewers were made aware that per USDA, Food and Nutrition Service (FNS) agency policy, all peer reviewer comments would be summarized and made public, but comments would not be attributed to a specific reviewer.

Peer review occurred after draft conclusion statements were discussed by the full Committee at its third, fourth, fifth, and sixth public meetings. NIH staff assigned and distributed the reviews to at least 2 peer reviewers based on area of expertise. Following peer review, the Committee reviewed and discussed comments and made revisions to the systematic review, as needed, based on the discussion.

Health equity considerations

The Committee was charged by HHS and USDA to review all scientific questions with a health equity lens to ensure that the next edition of the Dietary Guidelines is relevant to people with diverse racial, ethnic, socioeconomic, and cultural backgrounds. The Committee made a number of health equity considerations throughout the NESR systematic review process. The Committee's Scientific Report[*] includes a more detailed discussion of their approach to applying a health equity lens to their review of evidence, but examples include consideration of key confounders relevant to health equity and assessment of generalizability of the evidence.

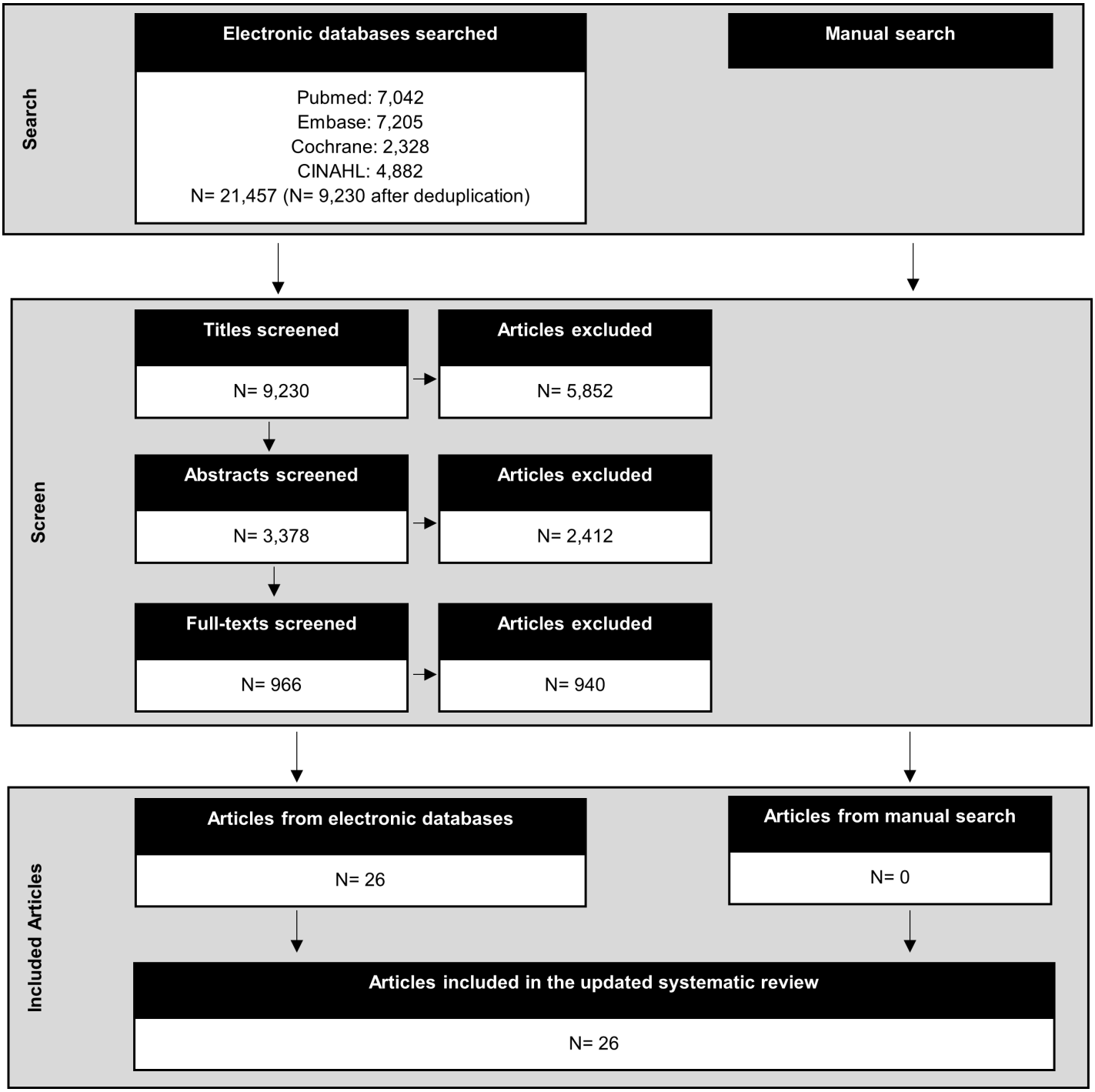
Results

Literature search and screening results

The literature search (**Appendix 2**) yielded 9230 search results after the removal of duplicates (see **Figure 2**). Dual-screening resulted in the exclusion of 5852 titles, 2412 abstracts, and 940 full-texts articles. Reasons for full-text exclusion are in **Appendix 3**. No additional articles were identified from the manual search. The body of evidence included 26 articles.

[*] 2025 Dietary Guidelines Advisory Committee. 2024. Scientific Report of the 2025 Dietary Guidelines Advisory Committee: Advisory Report to the Secretary of Health and Human Services and Secretary of Agriculture. U.S. Department of Health and Human Services. https://doi.org/10.52570/DGAC2025

Figure 2. Literature search and screen flowchart



Fourteen articles from prospective cohort studies (PCS) and 12 articles (9 cohorts) from randomized control trials (RCT) met inclusion criteria and examined the associations between parental and caregiver feeding styles and practices and dietary patterns aligned with the *Dietary Guideline for Americans*.

Structured feeding practices

Description of the evidence

A total of 22 articles met inclusion criteria and examined the associations between caregiver feeding practices related to structuring child's physical and social environment and dietary intakes aligned with the *Dietary Guidelines for Americans* (**Table 9**): 10 prospective cohort studies (PCS)[1-10] and 12 randomized controlled trials (RCT).[11-22]

Population

Most studies were conducted in the U.S.[1,2,7,8,10-13,15-18]; however, there were also studies from Australia,[5,19-22] Netherlands,[6,9] the United Kingdom,[3,14] and Finland.[4]

Ten of the 22 articles were PCS; 5 articles were a secondary analysis of data from a RCT.[1,4,7,9,10] Sample sizes ranged from N=51[7] to N=7285[3] participants with 5 articles involving sample sizes less than 1000 participants.[1,4,5,7,10] Five articles reported that a majority of children in the sample were with overweight or obesity at baseline[1,2,4,7,10] and 1 article reported data from participants enrolled in an overweight prevention protocol.[9]

Three of the 10 PCS did not report race and/or ethnicity data[3-5] and 1 article did not report information on SEP.[7] Of those that did provide information on race and/or ethnicity, 3 articles were studies in predominantly white populations [2,7,8] 2 articles reported that >50% of participants were from racial and/or ethnic minority groups,[1,10] and 2 articles reported that most participants were Dutch.[6,9] Seven articles were from studies conducted in middle to higher SEP populations[2-6,8,9] while 2 articles were from studies conducted in lower SEP populations.[1,10]

The 12 articles from RCT were from 9 independent trials; 4 articles reported findings from the Healthy Habits trial.[19-22] Sample sizes ranged from N=39[15] to N=1306.[11] Eleven of the articles reported a power analysis, [11,12,14-22] however only 2 studies were adequately powered to detect differences in dietary outcomes.[11,14]

Of the 12 RCTs, 5 trials were conducted in predominantly white populations[11,12,14,16,17] and 3 trials reported that >50% of participants were from underrepresented racial and/or ethnic groups.[13,15,18] The Healthy Habits trial included 5% participants who were Aboriginal and/or Torres Strait Islander.[19-22] All 12 articles from RCTs articles reported information on participants' SEP; 3 articles were from studies conducted in middle to higher SEP populations[12,16,17] and 9 articles were from studies conducted in lower SEP populations.[11,13-15,18-22] Five articles reported baseline anthropometry of children in the sample; 5 studies reported >50% were normal weight (Body Mass Index (BMI) <85th percentile or z-score between -1 and 1) at baseline.[12,13,15-17]

Intervention/Exposure

Structure involves caregivers' organization of children's environment to facilitate children's competence.[*] Structured feeding practices encompass caregivers' consistent enforcement of rules and boundaries about eating, strategies used by caregivers to help their children learn and maintain certain dietary behaviors, and the caregivers' physical organization of their children's food environment. These practices may include rules, limits or boundaries, limited/guided choices, portion size, monitoring, meal- and snack time routines

[*] Vaughn AE, Ward DS, Fisher JO, et al. Fundamental constructs in food parenting practices: a content map to guide future research. Nutr Rev. 2016 Feb;74(2):98-117.

(atmosphere of meals, distractions [e.g., screens], family presence, and meal and snack schedule), modeling, food availability and accessibility, and food preparation, and unstructured (indulgent feeding practices).

All PCS articles examined varying levels of caregiver feeding practices as their exposure and comparator of interest. Feeding practices were assessed using caregiver self-report when children were between 2 and 6 years; 8 articles reported the average age of children was >4 years,[1,3,4,6-10] 1 article reported the average age of children was 24 months,[2] and 1 article reported children were between 6 months and 6 years.[5] Three articles assessed availability of foods,[4,7,9] 4 articles assessed frequency and/or environment of family meals,[2,5,6,8] 4 articles assessed monitoring of children's eating,[1,6,9,10] 2 articles assessed modelling,[4,10] and 4 articles assessed having rules related to eating.[3,4,7,9]

The RCTs were comprised of a variety of intervention components, but most included materials and activities aimed at increasing the availability of fruits and vegetables in the home and/or positively structuring family mealtimes.[11-22] The control groups received information unrelated to the intervention[11,13,14,16-22] or were waitlisted to receive the intervention after the study period.[12,15] The duration of the trials ranged from 4 weeks[19-22] to 8 months.[16] More information on interventions and comparators is provided in **Table 9**.

Outcome

For the PCS, outcomes were assessed when children were approximately 4 years[2,7], 5 years[2,4,6,7,9,14-16], 6 years[6,18], 7 years,[1,10,18] 8 years,[4,6,8-12,14,17,19-22] and 13 years.[8] One study measured outcomes 2 years after baseline when children were between 1.5 years and 8 years.[5] Outcomes included measures of dietary quality, including Healthy Eating Index (HEI) scores or intakes of fruits, vegetables, whole grains or SSBs. The most commonly reported outcomes were intakes of fruits and vegetables (17 articles)[3-6,8,11-22] and SSBs (8 articles).[2,4,6,7,9,14-16] Only 2 articles reported on intakes of whole grains[6,18] and 3 articles reported on overall diet quality using HEI scores.[1,10,18] Thirteen studies assessed diet using a food frequency questionnaire,[4,6,8-12,14,17,19-22] 4 studies used 24- hour recalls[1,7,16,18] and 5 studies used other methods.[2,3,5,13,15]

Synthesis of the evidence

Prospective Cohort Studies

Five PCS showed positive associations between structured feeding practices with fruit and vegetable intakes among children.[3-6,8] Three articles reported higher frequency of family meals was related to greater intakes of fruit and vegetables,[5,6,8] though not all of the associations reached significance.[5,8] Three PCS assessed monitoring, availability of healthy foods, and/or having rules regarding eating healthy foods and showed positive associations with fruit and vegetable intake.[3,4,6]

Five studies included outcomes related to SSB consumption and showed inconsistent findings.[2,4,6,7,9] One study found higher frequency of having breakfast, but not dinner, with fathers was associated with a decrease in the odds of children drinking SSB beverages at 2-year follow-up.[2] In a different study, frequency of family breakfast and dinner, as well as parental monitoring, were not associated with SSB intake.[6] Two PCS assessed rules (limit setting): 1 study found a positive association between having rules and low SSB intake over time,[9] and 1 study found no association with SSB intake.[7] van Grieken et al.[9] also found that greater monitoring of child's SSB consumption, not buying SSB, and no availability of SSB in the home were associated with low SSB intake over time. One other study reported that decreased availability of SSB was related to decreased SSB intake.[4]

Measures of whole grain intake and overall diet quality using HEI scores were each reported in 1 PCS.[1,6] Mou et al.[6] reported that monitoring and higher frequency of family breakfast and dinner were associated with higher whole grain component scores among children. Buscemi et al.[1] examined overall diet quality and found no association between parental monitoring and changes in HEI scores from baseline to follow-up.

Randomized Control Trials

Twelve RCTs that included structured feeding practices as an intervention component demonstrated positive effects on children's dietary patterns, particularly fruit and vegetable intake.[11-22] Children randomized to the intervention group of the Healthy Habits trial had an increase in mean intake of fruit and vegetables compared to the control group at 2-month and 6-month follow-up[22] as well as 12-month follow-up, but not the 18-month follow-up.[19,21] At the 5-year follow-up, there were no differences in child consumption of fruit but there was a higher consumption of vegetables by children randomized to the intervention group.[20] Another unnamed trial focused on parent behaviors to increase consumption of fruits and vegetables also showed an increase in the vegetable intake among children randomized to the intervention group, but no change in fruit intake.[12] Two other trials, the Poppets Healthy Feeding Habits Intervention[14] and another unnamed trial[13] also showed a significant increase in daily intake of fruit and vegetables among children randomized to the intervention that focused on increasing availability and accessibility of fruits and vegetables. The Strong Families Start at Home trial showed a positive effect of the intervention on whole and total fruit component scores but not vegetable component scores.[18] Another study reported that improving the family mealtime environment improved the frequency of vegetable intake in children.[15] The High 5 for Kids trial had differential effects of the intervention on fruit and vegetable intake depending on child weight status at baseline. Fruit and vegetable intake increased among children categorized as normal weight but not those categorized as overweight relative to controls.[11] The Family Ties to Health trial focused on availability of vegetables and role modeling of eating vegetables.[17] In this study, there were no differences in vegetable intake between children randomized to the intervention group or the control group after the intervention.[17] The KAN-DO (Kids and Adults Now — Defeat Obesity!) trial also showed no difference in fruit and vegetable intake between intervention and control group.[16]

Few of these interventions examined other dimensions of dietary patterns. One study assessed overall diet quality using the Healthy Eating Index as well as intakes of whole grain[18] and 2 studies assessed SSB consumption and mostly showed null results.[14,15] Only children randomized to the Poppets Healthy Feeding Habits Intervention showed a within-group decrease in SSB consumption post-intervention.[14]

Studies had numerous risk of bias concerns across domains (**Table 10, Table 11, Table 12**). For prospective cohort studies, risk of bias concerns were related to not accounting for key confounders, self-reported exposures and outcomes, post-exposure interventions that could influence the relationship between exposures and outcomes, and lack of pre-registered analysis plan. For the randomized controlled trials, risk of bias concerns were related to lack of specificity on outcome measurement and missing pre-analysis plan.

Conclusion statement and grade

The 2025 Dietary Guidelines Advisory Committee developed and graded a conclusion statement to answer the question, "What is the relationship between parental and caregiver feeding styles and practices during childhood and consuming a dietary pattern aligned with the *Dietary Guidelines for Americans*?" based on their review of the body of evidence on structured feeding practices by caregivers of children ages 2 to 6 years (**Table 5**). The grade reflects the strength of the evidence underlying the conclusion statement.

Table 5. Conclusion statement, grades for structured feeding practices and consuming a dietary pattern aligned with the *Dietary Guidelines for Americans*

Conclusion Statement	**Food parenting practices by caregivers of children ages 2 to 6 years that structure children's physical and social eating environments (e.g. availability and accessibility of healthy foods, monitoring children's eating, modeling of healthy eating behaviors, meal routines such as eating together as a family) are associated with higher intake of fruits and vegetables. This conclusion statement is based on evidence graded as moderate.**
Grade	Moderate

Conclusion Statement	**Food parenting practices by caregivers of children ages 2 to 6 years that structure children's physical and social eating environments (e.g. availability and accessibility of healthy foods, monitoring children's eating, modeling of healthy eating behaviors, meal routines such as eating together as a family) are associated with higher intake of fruits and vegetables. This conclusion statement is based on evidence graded as moderate.**
Body of Evidence	22 articles: 10 PCS; 12 RCT
Consistency	Minimal concerns with consistency
Precision	Minimal concerns with precision
Risk of bias	Some concerns with risk of bias particularly due to confounding, exposure and outcome measurement
Directness	Minimal concerns with directness
Generalizability	Some concerns with generalizability due to lack of representation from diverse samples from the U.S. and few studies that assessed feeding practices from caregivers other than mothers.

Assessment of the evidence

The body of evidence examining structured feeding practices and consuming a dietary pattern aligned with the *Dietary Guidelines for Americans* includes 22 articles from 10 PCS and 12 RCT. The evidence was graded based on an assessment of 5 grading elements, as described below. Publication bias was also a consideration; however this was not assessed as a serious concern because the body of evidence included studies that reported only nonsignificant findings as well as studies that reported a mix of both significant and nonsignificant results, across a range of analytic sample sizes. However, while the literature search was comprehensive, a search of the gray literature was not done, which could increase the possibility of publication bias.

Consistency

There were few concerns with consistency in the body of evidence. Food parenting practices by caregivers that positively structure children's physical and social eating environments, which included availability and accessibility of healthy foods, monitoring, modeling of healthy eating behaviors, meal routines such as eating together as a family, were associated with higher intake of fruits and vegetables.

Precision

There were minimal concerns with precision.

Risk of bias

Risk of bias assessments for each article are detailed in **Table 10**, **Table 11** and **Table 12**. There were serious concerns with numerous risks of bias domains, which may potentially influence the results that were reported in the articles. There were concerns with confounding since many articles from observational studies did not account for 1 or more key confounders. Across the body of evidence, the assessment of caregiver feeding practices was a potential concern due to the reliance on self-report and use of non-validated measures. Outcome measurement was also a concern for articles that used a non-validated measures and those that assessed frequency of intake rather than the actual amount of dietary intake. Many articles failed to provide evidence that their results were not biased by missing data. Lastly, the selection of reported results was a concern for articles that did not pre-register data analysis plans.

Directness

Most articles directly examined the relationship between structured feeding practices and fruit and vegetable intakes among children. The randomized controlled trials included some components other than caregiver feeding practices, but these components were closely related to parent-child feeding interactions and the interventions' primary aims were related to the healthy home food environment.

Generalizability

There were some concerns with generalizing the findings to the U.S. populations. Although more than half of the studies (12 articles) were from the U.S., the majority of participants in these studies were white. Only a few articles included participants with diverse race and ethnic backgrounds. Additionally, few studies reported on feeding practices from caregivers other than children's mothers.

Controlling feeding practices

Description of the evidence

Six studies met inclusion criteria and examined the associations between controlling caregiver feeding practices in children ages 2 to 6 years and dietary outcomes **Table 13**.[1,6,9-11,23] Five studies were prospective cohort design or secondary analysis of RCTs, using data from the following cohorts/trials: Generation R,[6] Be active, eat right,[9] HH Effectiveness,[1] Project Viva,[23] and MEND2-5/MEND/CATCH6-12/Next Steps.[10] One study was a cluster randomized controlled trial using data from High 5 for Kids.[11]

Population

The studies took place in the U.S.[1,10,11,23] and Netherlands.[6,9] The analytic sample sizes ranged from N=147[10] to N=3626[6] participants. None of the PCS reported power calculations related to controlling feeding practices. The randomized controlled trial was powered to detect differences in dietary outcomes.[11]

Caregivers were reported as 100% parents,[1] 86-100% mothers,[6,11,23] 90.6% female,[9] and 100% caregivers.[10] Information on racial and/or ethnic background of participants was provided in all 6 studies[1,6,9-11,23] In the studies from the U.S., samples were predominantly white,[11,23] black[1] or Hispanic.[10] In the 2 studies from the Netherlands, participants were Dutch ethnicity.[6,9] SEP, including education, was described in all 6 studies: 3 studies reported a majority of participants from higher SEP based on education[6,9,23] and 3 studies reported participants were from lower SEP based on education or income level.[1,10,11]

Regarding the children in these 6 samples, approximately 50% of participants were female.[1,6,9-11,23] Baseline BMI were reported in each of the prospective studies: one study reported BMI SD score of 0.1,[6] 1 study reported BMI of 15.4,[9] 1 study reported BMI z-score of 0.64,[1] 1 study reported BMI z-score 0.71,[23] and the last study reported a comparison of BMI percentile between the treatment group (96.8) and comparison group (97.0) from the trial.[10] Children's baseline dietary intake was reported in 5 of 6 studies: 1 study reported that children consumed 3 servings per day of sugar sweetened beverages at baseline,[9] 1 study reported that children consumed approximately 3.3 servings of fruit per day and 1.5 servings of vegetables per day,[11] 2 studies reported baseline HEI scores as 55.4[23] and 59.97,[10] and 1 study reported a baseline estimate of diet quality as -0.762.[1]

Intervention/ exposure

For the 5 PCS, caregiver feeding practices were measured at a single timepoint when children were on average 2 years,[23] 4 years,[6,10] or 5 years of age.[9] One study assessed changes in feeding practices from 3 to 6 years.[1] Of the controlling feeding practices that were assessed, 3 studies assessed restriction,[1,6,23] 3 studies assessed pressure to eat,[1,6,23] 1 study assessed overt control,[10] and 1 study assessed discouraging and not

allowing the child to consume sugar-sweetened beverages.[9] All feeding practices were assessed using self-report questionnaires.

For the trial, families with preschool-aged children between 2 and 5 years were randomized to an intervention or control group by Parent as Teachers (PAT) program site.[10] PAT is a nationwide program that emphasizes empowering parents as their child's teacher and encourages positive parent-child communication via home visits, on-site group activities, and newsletters. The intervention group received PAT curriculum as well as the High 5 for Kids (H5-Kids) curriculum. The H5-Kids curriculum consisted of tailored information for increasing fruit and vegetable intake disseminated via newsletters and home visits. Key program areas included knowledge, parental modeling of fruit and vegetable intake, noncoercive feeding practices and fruit and vegetable availability. Participants randomized to the control received only the PAT curriculum.[10] The trial duration was approximately 7 months.

Outcome

For the PCS, outcomes were assessed when children were on average 3 years,[23] 5 years,[1,10] 7 years,[9] and 8 years.[6] The RCT assessed outcomes at the end of the intervention[11] Fruit and vegetable intake was measured in 3 studies: 1 study used a fruit and vegetable component score[6] and 2 studies measured fruit and vegetable servings per day.[11,23] Whole grain intake was measured in 1 study using a whole grain component score.[6] Sugar sweetened beverage intake was measured in 3 studies: 1 study used a sugar containing beverage component score,[6] study measured sugar sweetened beverage and fruit juice servings per day,[23] and 1 study measured sugar sweetened beverage intake as glasses per day and determined high and low consumption.[9] Three studies measured overall diet quality scores using the HEI[1,10] or Youth Healthy Eating Index.[23] Dietary outcomes were most commonly assessed using food frequency questionnaires[6,9-11,23] and 1 study used a 24-hour recall in combination with meal observations.[1]

Synthesis of the evidence

Across the 6 studies, associations between controlling feeding practices with dietary outcomes varied in direction and magnitude of the effect.[1,6,9-11,23]

Among the 3 studies that assessed fruit and vegetable outcomes,1 study reported negative associations between pressure to eat and fruit and vegetable intake, and positive associations between restriction and fruit component intake, but negative associations between restriction and vegetable intake.[6] One study reported positive associations between restrictive feeding and servings per day of fruits and vegetables, but negative associations between pressure to eat and servings per day of fruits and vegetables.[23] In both studies, not all associations reached statistical significance. The randomized trial assessed effects of the H5-Kids intervention on fruit and vegetable intakes and reported increased fruit and vegetable intakes as a result of the intervention among normal weight children only, but no association between changes in noncoercive feeding practices and change in children's fruit and vegetable intakes.[11]

Among the 3 studies that assessed dietary quality outcomes, one reported positive associations between pressure to eat and youth HEI scores at age 3 but not 7 years, and 2 studies reported null associations between pressure to eat,[1] restriction,[1] and control[10] with HEI scores.

Two studies reported significant associations between controlling feeding and intakes of sugar sweetened beverages, but direction of the effect were inconsistent between studies.[9,23] One study reported negative associations between discouraging and not allowing intakes of sugar sweetened beverages with consumption of sugar sweetened beverages.[9] The other study reported positive associations between restriction at age 2 and intake of sugar sweetened beverages and fruit juice at age 3, but null associations at age 7.[23] A third study reported negative associations between pressure to eat and restriction with sugar containing beverages component scores that did not reach statistical significance.[6]

Studies had numerous risk of bias concerns across domains including: not accounting for key confounders, use of self-reported measures for exposures and outcomes, post-exposure interventions that could influence the relationship between exposures and outcomes, and lack of a pre-registered analysis plan (**Table 14, Table 15**). Publication bias was also a consideration; however, this was not assessed as a serious concern because the body of evidence predominantly included studies that reported only nonsignificant findings, as well as studies that reported a mix of both significant and nonsignificant results, across a range of analytic sample sizes. However, while the literature search was comprehensive, a search of the gray literature was not done, which could increase the possibility of publication bias.

Conclusion statement and grade

The 2025 Dietary Guidelines Advisory Committee developed a conclusion statement to answer the question, "What is the relationship between parental and caregiver feeding styles and practices during childhood and consuming a dietary pattern aligned with the *Dietary Guidelines for Americans*?" based on their review of the body of evidence on controlling feeding practices by caregivers of children ages 2 to 6 years **(Table 6)**. A conclusion statement could not be drawn due to substantial concerns with consistency in the body of evidence.

Table 6. Conclusion statement, grades for controlling feeding practices and consuming a dietary pattern aligned with the *Dietary Guidelines for Americans*

Conclusion Statement	**A conclusion statement cannot be drawn about the relationship between controlling food parenting practices (e.g. pressure to eat, overt limits on consumption of certain foods) by caregivers of children ages 2 to 6 years and outcomes related to consuming a dietary pattern aligned with the *Dietary Guidelines for Americans* because there are substantial concerns with consistency in the body of evidence.**
Grade	Grade Not Assignable
Body of Evidence	6 studies: 5 PCS; 1 RCT
Rationale	The evidence available to answer this question was inconsistent in the direction and magnitude of effect making it difficult to synthesize together.

Autonomy supportive feeding practices

Description of the evidence

Four articles met inclusion criteria and assessed associations between food parenting practices that provide developmentally appropriate support for children's autonomy and dietary outcomes (**Table 16**).[10,13,18,24] Two articles were PCS[10,24] and 2 articles were from RCTs.[13,18]

Population

All 4 studies were conducted in the U.S.[10,13,18,24] The analytic sample size ranged from 63 participants[18] to 497 participants.[24] Only 1 study reported a power analysis and was not powered to detect significant differences in dietary outcomes.[18]

Of the 2 PCS included in the body of evidence, 1 study was conducted in a sample of low-income caregivers enrolled in the MEND/MEND 2-5 trials and CATCH 6-12.[10] In this study, 86% of caregivers were Hispanic and 12% were non-Hispanic black; 44% had less than high school education and 80% had an annual household income of less than $25,000. The mean maternal BMI was approximately 33.2. Approximately 50% of children in the sample were female and at baseline, the average HEI score was 59.87.[24] The second study included caregivers who were enrolled in STRONG Kids 1 and described as 100% parents.[24] In this sample, 55.9% of caregivers were white, 26.4% were black, 6.8% were Hispanic, 9.7% were Asian, and 1.2% were American Indian and Native Hawaiian. In terms of socioeconomic status, approximately 31% of participants had a household income of less than $25,000, 14.7% made between $25,000 and $39,999, 18.9% made between $40,000 and $69,999, 16.9% made between $70,000 and $99,999 and 18.5% had a household income of greater than $100,000. Caregivers' BMI or weight status was not reported. Approximately 50% of children in the sample were female and dietary intakes at baseline were not reported.

One RCT included participants enrolled in an unnamed randomized controlled trial.[13] This sample included 84.9% mothers, 8.2% fathers, 5.5% foster mothers, and 1.4% grandmothers. In terms of socioeconomic status, 42.4% had a high school degree or less, 50.6% had some college or a college degree, and 6.8% had a Master's degree and the average yearly income was $26,436.97. 46.6% of caregivers were with obesity, 34.2% were with overweight, and 19.2% were in the healthy weight range. In this study, 21.9% of children were white, 16.4% were black, 23.3% were Hispanic, 36.9% were described as biracial, and 1.4% were Native Hawaiian and other Pacific Islander.[13] Approximately 56% of children in the sample were female. At baseline, the control group consumed approximately 0.47 servings of fruit per day and 0.44 servings of vegetables, and the intervention group consumed approximately 0.57 servings of fruit per day and 0.45 servings of vegetables.[13]

The other RCT included participants enrolled in the pilot study, Families Start at Home/ Familias Fuertes Comienzan en Casa.[18] This sample included 90.5% mothers and 9.5% fathers from low-income families. The sample was predominantly Hispanic/LatinX: 87% were Hispanic/LatinX, 38.1% white, 17.5% multiracial, 23.8% unknown race and ethnicity and 20.6% other race.[18] The average age of caregivers in this sample was approximately 34 years, 14.3% had less than 8th grade education, 36.5% had high school education, and 49.2% had a college education. In terms of household income, 54% had an annual income of less than $25,000, 31.7% had between $25,000-$74,999, 4.8% had greater than $75,000 and 9.5% were unknown. Approximately 44% of children in the sample were female. The children's baseline HEI score was approximately 61, the total fruits component score was 3.88, the whole fruits component score was 3.42, the total vegetables component score was 1.77 and the whole grains component score was 3.89.[18]

Intervention/exposure

All studies measured caregiver feeding practices when children were between 2 and 4 years. One PCS assessed family food involvement when children were on average 3 years of age using a self-report questionnaire.[24] The other PCS measured the use of reinforcement or praise when children were approximately 4 years of age using a self-report questionnaire.[10]

One RCT compared dietary intakes between children enrolled in a randomized controlled trial.[13] As part of the trial, parents with children ages 1 to 3 years were randomized to an e-health intervention group or a control group. The 8-week e-health intervention involved researcher-developed videos on nutrition and responsive feeding practices, cooking tutorials and reminders with key messages from the videos. The control group received a booklet about general nutrition. Responsive feeding practices were assessed in both groups at baseline and post-intervention using a self-report questionnaire.

The other RCT compared dietary intakes between children enrolled in the 6- month randomized controlled trial, the Families Start at Home/ Familias Fuertes Comienzan en Casa.[18] Families randomized to the intervention received 3 monthly home visit and 3 monthly phone calls, as well as handouts on nutrition, food parenting guidance, and their child's appetitive traits. The focus of the intervention was on food parenting practices, or how parents interact with their child around meals, and the home food environment. This included empowering children to make healthy choices and involving children in family meal planning. Families randomized to the control group received a matched intervention about school readiness promotion, adapted from Read, Educate, and Develop Youth.[18]

Outcome

Reported outcomes varied across the 4 studies. One study assessed intakes of fresh fruit and vegetables, fruit juice and non-diet soda.[24] Two studies assessed overall diet quality.[10,18] The third study assessed between group change in fruit and vegetable intake from pre- to post-intervention.[13]

Metcalfe and Fiese[24] and Wilson et al.[10] assessed children's dietary intakes when children were between 4 and 5 years old using a validated food-frequency questionnaire. Tovar et al.[18] assessed diet when children were between 2 and 5 years using 2 24-hour recalls. In Wilson et al.[10] and Tovar et al.[18] dietary data were entered into the Nutrition Data System for Research (NDSR) and used to calculate HEI scores. In Lee et al.[13] caregivers captured digital food photos of their children's 24-intakes of meals, snacks and beverages at baseline and following the 8-week intervention. Daily servings of fruits and vegetables were calculated based on photos at both timepoints and used to determine changes in servings per day.

Synthesis of the evidence

Studies in this body of evidence included a variety of feeding practices that provide developmentally appropriate support for children's autonomy and evaluated associations with different dietary outcomes. However, significant positive associations were reported in all 4 studies.[10,13,18,24] In 1 study, family food involvement at age 3 years was positively associated with fruit and vegetable intake at 4 years. [24] In 1 study, use of reinforcement or praise at 4 years was associated with higher overall diet quality at 5 years.[10] In the third study, children who participated in an e-health intervention that focused on responsive feeding and general nutrition had greater increases in daily servings of fruit and vegetables compared with a control group.[13] In Tovar et al.[18] children enrolled in the intervention group that targeted food parenting practices and home food environment had greater HEI component score for total fruits and whole fruits compared with children randomized to the control group. Two studies also reported null associations: family food involvement at age 3 years did not predict fruit juice or non-diet soda intake at 4 years,[24] HEI total scores and component score for total vegetables and whole grains did not differ between children randomized to the food parenting practices and home food environment intervention and children randomized to the control group.[18]

Studies had numerous risk of bias concerns across domains (**Table 17** and **Table 18**). For prospective cohort studies, risk of bias concerns were related to not accounting for key confounders, self-reported exposures and outcomes, post-exposure interventions that could influence the relationship between exposures and outcomes, and lack of pre-registered analysis plan. For the randomized controlled trials, risk of bias concerns were related to lack of specificity on outcome measurement. Publication bias was also a consideration; however, this was not assessed as a serious concern because the body of evidence predominantly included studies that reported only nonsignificant findings, as well as studies that reported a mix of both significant and nonsignificant results, across a range of analytic sample sizes. However, while the literature search was comprehensive, a search of the gray literature was not done, which could increase the possibility of publication bias.

Conclusion statement and grade

The 2025 Dietary Guidelines Advisory Committee developed a conclusion statement to answer the question, "What is the relationship between parental and caregiver feeding styles and practices during childhood and consuming a dietary pattern aligned with the *Dietary Guidelines for Americans*?" based on their review of the body of evidence on autonomy supportive feeding practices by caregivers of children ages 2 to 6 years (**Table 7**). A conclusion statement could not be drawn due to lack of evidence.

Table 7. Conclusion statement, grades for autonomy supportive feeding practices and consuming a dietary pattern aligned with the *Dietary Guidelines for Americans*

Conclusion Statement	**A conclusion statement cannot be drawn about the relationship between food parenting practices by caregivers of children ages 2 to 6 years that provide developmentally appropriate support for children's autonomy (e.g., responsive feeding, praise, child involvement in food and eating activities) and outcomes related to consuming a dietary pattern aligned with the Dietary Guidelines for Americans because there is not enough evidence available.**
Grade	Grade Not Assignable
Body of Evidence	4 studies: 2 PCS; 2 RCT
Rationale	There was a small number of studies available to answer this question and findings were mixed. There were inconsistencies in the autonomy supportive practices assessed, making it difficult to compare results across studies.

Feeding styles

Description of the evidence

Two studies met inclusion criteria and assessed associations between caregiver feeding styles and dietary outcomes (**Table 19**).[25,26] Both studies were prospective cohort studies.[25,26]

Population

Both studies were conducted in the U.S.[25,26] One study had a sample size of 126 participants[26] and the other study had a sample size of 237 participants.[25] Neither study reported a power analysis.

Kamdar et al.[26] was conducted among a low-income sample of Hispanic women who were participating in Head Start. Caregivers in the sample were 98.4% mothers and 1.6% grandmothers. 38.7% had some high school education or less, 24.1% had a high school degree or GED, 32.1% had attended technical school or some college, and 5.1% were college graduates. The average maternal BMI was around 31.9. Approximately 48% of the children in this sample were female and at baseline, 0.7% were considered underweight, 48.9% were normal weight, 21.2% were with overweight and 29.2% were with obesity. The average HEI score at baseline was approximately 60.5.

Ip et al.[25] was conducted among Latino mothers enrolled in the Ninos Sanos study. Participants were 100% farmworkers; 27.4% were migrants and 72.6% were seasonal. 43.6% had between 0 and 6 years of education, 30.7% had between 7 and 9 years, and 25.8% had over 10 years of education. Approximately 52% of children in the sample were female and the average BMI-for-age percentile was 72.8. At baseline, the average whole grains score was 2.7 out of 5, the average fruit score was 4.5 out of 10, and the average vegetables score was 3.4 out of 10.

Intervention/exposure

Caregiver feeding styles were measured when children were between 2.5 and 3.5 years[25] and approximately 4 years.[26] Both studies assessed caregivers' responsiveness and demandingness using self-reported measures.[25,26] In Ip et al.[25] caregivers were assigned into 1 of 4 feeding style states based on their responses to the questionnaire. The 4 states were determined using Hidden Markov Modeling. State 1 was characterized by low use of parent centered strategies and moderate use of child centered techniques. State 2 was characterized by high use of parent centered and high use of child centered strategies without physical control. State 3 was characterized by high use of parent centered, including physical control, and high use of child centered strategies. State 4 was characterized by low to moderate levels of parent centered strategies and moderate levels of child centered strategies.[25] In Kamdar et al.[26] caregiver feeding responsiveness and demandingness were operationalized as continuous variables.

Outcome

The measured outcomes differed between studies. Kamdar et al.[26] assessed overall diet quality when children were approximately 6 years using HEI scores. Ip et al.[25] assessed intakes of fruit, vegetables, and whole grains when children were between 3.5 and 5.5 years using a diet index. In both studies, dietary data were collected using multiple 24-hour recalls and analyzed using NDSR.[25,26]

Synthesis of the evidence

Both studies that examined feeding styles by caregivers of children 2 to 6 years and dietary outcomes reported predominantly null associations. In Kamdar et al.[26] caregivers' levels of demandingness and responsiveness did not predict children's HEI scores at 6 years. In Ip et al.[25] there were no differences in children's fruit intake according to caregiver's feeding style categorization, but this study did report significant associations between feeding style states with vegetable and whole grain intake. Specifically, children of caregivers who had a feeding style categorized by high use of parent centered, including physical control, and high use of child centered strategies (State 3) and those with caregivers who had a feeding style characterized by low to moderate levels of parent centered strategies and moderate levels of child centered strategies (State 4) had higher intakes of whole grains compared with caregivers with other types of styles. This study also reported that children of parents who had a feeding style categorized by high use of parent centered, including physical control, and high use of child centered strategies (State 3) had higher vegetable intakes compared with those who had caregivers with a feeding style characterized by low use of parent centered strategies and moderate use of child centered strategies (State 1).[25]

Studies had numerous risk of bias concerns across domains (**Table 20**). The risk of bias concerns were related to not accounting for key confounders, self-reported exposures and lack of pre-registered analysis plan. Publication bias was also a consideration; however, this was not assessed as a serious concern because the body of evidence predominantly included studies that reported only nonsignificant findings, as well as studies that reported a mix of both significant and nonsignificant results, across a range of analytic sample sizes. However, while the literature search was comprehensive, a search of the gray literature was not done, which could increase the possibility of publication bias.

Conclusion statement and grade

The 2025 Dietary Guidelines Advisory Committee developed a conclusion statement to answer the question, "What is the relationship between parental and caregiver feeding styles and practices during childhood and consuming a dietary pattern aligned with the *Dietary Guidelines for Americans*?" based on their review of the body of evidence on feeding styles by caregivers of children ages 2 to 6 years (**Table 8**). A conclusion statement could not be drawn due to lack of evidence.

Table 8. Conclusion statement, grades for caregiver feeding styles and consuming a dietary pattern aligned with the *Dietary Guidelines for Americans*

Conclusion Statement	**A conclusion statement cannot be drawn about the relationship between feeding styles by caregivers of children ages 2 to 6 years and outcomes related to consuming a dietary pattern aligned with the Dietary Guidelines for Americans because there is not enough evidence available (Grade Not Assignable).**
Grade	Grade Not Assignable
Body of Evidence	2 articles: 2 PCS
Rationale	Only 2 studies met the inclusion criteria and examined caregiver feeding styles and dietary patterns in children

Summary of conclusion statements and grades

The Committee answered the systematic review question, "What is the relationship between parental and caregiver feeding styles and practices during childhood and consuming a dietary pattern that is aligned with the *Dietary Guidelines for Americans*?" with the following conclusion statements.[*] The grades reflect the strength of the evidence underlying the conclusion statements.

Structured feeding practices

Food parenting practices by caregivers of children ages 2 to 6 years that structure children's physical and social eating environments (e.g. availability and accessibility of healthy foods, monitoring children's eating, modeling of healthy eating behaviors, meal routines such as eating together as a family) are associated with higher intake of fruits and vegetables. This conclusion statement is based on evidence graded as moderate. (Grade: Moderate)

Controlling feeding practices

A conclusion statement cannot be drawn about the relationship between controlling food parenting practices (e.g. pressure to eat, overt limits on consumption of certain foods) by caregivers of children ages 2 to 6 years and outcomes related to consuming a dietary pattern aligned with the *Dietary Guidelines for Americans* because there are substantial concerns with consistency in the body of evidence. (Grade: Grade Not Assignable)

Autonomy Supportive feeding practices

A conclusion statement cannot be drawn about the relationship between food parenting practices by caregivers of children ages 2 to 6 years that provide developmentally appropriate support for children's autonomy (e.g., responsive feeding, praise, child involvement in food and eating activities) and outcomes related to consuming a dietary pattern aligned with the *Dietary Guidelines for Americans* because there is not enough evidence available. (Grade: Grade Not Assignable)

Feeding Styles

A conclusion statement cannot be drawn about the relationship between feeding styles by caregivers of children ages 2 to 6 years and outcomes related to consuming a dietary pattern aligned with the *Dietary Guidelines for Americans* because there is not enough evidence available. (Grade: Grade Not Assignable)

[*] A conclusion statement is carefully constructed, based on the evidence reviewed, to answer the systematic review question. A conclusion statement does not draw implications and should not be interpreted as dietary guidance.

Research recommendations

- Conduct research evaluating the role of caregiver feeding styles and practices in children's dietary outcomes using robust study designs that are adequately powered, specifically prospective cohort studies and controlled trials.
- Conduct research within the U.S. with samples representing diverse populations of caregivers with regard to sex and/or gender, relationship to the child (e.g., parent, grandparent, other relative), income level, race/ethnicity, and different family structures.
- Identify specific food parenting practices that are 'supportive' of healthy dietary intake and eating behaviors in children, particularly those reflecting autonomy support. Empirically evaluate the structure of higher-order dimensions of structure, autonomy support, and control.
- Examine the synergistic role of food parenting practices that support children's healthful dietary intake. It is important to understand how food parenting practices within and across different domains (structure, control, autonomy support) interact and influence child outcomes.
- Refine existing measures and metrics using techniques like cognitive interviewing to develop meaningful tools to assess food parenting practices and feeding styles suitable across populations. While there are numerous questionnaires that assess caregivers' usual use of food parenting practices, not all are sensitive to the meaning of feeding styles within cultural groups.
- Conduct research on the role of food parenting practices on children's dietary quality using more precise dietary intake measures.
- Examine proximal outcomes of food parenting, namely effects on children's eating behaviors and dietary intake of the child, including a wider range of dietary outcomes. Particularly, more studies are needed evaluating overall diet quality as measured by the Healthy Eating Index.
- Examine the potential moderating role of culture, context, and environments on the influence of food parenting on children's eating behaviors. Research to understand the drivers and interpretation of various approaches to caregiving is critical for identifying strategies to support caregivers in raising children that are responsive to culture, context, environment.
- Examine the impact of time spent away from the caregiver on children's eating. Studies focused on food parenting should consider other sources of caregiving that influence dietary intake of the child.
- Examine the potential moderating role of differences among children in food motivated and food avoidant behaviors.

Table 9. Evidence examining the relationship between structured feeding practices during childhood and consuming a dietary pattern that is aligned with the *Dietary Guidelines for Americans*[a b]

Study and Population Characteristics	Intervention/Exposure and Comparator, Outcome	Significant Results	Non-Significant Results	Confounders, Model Adjustments, Funding
Lehto, 2022[4] PCS, DAGIS, Finland Analytic N=408 Power Analysis: NR Primary Aim: To examine whether the parental DOI of the DAGIS intervention had an effect on 3-6-year old children's food consumption (namely consumption of f/v sugary everyday foods, sugary treats and SSB) and was the effect mediated by a change in the possible home environment mediators of food consumption (the availability of foods, parental role modeling, norms) **Caregiver Characteristics** • Parents: 100% • Age: NR • Race/Ethnicity: NR • Education: Parent education level: low: 26.5%, Medium: 47.9%, High: 25.6% • SEP, Other: NA **Child Characteristics** • Female: 44% • Baseline Intake: F/V: 285 g/d, SSB: 95 g/d	**Exposure and Comparator:** Food availability or access (e.g. limited choices/ portion size), Modeling, Rules/limits/ boundaries (Continuous) **CFP Definition:** Change in food availability, change in parental role modelling, and change in parental norms relating to children's food consumption: per questionnaire **Child age at initial exposure measurement:** 5.2 (1.0) y (3-6 y) **CFP Assessment Method:** Questionnaire **Reporting Method:** Caregiver self-reported **Outcome(s):** fruits and vegetables, SSB **Outcome assessment method:** semi-quantitative FFQ developed for DAGIS study; earlier version showed acceptable test-retest reproducibility and validity against 3-day food records **Age(s) at outcome assessment:** ~ 6 y	**Fruit & Vegetable intake @ ~6y, B (SE)** Availability: 44.90 (12.65), p<0.001 Parental role modelling: 7.08 (1.36), p<0.001 Norm: 9.93 (4.09), p=0.02 **SSB intake @ ~6y, B (SE)** Availability: 18.30 (6.66), p<0.01 Parental role modelling: 11.85 (4.19), p<0.01 Norm: 33.67 (14.01), p=0.02		**Key confounders accounted for:** SEP and/or parental education, child's sex **Key confounders NOT accounted for:** race and/or ethnicity child's intake at baseline child's anthropometry at baseline parental BMI **Model adjustments:** age, gender, parental education level, baseline value of CFP (availability, parental role modelling, or norm) **Funding**: Finnish Ministry of Social Affairs and Health, The Academy of Finland, the Paivikki and Sakari Sohlberg Foundation, Signe and Ane Gyllenberg Foundation, Folhalsan Research Center, and the University of Helsinki
Mou, 2021[6] PCS, Generation R, Netherlands Analytic N=3626 Power Analysis: NR Primary Aim: To explore relationships of parental feeding practices (restriction, pressure to eat, and monitoring) and mealtime	**Exposure and Comparator:** Pressure to eat, Restriction, Covert control (e.g. monitoring), Meal and snack routine (e.g. meal schedule/ atmosphere of meals/ distractions/ family presence) (Continuous, Categorical)	**Fruit component score @ 8y, OR (95% CI)** Monitoring: 1.21 (1.12, 1.30) Pressure to eat: 0.87 (0.81, 0.93) Family breakfast freq ≤2d/wk vs. every day (ref): 0.66 (0.56, 0.78) Family dinner freq ≤2d/wk vs. every day (ref): 0.70 (0.69, 0.72)	**Fruit component score @ 8y, OR (95% CI)** Restriction: 1.02 (0.95, 1.09) Family breakfast freq 3-6 d/wk vs. every day (ref): 0.92 (0.78, 1.09) **Vegetable component score @**	**Key confounders accounted for:** SEP and/or parental education, race and/or ethnicity, child's anthropometry at baseline, child's sex **Key confounders NOT**

Study and Population Characteristics	Intervention/Exposure and Comparator, Outcome	Significant Results	Non-Significant Results	Confounders, Model Adjustments, Funding
practices (meal skipping behaviors and family meal frequency) in early childhood with overall diet quality of children at school age in a population-based cohort. **Caregiver Characteristics** • Mothers: 86.2% • Age: NR • Race/Ethnicity: non-Dutch: 29.3% • Education: Low (no education up to lower vocational training: 28.6%; High (higher vocational training/ university: 71.4%) • SEP, Other: <€2200/ month: 28.4%; ≥€2200/month: 31.6% **Child Characteristics** • Female: 50.9% • Baseline Intake: NR	**CFP Definition:** Restriction, Monitoring, Pressure to eat: per CFQ; Family breakfast and dinner frequency: "how often do you eat breakfast/dinner around the table together with your children" **Child age at initial exposure measurement:** median (IQR): 4.0 (4.0. 4.1) **CFP Assessment Method:** Child Feeding Questionnaire (CFQ); additional items for family meal frequency **Reporting Method:** Caregiver self-reported **Outcome(s):** Fruits, vegetables, whole grains, SSBs (individual food component scores) **Outcome assessment method**: Parents completed validated age-specific semi-quantitative FFQ using last 4 wk as reference period. Diet quality was quantified by predefined food-based DQ score based on Dutch dietary recommendations for 8-y old children consisting of 10 components used for this analysis **Age(s) at outcome assessment**: Median (IQR): 8.2 (8.0, 8.2)	Family dinner freq 3-6 d/wk vs. every day (ref): 0.80 (0.68, 0.95) **Vegetable component score @ 8y, OR (95% CI)** Monitoring: 1.20 (1.11, 1.28) Pressure to eat: 0.91 (0.85, 0.97) Family breakfast freq ≤2d/wk vs. every day (ref): 0.72 (0.62, 0.84) Family dinner freq ≤2d/wk vs. every day (ref): 0.56 (0.55, 0.57) **Whole grains component score @ 8y, OR (95% CI)** Monitoring: 1.27 (1.17, 1.39) Pressure to eat: 0.92 (0.83, 1.00) Family breakfast freq ≤2d/wk vs. every day (ref):0.61 (0.50, 0.76) Family dinner freq ≤2d/wk vs. every day (ref): 0.50 (0.32, 0.79)	**8y, OR (95% CI)** Restriction: 0.97 (0.91, 1.04) Family breakfast freq 3-6 d/wk vs. every day (ref): 0.88 (0.76, 1.02) Family dinner freq 3-6 d/wk vs. every day (ref): 0.93 (0.80, 1.09) **Whole grains component score @ 8y, OR (95% CI)** Restriction: 0.97 (0.89, 1.06) Family breakfast freq 3-6 d/wk vs. every day (ref): 0.86 (0.69, 1.07) Family dinner freq 3-6 d/wk vs. every day (ref): 0.87 (0.69, 1.09) **Sugar containing beverages component score @ 8y, OR (95% CI)** Monitoring: 0.92 (0.83, 1.03) Pressure to eat: 0.97 (0.87, 1.08) Restriction: 0.97 (0.87, 1.07) Family breakfast freq ≤2d/wk vs. every day (ref): 0.89 (0.69, 1.16) Family breakfast freq 3-6 d/wk vs. every day (ref): 1.01 (0.79, 1.29) Family dinner freq ≤2d/wk vs. every day (ref): 1.51 (0.88, 2.58) Family dinner freq 3-6 d/wk vs. every day (ref): 1.22 (0.95, 1.57)	**accounted for:** child's intake at baseline, parental BMI **Model adjustments:** child's sex, age, and energy intake at FFQ assessment, BMI @ 3 y, maternal education, ethnicity, and household income **Funding:** Erasmus MC, University Medical Center, Rotterdam, Erasmus University Rotterdam, Netherlands Organization for Health Research and Development, Netherlands Organization for Health Research, Ministry of Health Welfare and Sport and Ministry of Youth and Families.
Nezami, 2020[7] PCS, Smart Moms, U.S. Analytic N=51 Power Analysis: NR Primary Aim: To test the theoretical and behavioral mediators of the Smart Moms intervention on changes in child sugar sweetened beverage and juice (SSB/juice) consumption	**Exposure and Comparator:** Rules/limits/ boundaries, Food availability or access (e.g. limited choices/ portion size) (Continuous) **CFP Definition:** limit setting: 100% fruit juice: assessed using single item (in the last month, I limited how many servings of 100% fruit juice my child consumed); fruit/vegetable		**Child SSB/Juice at 4.5 y (6 month post-intervention), β (95% CI)** Limit Setting- 100% Fruit Juice @ 3 mo post intervention: 0.04 (-0.20, 0.29), p>0.10 Fruit/Vegetable availability @ 3 mo post-intervention: 0.11 (-0.61, 0.83), p>0.10	**Key confounders accounted for:** race and/or ethnicity, child's intake at baseline **Key confounders NOT accounted for:** SEP and/or parental education, child's anthropometry at baseline, child's sex,

Study and Population Characteristics	Intervention/Exposure and Comparator, Outcome	Significant Results	Non-Significant Results	Confounders, Model Adjustments, Funding
Caregiver Characteristics • Mothers: 100% • Age: 36.4 (5.1) • Race/Ethnicity: White: 75% • Education: NR • SEP, Other: NR **Child Characteristics** • Female: NR • Baseline Intake: SSB/juice per day: 14.0 (9.0) ounces	availability: assessed using a measure of whether each of 71 items were present in the home **Child age at initial exposure measurement:** 4.1 (0.8) y [3-5 y] **CFP Assessment Method:** Questionnaire **Reporting Method:** Caregiver self-reported **Outcome(s):**SSB **Outcome assessment method:** Mothers completed one 24-h recall on their child's food and beverage intake the day prior. NDSR generated reports of children's average SSB and 100% juice intake in fluid ounces/day **Age(s) at outcome assessment:** ~4.5 y			parental BMI **Model adjustments:** Maternal race, number of children in the home, whether the child was in childcare/ school **Funding:** Gillings Dissertation award, Dissertation Completion Fellowship
van Grieken, 2015[9] PCS, Be active, eat right, Netherlands Analytic N=2047 Power Analysis: NR Primary Aim: To evaluate the association between home environmental characteristics and sweet beverage consumption of 7-y-old children **Caregiver Characteristics** • Female: 90.6% • Age: 37.1 (4.4) • Race/Ethnicity: Child Ethnicity: Dutch: 86.5% • Education: Low: 2.7%, Mid-low: 14.7%, Mid-high: 45.2%, High: 37.5% • SEP, Other: NA	**Exposure and Comparator:** Rules/limits/ boundaries, Covert control (e.g. monitoring), Other, Food availability or access (e.g. limited choices/ portion size) (Continuous) **CFP Definition:** Rules: 3 items; monitoring, discouraging, allowing: 3 items; buying: 2 items; availability at home **Child age at initial exposure measurement**: 5.7 (0.4) y **CFP Assessment Method:** Questionnaire **Reporting Method:** Caregiver self-reported	**SSB intake (glasses per day) @ 7 y, β (95% CI)** Discouraging: -0.10 (-0.17, -0.03), p<0.01 Not allowing: -0.18 (-0.27, -0.10), p<0.001 No sweet beverages in the home: -0.16 (-0.24, -0.09), p<0.001 **High SSB consumption (>2 SSB/d @ 5 & 7 y) vs. low consumption (≤2 SSB/d @ 5 & 7 y) (REF), OR (95% CI)** Rules: 0.78 (0.69, 0.89), p<0.001 Monitoring: 0.77 (0.66), 0.89), p<0.001 Not allowing: 0.67 (0.56, 0.79), p<0.001 Not buying: 0.79 (0.68, 0.92),	**SSB intake (glasses per day) @ 7 y, β (95% CI)** Rules: -0.04 (-0.10, 0.03), p≥0.05 Monitoring: -0.05 (-0.13, 0.02), p≥0.05 Not buying: -0.06 (-0.14, 0.02), p≥0.05 **High SSB consumption (>2 SSB/d @ 5 & 7 y) vs. low consumption (≤2 SSB/d @ 5 & 7 y)(REF), OR (95% CI)** Discouraging: 1.01 (0.89, 1.14), p≥0.05 **More SSB consumption (≤2 SSB/d @ 5 y, ≥2 SSB/d @ 7 y) vs. low consumption (≤2 SSB/d @ 5 & 7 y)(REF), OR (95% CI)**	**Key confounders accounted for:** child's sex, race and/or ethnicity, SEP and/or parental education **Key confounders NOT accounted for:** child's intake at baseline, child's anthropometry at baseline, parental BMI **Model adjustments:** child gender, ethnic background, parent education level, parental beliefs (attitude, perceived difficulty, self-confidence) and habit. Child intake at baseline accounted for in LR models only.

Study and Population Characteristics	Intervention/Exposure and Comparator, Outcome	Significant Results	Non-Significant Results	Confounders, Model Adjustments, Funding
Child Characteristics • Female: 49.5% • Baseline Intake: SSB/day: 3.0 (1.4)	**Outcome(s):** SSB **Outcome assessment method:** Parents indicated how many glasses of sweet beverages the child consumed on a weekday and weekend day using a 10 point scale (none to 9 or more beverages/day) **Age(s) at outcome assessment:** ~7 y	p<0.01 No SSB in the house: 0.61 (0.54, 0.70), p<0.001 **More SSB consumption (≤2 SSB/d @ 5 y, ≥2 SSB/d @ 7 y) vs. low consumption (≤2 SSB/d @ 5 & 7 y) (REF), OR (95% CI)** Rules: 0.82 (0.70, 0.95), p<0.05 No SSB in the house: 0.70 (0.59, 0.83), p<0.001 **Less SSB consumption (≥ SSB/d @ 5 y, ≤ SSB/d @ 7 y) vs. low consumption (≤2 SSB/d @ 5 & 7 y) (REF), OR (95% CI)** Rules: 0.82 (0.70, 0.95), p<0.01 Monitoring: 0.80 (0.68, 0.96), p<0.05 Discouraging: 1.24 (1.07, 1.43), p<0.01 Not allowing: 0.76 (0.63, 0.93), p<0.01 No SSB in the house: 0.81 (0.69, 0.93), p<0.01	Monitoring: 0.86 (0.71, 1.05), p≥0.05 Discouraging: 1.02 (0.87, 1.21), p≥0.05 Not allowing: 0.88 (0.71, 1.11), p≥0.05 Not buying: 0.94 (0.76, 1.15), p≥0.05 **Less SSB consumption vs. low consumption (≤2 SSB/d @ 5 & 7 y) (REF), OR (95% CI)** Not buying: 0.84 (0.70, 1.00), p≥0.05	**Funding:** ZonMw (Netherlands Organization for Health Research and Development)
Jones, 2010[3] PCS, Avon Longitudinal Study, U.K. Analytic N=7285 Power Analysis: NR Primary Aim: To examine the sociodemographic, parental, and child factors that predict fruit and vegetable consumption in 7-y-old children **Caregiver Characteristics** • Mothers: 100% • Age: NR • Race/Ethnicity: NR • Education: Low: 18.4%, Medium: 35.6%, High:46.0%	**Exposure and Comparator:** Rules/limits/ boundaries (Categorical) **CFP Definition:** Rules: Single item "Do you have any rules that you try to follow when feeding the family" **Child age at initial exposure measurement:** 65 mo **CFP Assessment Method:** Questionnaire **Reporting Method:** Caregiver self-reported **Outcome(s):** Fruits, vegetables	**Fruit consumption @ 7 y, B (95% CI)** Fresh fruit rule, yes vs. no (ref): 6.90 (5.81, 7.99), p<0.001 **Vegetable consumption @ 7 y, B (95% CI)** Vegetable/salad rule, yes vs. no (ref): 1.70 (1.22, 2.17), p<0.001	**Vegetable consumption @ 7 y, B (95% CI)** Cooked meal rule, yes vs no (ref): 0.28 (-0.27, 0.83), p=0.311	**Key confounders accounted for:** child's sex, SEP and/or parental education **Key confounders NOT accounted for:** race and/or ethnicity, child's intake at baseline, child's anthropometry at baseline, parental BMI **Model adjustments:** Maternal consumption (fruit or vegetables), maternal education, family income, expenditure on food, food

Study and Population Characteristics	Intervention/Exposure and Comparator, Outcome	Significant Results	Non-Significant Results	Confounders, Model Adjustments, Funding
• SEP, Other: Family Income: <£200: 16.5%, £200-299: 26.4%, £300-399: 24.6%, £400+: 32.4% **Child Characteristics** • Female: 49% • Baseline Intake: NR	**Outcome assessment method:** Three 1 d diet records were completed by parent or main carer who were provided with written instructions on how to complete. Diet records were coded by trained nutritionists using DIDO. When portion sizes were not provided, age specific portion size were assigned based on data from NDNS. Fruit and vegetable consumption was calculated by summing the weight of each type of fruit, fruits juice and vegetable consumed (only 1 portion of fruit juice and baked beans and legumes were included, and all potatoes were excluded. **Age(s) at outcome assessment:** 7 y			expenditure/person, child's variety of foods, child's choosiness, child's enjoyment of food **Funding:** European Commission, Quality of Life and Management of Living Resources Programme, and World Cancer Research Fund.
Surjadi, 2017[8] PCS, Early Childhood Longitudinal Study, U.S. Analytic N=6503 Power Analysis: NR Primary Aim: To examine the longitudinal patterns of family mealtimes across racial/ethnic groups and to investigate whether the associations between longitudinal patterns of family mealtimes, baseline family and demographic characteristics, and healthy food consumption in adolescence differ by race/ethnicity **Caregiver Characteristics** • Mothers: NR • Age: NR • Race/Ethnicity: White: 70%, Black: 8.8%, Hispanic: 16.6%, Asian: 4.6% • Education: NR • SEP, Other: Family socioeconomic status (range -	**Exposure and Comparator:** Meal and snack routine (e.g. meal schedule/ atmosphere of meals/ distractions/ family presence) (Continuous) **CFP Definition:** Family mealtimes: number of breakfasts and dinners eaten together by the family in a typical week (range, 0-14) **Child age at initial exposure measurement:** 5-6 y (kindergarten) **CFP Assessment Method:** Questionnaire **Reporting Method:** Caregiver self-reported **Outcome(s):** Fruit and vegetables **Outcome assessment method:** Adolescent-reported questionnaire asking about frequency of fruits, green salads, carrots, and other	**Fruit and vegetable consumption (frequency in past week) @ 8th grade, β (SE)** Family mealtimes, white: 0.10 (0.05), p<0.05 **Fruit and vegetable consumption (frequency in past week) @ 8th grade, β (SE)** Change in family mealtimes (KG to 8th grade), White: 0.14 (0.05), p<0.01 Change in family mealtimes (KG to 8th grade), Black: 0.43 (0.20), p<0.05	**Fruit and vegetable consumption (frequency in past week) @ 8th grade, β (SE)** Family mealtimes, black: 0.19 (0.10), p<0.10 Family mealtimes, Hispanic: 0.08 (0.07), p≥0.05 Family mealtimes, Asian: 0.01 (0.25), p≥0.05 **Fruit and vegetable consumption (frequency in past week) @ 8th grade, β (SE)** Change in family mealtimes (KG to 8th grade), Hispanic: 0.20 (0.11), p<0.10 Change in family mealtimes (KG to 8th grade), Asian: 0.15 (0.39), p≥0.05	**Key confounders accounted for:** child's sex, SEP and/or parental education, race and/or ethnicity **Key confounders NOT accounted for:** child's intake at baseline, child's anthropometry at baseline, parental BMI **Model adjustments:** Regular bedtime, child sex, family socioeconomic status **Funding**: Principal Investigator Academy for Research and Engagement, Norther Illinois University

Study and Population Characteristics	Intervention/Exposure and Comparator, Outcome	Significant Results	Non-Significant Results	Confounders, Model Adjustments, Funding
4.75 to 2.75): 0.1 (0.8); Mother employed full time: 46% **Child Characteristics** • Female: 48% • Baseline Intake: NR	vegetables consumed with the past week **Age(s) at outcome assessment**: 13-14 y (8th grade)			
Buscemi, 2016[1] PCS, HH Effectiveness, U.S. Analytic N=590 Power Analysis: NR Primary Aim: To determine whether parent health behavior changes and feeding practices were associated with child changes in body mass index z-score and related health behaviors over the course of 1 year. **Caregiver Characteristics** • Parents: 100% • Age: NR • Race/Ethnicity: Child Ethnicity: African American: 94%, Hispanic/Latino: 4%, Asian: 0.5%, Multiracial: 2.5% • Education: NR • SEP, Other: Headstart: 100%; Household income <$30,000: 80% **Child Characteristics** • Female: NR • Baseline Intake: -0.762 (0.105)	**Exposure and Comparator:** Restriction, Pressure to eat, Covert control (e.g. monitoring) (Continuous) **CFP Definition**: Restriction, Monitoring, Pressure to eat: per CFQ **Child age at initial exposure measurement:** 4.3 (0.5) y [3-5 y] **CFP Assessment Method:** Child Feeding Questionnaire (CFQ) **Reporting Method:** Caregiver self-reported **Outcome(s):** Change in Diet Quality **Outcome assessment method:** Intake was estimated using combination of in-preschool meal observation and parent-reported 24-hr recall. Data was entered into NDSR and used to measure diet quality (HEI-2005) **Age(s) at outcome assessment:** ~ 5 y		**Change in diet quality (Baseline to postintervention, 14-wk), Estimate (SE)** Change in restriction (baseline to postintervention): -0.011 (0.015), p=0.442 Change in pressure to eat (baseline postintervention): 0.007 (0.009), p=0.452 Change in monitoring (baseline postintervention): 0.017 (0.011), p=0.132 **Diet quality @ ~5 y, Estimate (SE)** Restriction: -0.012 (0.018), p=0.514 Pressure to eat: 0.021 (0.015), p=0.163) Monitoring: 0.000 (0.014), p=0.979	**Key confounders accounted for:** child's intake at baseline, parental BMI, SEP and/or parental education, child's anthropometry at baseline **Key confounders NOT accounted for:** race and/or ethnicity, child's sex **Model adjustments:** Child's BMIz, diet quality, caloric intake, physical activity, screen time, and caregiver BMI, screen time, feeding practices **Funding:** NHLBI, NCI
Wilson, 2019[10] PCS, Mind, Exercise, Nutrition ... Do It! (MEND2-5 and MEND), Coordinated Approach to Child Health (CATCH6-12), Next Steps, U.S. Analytic N=147 Power Analysis: NR Primary Aim: To evaluate behavior modification of diet and parent	**Exposure and Comparator:** Pressure to eat, Rules/limits/ boundaries, Covert control (e.g. monitoring), Modeling, Other (overt control) (Continuous) **CFP Definition:** Overt control, discipline, limit setting, monitoring, reinforcement: per PEAS; Covert Control: form of control which cannot	**HEI-2010 4-5y, β** Discipline: 0.89, p= 0.04 Limit setting: 1.37, p= 0.006 Monitoring: 1.86, p=0.002 Reinforcement: 1.25, p= 0.004 Covert control: 4.35, p= 0.006	**HEI-2010 4-5y, β** Modeling: 1.27, p>0.05 Control: 0.12, p>0.05	**Key confounders accounted for:** SEP and/or parental education; race and/or ethnicity; child's anthropometry at baseline; child's sex; parental BMI **Key confounders NOT accounted for:** child's

Study and Population Characteristics	Intervention/Exposure and Comparator, Outcome	Significant Results	Non-Significant Results	Confounders, Model Adjustments, Funding
feeding practices in childhood obesity interventions **Caregiver Characteristics** • Parent/primary caregiver: 100% • Age: NR • Race/Ethnicity: Hispanic: 86%, non-Hispanic black: 12% • Education: Less than high school: 44% • SEP, Other: Annual household income <$25,000: 80% **Child Characteristics** • Female: 51% • Baseline Intake: 59.87 (8.92)	be detected by the child; Modeling: per CFPQ **Child age at initial exposure measurement:** 4.4 (1.0) y [2-5y] **CFP Assessment Method:** The parenting strategies for eating and activity scale (PEAS), Comprehensive Feeding Practice Questionnaire (CFPQ), additional items from Ogden, 2006* (covert control) **Reporting Method:** Caregiver self-reported **Outcome(s):** HEI-2010 **Outcome assessment method:** Parents completed the Block Kids 2004 Hispanic FFQ to determine usual dietary intake from 78 food items. Data from the output files was used to calculate HEI-2010 scores. **Age(s) at outcome assessment:** ~5 y			intake at baseline **Model adjustments:** Child age, sex, Hispanic ethnicity, and weight, maternal BMI, income, education, and community (Houston or Austin) **Funding**: Centers for Disease Control and Prevention; Michael and Susan Dell Foundation; USDA/Agricultural Research Service
Litterbach, 2022[5] PCS, Family Meals with Young Kids, Australia Analytic N=352 Power Analysis: NR Primary Aim: To assess prospective associations between TV use during specific mealtimes (breakfast, lunch, dinner, and snacks) and fruit, vegetable, and discretionary food intakes at the subsequent 2-year follow-up, and to determine if associations were	**Exposure and Comparator:** Meal and snack routine (e.g. meal schedule/ atmosphere of meals/ distractions/ family presence) (Categorical) **CFP Definition:** Mealtime TV use: Single item, 'how often does child watch television while eating (each of breakfast/lunch/dinner/snacks)? **Child age at initial exposure measurement**: 6 mo - 6 y	**Daily fruit intake (≥2 Serves/Day) @ 2 y follow-up, OR (95% CI)** Dinner TV use (University educated only, n=219-264) 1-2 days/wk vs < 1 day/wk (ref): 0.41 (0.17–1.02), p= 0.05	**Daily vegetable intake (≥2 Serves/Day) @ 2 y follow-up, β (95% CI)** Daily mealtime TV use (frequency/day): 0.84 (0.62–1.13), p=0.24 Breakfast TV use 1-2 days/wk vs < 1 day/wk (ref): 0.92 (0.39–2.19), p=0.86 3-7 days/wk vs < 1 day/wk (ref): 1.00 (0.55–1.84), p=0.99	**Key confounders accounted for:** SEP and/or parental education, child's intake at baseline, child's sex **Key confounders NOT accounted for:** race and/or ethnicity, child's anthropometry at baseline, parental BMI **Model adjustments:**

* Ogden J, Reynolds R, Smith A. Expanding the concept of parental control: a role for overt and covert control in children's snacking behaviour?. *Appetite*. 2006;47(1):100-106. doi:10.1016/j.appet.2006.03.330

Study and Population Characteristics	Intervention/Exposure and Comparator, Outcome	Significant Results	Non-Significant Results	Confounders, Model Adjustments, Funding
socioeconomically patterned **Caregiver Characteristics** • Mothers: 97% • Age: NR • Race/Ethnicity: NR • Education: Below university equivalent: 26%, University degree: 74% • SEP, Other: NA **Child Characteristics** • Female: 48% • Baseline Intake: ≥ 2 serves of fruits per day: 71%, ≥2 serves vegetables per day: 54%	[6mo -1.5 y: 31%, 1.5-<3y: 29%, 3-<6y: 40%] **CFP Assessment Method:** Questionnaire **Reporting Method:** Caregiver self-reported **Outcome(s):** Fruit, vegetable intake **Outcome assessment method:** Parents reported on child daily fruit and vegetable intake which were assessed with a single item, 'how many serves of vegetables does child usually eat per day?' Fruit and vegetable intake were dichotomized for analysis as <2 and ≥2 serves per day, respectively. **Age(s) at outcome assessment:** 2.5 mo - 8 y		Lunch TV use 1-2 days/wk vs < 1 day/wk (ref): 0.77 (0.34–1.71),p=0.52 3-7 days/wk vs < 1 day/wk (ref): 0.73 (0.33–1.63), p=0.45 Dinner TV use 1-2 days/wk vs < 1 day/wk (ref): 0.68 (0.35–1.33), p= 0.26 3-7 days/wk vs < 1 day/wk (ref): 0.56 (0.29–1.10), p= 0.09 Snack TV use 1-2 days/wk vs < 1 day/wk (ref): 0.78 (0.36–1.70), p=0.54 3-7 days/wk vs < 1 day/wk (ref): 0.66 (0.36–1.30), p=0.22 **Daily fruit intake (≥2 Serves/Day) @ 2 y follow-up, β (95% CI)** Daily mealtime TV use (frequency/day): 0.85 (0.61–1.8), p=0.33 Breakfast TV use 1-2 days/wk vs < 1 day/wk (ref): 0.96 (0.35–2.58), p=0.93 3-7 days/wk vs < 1 day/wk (ref): 0.73 (0.37–1.44), p= 0.37 Lunch TV use 1-2 days/wk vs < 1 day/wk (ref): 0.85 (0.35–2.03), p= 0.71 3-7 days/wk vs < 1 day/wk (ref): 0.46 (0.20–1.08), p=0.08 Dinner TV use 1-2 days/wk vs < 1 day/wk (ref): 0.58 (0.28–1.21), p=0.15 3-7 days/wk vs < 1 day/wk (ref): 0.84 (0.37–1.90), p= 0.66 Snack TV use 1-2 days/wk vs < 1 day/wk (ref): 0.85 (0.37–1.97), p= 0.71	Baseline intakes, child age, child gender, location of meals, family meal frequency, interaction between mealtime TV use and mealtime location **Funding:** Institute for Physical Activity and Nutrition (IPAN) Seed Funds

Study and Population Characteristics	Intervention/Exposure and Comparator, Outcome	Significant Results	Non-Significant Results	Confounders, Model Adjustments, Funding
			3-7 days/wk vs < 1 day/wk (ref): 0.75 (0.36–1.59), p= 0.45	
Guerrero, 2016[2] PCS, Early Childhood Longitudinal Study Birth cohort, U.S. Analytic N=2441 Power Analysis: NR Primary Aim: To examine the associations of father-child feeding and physical interactions with dietary practices and weight status in children. **Caregiver Characteristics** • Fathers: 100% • Age: 35 (6.4) y • Race/Ethnicity: White: 70.5%, Black: 5.2%, Hispanic: 19.7%, Asian: 3%, Other: 1.6% • Education: < High School: 13.6%, High School: 23.8% College: 24.9%, ≥ Bachelor's 37.7% • SEP, Other: Father's Employment: 35 or more hours: 92.5%, Less than 35 hours: 3.5%, Unemployed: 4%; Under Federal Poverty Line: 11.1% **Child Characteristics** • Female: 48% • Baseline Intake: Sweetened beverage intake, Never: 31.7%, At least once a week: 68.3%	**Exposure and Comparator:** Meal and snack routine (e.g. meal schedule/ atmosphere of meals/ distractions/ family presence) (Continuous) **CFP Definition:** Frequency of father having breakfast or dinner with child in a typical week: single item **Child age at initial exposure measurement:** 24 mo **CFP Assessment Method:** Questionnaire **Reporting Method:** Caregiver self-reported **Outcome(s):** SSB **Outcome assessment method:** Single item: "How often in the following 7 days did your child drink Soda pop, sports drink, or fruit drinks that are not 100% fruit juice?" Categories for all outcomes were collapsed to approximate the dietary practices recommended by the 2007 Expert Committee Recommendations regarding childhood prevention and management, the literature on fast food intake and family meals, and ease of interpretation. **Age(s) at outcome assessment:** 52 (3.9) mo	**Sweetened beverage intake @ 48 mo, OR (95% CI)** Breakfast with father: 0.93 (0.87–0.99)	**Sweetened beverage intake @ 48 mo, OR (95% CI)** Dinner with father: NS (data not reported)	**Key confounders accounted for:** SEP and/or parental education, race and/or ethnicity, child's sex, parental BMI **Key confounders NOT accounted for:** child's intake at baseline, child's anthropometry at baseline **Model adjustments:** Child sex, child's age, child's birth weight status, child care arrangement, child ever breastfed, child age at introduction of solid foods, mother's weight status, mother's depression score, mother's education, mother's age, number of adults in household over 18, primary language in household, and poverty indicator, father's employment, education, race. **Funding:** US Department of Health and Human Services (HRSA) Maternal and Child Health Research Program; Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD)
McGowan, 2013[14] RCT-Parallel, Poppets Healthy Feeding Habits Intervention, U.K. Attrition: Intervention: 15%; Control: 19% Power Analysis: Power analysis	**Int:** Healthy feeding habits intervention, n=51: researchers delivered sessions over 8 wks with 4 visits to the home. Each visit focused on 1 domain (serving f/v, healthy snacks, and healthy drinks) with	**Fruit intake (servings/ day) Within-group mean change score, SD** Intervention group: 0.5 (1.1), p<0.001	**Fruit intake (servings/ day) Within-group mean change score, SD** Control group: 0.2 (1.0), p≥0.05 **Fruit intake (servings/ day)**	**Key confounders accounted for:** child's intake at baseline, child's sex **Key confounders NOT**

Study and Population Characteristics	Intervention/Exposure and Comparator, Outcome	Significant Results	Non-Significant Results	Confounders, Model Adjustments, Funding
[n=90 participants from 6 clusters to detect 1.3 points change in automaticity scores at a=0.05, 90% power] Primary Aim: To test whether a habit-based intervention could increase the automaticity of parental feeding behaviors, and to examine the effects on children's food intake **Caregiver Characteristics** • Mother: 91.3%, Father: 4.8%, Other: 4% • Age: 35.3 (6.9) • Race/Ethnicity: Child race/ethnicity: White: 61%, Black: 11%; Asian (Indian or Pakistani): 6%, Other: 22% • Education: Compulsory schooling or below: 20.7%, Vocational/ A/AS levels: 25.6%, Degree level or higher: 53.7% • SEP, Other: Enrolled in Children's Centers (equivalent to Head Start): 100%; Living status: Homeowner: 33.9%; Other: 66.1% **Child Characteristics** • Female: 50% • Baseline Intake: Fruit intake (servings/day): 2.5 (1.2), Vegetable intake (servings/day): 1.8 (1.1), Sweetened drink intake (occasions/day): 1.0 (1.2)	messages/tips for habit formation and practical advice specific to each feeding habit. **Control:** Control, n= 55: Parents were offered information to improve healthy eating in children plus a supermarket voucher on study completion Child age at start of intervention: 3.2 (1.1) **Intervention Duration:** 8 wk **Compliance**: Analysis includes parents who completed 4 home visits **Outcome(s):** fruits, vegetables, SSB **Outcome assessment method:** Parents completed questions "how many servings of fruits [vegetables] does your child typically eat" and "how often does your child have the following drinks, either with or between meals". Responses on 7-point scale and scored to reflect average number of daily servings/ occasions. **Age(s) at outcome assessment:** ~ 3 y	**Vegetable intake (servings/ day) Within-group mean change score, SD** Intervention group: 0.8 (1.3), p<0.001 **Fruit and vegetable intake (servings/day)** Increased parental automaticity for serving f/v: r=0.52, p<0.001 **SSB intake (occasions/ day) Within-group mean change score, SD** Intervention group: -0.6 (0.9), p<0.001 **SSB intake (occasions/ day)** Increased parental automaticity for serving healthy drinks: r=-0.38, p<0.01	**Within-group mean change score, SD** Control group: 0.1 (0.8), p≥0.05 **SSB intake (occasions/ day) Within-group mean change score, SD** Control group: -0.3 (1.0), p≥0.05	**accounted for:** SEP and/or parental education, race and/or ethnicity, child's anthropometry at baseline, parental BMI **Model adjustments:** baseline levels of each variable (dietary variables), child's age and sex, clusters **Funding:** Cancer Research UK
Wyse, 2015[21] RCT-cluster, Healthy Habits, Australia Attrition: Int: 21%, Control: 12% Power Analysis: NR Primary Aim: To identify the characteristics of the home food environment that mediated immediate and sustained	**Int:** Intervention, n=208: Parents received 4 30-min phone calls targeting 3 key areas of home food environment: parental role modeling of fruit and vegetable consumption, availability and accessibility of foods in the home, and introducing supportive food routines (such as	**Fruit and vegetable consumption score @ 5 y (12 mo post-intervention), β (se)** Group allocation: 0.08 (0.04), p=0.03 Parent provision @ 2 mo, mediated by parent provision @ 12 mo & child's F/v consumption @ 2 mo: 0.24 (0.03), p<0.0001		**Key confounders accounted for:** none **Key confounders NOT accounted for:** SEP and/or parental education, race and/or ethnicity, child's anthropometry at baseline, child's sex,

Study and Population Characteristics	Intervention/Exposure and Comparator, Outcome	Significant Results	Non-Significant Results	Confounders, Model Adjustments, Funding
increases in children's fruit and vegetable consumption following an effective telephone-based parent intervention **Caregiver Characteristics** • Female: 96% • Age: 35.4 (5.4) • Race/Ethnicity: NR • Education: University Education: 47% • SEP, Other: Household income >AU$100,000: 41% **Child Characteristics** • Female: 49% • Baseline Intake: NR	eating dinner as a family without the TV on). **Control:** Control, n=186: Parents were mailed a booklet containing dietary advice for adults and children. **Child age at start of intervention:** 4.3 (0.6) y [3-5 y] **Intervention Duration:** 4 wk **Compliance:** NR **Outcome(s):** Fruit and vegetables **Outcome assessment method:** Parents completed the fruit and vegetable subscale of the Children's Dietary Questionnaire (CDQ) **Age(s) at outcome assessment:** ~ 5 y			parental BMI, child's intake at baseline **Model adjustments:** none (final model) **Funding:** Cancer Institute of New South Wales
Haire-Joshu, 2008[11] RCT-cluster, High 5 for Kids, U.S. Attrition: Int: 20%, Control: 22% Power Analysis: Sample size calculations for .90 power based on methods focused on nested cohort designs; n=16 sites Primary Aim: To test the effectiveness of a home based intervention focused on teaching parents to ensure a positive FV environment for their preschool children and to examine whether changes in parent behavior were associated with improvements in child intake **Caregiver Characteristics** • Mothers: 95% • Age: <25 y: 27.8%, 25-29 y: 34.7%, 30-34 y: 21. 0%, 35+: 16.5%	**Int:** Intervention (H5-KIDS), n=759: Families received both 'Parent As Teachers' (PAT) plus H5-KIDS, targeting the intrapersonal environment of the parent (e.g., knowledge, FV servings), interpersonal interactions between the parent and child (child-feeding practices, FV modeling) and the physical environment (FV availability in the home). Parent educators delivered 4 H5-KIDS home visits, each addressing the core program areas (knowledge, parental modeling of FV intake, noncoercive feeding practices, FV availability). Each visit provided examples of parent-child activities. Intervention also included storybooks that reinforced 1 of the core areas of the H5-kids program and nutrition newsletters with individualized messages for parents.	**Change in child's fruit and vegetable consumption (times per day), B** Change in FV availability: 0.10, p=0.01 **Fruit & vegetable intake, Intervention effect (Intervention mean change - Control mean change)** Normal weight children only: 0.35, p=0.02	**Change in child's fruit and vegetable consumption (times per day), B** Change in FV modeling (times/wk): 0.01, p=0.27 Change in non-coercive child-feeding practices: -0.003, p=0.96 **Fruit intake, Intervention effect (Intervention mean change-Control mean change)** Total sample: 0.07, p=0.34 Overweight children only: -0.06, p=0.62 Normal weight children only: -0.25, p=0.05 **Vegetable intake, Intervention effect (Intervention mean change-Control mean change)** Total sample: 0.06, p=0.10	**Key confounders accounted for:** child's anthropometry at baseline, child's intake at baseline, SEP and/or parental education **Key confounders NOT accounted for:** race and/or ethnicity, child's sex, parental BMI **Model adjustments**: parent's age, education, child's baseline f/v intake, parent f/v intake change (times/d), f/v knowledge, and CFP **Funding:** National Cancer Institute

Study and Population Characteristics	Intervention/Exposure and Comparator, Outcome	Significant Results	Non-Significant Results	Confounders, Model Adjustments, Funding
• Race/Ethnicity: White: Intervention: 86.3%; Control: 79.7% • Education: Not high school graduate: 15.9%; High school graduate: 37.7%, Some college: 26.1%, College graduate: 20.3% • SEP, Other: Annual household income: <$20,000: 29.5%, $20-35,000: 30%, $35-50,000: 13.1%, ≥50,000: 27.5% Employed: 55.9% **Child Characteristics** • Female: 47% • Baseline Intake: Fruits & vegetable intake: Intervention: 4.91, Control: 4.79	**Control:** Control (PAT): n=899, parenting and child development program (nationwide) focused on positive child development through empowering parents as their child's first and most influential teachers. **Child age at start of intervention:** 2-5 y **Intervention Duration:** 7 mo (range: 6-11 mo) **Compliance:** delivered in entirety to 78% of intervention families **Outcome(s):** Fruit and vegetables **Outcome assessment method**: Parents reported children's f/v intake during the past 7 days using an FFQ designed for SLU4kids (27 different f/v). Intake over past 7 days was converted into number to times consumed per day for each food item and total fruits (excluding juice), vegetables (excluding fried potatoes), and f/v combined **Age(s) at outcome assessment**: 2-5 y		Overweight children only: -0.02, p=0.67 Normal weight children only: 0.10, p=0.06 **Fruit & vegetable intake, Intervention effect (Intervention mean change - Control mean change)** Total sample: 0.12, p=0.20 Overweight children only: -0.10, p=0.48	
Wolfenden, 2014[19] RCT-Cluster, Healthy Habits, Australia Attrition: Int: 21%, Control: 12% Power Analysis: Power analysis [n=200/group to detect 1.27 difference in f/v subscale scores, a=0.05, 80% power] Primary Aim: To determine whether the short-term impact of the Healthy Habits intervention on children's fruit and vegetable intake was sustained 12 and 18	**Int:** Intervention (Healthy Habits): n=164, Consisted of 4 30-min telephone contacts delivered weekly over 1 mo as well as resources with information about healthy eating for children. Sought to increase the availability of f/v in the home, encourage supportive family eating routine, and promote parental role modeling of f/v consumption. **Control:** Control: n=164, Participants received a copy of the Australian	**Fruit and vegetable subscale score (CDQ), Intervention vs. Control, Mean (SEM), B (95% CI)** 12 mo follow-up: 16.77 (2.7) vs. 14.89 (0.35), 1.61 (0.88, 2.33), p<0.001	**Fruit and vegetable subscale score (CDQ), Intervention vs. Control, Mean (SEM), B (95% CI)** 18 mo follow-up: 16.82 (0.30) vs. 15.98 (0.36), 0.51 (-0.17, 1.18), p=0.14	**Key confounders accounted for:** SEP and/or parental education, child's intake at baseline **Key confounders NOT accounted for:** race and/or ethnicity, child's anthropometry at baseline, child's sex, parental BMI **Model adjustments:** Child CDQ score at baseline and

Study and Population Characteristics	Intervention/Exposure and Comparator, Outcome	Significant Results	Non-Significant Results	Confounders, Model Adjustments, Funding
months after baseline data collection and to assess the long-term impact of the intervention on noncore food intake. **Caregiver Characteristics** • Female: 95.2% • Age: ~ 35 y • Race/Ethnicity: Child ethnicity: Aboriginal and/or Torres Strait Islander: 1% • Education: University education: ~47% • SEP, Other: Household income >AU$100,000: ~41% **Child Characteristics** • Female: 51% • Baseline Intake: Intervention: 15.05 (0.34), Control: 14.51 (0.38)	Guide to Healthy Eating with basic nutrition education and recommendations for healthy diet. **Child age at start of intervention:** 4.3 (0.6 y **Intervention Duration:** 1 month **Compliance:** Completed sensitivity analyses with baseline data carried forward for any data missing at follow-up; Completed 4 telephone calls: 87% Method: Intent to treat **Outcome(s):** Fruit and vegetables **Outcome assessment method:** Parents completed the fruit and vegetable subscale of the Children's Dietary Questionnaire (CDQ) **Age(s) at outcome assessment**: ~6 y			clustering within preschools **Funding:** Cancer Institute of New South Wales
Wyse, 2012[22] RCT-cluster, Healthy Habits, Australia Attrition: Intervention: 16%, Control: 9% Power Analysis: n=300 to detect difference of 1.27 in F&V with 80% power at a=0.05 Primary Aim: To assess the efficacy of a telephone-based intervention for parents to increase the fruit and vegetable consumption of their 3- to 5-year-old children. **Caregiver Characteristics** • Female: ~96% • Age: ~35 y • Race/Ethnicity: Child ethnicity: Aboriginal and/or Torres Strait Islander: 4.8%	**Int:** Intervention, n=174: Parents received 4 telephone calls over 4 wk as well as a series of instructional resources (guidebook, meal planner, cookbooks). The intervention focuses on introducing new familial norms associated with healthy eating through making changes in the home food environment, providing positive parental role-modeling, and increasing knowledge and skills related to parenting and nutrition. The calls focused on increasing fruit and vegetable availability and accessibility in the home, increasing parental role-modeling of fruit and vegetable consumption, and enhancing supportive food routines around the home, such as eating dinner as a family without the television on. Within content areas,	**Fruit and vegetable subscale score (CDQ), Intervention vs. Control, Mean (SEM), B (95% CI)** 2 mo follow-up: 17.0 (0.3) vs. 15.4 (0.3), 1.28 (0.54, 2.03), p<0.001 6 mo follow-up: 17.0 (0.3) vs. 15.9 (0.3), 0.80 (0.12, 1.49), p=0.021		**Key confounders accounted for**: child's intake at baseline **Key confounders NOT accounted for:** SEP and/or parental education, race and/or ethnicity, child's anthropometry at baseline, child's sex, parental BMI **Model adjustments:** Clustering by preschool, children's F/V score at baseline **Funding**: Cancer Institute of New South Wales

Study and Population Characteristics	Intervention/Exposure and Comparator, Outcome	Significant Results	Non-Significant Results	Confounders, Model Adjustments, Funding
• Education: University education: 45.2% • SEP, Other: Household income ≥A$100,000: 40.2% **Child Characteristics** • Female: ~48% • Baseline Intake: No. daily servings of fruit: ~2.2; No. daily servings of vegetables: ~2.0	the information provided was tailored based on assessments made during baseline data collection. **Control:** Control, n=169: Parents were emailed the Australian Guide to Healthy Eating. They received no further contact until the 2-mo follow-up data collection call. **Child age at start of intervention:** 4.3 (0.6) y [3-5 y] **Intervention Duration:** 4 wk **Compliance:** Members of the research team monitored each interventionist multiple times throughout the intervention delivery period to assess adherence to the intervention protocol Method: Intent to treat **Outcome(s):** Fruit and vegetables **Outcome assessment method:** Parents completed the fruit and vegetable subscale of the Children's Dietary Questionnaire (CDQ) **Age(s) at outcome assessment**: ~4 y			
Hunsaker, 2017[12] RCT-parallel, U.S. Attrition: Intervention: 0%, Control: 0% Power Analysis: The authors conducted simulations to estimate the power of the growth model parameters which indicated that the power to detect differences in intercepts and slopes was relatively low for both fruit and vegetable consumption (fruit= 0.14, 0.30; vegetable= 0.07, 0.39).	**Int:** Intervention, n=32: Parents were given a parent health report providing information about their child's fruit and vegetable intake as well as recommendations for how to increase their child's fruit and vegetable consumption (i.e., detailed list of parent behaviors to increase consumption) **Control:** Control, n=33: Parents completed initial baseline assessment but received no	**Change in fruit intake (servings per day), slope mean** Control group: (0.94 to 0.76), -0.06, p=0.01 **Change in vegetable intake (servings per day), slope mean** Intervention group: (0.76 to 1.41) 0.19, p<0.01	**Change in fruit intake (servings per day), slope mean** Intervention group: -0.03, p=0.21 **Change in vegetable intake (servings per day), slope mean** Control: 0.09, p=0.1	**Key confounders accounted for:** child's sex, child's anthropometry at baseline, child's intake at baseline **Key confounders NOT accounted for:** SEP and/or parental education, race and/or ethnicity, parental BMI **Model adjustments:** age,

Study and Population Characteristics	Intervention/Exposure and Comparator, Outcome	Significant Results	Non-Significant Results	Confounders, Model Adjustments, Funding
Primary Aim: To determine the effectiveness of a parent health report in fruit and vegetable consumption among preschoolers and kindergarteners **Caregiver Characteristics** • Parents: 100%\ • Age: NR • Race/Ethnicity: White: 89%, Hispanic: 2%, Asian: 3%, Biracial: 7% • Education: High school/ some college: 10%, Bachelor's degree: 45%, Graduate degree: 45% • SEP, Other: Monthly income: $6100 (3323) **Child Characteristics** • Female: 51% • Baseline Intake: Fruit: 1.0 serving/day: Vegetables: 0.76 servings/ day	intervention until after the completion of the 4-wk assessment Child age at start of intervention: 5 (0.4) y **Intervention Duration:** 4 wk **Compliance:** NR **Outcome(s):** Fruit and vegetables **Outcome assessment method:** Parents completed the NCI Fruit and Vegetable Screener Questionnaire **Age(s) at outcome assessment**: 5 y			gender, physical activity, BMI percentile, baseline f/v consumption **Funding:** NR
Lee, 2023[13] RCT-parallel, U.S. Attrition: Control: 17%; Intervention: 16% Power Analysis: NR Primary Aim: To evaluate a theory-based, multicomponent eHealth intervention aimed at improving child health behaviors and parental psychosocial attributes and feeding practices **Caregiver Characteristics** • Mother: 84.9%, Father: 8.2%, Foster mother: 5.5%, Grandmother: 1.4% • Age: NR • Race/Ethnicity: Child race/ethnicity: Biracial:36.9%, Hispanic: 23.3%, Non-Hispanic White: 21.9%, Black: 16.4%;	**Int**: Intervention: [n=37], eHealth intervention, parents received weekly educational videos through a website and weekly reminder text messages with key information for a total of 8 weeks. Topics included: Food groups using MyPlate; Eat More Fruit; Importance of using responsive feeding practices; Tips on shifting non-responsive to responsive feeding practices; Recommended vegetable intake (tips on increasing vegetable intake at home, importance of parent modeling in eating vegetables); Child Physical activity and screen viewing guidelines for toddlers; Eating on A Budget Tips to shop on a budget for fruit and vegetables; Importance of meal planning; Informed Shopper Elements on food labels, health claims, serving size.	**Fruit intake (servings/day), Between group change score mean (SD)** Intervention vs. Control: 0.89 (1.93), p<0.001 **Vegetable intake (servings/day), Between group change score mean (SD)** Intervention vs. Control: 0.60 (1.64), p<0.001		**Key confounders accounted for:** parental BMI **Key confounders NOT accounted for:** SEP and/or parental education, race and/or ethnicity, child's intake at baseline, child's anthropometry at baseline, child's sex **Model adjustments:** Location of recruitment, parental BMI **Funding:** The Graduate School and Department of Nutritional Sciences at Texas Tech University (partial funding)

Study and Population Characteristics	Intervention/Exposure and Comparator, Outcome	Significant Results	Non-Significant Results	Confounders, Model Adjustments, Funding
Native Hawaiian and other Pacific Islander: 1.4% • Education: High school: 30.1%, 1 year of college: 17.8%, Bachelor's degree or equivalent: 13.7%, 2 years of college: 12.3%, Some high school: 12.3%, 3 years of college: 6.8%, Master's degree: 6.8% • SEP, Other: Yearly income: $26,436.97 (17,524.52) **Child Characteristics** • Female: 56% • Baseline Intake: (Servings/day) Control: Fruit: 0.47 (0.62), Vegetable: 0.44 (0.47); Intervention: Fruit: 0.57 (0.48), Vegetable:0.45 (0.52)	**Control:** Control: [n=36], received a booklet about general nutrition recommendations for children **Child age at start of intervention:** 26.52 (8.48) mo [1-3 y] **Intervention Duration:** 8 wk **Compliance**: NR **Outcome(s):** Fruit and vegetable intake **Outcome assessment method:** Parents used mobile devices to capture and send digital food photos of their 24-h child's meals, snacks, and beverages at baseline and post-intervention in real-time with written descriptions of serving sizes, cooking methods, and food labels. Fruit (excluding fruit juices) and vegetable intakes (excluding french fry products) were recorded in daily servings based on food photos. **Age(s) at outcome assessment**: 26.52 (8.48) mo [1-3 y]			
Østbye, 2012[16] RCT-parallel, KAN-DO (Kids and Adults Now — Defeat Obesity!) study, U.S. Attrition: Intervention: 22%, control: 24% Power Analysis: n= 200 per arm, the study had 90% power when the true standardized mean arm difference was 0.374. Primary Aim: The primary outcomes for the overall KAN-DO study are change in child diet, physical activity, and sedentary behavior from baseline to immediately post-intervention	**Int:** Intervention: [n=156], received 8 monthly mailed interactive kits, followed each month by a 20–30-minute telephone coaching session using motivational interviewing techniques. The intervention targeted the dyad's healthy weight via instruction in parenting styles and skills, techniques for stress management (including emotion regulation), and education about healthy behaviors. Parenting skill instruction emphasized 1) an authoritative parenting style, 2) routines for sleep and mealtimes, 3) a supportive home environment, 4)		**Fruits and vegetables intake (≥5 vs. <5), Change mean** Intervention vs. Control: 3.9% vs. -0.8%, p=0.16 **Sugary beverages intake (oz/day), Change mean (se)** Intervention vs. control: -1.32 (0.59) vs. 0.69 (1.17), p=0.13	**Key confounders accounted for**: child's intake at baseline **Key confounders NOT accounted for:** SEP and/or parental education, race and/or ethnicity, child's anthropometry at baseline, child's sex, parental BMI **Model adjust**ments: child's intake at baseline **Funding:** NIH, NIDDKD

Study and Population Characteristics	Intervention/Exposure and Comparator, Outcome	Significant Results	Non-Significant Results	Confounders, Model Adjustments, Funding
(follow-up 1) **Caregiver Characteristics** • Mothers: 100% • Age: Intervention, <30 y: 29.5%, 30–35y: 31%, >35y 39.5%; Control, <30 y: 23%, 30–35y: 40.5%, >35y 36.5% • Race/Ethnicity: White: 75.25%, Black: 21.25%, Other races: 3%, Hispanic: 4.75% • Education: High school graduate or less: 11.5%, Some college: 20.25%, college degree: 42%, graduate school: 26.25% • SEP, Other: Up to $15,000: 10.15%, $15,001–$30,000: 8.9%, $30,001–$45,000: 9.14%, $45,001–$60,000: 15. 23%, $60,001 or more: 56.6% **Child Characteristics** • Female: 44% • Baseline Intake: Sugary beverage, intervention: 5.02 (0.77), control: 4.64 (0.62); Fruits and vegetables (≥5 vs. <5), intervention: 18.7%, control: 17.9%	role modeling of healthy eating and physical activity, and 5) improvement of feeding style. Education about healthy behavior changes in the dyad targeted: decreased intake of sugary drinks and fast food, increased fruit and vegetable consumption, meals prepared at home, moderate-to-vigorous physical activity (MVPA) and decreased sedentary behavior. **Control:** Control: [n=152], received monthly newsletters emphasizing pre-reading skills. **Child age at start of intervention**: 3.06 (1.0) y **Intervention Duration:** 8 mo **Compliance:** Per-protocol **Outcome(s):** Fruits and vegetables, sugary beverage **Outcome assessment method:** Mothers completed two 24-hour recall (multiple pass). Data was entered into NDSR and used to calculate servings of fruits and vegetables and sugary beverages. **Age(s) at outcome assessment:** ~4y			
Tabak, 2012[17] RCT-parallel, Family Ties to Health, U.S. Attrition: Intervention: 12%, control: 16% Power Analysis: n=213 families/group to have 80% power to detect significant differences in vegetable intake Primary Aim: To evaluate a home-based intervention targeted toward	**Int:** Intervention: [n=22], Parents received 2 phone calls and 4 newsletters over 4 months. A registered dietitian conducted calls. The first call addressed vegetable and food issues based on the baseline surveys (the parenting survey and healthy home checklist), the dietitian helped parents select 1 primary target area for improvement from 4 possible options (vegetable availability; picky eating; modeling;		**Vegetable intake (servings/day), β (SE)** Adjusted for group (intervention/control), baseline intake, age: 0.1 (0.2), p=0.61 **Vegetable intake (servings/day), β (SE)** Adjusted for group (intervention/control), baseline intake, child age: 0.1 (0.2), p=0.61	**Key confounders accounted for:** child's intake at baseline **Key confounders NOT accounted for:** SEP and/or parental education, race and/or ethnicity, child's anthropometry at baseline, child's sex, parental BMI

Study and Population Characteristics	Intervention/Exposure and Comparator, Outcome	Significant Results	Non-Significant Results	Confounders, Model Adjustments, Funding
parents to improve vegetable intake in preschool-aged children. **Caregiver Characteristics** • Parents: 100%; Female: 88% • Age: 36.4 (5.4) y • Race/Ethnicity: Non-Hispanic White: 83%, non-White: 14% • Education: College or less: 40%, more than college: 61% • SEP, Other: Income <$50,000: 19%, ≥$50,000: 79% **Child Characteristics** • Female: 63% • Baseline Intake: Vegetable intake (servings/day), Intervention: 0.8 (0.4), Control: 0.6 (0.4)	family meals). Parents received four 4- page newsletters, 1 per month, with tailored feedback based on data from the self-assessment and phone call (newsletter included content on all 4 topics, but the order and quantity of the content was adjusted based on the parent-identified intervention goal). A second phone call received in the third month encouraged parents to describe successes, use problem solving to overcome barriers, and receive support and encouragement. The final 2 newsletters were sent following the second call. **Control:** Control: [n=21]: Parents received 4 non-health/nutrition-related children's books, 1 per month **Child age at start of intervention:** 3.6 (0.8) y **Intervention Duration:** 4 mo **Compliance:** NR **Outcome(s):** Vegetable intake **Outcome assessment method**: Parents completed the Block Kids FFQ, which was analyzed by the Block Dietary Data Systems. **Age(s) at outcome assessment:** ~4 y			**Model adjustments:** Age, baseline intake **Funding:** Unrestricted grant from ‘‘Get Kids in Action,’’ a partnership between the Gatorade Corporation and the University of North Carolina
Mobley, 2023[15] RCT-parallel, U.S. Attrition: Intervention group: 19%, comparison group: 0% Power Analysis: n=60 with 76% power to detect an effect size of g = 0.30 in fathers’ food-related parenting practices as primary outcome	**Int:** Intervention: [n=25], 2-hour weekly interactive face-to-face educational sessions at a Head Start center with both fathers and children. First 45 minutes of the session used mini lessons from the parenting and nutrition program ‘Healthy, Happy Families’ (HHF). During this time, child-focused activities adapted from	**Frequency of vegetable intake, Hedges' G Effect size, (95% CI)** Intervention vs. comparison: 0.13 (-0.55, 0.81), p=0.07	**Child eats more than 1 kind of vegetable, Hedges' G Effect size, (95% CI)** Intervention vs. comparison: 0.23 (-0.45, 0.90), p=0.17 **Soda consumption (times/day), Hedges' G Effect size, (95% CI)** Intervention vs. comparison: 0.29	**Key confounders accounted for:** child's intake at baseline **Key confounders NOT accounted for:** SEP and/or parental education, race and/or ethnicity, child's anthropometry at

Study and Population Characteristics	Intervention/Exposure and Comparator, Outcome	Significant Results	Non-Significant Results	Confounders, Model Adjustments, Funding
Primary Aim: To determine feasibility, acceptability, and preliminary outcomes of a father-focused childhood obesity prevention program for low-income families with preschool children. **Caregiver Characteristics** • Biological father: 82%, Stepfather/guardian: 4%, Grandfather: 9%, Other: 4% • Age: 37.2 (12.5) [21–65 y] • Race/Ethnicity: White: 33%, Black: 40%, Asian: 2%, Other: 25%; Hispanic: 36%, Non-Hispanic: 64% • Education: Less than high school: 7%, High school or equivalent: 49%, Some college/technical school: 22%, Associate's degree: 7%, Bachelor's degree/higher: 15% • SEP, Other: Unemployed: 13%, Stay at home parent: 4%, Part time: 18%, Full time: 64% **Child Characteristics** • Female: 47% • Baseline Intake: Intervention, Frequency child eats vegetables: 2.10 (1.0), Soda consumption (times/day): 0.38 (0.66), Sports drink consumption (times/day): 1 (1.3) Comparison, Frequency child eats vegetables: 2.24 (1.1), Soda consumption (times/day): 0.32 (0.65), Sports drink consumption (times/day): 0.77 (0.97)	the All 4 Kids program were conducted in separate room. Remainder 2 hour of the session focused on Cooking Matters for Families lessons, which formed the nutrition foundation for the program. Intervention components focused improving the family mealtime environment through nutrition and parent education including structure, roles, and routines in parenting and feeding. **Control:** Comparison: [n=14], wait listed group, did not receive intervention. **Child age at start of intervention:** 3.9 (0.7) y **Intervention Duration:** 8 wk **Compliance:** Program attendance: (intervention): 0 sessions: 19%, 1 session: 13%, 2 sessions: 10%, 3 sessions: 3%, 4 sessions: 10%, 5 sessions: 16%, 6 sessions: 10%, 7 sessions: 13%, 8 sessions: 6% **Outcome(s):** Vegetable frequency and variety, soda consumption, sports drink consumption **Outcome assessment method:** Fathers completed Townsend's Healthy Kids Questionnaire (45-item) to assess dietary behaviors (vegetable intake and sweetened beverage frequency). **Age(s) at outcome assessment:** ~4 y		(-0.96,0.39), p=0.66 **Sports drink consumption (times/ day), Hedges' G Effect size, (95% CI)** Intervention vs. comparison: 0.17 (-0.84,0.49), p=0.65	baseline, child's sex, parental BMI **Model adjustments:** Pre-test difference in outcomes **Funding:** the Eunice Kennedy Shriver National Institute of Child Health & Human Development of the NIH
Tovar, 2023[18] RCT-parallel, Families Start at Home/Familias Fuertes Comienzan en Casa, U.S.	**Int:** Intervention, n=33: 3 monthly home visits (60–75 min) followed by 3 monthly phone calls (30–45 min). The community health worker (CHW)	**HEI-2015 total fruits component score, Effect size (Cohen's δ) (95% CI)** Intervention vs control: 0.82	**HEI-2015 total score, Effect size (Cohen's δ) (95% CI)** Intervention vs control: -0.04 (-0.67-0.59), p≥0.05	**Key confounders accounted for:** SEP and/or parental education, race and/or ethnicity,

Study and Population Characteristics	Intervention/Exposure and Comparator, Outcome	Significant Results	Non-Significant Results	Confounders, Model Adjustments, Funding
Intervention: 27%, control: 46% Power Analysis: Not powered to detect significant differences in component scores Primary Aim: To determine the feasibility of the study protocols, recruitment, the acceptability and fidelity of the intervention and its preliminary efficacy on changes in children's diet quality and food parenting practices compared to an attention control group. **Caregiver Characteristics** • Mother: 90.5%, Father or other: 9.5% • Age: 34.48 (7.59) y • Race/Ethnicity: White: 38.1%, Hispanic/ Latinx: 87.3%, Multiracial: 17.5%, Unknown: 23.8%, Other: 20.6% • Education: <8th grade: 14.3%, High school: 36.5%, College: 49.2% • SEP, Other: Employment status: Full time: 23.8%, Part time: 20.6%, Other: 55.6%; Annual household income: <$25,000: 54%, $25,000–74,999: 31.7%, >$75,000:4.8%, Unknown: 9.5%; Food assistance (SNAP, WIC< Free or Reduced-Price Meals): 81% **Child Characteristics** • Female: 44% • Baseline Intake: HEI total score: 61.06 Total fruits component: 3.88; Whole fruits component: 3.42; Total vegetables component: 1.77; Whole grains component: 3.89	and parent developed a food parenting and nutrition plan based on motivational interviewing. The specific goal(s) focused on food parenting practices ('how parents interact with children around meals'), and the home food environment, reasons for the plan, potential barriers to completing the plan and some possible solutions (including social supports). A handout with nutrition and food parenting guidance on creating family routines around healthy eating, empowering children to make healthy choices, choosing and preparing healthy family meals and snacks on a budget, meal planning and tips on how to involve children in family meal planning and preparation were handed at each visit. A tailored handout based on child's appetitive traits using the CEBQ (at baseline) were also provided. **Control:** Control, n=30: Parents received an attention-matched intervention about school readiness promotion adapted from R.E.A.D.Y. (Read Educate and Develop Youth). Parents received the same intervention components as the intervention group, pertinent to school readiness instead of nutrition and included video assessment of a parent reading or completing an activity with their child, and 3-monthly phone calls to check in on progress related to their goals, text messages and printed materials. **Child age at start of intervention:** 2-5 y **Intervention Duration:** 6 mo	(0.16, 1.47), p<0.05 **HEI-2015 whole fruits component score, Effect size (Cohen's δ) (95% CI)** Intervention vs control: 0.83 (0.17, 1.48), p<0.05	**HEI-2015 total vegetables component score, Effect size (Cohen's δ) (95% CI)** Intervention vs control: -0.23 (-0.86, 0.41), p≥0.05 **HEI-2015 whole grains component score, Effect size (Cohen's δ) (95% CI)** Intervention vs control: 0.02 (-0.61, 0.65), p≥0.05	child's anthropometry at baseline, child's sex, child's intake at baseline **Key confounders NOT accounted for:** parental BMI **Model adjustments:** Parental age, marital status, income, race/ethnicity, birth country, years in the USA, household composition, household chaos, child age, gender, BMI, and childcare attendance, baseline values of the corresponding outcome **Funding:** National Heart, Lung, and Blood Institute

Study and Population Characteristics	Intervention/Exposure and Comparator, Outcome	Significant Results	Non-Significant Results	Confounders, Model Adjustments, Funding
	Compliance: Adherence: 88% Participant engagement (0=10): 9.7 Read between-visit text messages: 95 % Read mailed handouts: 73 % **Outcome(s):** HEI-2015, fruit, vegetable, whole grains **Outcome assessment method:** Parents completed two 24-h dietary recalls (multiple-pass approach). The data was collected and analyzed using NDSR software. HEI- 2015 total and component scores were derived using the National Cancer Institute simple HEI scoring algorithm method. **Age(s) at outcome assessment:** 2-5 y			
Wyse, 2020[20] RCT-Cluster, Healthy Habits, Australia Attrition: Int: 32%, Control: 52% Power Analysis: n=400 (200 per group) with a=0.05 to detect a difference of 1.27 on F&V-CDQ at 18-month follow-up Primary Aim: Primary objective was to determine the effectiveness of a telephone-based parent intervention in increasing children's F&V consumption after approximately 5 years. A secondary objective was to determine the effect of the intervention on parent F&V consumption **Caregiver Characteristics** • Mothers: 95.6% • Age: 36.2 (4.6) Y • Race/Ethnicity: Aboriginal &/or Torres Strait Islander: 1.8%	**Int:** Intervention: [n=127], parents received four 30-min weekly individual telephone support calls. Main domains included increasing F&V availability and accessibility, parental role-modelling of F&V consumption and introducing supportive eating routines (e.g., eating only at set mealtimes, at the table, without the television on). Behavior change techniques including goal setting, goal revision, self-monitoring, intention formation and using prompts or cues were used. **Control:** Control: Parents were mailed a printed booklet, "The Australian Guide to Healthy Eating", that explained the dietary guidelines and ways to meet them. **Child age at start of intervention**: 4.3 (0.6) y [3-5 y]	**Daily 'child' servings of vegetables, Mean group difference @ 5-y follow-up (95% CI)** Intervention vs. Control: 0.5 (0.09, 0.9), p=0.02	**F&V-CDQ score, Mean group difference @ 5 y follow-up, (95% CI)** Intervention vs control: 1.1 (-0.03, 2.2), p=0.06 **Daily 'child' servings of fruit, Mean group difference @ 5-y follow-up (95% CI)** Intervention vs. Control: 0.2 (-0.2, 0.5), p=0.26	**Key confounders accounted for:** child's intake at baseline, SEP and/or parental education **Key confounders NOT accounted for:** race and/or ethnicity, child's anthropometry at baseline, child's sex, parental BMI **Model adjustments:** Baseline F/V intake, clustering. **Funding:** Cancer Institute New South Wales

Study and Population Characteristics	Intervention/Exposure and Comparator, Outcome	Significant Results	Non-Significant Results	Confounders, Model Adjustments, Funding
• Education: University education: 53.1% • SEP, Other: Household income, ≥AU$100,000: 45.7% **Child Characteristics** • Female: 51% • Baseline Intake: Daily servings of fruit: 2.3 (1.1); Daily servings of vegetables: 2.2 (1.1)	**Intervention Duration:** 4 wk **Compliance:** NR **Outcome(s):** Fruits, vegetables **Outcome assessment method:** Participants completed F&V subscale of the Children's Dietary Questionnaire (F&V-CDQ) via telephone. **Age(s) at outcome assessment:** 8.5 y			

[a] Abbreviations: CFP: Caregiver feeding practice; CFQ: Caregiver Feeding Questionnaire; HEI: Healthy Eating Index; FFQ: Food Frequency Questionnaire; NA: Not Applicable; NDSR: Nutrition Data System for Research; NR: Not Reported; PCS: Prospective cohort study; RCT: Randomized controlled trial; SEP: Socioeconomic position; SSB: Sugar sweetened beverage

[b] Food parenting practices that fall within this bucket are underlined.

Table 10. Risk of bias for observational studies examining the relationship between structured feeding practices during childhood and consuming a dietary pattern that is aligned with the *Dietary Guidelines for Americans*[a]

Article	Confounding	Exposure measurement	Selection of participants	Post-exposure interventions	Missing data	Outcome measurement	Selection of the reported result	Overall
Lehto, 2022[4]	HIGH	HIGH	LOW	HIGH	HIGH	SOME CONCERNS	LOW	VERY HIGH
Mou, 2021[6]	SOME CONCERNS	SOME CONCERNS	LOW	LOW	SOME CONCERNS	SOME CONCERNS	SOME CONCERNS	HIGH
Nezami, 2020[7]	HIGH	HIGH	LOW	HIGH	LOW	SOME CONCERNS	SOME CONCERNS	HIGH
van Grieken, 2015[9]	SOME CONCERNS	HIGH	LOW	LOW	HIGH	HIGH	SOME CONCERNS	HIGH
Jones, 2010[3]	HIGH	HIGH	LOW	LOW	HIGH	LOW	SOME CONCERNS	HIGH
Surjadi, 2017[8]	SOME CONCERNS	SOME CONCERNS	LOW	LOW	HIGH	HIGH	SOME CONCERNS	HIGH
Buscemi, 2016[1]	SOME CONCERNS	SOME CONCERNS	LOW	HIGH	HIGH	LOW	SOME CONCERNS	HIGH
Wilson, 2019 (Exposure: discipline, limit setting, monitoring, covert control)[10]	SOME CONCERNS	HIGH	LOW	HIGH	LOW	SOME CONCERNS	SOME CONCERNS	HIGH
Wilson, 2019 (Exposure: modeling)[10]	SOME CONCERNS	SOME CONCERNS	LOW	HIGH	LOW	SOME CONCERNS	SOME CONCERNS	HIGH
Litterbach, 2022[5]	SOME CONCERNS	SOME CONCERNS	SOME CONCERNS	LOW	SOME CONCERNS	HIGH	SOME CONCERNS	HIGH
Guerrero, 2016[2]	SOME CONCERNS	SOME CONCERNS	LOW	LOW	SOME CONCERNS	HIGH	SOME CONCERNS	HIGH

[a] Possible ratings of low, some concerns, high, very high, no information, or not applicable were determined using the "Risk of Bias in Non-randomized Studies of Exposures (ROBINS-E)" tool (Higgins JPT, Morgan RL, Rooney AA, et al. A tool to assess risk of bias in non-randomized follow-up studies of exposure effects (ROBINS-E). *Environment International* 2024 (published online Mar 24); doi: 10.1016/j.envint.2024.108602.) *Low risk of bias except for concerns about uncontrolled confounding.

Table 11. Risk of bias for randomized controlled trials (parallel) examining the relationship between structured feeding practices during childhood and consuming a dietary pattern that is aligned with the *Dietary Guidelines for Americans*[a]

Article	Randomization	Deviations from the intended interventions (effect of assignment)	Missing outcome data	Outcome measurement	Selection of reported result	Overall
Hunasker, 2017[12]	LOW	LOW	LOW	HIGH	SOME CONCERNS	HIGH
Lee, 2023[13]	LOW	LOW	LOW	SOME CONCERNS	LOW	SOME CONCERNS
Østbye, 2012[16]	LOW	LOW	LOW	LOW	LOW	LOW
Tabak, 2012[17]	SOME CONCERNS	LOW	LOW	SOME CONCERNS	SOME CONCERNS	SOME CONCERNS
Mobley, 2023[15]	LOW	LOW	LOW	HIGH	LOW	HIGH
Tovar, 2023[18]	LOW	LOW	LOW	LOW	SOME CONCERNS	SOME CONCERNS

[a] Possible ratings of low, some concerns, or high determined using the "Cochrane Risk-of-bias 2.0" (RoB 2.0) (August 2019 version)" (Sterne JAC, Savović J, Page MJ, et al. RoB 2: a revised tool for assessing risk of bias in randomised trials. *BMJ* 2019; **366**: l4898.

Table 12. Risk of bias for randomized controlled trials (cluster) examining the relationship between structured feeding practices and consuming a dietary pattern that is aligned with the *Dietary Guidelines for Americans*[a]

Article	Randomization	Timing of identification and recruitment of individual participants in relation to timing of randomization	Deviations from the intended interventions (effect of assignment to intervention)	Missing outcome data	Outcome measurement	Selection of reported result	Overall
McGowan, 2013[14]	LOW	HIGH	LOW	LOW	HIGH	SOME CONCERNS	HIGH
Wyse, 2015[21]	LOW	LOW	LOW	LOW	SOME CONCERNS	SOME CONCERNS	SOME CONCERNS
Haire-Joshu, 2008[11]	SOME CONCERNS	LOW	LOW	HIGH	SOME CONCERNS	SOME CONCERNS	HIGH
Wolfenden, 2014[19]	LOW	LOW	LOW	LOW	SOME CONCERNS	LOW	SOME CONCERNS
Wyse, 2012[22]	LOW	LOW	LOW	LOW	SOME CONCERNS	LOW	SOME CONCERNS
Wyse, 2020[20]	LOW	LOW	LOW	LOW	SOME CONCERNS	SOME CONCERNS	SOME CONCERNS

[a] Possible ratings of low, some concerns, or high determined using the "Cochrane Risk-of-bias 2.0" (RoB 2.0) (August 2019 version)" (Sterne JAC, Savović J, Page MJ, et al. RoB 2: a revised tool for assessing risk of bias in randomised trials. *BMJ* 2019; **366**: l4898.

Table 13. Evidence examining the relationship between controlling feeding practices during childhood and consuming a dietary pattern that is aligned with the *Dietary Guidelines for Americans*[a b]

Study and Population Characteristics	Intervention/Exposure and Comparator, Outcome	Significant Results	Non-Significant Results	Confounders, Model Adjustments, Funding
Mou, 2021[6] PCS, Generation R, Netherlands Analytic N=3626 Power Analysis: NR Primary Aim: To explore relationships of parental feeding practices (restriction, pressure to eat, and monitoring) and mealtime practices (meal skipping behaviors and family meal frequency) in early childhood with overall diet quality of children at school age in a population-based cohort. **Caregiver Characteristics** • Mothers: 86.2% • Age: NR • Race/Ethnicity: non-Dutch: 29.3% • Education: Low (no education up to lower vocational training: 28.6%; High (higher vocational training/ university: 71.4%) • SEP, Other: <€2200/ month: 28.4%; ≥€2200/month: 31.6% **Child Characteristics** • Female: 50.9% • Baseline Intake: NR	**Exposure and Comparator:** Pressure to eat, Restriction, Covert control (e.g. monitoring), Meal and snack routine (e.g. meal schedule/ atmosphere of meals/ distractions/ family presence) (Continuous, Categorical) **CFP Definition:** Restriction, Monitoring, Pressure to eat: per CFQ; Family breakfast and dinner frequency: "how often do you eat breakfast/dinner around the table together with your children" **Child age at initial exposure measurement:** median (IQR): 4.0 (4.0. 4.1) **CFP Assessment Method:** Child Feeding Questionnaire (CFQ); additional items for family meal frequency **Reporting Method:** Caregiver self-reported **Outcome(s):** Fruits, vegetables, whole grains, SSBs (individual food component scores) **Outcome assessment method**: Parents completed validated age-specific semi-quantitative FFQ using last 4 wk as reference period. Diet quality was quantified by predefined food-based DQ score based on Dutch dietary recommendations for 8-y old children consisting of 10 components *used for this analysis	**Fruit component score @ 8y, OR (95% CI)** Monitoring: 1.21 (1.12, 1.30) Pressure to eat: 0.87 (0.81, 0.93) Family breakfast freq ≤2d/wk vs. every day (ref): 0.66 (0.56, 0.78) Family dinner freq ≤2d/wk vs. every day (ref): 0.70 (0.69, 0.72) Family dinner freq 3-6 d/wk vs. every day (ref): 0.80 (0.68, 0.95) **Vegetable component score @ 8y, OR (95% CI)** Monitoring: 1.20 (1.11, 1.28) Pressure to eat: 0.91 (0.85, 0.97) Family breakfast freq ≤2d/wk vs. every day (ref): 0.72 (0.62, 0.84) Family dinner freq ≤2d/wk vs. every day (ref): 0.56 (0.55, 0.57) **Whole grains component score @ 8y, OR (95% CI)** Monitoring: 1.27 (1.17, 1.39) Pressure to eat: 0.92 (0.83, 1.00) Family breakfast freq ≤2d/wk vs. every day (ref): 0.61 (0.50, 0.76) Family dinner freq ≤2d/wk vs. every day (ref): 0.50 (0.32, 0.79)	**Fruit component score @ 8y, OR (95% CI)** Restriction: 1.02 (0.95, 1.09) Family breakfast freq 3-6 d/wk vs. every day (ref): 0.92 (0.78, 1.09) **Vegetable component score @ 8y, OR (95% CI)** Restriction: 0.97 (0.91, 1.04) Family breakfast freq 3-6 d/wk vs. every day (ref): 0.88 (0.76, 1.02) Family dinner freq 3-6 d/wk vs. every day (ref): 0.93 (0.80, 1.09) **Whole grains component score @ 8y, OR (95% CI)** Restriction: 0.97 (0.89, 1.06) Family breakfast freq 3-6 d/wk vs. every day (ref): 0.86 (0.69, 1.07) Family dinner freq 3-6 d/wk vs. every day (ref): 0.87 (0.69, 1.09) **Sugar containing beverages component score @ 8y, OR (95% CI)** Monitoring: 0.92 (0.83, 1.03) Pressure to eat: 0.97 (0.87, 1.08) Restriction: 0.97 (0.87, 1.07) Family breakfast freq ≤2d/wk vs. every day (ref): 0.89 (0.69, 1.16) Family breakfast freq 3-6 d/wk vs. every day (ref): 1.01 (0.79, 1.29) Family dinner freq ≤2d/wk vs. every day (ref): 1.51 (0.88, 2.58) Family dinner freq 3-6 d/wk vs. every day (ref): 1.22 (0.95, 1.57)	**Key confounders accounted for:** SEP and/or parental education, race and/or ethnicity, child's anthropometry at baseline, child's sex **Key confounders NOT accounted for:** child's intake at baseline, parental BMI **Model adjustments:** child's sex, age, and energy intake at FFQ assessment, BMI @ 3 y, maternal education, ethnicity, and household income **Funding:** Erasmus MC, University Medical Center, Rotterdam, Erasmus University Rotterdam, Netherlands Organization for Health Research and Development, Netherlands Organization for Health Research, Ministry of Health Welfare and Sport and Ministry of Youth and Families.

Study and Population Characteristics	Intervention/Exposure and Comparator, Outcome	Significant Results	Non-Significant Results	Confounders, Model Adjustments, Funding
	Age(s) at outcome assessment: Median (IQR): 8.2 (8.0, 8.2)			
van Grieken, 2015[9] PCS, Be active, eat right, Netherlands Analytic N=2047 Power Analysis: NR Primary Aim: To evaluate the association between home environmental characteristics and sweet beverage consumption of 7-y-old children **Caregiver Characteristics** • Female: 90.6% • Age: 37.1 (4.4) • Race/Ethnicity: Child Ethnicity: Dutch: 86.5% • Education: Low: 2.7%, Mid-low: 14.7%, Mid-high: 45.2%, High: 37.5% • SEP, Other: NA **Child Characteristics** • Female: 49.5% • Baseline Intake: SSB/day: 3.0 (1.4)	**Exposure and Comparator:** Rules/limits/ boundaries, Covert control (e.g. monitoring), Other, Food availability or access (e.g. limited choices/ portion size) (Continuous) **CFP Definition:** Rules: 3 items; monitoring, discouraging, allowing: 3 items; buying: 2 items; availability at home **Child age at initial exposure measurement**: 5.7 (0.4) y **CFP Assessment Method:** Questionnaire **Reporting Method:** Caregiver self-reported **Outcome(s):** SSB **Outcome assessment method:** Parents indicated how many glasses of sweet beverages the child consumed on a weekday and weekend day using a 10 point scale (none to 9 or more beverages/day) **Age(s) at outcome assessment:** ~7 y	**SSB intake (glasses per day) @ 7 y, β (95% CI)** Discouraging: -0.10 (-0.17, -0.03), p<0.01 Not allowing: -0.18 (-0.27, -0.10), p<0.001 No sweet beverages in the home: -0.16 (-0.24, -0.09), p<0.001 **High SSB consumption (>2 SSB/d @ 5 & 7 y) vs. low consumption (≤2 SSB/d @ 5 & 7 y) (REF), OR (95% CI)** Rules: 0.78 (0.69, 0.89), p<0.001 Monitoring: 0.77 (0.66), 0.89), p<0.001 Not allowing: 0.67 (0.56, 0.79), p<0.001 Not buying: 0.79 (0.68, 0.92), p<0.01 No SSB in the house: 0.61 (0.54, 0.70), p<0.001 **More SSB consumption (≤2 SSB/d @ 5 y, ≥2 SSB/d @ 7 y) vs. low consumption (≤2 SSB/d @ 5 & 7 y) (REF), OR (95% CI)** Rules: 0.82 (0.70, 0.95), p<0.05 No SSB in the house: 0.70 (0.59, 0.83), p<0.001 **Less SSB consumption (≥ SSB/d @ 5 y, ≤ SSB/d @ 7 y) vs. low consumption (≤2 SSB/d @ 5 & 7 y) (REF), OR (95% CI)** Rules: 0.82 (0.70, 0.95), p<0.01 Monitoring: 0.80 (0.68, 0.96), p<0.05 Discouraging: 1.24 (1.07, 1.43), p<0.01	**SSB intake (glasses per day) @ 7 y, β (95% CI)** Rules: -0.04 (-0.10, 0.03), p≥0.05 Monitoring: -0.05 (-0.13, 0.02), p≥0.05 Not buying: -0.06 (-0.14, 0.02), p≥0.05 **High SSB consumption (>2 SSB/d @ 5 & 7 y) vs. low consumption (≤2 SSB/d @ 5 & 7 y)(REF), OR (95% CI)** Discouraging: 1.01 (0.89, 1.14), p≥0.05 **More SSB consumption (≤2 SSB/d @ 5 y, ≥2 SSB/d @ 7 y) vs. low consumption (≤2 SSB/d @ 5 & 7 y)(REF), OR (95% CI)** Monitoring: 0.86 (0.71, 1.05), p≥0.05 Discouraging: 1.02 (0.87, 1.21), p≥0.05 Not allowing: 0.88 (0.71, 1.11), p≥0.05 Not buying: 0.94 (0.76, 1.15), p≥0.05 **Less SSB consumption vs. low consumption (≤2 SSB/d @ 5 & 7 y) (REF), OR (95% CI)** Not buying: 0.84 (0.70, 1.00), p≥0.05	**Key confounders accounted for:** child's sex, race and/or ethnicity, SEP and/or parental education **Key confounders NOT accounted for:** child's intake at baseline, child's anthropometry at baseline, parental BMI **Model adjustments:** child gender, ethnic background, parent education level, parental beliefs (attitude, perceived difficulty, self-confidence) and habit. Child intake at baseline accounted for in LR models only. **Funding:** ZonMw (Netherlands Organization for Health Research and Development)

Study and Population Characteristics	Intervention/Exposure and Comparator, Outcome	Significant Results	Non-Significant Results	Confounders, Model Adjustments, Funding
		Not allowing: 0.76 (0.63, 0.93), p<0.01 No SSB in the house: 0.81 (0.69, 0.93), p<0.01		
Buscemi, 2016[1] PCS, HH Effectiveness, U.S. Analytic N=590 Power Analysis: NR Primary Aim: To determine whether parent health behavior changes and feeding practices were associated with child changes in body mass index z-score and related health behaviors over the course of 1 year. **Caregiver Characteristics** • Parents: 100% • Age: NR • Race/Ethnicity: Child Ethnicity: African American: 94%, Hispanic/Latino: 4%, Asian: 0.5%, Multiracial: 2.5% • Education: NR • SEP, Other: Headstart: 100%; Household income <$30,000: 80% **Child Characteristics** • Female: NR • Baseline Intake: -0.762 (0.105)	**Exposure and Comparator:** Restriction, Pressure to eat, Covert control (e.g. monitoring) (Continuous) **CFP Definition**: Restriction, Monitoring, Pressure to eat: per CFQ **Child age at initial exposure measurement:** 4.3 (0.5) y [3-5 y] **CFP Assessment Method:** Child Feeding Questionnaire (CFQ) **Reporting Method:** Caregiver self-reported **Outcome(s):** Change in Diet Quality **Outcome assessment method:** Intake was estimated using combination of in-preschool meal observation and parent-reported 24-hr recall. Data was entered into NDSR and used to measure diet quality (HEI-2005) **Age(s) at outcome assessment:** ~ 5 y		**Change in diet quality (Baseline to postintervention, 14-wk), Estimate (SE)** Change in restriction (baseline to postintervention): -0.011 (0.015), p=0.442 Change in pressure to eat (baseline postintervention): 0.007 (0.009), p=0.452 Change in monitoring (baseline postintervention): 0.017 (0.011), p=0.132 **Diet quality @ ~5 y, Estimate (SE)** Restriction: -0.012 (0.018), p=0.514 Pressure to eat: 0.021 (0.015), p=0.163) Monitoring: 0.000 (0.014), p=0.979	**Key confounders accounted for:** child's intake at baseline, parental BMI, SEP and/or parental education, child's anthropometry at baseline **Key confounders NOT accounted for:** race and/or ethnicity, child's sex **Model adjustments:** Child's BMIz, diet quality, caloric intake, physical activity, screen time, and caregiver BMI, screen time, feeding practices **Funding:** NHLBI, NCI
Gingras, 2020[23] PCS, Project Viva, U.S. Analytic N=1172 Power Analysis: NR Primary Aim: To examine associations of parental feeding behaviors and weight-related concerns assessed when the child was 2 years old with the child's dietary quality in early (~3 y) and mid-childhood (~8 y)	**Exposure and Comparator:** Restriction, Pressure to eat (Categorical) **CFP Definition:** Restriction, pressure to eat: modified questions from CFQ **Child age at initial exposure measurement:** 2.1 (0.0) y **CFP Assessment Method:** Child Feeding Questionnaire (CFQ):	**SSB (Servings/day) @ 3 y, β (95% CI)** Restrictive feeding, yes: -0.17 (-0.28, -0.06) **Fruit Juice (Servings/day) @ 3 y, β (95% CI)** Pressure to eat, yes: 0.19 (0.03, 0.36) **Sensitivity Analysis**	**Youth-HEI total points @ 3 y, β (95% CI)** Pressure to eat, yes: -0.16 (-1.02, 0.71) Restrictive feeding, yes: 0.75 (-0.88, 2.39) **Youth-HEI total points @ 7 y, β (95% CI)** Pressure to eat, yes: -0.60 (-1.73, 0.54)	**Key confounders accounted for**: SEP and/or parental education, race and/or ethnicity, child's intake at baseline, child's anthropometry at baseline, child's sex, parental BMI **Key confounders NOT accounted for:** none

Study and Population Characteristics	Intervention/Exposure and Comparator, Outcome	Significant Results	Non-Significant Results	Confounders, Model Adjustments, Funding
Caregiver Characteristics • Mothers: 100% • Age: 32.5 (4.8) y • Race/Ethnicity: Child race/ethnicity: White: 70.9%, Black: 11.3%, Hispanic: 3.1%, Other: 14.8% • Education: College graduate: 74.1% • SEP, Other: Household income > $70,000: 65.0% **Child Characteristics** • Female: 50% • Baseline Intake: YHEI @ 2 y: 55.4 (9.4)	modified questions **Reporting Method:** Caregiver self-reported **Outcome(s):** YHEI, fruits and vegetables, sugar sweetened beverage **Outcome assessment method:** In early childhood, mothers completed FFQ (87 items) and in mid-childhood, mothers used Prime-Screen, a dietary screener composed of 18 items asking about frequency of consumption of specific food groups. YHEI scores were determined from FFQ data and Prime Screen data. **Age(s) at outcome assessment:** 3.2 (0.3) y; 7.9 (0.7) y	**Youth-HEI total points @ 3 y, β (95% CI)** Pressure to eat, strongly agree vs. other answer categories (ref): -1.47 (-2.6, -0.08)	Restrictive feeding, yes: 0.59 (-1.44, 2.62) **Fruits and vegetables (servings/day) @ 3 y, β (95% CI)** Pressure to eat, yes: -0.06 (-0.30, 0.17) Restrictive feeding, yes: 0.23 (-0.21, 0.68) **Fruits and vegetables (servings/day) @ 7 y, β (95% CI)** Pressure to eat, yes: -0.13 (-0.31, 0.06) Restrictive feeding, yes: 0.18 (-0.15, 0.51) **SSB (Servings/day) @ 3 y, β (95% CI)** Pressure to eat, yes: -0.05 (-0.10, 0.01) **SSB (Servings/day) @ 7 y, β (95% CI)** Pressure to eat, yes: 0.02 (-0.02, 0.06) Restrictive feeding, yes: -0.02 (-0.10, 0.06) **Fruit Juice (Servings/day) @ 3 y, β (95% CI)** Restrictive feeding, yes: -0.11 (-0.43,0.21) **Sensitivity Analysis** **Youth-HEI total points @ 7 y, β (95% CI)** Pressure to eat, strongly agree vs. other answer categories (ref): -1.00 (-2.76, 0.77)	**Model adjustments:** Child's sex and age at outcome assessment, maternal education, marital status, maternal age at inclusion, household income, child's race/ethnicity, maternal pre-pregnancy BMI, paternal BMI, maternal HEI during pregnancy, child BMIz and YHEI @ 2 y **Funding:** NIH

Study and Population Characteristics	Intervention/Exposure and Comparator, Outcome	Significant Results	Non-Significant Results	Confounders, Model Adjustments, Funding
			Fruits and vegetables (servings/day) @ 3 y, β (95% CI) Pressure to eat, strongly agree vs. other answer categories (ref): -0.23 (-0.62, 0.15) **Fruits and vegetables (servings/day) @ 7 y, β (95% CI)** Pressure to eat, strongly agree vs. other answer categories (ref): 0.02 (-0.27, 0.31) **SSB (servings/day) @ 3 y, β (95% CI)** Pressure to eat, strongly agree vs. other answer categories (ref): -0.05 (-0.14, 0.04) **SSB (servings/day) @ 7 y, β (95% CI)** Pressure to eat, strongly agree vs. other answer categories (ref): -0.00 (-0.07, 0.06) **Fruit Juice (servings/day) @ 3 y, β (95% CI)** Pressure to eat, strongly agree vs. other answer categories (ref): 0.19 (-0.09, 0.46)	
Wilson, 2019[10] PCS, Mind, Exercise, Nutrition ... Do It! (MEND2-5 and MEND), Coordinated Approach to Child Health (CATCH6-12), Next Steps, U.S. Analytic N=147 Power Analysis: NR Primary Aim: To evaluate behavior modification of diet and parent feeding practices in childhood obesity interventions	**Exposure and Comparator:** Pressure to eat, Rules/limits/ boundaries, Covert control (e.g. monitoring), Modeling, Other (overt control) (Continuous) **CFP Definition:** Overt control, discipline, limit setting, monitoring, reinforcement: per PEAS; Covert Control: form of control which cannot be detected by the child; Modeling: per CFPQ	**HEI-2010 4-5y, β** Discipline: 0.89, p= 0.04 Limit setting: 1.37, p= 0.006 Monitoring: 1.86, p=0.002 Reinforcement: 1.25, p= 0.004 Covert control: 4.35, p= 0.006	**HEI-2010 4-5y, β** Modeling: 1.27, p>0.05 Control: 0.12, p>0.05	**Key confounders accounted for:** SEP and/or parental education; race and/or ethnicity; child's anthropometry at baseline; child's sex; parental BMI **Key confounders NOT accounted for:** child's intake at baseline **Model adjustments:** Child

Study and Population Characteristics	Intervention/Exposure and Comparator, Outcome	Significant Results	Non-Significant Results	Confounders, Model Adjustments, Funding
Caregiver Characteristics • Parent/primary caregiver: 100% • Age: NR • Race/Ethnicity: Hispanic: 86%, non-Hispanic black: 12% • Education: Less than high school: 44% • SEP, Other: Annual household income <$25,000: 80% **Child Characteristics** • Female: 51% • Baseline Intake: 59.87 (8.92)	**Child age at initial exposure measurement:** 4.4 (1.0) y [2-5y] **CFP Assessment Method:** The parenting strategies for eating and activity scale (PEAS), Comprehensive Feeding Practice Questionnaire (CFPQ), additional items from Ogden, 2006* (covert control) **Reporting Method:** Caregiver self-reported **Outcome(s):** HEI-2010 **Outcome assessment method:** Parents completed the Block Kids 2004 Hispanic FFQ to determine usual dietary intake from 78 food items. Data from the output files was used to calculate HEI-2010 scores. **Age(s) at outcome assessment:** ~5 y			age, sex, Hispanic ethnicity, and weight, maternal BMI, income, education, and community (Houston or Austin) **Funding**: Centers for Disease Control and Prevention; Michael and Susan Dell Foundation; USDA/Agricultural Research Service
Haire-Joshu, 2008[11] RCT-cluster, High 5 for Kids, U.S. Attrition: Int: 20%, Control: 22% Power Analysis: Sample size calculations for .90 power based on methods focused on nested cohort designs (Koesell T, 1998); n=16 sites Primary Aim: To test the effectiveness of a home based intervention focused on teaching parents to ensure a positive FV environment for their preschool children and to examine whether changes in parent behavior were associated with improvements in child intake	**Int:** Intervention (H5-KIDS), n=759: Families received both Parent As Teachers (PAT) plus H5-KIDS, targeting the intrapersonal environment of the parent (e.g., knowledge, FV servings), interpersonal interactions between the parent and child (child-feeding practices, FV modeling) and the physical environment (FV availability in the home). Parent educators delivered 4 H5-KIDS home visits, each addressing the core program areas (knowledge, parental modeling of FV intake, noncoercive feeding practices, FV availability). Each visit provided examples of parent-child	**Change in child's fruit and vegetable consumption (times per day), B** Change in FV availability: 0.10, p=0.01 **Fruit & vegetable intake, Intervention effect (Intervention mean change - Control mean change)** Normal weight children only: 0.35, p=0.02	**Change in child's fruit and vegetable consumption (times per day), B** Change in FV modeling (times/wk): 0.01, p=0.27 Change in non-coercive child-feeding practices: -0.003, p=0.96 **Fruit intake, Intervention effect (Intervention mean change-Control mean change)** Total sample: 0.07, p=0.34 Overweight children only: -0.06, p=0.62 Normal weight children only: -0.25, p=0.05	**Key confounders accounted for:** child's anthropometry at baseline, child's intake at baseline, SEP and/or parental education **Key confounders NOT accounted for:** race and/or ethnicity, child's anthropometry at baseline, child's sex, parental BMI, race and/or ethnicity, child's sex, parental BMI **Model adjustments**: parent's age, education,

* Ogden J, Reynolds R, Smith A. Expanding the concept of parental control: a role for overt and covert control in children's snacking behaviour?. *Appetite*. 2006;47(1):100-106. doi:10.1016/j.appet.2006.03.330

Study and Population Characteristics	Intervention/Exposure and Comparator, Outcome	Significant Results	Non-Significant Results	Confounders, Model Adjustments, Funding
Caregiver Characteristics • Mothers: 95% • Age: <25 y: 27.8%, 25-29 y: 34.7%, 30-34 y: 21. 0%, 35+: 16.5% • Race/Ethnicity: White: Intervention: 86.3%; Control: 79.7% • Education: Not high school graduate: 15.9%; High school graduate: 37.7%, Some college: 26.1%, College graduate: 20.3% • SEP, Other: Annual household income: <$20,000: 29.5%, $20-35,000: 30%, $35-50,000: 13.1%, ≥50,000: 27.5% Employed: 55.9% **Child Characteristics** • Female: 47% • Baseline Intake: Fruits & vegetable intake: Intervention: 4.91, Control: 4.79	activities. Intervention also included storybooks that reinforced 1 of the core areas of the H5-kids program and nutrition newsletters with individualized messages for parents. **Control:** Control (PAT): n=899, parenting and child development program (nationwide) focused on positive child development through empowering parents as their child's first and most influential teachers. **Child age at start of intervention:** 2-5 y **Intervention Duration:** 7 mo (range: 6-11 mo) **Compliance:** delivered in entirety to 78% of intervention families **Outcome(s):** Fruit and vegetables **Outcome assessment method**: Parents reported children's f/v intake during the past 7 days using an FFQ designed for SLU4kids (27 different f/v). Intake over past 7 days was converted into number to times consumed per day for each food item and total fruits (excluding juice), vegetables (excluding fried potatoes), and f/v combined **Age(s) at outcome assessment**: 2-5 y		**Vegetable intake, Intervention effect (Intervention mean change-Control mean change)** Total sample: 0.06, p=0.10 Overweight children only: -0.02, p=0.67 Normal weight children only: 0.10, p=0.06 **Fruit & vegetable intake, Intervention effect (Intervention mean change - Control mean change)** Total sample: 0.12, p=0.20 Overweight children only: -0.10, p=0.48	child's baseline f/v intake, parent f/v intake change (times/d), f/v knowledge, and CFP **Funding:** National Cancer Institute

[a] Abbreviations: CFP: Caregiver feeding practice; CFQ: Caregiver Feeding Questionnaire; HEI: Healthy Eating Index; FFQ: Food Frequency Questionnaire; NDSR: Nutrition Data System for Research; NR: Not Reported; PCS; Prospective cohort study; RCT: Randomized Control Trial; SEP: Socioeconomic position; SSB: Sugar sweetened beverage; YHEI: Youth Healthy Eating Index

[b] Food parenting practices that fall within this bucket are underlined.

Table 14. Risk of bias for observational studies examining the relationship between controlling feeding practices during childhood and consuming a dietary pattern that is aligned with the *Dietary Guidelines for Americans*[a]

Article	Confounding	Exposure measurement	Selection of participants	Post-exposure interventions	Missing data	Outcome measurement	Selection of the reported result	Overall
Mou, 2021[6]	SOME CONCERNS	SOME CONCERNS	LOW	LOW	SOME CONCERNS	SOME CONCERNS	SOME CONCERNS	HIGH
Van Grieken, 2015[9]	SOME CONCERNS	HIGH	LOW	LOW	HIGH	HIGH	SOME CONCERNS	HIGH
Buscemi, 2016[1]	SOME CONCERNS	SOME CONCERNS	LOW	HIGH	HIGH	LOW	SOME CONCERNS	HIGH
Gingras, 2020[23]	LOW	HIGH	LOW	LOW	VERY HIGH	SOME CONCERNS	SOME CONCERNS	VERY HIGH
Wilson, 2019[10]	SOME CONCERNS	HIGH	LOW	HIGH	LOW	SOME CONCERNS	SOME CONCERNS	HIGH

[a] Possible ratings of low, some concerns, high, very high, no information, or not applicable were determined using the "Risk of Bias in Non-randomized Studies of Exposures (ROBINS-E)" tool (Higgins JPT, Morgan RL, Rooney AA, et al. A tool to assess risk of bias in non-randomized follow-up studies of exposure effects (ROBINS-E). *Environment International* 2024 (published online Mar 24); doi: 10.1016/j.envint.2024.108602.) *Low risk of bias except for concerns about uncontrolled confounding.

Table 15. Risk of bias for randomized controlled trials (cluster) examining the relationship between controlling feeding practices during childhood and consuming a dietary pattern that is aligned with the *Dietary Guidelines for Americans*[a]

Article	Randomization	Timing of identification and recruitment of individual participants in relation to timing of randomization	Deviations from the intended interventions (effect of assignment to intervention)	Missing outcome data	Outcome measurement	Selection of reported result	Overall
Haire-Joshu, 2008[11]	SOME CONCERNS	LOW	LOW	HIGH	SOME CONCERNS	SOME CONCERNS	HIGH

[a] Possible ratings of low, some concerns, or high determined using the "Cochrane Risk-of-bias 2.0" (RoB 2.0) (August 2019 version)" (Sterne JAC, Savović J, Page MJ, et al. RoB 2: a revised tool for assessing risk of bias in randomised trials. *BMJ* 2019; **366**: l4898.

Table 16. Evidence examining the relationship between autonomy supportive feeding practices during childhood and consuming a dietary pattern that is aligned with the *Dietary Guidelines for Americans*[a b]

Study and Population Characteristics	Intervention/Exposure and Comparator, Outcome	Significant Results	Non-Significant Results	Confounders, Model Adjustments, Funding
Metcalf, 2018[24] PCS, STRONG Kids 1, U.S. Analytic N=497 Power Analysis: NR Primary Aim: To examine the influences and correlates of involvement in family food preparation in children at ages 3 and 4. **Caregiver Characteristics** • Parents: 100% • Age: NR • Race/Ethnicity: White: 55.9%, Black: 26.4%, Asian: 9.7%, Hispanic/Latino: 6.8%, American Indian/ Native Hawaiian: 1.2% • Education: NR • SEP, Other: <$24,999: 30.99%; $25,000-$39,999:14.69%; $40,000-$69,999: 18.91%; $70,000-$99,999: 16.90%; >$100,000: 18.51% **Child Characteristics** • Female: 49% • Baseline Intake: NR	**Exposure and Comparator:** Child involvement (Continuous) **CFP Definition**: Family Food involvement: per CFPQ **Child age at initial exposure measurement:** 3.25 (0.68) y **CFP Assessment Method:** Comprehensive Feeding Practices Questionnaire (CFPQ) **Reporting Method:** Caregiver self-reported **Outcome(s):** vegetables, fresh fruits **Outcome assessment method:** Children's Nutrition Questionnaire **Age(s) at outcome assessment:** 4.36 (0.71) y	**Fruit intake @ 4 y, β (SE)** Food involvement: 0.090 (0.35), p<0.05 **Vegetable intake @ 4 y, β (SE)** Food involvement: 0.154 (0.031), p<0.001	**Fruit juice intake @ 4 y, β (SE)** Food involvement: NS (data not provided) **Non-diet soda @ 4 y, β (SE)** Food involvement: NS (data not provided)	**Key confounders accounted for:** SEP and/or parental education, race and/or ethnicity, child's intake at baseline, child's sex **Key confounders NOT accounted for:** child's anthropometry at baseline, parental BMI **Model adjustments:** Child's age, sex, race, and parents' income and work hours, child's dietary intake at age 3 **Funding:** Illinois Council for Agriculture Research, University of Illinois Health and Wellness Initiative, USDA, AFRI Childhood Obesity Prevention Challenge
Wilson, 2019[10] PCS, Mind, Exercise, Nutrition ... Do It! (MEND2-5 and MEND), Coordinated Approach to Child Health (CATCH6-12), Next Steps, U.S. Analytic N=147 Power Analysis: NR Primary Aim: To evaluate behavior modification of diet and parent feeding practices in childhood obesity interventions **Caregiver Characteristics** • Parent/primary caregiver: 100% • Age: NR	**Exposure and Comparator:** Pressure to eat, Rules/limits/ boundaries, Covert control (e.g. monitoring), Modeling, Other (overt control) (Continuous) **CFP Definition:** Overt control, discipline, limit setting, monitoring, reinforcement: per PEAS; Covert Control: form of control which cannot be detected by the child; Modeling: per CFPQ **Child age at initial exposure measurement:** 4.4 (1.0) y [2-5y] **CFP Assessment Method:** The parenting strategies for eating and activity scale (PEAS), Comprehensive	**HEI-2010 4-5y, β** Discipline: 0.89, p= 0.04 Limit setting: 1.37, p= 0.006 Monitoring: 1.86, p=0.002 Reinforcement: 1.25, p= 0.004 Covert control: 4.35, p= 0.006	**HEI-2010 4-5y, β** Modeling: 1.27, p>0.05 Control: 0.12, p>0.05	**Key confounders accounted for:** SEP and/or parental education; race and/or ethnicity; child's anthropometry at baseline; child's sex; parental BMI **Key confounders NOT accounted for:** child's intake at baseline **Model adjustments:** Child age, sex, Hispanic ethnicity, and weight, maternal BMI, income, education, and

Study and Population Characteristics	Intervention/Exposure and Comparator, Outcome	Significant Results	Non-Significant Results	Confounders, Model Adjustments, Funding
• Race/Ethnicity: Hispanic: 86%, non-Hispanic black: 12% • Education: Less than high school: 44% • SEP, Other: Annual household income <$25,000: 80% **Child Characteristics** • Female: 51% • Baseline Intake: 59.87 (8.92)	Feeding Practice Questionnaire (CFPQ), additional items from Ogden, 2006[c] (covert control) **Reporting Method:** Caregiver self-reported **Outcome(s):** HEI-2010 **Outcome assessment method:** Parents completed the Block Kids 2004 Hispanic FFQ to determine usual dietary intake from 78 food items. Data from the output files was used to calculate HEI-2010 scores. **Age(s) at outcome assessment:** ~5 y			community (Houston or Austin) **Funding**: Centers for Disease Control and Prevention; Michael and Susan Dell Foundation; USDA/Agricultural Research Service
Lee, 2023[13] RCT-parallel, U.S. Attrition: Control: 17%; Intervention: 16% Power Analysis: NR Primary Aim: To evaluate a theory-based, multicomponent eHealth intervention aimed at improving child health behaviors and parental psychosocial attributes and feeding practices **Caregiver Characteristics** • Mother: 84.9%, Father: 8.2%, Foster mother: 5.5%, Grandmother: 1.4% • Age: NR • Race/Ethnicity: Child race/ethnicity: Biracial:36.9%, Hispanic: 23.3%, Non-Hispanic White: 21.9%, Black: 16.4%; Native Hawaiian and other Pacific Islander: 1.4% • Education: High school: 30.1%, 1 year of college: 17.8%, Bachelor's degree or equivalent: 13.7%, 2 years of college: 12.3%, Some high school: 12.3%, 3 years of college: 6.8%, Master's degree: 6.8% • SEP, Other: Yearly income: $26,436.97 (17,524.52) **Child Characteristics** • Female: 56%	**Int**: Intervention: [n=37], eHealth intervention, parents received weekly educational videos through a website and weekly reminder text messages with key information for a total of 8 weeks. Topics included: Food groups using MyPlate; Eat More Fruit; Importance of using responsive feeding practices; Tips on shifting non-responsive to responsive feeding practices; Recommended vegetable intake (tips on increasing vegetable intake at home, importance of parent modeling in eating vegetables); Child Physical activity and screen viewing guidelines for toddlers; Eating on A Budget Tips to shop on a budget for fruit and vegetables; Importance of meal planning; Informed Shopper Elements on food labels, health claims, serving size. **Control:** Control: [n=36], received a booklet about general nutrition recommendations for children **Child age at start of intervention:** 26.52 (8.48) mo [1-3 y] **Intervention Duration:** 8 wk **Compliance**: NR **Outcome(s):** Fruit and vegetable intake **Outcome assessment method:** Parents used mobile devices to capture and send digital food photos of their 24-h child's meals, snacks, and beverages at baseline	**Fruit intake (servings/day), Between group change score mean (SD)** Intervention vs. Control: 0.89 (1.93), p<0.001 **Vegetable intake (servings/day), Between group change score mean (SD)** Intervention vs. Control: 0.60 (1.64), p<0.001		**Key confounders accounted for:** parental BMI **Key confounders NOT accounted for:** SEP and/or parental education, race and/or ethnicity, child's intake at baseline, child's anthropometry at baseline, child's sex **Model adjustments:** Location of recruitment, parental BMI **Funding:** The Graduate School and Department of Nutritional Sciences at Texas Tech University (partial funding)

Study and Population Characteristics	Intervention/Exposure and Comparator, Outcome	Significant Results	Non-Significant Results	Confounders, Model Adjustments, Funding
• Baseline Intake: (Servings/day) Control: Fruit: 0.47 (0.62), Vegetable: 0.44 (0.47); Intervention: Fruit: 0.57 (0.48), Vegetable:0.45 (0.52)	and post-intervention in real-time with written descriptions of serving sizes, cooking methods, and food labels. Fruit (excluding fruit juices) and vegetable intakes (excluding french fry products) were recorded in daily servings based on food photos. **Age(s) at outcome assessment**: 26.52 (8.48) mo [1-3 y]			
Tovar, 2023[18] RCT-parallel, Families Start at Home/Familias Fuertes Comienzan en Casa, U.S. Intervention: 27%, control: 46% Power Analysis: Not powered to detect significant differences in component scores Primary Aim: To determine the feasibility of the study protocols, recruitment, the acceptability and fidelity of the intervention and its preliminary efficacy on changes in children's diet quality and food parenting practices compared to an attention control group. **Caregiver Characteristics** • Mother: 90.5%, Father or other: 9.5% • Age: 34.48 (7.59) y • Race/Ethnicity: White: 38.1%, Hispanic/ Latinx: 87.3%, Multiracial: 17.5%, Unknown: 23.8%, Other: 20.6% • Education: <8th grade: 14.3%, High school: 36.5%, College: 49.2% • SEP, Other: Employment status: Full time: 23.8%, Part time: 20.6%, Other: 55.6%; Annual household income: <$25,000: 54%, $25,000–74,999: 31.7%, >$75,000:4.8%, Unknown: 9.5%; Food assistance (SNAP, WIC< Free or Reduced-Price Meals): 81% **Child Characteristics** • Female: 44% • Baseline Intake: HEI total score: 61.06 Total fruits component: 3.88; Whole fruits component: 3.42; Total	**Int:** Intervention, n=33: 3 monthly home visits (60–75 min) followed by 3 monthly phone calls (30–45 min). The community health worker (CHW) and parent developed a food parenting and nutrition plan based on motivational interviewing. The specific goal(s) focused on food parenting practices ('how parents interact with children around meals'), and the home food environment, reasons for the plan, potential barriers to completing the plan and some possible solutions (including social supports). A handout with nutrition and food parenting guidance on creating family routines around healthy eating, empowering children to make healthy choices, choosing and preparing healthy family meals and snacks on a budget, meal planning and tips on how to involve children in family meal planning and preparation were handed at each visit. A tailored handout based on child's appetitive traits using the Child Eating Behavior Questionnaire (at baseline) were also provided. **Control:** Control, n=30: Parents received an attention-matched intervention about school readiness promotion adapted from R.E.A.D.Y. (Read Educate and Develop Youth). Parents received the same intervention components as the intervention group, pertinent to school readiness instead of nutrition and included video assessment of a parent reading or completing an activity with their child, and 3-monthly phone calls to check in on progress related to their goals, text messages and printed materials. **Child age at start of intervention:** 2-5 y **Intervention Duration:** 6 mo **Compliance**: Adherence: 88% Participant engagement (0=10): 9.7 Read between-visit text messages: 95 %	**HEI-2015 total fruits component score, Effect size (Cohen's δ) (95% CI)** Intervention vs control: 0.82 (0.16, 1.47), p<0.05 **HEI-2015 whole fruits component score, Effect size (Cohen's δ) (95% CI)** Intervention vs control: 0.83 (0.17, 1.48), p<0.05	**HEI-2015 total score, Effect size (Cohen's δ) (95% CI)** Intervention vs control: -0.04 (-0.67-0.59), p≥0.05 **HEI-2015 total vegetables component score, Effect size (Cohen's δ) (95% CI)** Intervention vs control: -0.23 (-0.86, 0.41), p≥0.05 **HEI-2015 whole grains component score, Effect size (Cohen's δ) (95% CI)** Intervention vs control: 0.02 (-0.61, 0.65), p≥0.05	**Key confounders accounted for:** SEP and/or parental education, race and/or ethnicity, child's anthropometry at baseline, child's sex, child's intake at baseline **Key confounders NOT accounted for:** parental BMI **Model adjustments:** Parental age, marital status, income, race/ethnicity, birth country, years in the USA, household composition, household chaos, child age, gender, BMI, and childcare attendance, baseline values of the corresponding outcome **Funding:** National Heart, Lung, and Blood Institute

Study and Population Characteristics	Intervention/Exposure and Comparator, Outcome	Significant Results	Non-Significant Results	Confounders, Model Adjustments, Funding
vegetables component: 1.77; Whole grains component: 3.89	Read mailed handouts: 73 % **Outcome(s):** HEI-2015, fruit, vegetable, whole grains **Outcome assessment method:** Parents completed two 24-h dietary recalls (multiple-pass approach). The data was collected and analyzed using NDSR software. HEI- 2015 total and component scores were derived using the National Cancer Institute simple HEI scoring algorithm method. **Age(s) at outcome assessment:** 2-5 y			

[a] Abbreviations: CFP: Caregiver feeding practice; CFQ: Caregiver Feeding Questionnaire; HEI: Healthy Eating Index; FFQ: Food Frequency Questionnaire; NDSR: Nutrition Data System for Research; NR: Not Reported; PCS: Prospective cohort study; RCT: Randomized Control Trial; SEP: Socioeconomic position

[b] Food parenting practices that fall within this bucket are underlined.

[c] Ogden J, Reynolds R, Smith A. Expanding the concept of parental control: a role for overt and covert control in children's snacking behaviour?. *Appetite*. 2006;47(1):100-106. doi:10.1016/j.appet.2006.03.330

Table 17. Risk of bias for observational studies examining the relationship between autonomy supportive feeding practices during childhood and consuming a dietary pattern that is aligned with the *Dietary Guidelines for Americans*[a]

Article	Confounding	Exposure measurement	Selection of participants	Post-exposure interventions	Missing data	Outcome measurement	Selection of the reported result	Overall
Metcalfe, 2018[24]	SOME CONCERNS	SOME CONCERNS	LOW	LOW	LOW	SOME CONCERNS	SOME CONCERNS	HIGH
Wilson, 2019[10]	SOME CONCERNS	HIGH	LOW	HIGH	LOW	SOME CONCERNS	SOME CONCERNS	HIGH

[a] Possible ratings of low, some concerns, high, very high, no information, or not applicable were determined using the "Risk of Bias in Non-randomized Studies of Exposures (ROBINS-E)" tool (Higgins JPT, Morgan RL, Rooney AA, et al. A tool to assess risk of bias in non-randomized follow-up studies of exposure effects (ROBINS-E). *Environment International* 2024 (published online Mar 24); doi: 10.1016/j.envint.2024.108602.) *Low risk of bias except for concerns about uncontrolled confounding.

Table 18. Risk of bias for randomized controlled trials (parallel) examining the relationship between autonomy supportive feeding practices during childhood and consuming a dietary pattern that is aligned with the *Dietary Guidelines for Americans*[a]

Article	Randomization	Deviations from the intended interventions (effect of assignment)	Missing outcome data	Outcome measurement	Selection of reported result	Overall
Lee, 2023[13]	LOW	LOW	LOW	SOME CONCERNS	LOW	SOME CONCERNS
Tovar, 2023[18]	LOW	LOW	LOW	LOW	SOME CONCERNS	SOME CONCERNS

[a]Possible ratings of low, some concerns, or high determined using the "Cochrane Risk-of-bias 2.0" (RoB 2.0) (August 2019 version)" (Sterne JAC, Savović J, Page MJ, et al. RoB 2: a revised tool for assessing risk of bias in randomised trials. *BMJ* 2019; **366**: l4898.

Table 19. Evidence examining the relationship between parental and caregiver feeding styles during childhood and consuming a dietary pattern that is aligned with the *Dietary Guidelines for Americans*?[a b]

Study and Population Characteristics	Intervention/Exposure and Comparator, Outcome	Significant Results	Non-Significant Results	Confounders, Model Adjustments, Funding
Kamdar, 2019 PCS, U.S. Analytic N=126 Power Analysis: NR Primary Aim: To investigate if food insecurity affects child body mass index (BMI) through parental feeding demandingness and/or responsiveness and dietary quality 18 months later among low-income Hispanic preschoolers. **Caregiver Characteristics** • Mothers: 98.4%, Grandmothers: 1.6% • Age: NR • Race/Ethnicity: Hispanic: 100% • Education: Some high school or less: 38.7%, High school/GED: 24.1%, Technical school/ Some college: 32.1%, College graduate: 5.1% • SEP, Other: Employed: 23.4%, Unemployed: 76.6% **Child Characteristics** • Female: 48% • Baseline Intake: HEI-2015 @ 4 y: 60.51 (9.47)	**Exposure and Comparator:** Demandingness: control by parents with respect to their child's feeding/eating Responsiveness: promotion of child autonomy (e.g., reasoning, complimenting, and helping the child to eat) (Continuous) **Child age at initial exposure measurement:** 4.8 y **CFS Assessment Method:** Caregiver's Feeding Styles Questionnaire (CFSQ) **Reporting Method:** Caregiver self-reported **Outcome(s):** HEI-2015 **Outcome assessment method:** Parents completed 3 24-h recalls (first in-person, 2 via phone) and teachers provided information about meals consumed at Head Start. Data was entered into NDSR and used to calculated HEI-2015 scores. **Age(s) at outcome assessment**: 6.3 y		**HEI-2015 @ ~ 6y, B (SE)** Demandingness: -0.50 (2.0), NS **HEI-2015 @ ~ 6y, B (SE)** Responsiveness: 7.54 (7.57), NS	**Key confounders accounted for:** SEP and/or parental education, race and/or ethnicity, child's anthropometry at baseline, child's sex, parental BMI **Key confounders NOT accounted for:** child's intake at baseline **Model adjustments**: Child gender, number of household members and children, parental Hispanic and English acculturation, marital status, parental employment status, parental education level, parental BMI, child BMI at baseline. Cross-lagged model also included food insecurity **Funding:** National Institute of Child Health and Human Development; the Robert Wood Johnson Future of Nursing Scholars Program.
Ip, 2018 PCS, the Niños Sanos study, U.S.	**Exposure and Comparator:** State 1 (low Parent-Centered	**Vegetable Intake 3.5-5.5 y, Mean (95%CI)**	**Fruit Intake 3.5-5.5 y, Mean (95%CI)**	**Key confounders accounted for:** SEP and/or

Study and Population Characteristics	Intervention/Exposure and Comparator, Outcome	Significant Results	Non-Significant Results	Confounders, Model Adjustments, Funding
Analytic N=237 Power Analysis: NR Primary Aim: To identify and describe feeding styles used by mothers in farmworker families with 2.5- to 3.5-year-old children, describe how styles change over time, and characterize the relationship of feeding styles to dietary outcomes and measures of overweight and obesity **Caregiver Characteristics** • Mothers: 100% • Age: 18 to 25y: 29%, 26 to 35y: 55.7%, 36 to 45y: 15.3% • Race/Ethnicity: Latino: 100% • Education: 0 to 6 y: 43.6%, 7 to 9 y: 30.7%, 10+y: 25.8% • SEP, Other: Farmworkers: 100% Migrant: 27.4%, Seasonal: 72.6% **Child Characteristics** • Female: 52% • Baseline Intake: Whole grains (0-5): 2.7, Fruits (0-10): 4.49, Vegetables (0-10): 3.42	(PC)/moderate Child-Centered (CC)): low use of PC strategies and contingency management, and moderate use of CC techniques, State 2 (high PC/high CC without physical control): high use of PC strategies and contingency management and high use of CC strategies, State 3 (high PC/high CC) use of all forms of PC control, including physical force, as well as high levels of CC feeding, State 4 (moderate PC/moderate CC; balanced approach) use of low to moderate levels of PC control and moderate levels of CC control, higher than state 1, but lower than states 2 and 3. (Categorical) **Child age at initial exposure measurement:** 2.5-3.5 y **CFS Assessment Method:** Caregiver's Feeding Style Questionnaire (CFSQ) **Reporting Method:** Caregiver self-reported **Outcome(s):** Fruits, Vegetables, Whole grains **Outcome assessment method:** Mothers/caregivers completed 3 24-h recalls (diet data for children enrolled in preschool collected directly from caregivers). Data was used to calculate Revised Children's Dietary Quality Index (RC-DQI). Only a composite score and select components (sugar, fat whole grains, fruit, vegetables and dairy) was used in the analysis.	State 3 vs. State 1 (ref): 4.03 vs. 3.18 (0.3 to 1.4), p<0.01 **Whole grains Intake 3.5-5.5 y, Mean (95%CI)** State 3 vs. State 1 (ref): 3.10 vs. 2.57 (0.2 to 0.9), p<0.01 State 4 vs. State 1 (ref): 2.86 vs. 2.57 (0.01 to 0.7), p<0.05	State 2 vs. State 1 (ref): 4.45 vs. 4.32 (-0.3 to 0.8), p≥0.05 State 3 vs. State 1 (ref): 4.63 vs. 4.32 (-0.2 to 4.0), p≥0.05 State 4 vs. State 1 (ref): 4.81 vs. 4.32 (-0.1 to 1.0), p≥0.05 **Vegetable Intake 3.5-5.5 y, Mean (95%CI)** State 2 vs. State 1 (ref): 3.55 vs. 3.18 (-0.2 to 0.9), p≥0.05 State 4 vs. State 1 (ref): 3.37 vs. 3.18 (-0.4 to 0.7), p≥0.05 **Whole grains Intake 3.5-5.5 y, Mean (95%CI)** State 2 vs. State 1 (ref): 2.55 vs. 2.57 (-0.2 to 0.5), p≥0.05	parental education, race and/or ethnicity, child's sex **Key confounders NOT accounted for:** child's intake at baseline, child's anthropometry at baseline, parental BMI **Model adjustments**: Child sex, child age at baseline, migrant status. **Funding:** NICHHD; NHLBI; the National Center for Advancing Translational Sciences, NIDDKD, the National Science Foundation.

Study and Population Characteristics	Intervention/Exposure and Comparator, Outcome	Significant Results	Non-Significant Results	Confounders, Model Adjustments, Funding
	Age(s) at outcome assessment: 3.5-4.5y; 4.5-5.5y			

[a] Abbreviations: CFS: Caregiver feeding styles; HEI: Healthy Eating Index; NR: Not Reported; PCS; Prospective cohort study; SEP: Socioeconomic position

[b] Feeding styles that fall within this bucket are underlined.

Table 20. Risk of bias for observational studies examining the relationship between caregiver feeding styles during childhood and consuming a dietary pattern that is aligned with the *Dietary Guidelines for Americans*[a]

Article	Confounding	Exposure measurement	Selection of participants	Post-exposure interventions	Missing data	Outcome measurement	Selection of the reported result	Overall
Kamdar, 2019[26]	SOME CONCERNS	SOME CONCERNS	LOW	LOW	HIGH	LOW	SOME CONCERNS	HIGH
Ip, 2018[25]	SOME CONCERNS	SOME CONCERNS	LOW	LOW	LOW	LOW	HIGH	HIGH

[a] Possible ratings of low, some concerns, high, very high, no information, or not applicable were determined using the "Risk of Bias in Non-randomized Studies of Exposures (ROBINS-E)" tool (Higgins JPT, Morgan RL, Rooney AA, et al. A tool to assess risk of bias in non-randomized follow-up studies of exposure effects (ROBINS-E). *Environment International* 2024 (published online Mar 24); doi: 10.1016/j.envint.2024.108602.) *Low risk of bias except for concerns about uncontrolled confounding.

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Appendices

Appendix 1: Abbreviations

Table A 1. List of abbreviations

Abbreviation	Full name
BMI	Body Mass Index
HEI	Healthy Eating Index
HHS	United States Department of Health and Human Services
NESR	Nutrition Evidence Systematic Review
PCS	Prospective Cohort Study
RCT	Randomized Control Trial
SEP	Socioeconomic Position
SSB	Sugar Sweetened Beverages
USDA	United States Department of Agriculture

Appendix 2: Literature search strategy

Search A

This search was first run on November 28, 2023, and then periodically run using NESR's continuous evidence monitoring methods* through January 2024.

Database: PubMed

Provider: U.S. National Library of Medicine
Date(s) Searched: November 28, 2023 (initial search); November 28, 2023 – January 9, 2024 (continuous evidence monitoring)
Dates Covered: January 1, 2000 – January 9, 2024

Table A 2. Search for PubMed

Search #	Concept	String
#1	Caregiver Feeding	(("Parent-Child Relations"[MeSH] OR "Parenting"[MeSH] OR "Parents"[MeSH] OR "Legal Guardians"[Mesh] OR "Grandparents"[Mesh] OR Parent[tiab] OR Parents[tiab] OR Parental[tiab] OR parenting[tiab] OR caregiver*[tiab] OR care giver*[tiab] OR maternal[tiab] OR paternal[tiab] OR mother*[tiab] OR father*[tiab] OR guardian*[tiab] OR grandparent*[tiab] OR grandmother*[tiab] OR grandfather*[tiab] OR famil*[tiab]) AND ("Portion size"[MeSH] OR Style*[tiab] OR influence*[tiab] OR practice*[tiab] OR incentiv*[tiab] OR indulgen*[tiab] OR authorita*[tiab] OR reward*[tiab] OR control*[tiab] OR pressur*[tiab] OR restrict*[tiab] OR monitor*[tiab] OR respons*[tiab] OR sooth*[tiab] OR encourag*[tiab] OR discourage*[tiab] OR uninvolv*[tiab] OR disengage*[tiab] OR non-respons*[tiab] OR nonrespons*[tiab] OR force[tiab] OR forced[tiab] OR access*[tiab] OR availab*[tiab] OR behavior*[tiab] OR behaviour*[tiab] OR "laissez faire"[tiab] OR positive[tiab] OR "portion size"[tiab] OR "home Environment*"[tiab] OR "food Environment*"[tiab]) AND ("Feeding Behavior"[MeSH:NoExp] OR "Eating"[MeSH] OR "Breast Feeding"[Mesh] OR "Bottle Feeding"[Mesh] OR "breastfe*"[tiab] OR "bottlefe*"[tiab] OR Feed*[tiab] OR fed[tiab] OR eating[tiab] OR snacking[tiab] OR consum*[tiab] OR intak*[tiab] OR diet*[tiab] OR food*[tiab])) OR ("Family"[MeSH] AND "meals"[MeSH]) OR ("Family meal"[tiab:~2] OR "family dinner"[tiab:~2] OR "Family meals"[tiab:~2] OR "family dinners"[tiab:~2] OR "family mealtime"[tiab:~2])

* USDA Nutrition Evidence Systematic Review Branch. Chapter 10: Continuous Evidence Monitoring. In: *USDA Nutrition Evidence Systematic Review: Methodology Manual*. February 2023. U.S. Department of Agriculture, Food and Nutrition Service, Center for Nutrition Policy and Promotion, Nutrition Evidence Systematic Review. Available at: https://nesr.usda.gov/methodology-overview.

Search #	Concept	String
#2	Guideline Adherence	"Guideline Adherence"[Mesh] OR HEI[tiab] OR "healthy eating index"[tiab] OR "dietary guideline*"[tiab] OR "nutrition guideline*"[tiab] OR "nutritional guideline*"[tiab] OR "dietary recommendation*"[tiab] OR "dietary consumption"[tiab] OR "diet score*"[tiab] OR "diet index*"[tiab] OR “diet indices”[tiab] OR "dietary index*"[tiab] OR “dietary indices”[tiab] OR "food score*"[tiab] OR "dietary pattern*"[tiab] OR "diet pattern*"[tiab] OR "eating pattern*"[tiab] OR "food pattern*"[tiab] OR "diet quality"[tiab] OR "dietary quality"[tiab] OR “Healthy diet”[tiab]
#3	Fruits and Vegetables	"Fruit"[MeSH:NoExp] OR "Vegetables"[MeSH] OR Fruit*[tiab] OR vegetable*[tiab] OR citrus*[tiab] OR berry[tiab] OR berries[tiab] OR "leafy green"[tiab:~3] OR "leafy greens"[tiab:~3]
#4	Edible Grains	“Edible Grain”[MeSH] OR "whole grain*"[tiab] OR wholegrain*[tiab] OR "whole meal"[tiab] OR wholemeal[tiab] OR "whole wheat"[tiab] OR wholewheat[tiab]
#5	Sugar Sweetened Beverages	"Sugar Sweetened Beverages"[MeSH] OR soft drink*[tiab] OR soda[tiab] OR sodas[tiab] OR (("Dietary Sugars"[Mesh] OR sugar*[tiab]) AND ("Beverages"[Mesh:NoExp] OR beverage*[tiab] OR drink*[tiab] OR "Carbonated Beverages"[Mesh] OR "Fruit and Vegetable Juices"[Mesh] OR juice[tiab] OR juices[tiab] OR "Coffee"[Mesh] OR coffee*[tiab] OR "Tea"[Mesh] OR tea[tiab] OR teas[tiab] OR "Milk"[Mesh:NoExp] OR milk[tiab] OR "Soy Milk"[Mesh] OR soymilk[tiab] OR liquid[tiab] OR liquids[tiab]))
#6	Children 1-19 years	“Infant”[MeSH:NoExp] OR baby[tiab] OR babies[tiab] OR "Child"[Mesh] OR child[tiab] OR children[tiab] OR childhood[tiab] OR youth[tiab] OR youths[tiab] OR "Adolescent"[Mesh] OR adolescen*[tiab] OR teen*[tiab] OR preteen*[tiab] OR preadolescen*[tiab] OR preschool*[tiab] OR “pre-school*”[tiab] OR "Pediatrics"[Mesh] OR pediatric*[tiab] OR paediatric*[tiab] OR toddler*[tiab] OR kindergarten[tiab] OR prekindergarten[tiab] OR “pre-k”[tiab] OR boy[tiab] OR boys[tiab] OR girl[tiab] OR girls[tiab] OR schoolchild*[tiab] OR elementary[tiab] OR Primary school*[tiab] OR middle school*[tiab] OR high school*[tiab] OR highschool*[tiab] OR Secondary school*[tiab] OR pubescent[tiab] OR prepubescent[tiab] OR kid[tiab] OR kids[tiab] OR early years[tiab] OR pre-primary[tiab] OR “under five”[tiab] OR “under 5”[tiab] OR “first five years”[tiab] OR “first 5 years”[tiab] OR head start[tiab] OR Underage*[tiab] OR Juvenile*[tiab] OR Minor[tiab] OR minors[tiab] OR Young adult*[tiab] OR Young man[tiab] OR young men[tiab] OR young woman[tiab] OR young women[tiab]
#7		#1 AND (#2 OR #3 OR #4 OR #5) AND #6

Search #	Concept	String
#8	Limits	#7 NOT ("Animals"[Mesh] NOT ("Animals"[Mesh] AND "Humans"[Mesh])) NOT (editorial[ptyp] OR comment[ptyp] OR commentary[tiab] OR news[ptyp] OR letter[ptyp] OR review[ptyp] OR systematic review[ptyp] OR systematic review[ti] OR meta-analysis[ptyp] OR meta-analysis[ti] OR meta-analyses[ti] OR protocol[ti] OR retracted publication[ptyp] OR retraction of publication[ptyp] OR retraction of publication[tiab] OR retraction notice[ti] OR “retracted publication”[ti] OR "Congress"[Publication Type] OR "Consensus Development Conference"[Publication Type] OR “conference abstract*”[tiab] OR “conference proceeding*”[tiab] OR “conference paper*”[tiab] OR "practice guideline"[ptyp] OR "practice guideline"[ti]) Filters applied: English, from 2000/1/1 - 3000/12/12

Database: Embase

Provider: Elsevier
Date(s) Searched: November 28, 2023 (initial search); November 28, 2023 – January 9, 2024 (continuous evidence monitoring)
Dates Covered: January 1, 2000 – January 9, 2024

Table A 3. Search for Embase

Search #	Concept	String
#1	Caregiver Feeding Practices	((‘Child Parent Relation’/exp OR ‘Parent’/exp OR ‘Legal Guardian’/exp OR ‘Grandparent’/exp OR Parent:ab,ti OR Parents:ab,ti OR Parental:ab,ti OR parenting:ab,ti OR caregiver*:ab,ti OR ‘care giver*’:ab,ti OR maternal:ab,ti OR paternal:ab,ti OR mother*:ab,ti OR father*:ab,ti OR guardian*:ab,ti OR grandparent*:ab,ti OR grandmother*:ab,ti OR grandfather*:ab,ti OR famil*:ab,ti) AND (‘Portion size’/exp OR Style*:ab,ti OR influence*:ab,ti OR practice*:ab,ti OR incentiv*:ab,ti OR indulgen*:ab,ti OR authorita*:ab,ti OR reward*:ab,ti OR control*:ab,ti OR pressur*:ab,ti OR restrict*:ab,ti OR monitor*:ab,ti OR respons*:ab,ti OR sooth*:ab,ti OR encourag*:ab,ti OR discourage*:ab,ti OR uninvolv*:ab,ti OR disengage*:ab,ti OR ‘non-respons*’:ab,ti OR nonrespons*:ab,ti OR force:ab,ti OR forced:ab,ti OR access*:ab,ti OR availab*:ab,ti OR behavior*:ab,ti OR behaviour*:ab,ti OR ‘laissez faire’:ab,ti OR positive:ab,ti OR ‘portion size’:ab,ti OR ‘home Environment*’:ab,ti OR ‘food Environment*’:ab,ti) AND (‘Feeding Behavior’/de OR ‘dietary pattern’/exp OR ‘Eating’/exp OR ‘breast feeding’/exp OR ‘bottle feeding’/exp OR breastfe*:ab,ti OR bottlefe*:ab,ti OR Feed*:ab,ti OR fed:ab,ti OR eating:ab,ti OR snacking:ab,ti OR consum*:ab,ti OR intak*:ab,ti OR diet*:ab,ti OR food*:ab,ti)) OR ('family'/exp AND 'meals'/exp) OR (family NEAR/3 (meal* OR dinner*)):ab,ti
#2	Guideline Adherence	'healthy eating index'/exp OR HEI:ab,ti OR ‘healthy eating index’:ab,ti OR ‘dietary quality’:ab,ti OR ‘dietary guideline*’:ab,ti OR ‘nutrition guideline*’:ab,ti OR ‘nutritional guideline*’:ab,ti OR ‘dietary recommendation*’:ab,ti OR ‘dietary consumption’:ab,ti OR ‘diet score*’:ab,ti OR ‘diet index*’:ab,ti OR ‘diet indices’:ab,ti OR ‘dietary index*’:ab,ti OR ‘dietary indices’:ab,ti OR ‘food score*’:ab,ti OR ‘dietary pattern*’:ab,ti OR ‘diet pattern*’:ab,ti OR ‘eating pattern*’:ab,ti OR ‘food pattern*’:ab,ti OR ‘diet quality’:ab,ti OR ‘dietary quality’:ab,ti OR ‘Healthy diet’:ab,ti
#3	Fruits and Vegetables	‘Fruit’/exp OR ‘Vegetables’/exp OR Fruit*:ab,ti OR vegetable*:ab,ti OR citrus*:ab,ti OR berry:ab,ti OR berries:ab,ti OR (leafy NEAR/4 green*):ab,ti
#4	Whole Grains	‘food Grain’/de OR ‘whole grain’/exp OR ‘whole grain*’:ab,ti OR wholegrain*:ab,ti OR ‘whole meal’:ab,ti OR wholemeal:ab,ti OR ‘whole wheat’:ab,ti OR wholewheat:ab,ti

Search #	Concept	String
#5	Sugar Sweetened Beverages	'Sugar Sweetened Beverages'/exp OR 'soft drink*':ab,ti OR soda:ab,ti OR sodas:ab,ti OR (('sugar intake'/exp OR sugar*:ab,ti) AND ('Beverage'/de OR beverage*:ab,ti OR drink*:ab,ti OR 'Carbonated Beverage'/exp OR 'Fruit and Vegetable Juice'/exp OR juice:ab,ti OR juices:ab,ti OR 'Coffee'/exp OR coffee*:ab,ti OR 'Tea'/exp OR tea:ab,ti OR teas:ab,ti OR 'Milk'/exp OR milk:ab,ti OR 'plant based milk'/exp OR soymilk:ab,ti OR liquid:ab,ti OR liquids:ab,ti))
#6	Children 1-9 years old	'child'/exp OR baby:ab,ti OR babies:ab,ti OR child:ab,ti OR children:ab,ti OR childhood:ab,ti OR youth:ab,ti OR youths:ab,ti OR 'adolescent'/exp OR adolescen*:ab,ti OR teen*:ab,ti OR preteen*:ab,ti OR preadolescen*:ab,ti OR preschool*:ab,ti OR 'pre-school*':ab,ti OR 'pediatrics'/exp OR pediatric*:ab,ti OR paediatric*:ab,ti OR toddler*:ab,ti OR kindergarten:ab,ti OR prekindergarten:ab,ti OR 'pre-k':ab,ti OR boy:ab,ti OR boys:ab,ti OR girl:ab,ti OR girls:ab,ti OR schoolchild*:ab,ti OR elementary:ab,ti OR 'primary school*':ab,ti OR 'middle school*':ab,ti OR 'high and school*':ab,ti OR highschool*:ab,ti OR 'secondary school*':ab,ti OR pubescent:ab,ti OR prepubescent:ab,ti OR kid:ab,ti OR kids:ab,ti OR 'early years':ab,ti OR 'pre-primary':ab,ti OR 'under five*':ab,ti OR 'under 5':ab,ti OR 'first five years':ab,ti OR 'first 5 years':ab,ti OR 'head start':ab,ti OR underage*:ab,ti OR juvenile*:ab,ti OR minor:ab,ti OR minors:ab,ti OR 'young adult*':ab,ti OR 'young man':ab,ti OR 'young men':ab,ti OR 'young woman':ab,ti OR 'young women':ab,ti
#7		#1 AND (#2 OR #3 OR #4 OR #5) AND #6
#8	Limits	#7 AND ([article]/lim OR [article in press]/lim) NOT ([animals]/lim NOT ([animals]/lim AND [humans]/lim)) AND [english]/lim NOT ([conference abstract]/lim OR [conference paper]/lim OR [conference review]/lim OR [editorial]/lim OR [erratum]/lim OR [letter]/lim OR [note]/lim OR 'retraction of publication':ab,ti OR 'retraction notice':ti OR 'retracted publication':ab,ti OR [review]/lim OR [systematic review]/lim OR [meta analysis]/lim OR 'practice guideline':ti OR 'protocol':ti) AND [2000-2024]/py

Database: Cochrane Central Register of Controlled Trials (CENTRAL)

Provider: John Wiley & Sons
Date(s) Searched: November 28, 2023 (initial search); November 28, 2023 – January 9, 2024 (continuous evidence monitoring)
Dates Covered: January 1, 2000 – January 9, 2024

Table A 4. Search for Cochrane CENTRAL

Search #	Concept	String
#1	Caregiver feeding practices	(([mh "Parent-Child Relations"] OR [mh "Parenting"] OR [mh "Legal Guardians"] OR [MH "Grandparents"] OR (Parent OR Parents OR Parental OR parenting OR caregiver* OR care giver* OR maternal OR paternal OR mother* OR father* OR guardian* OR grandparent* OR grandmother* OR grandfather* OR famil*):ti,ab,kw) AND ([MH “Portion size”] OR (Style* OR influence* OR practice* OR incentiv* OR indulgen* OR authorita* OR reward* OR control* OR pressur* OR restrict* OR monitor* OR respons* OR sooth* OR encourag* OR discourage* OR uninvolv* OR disengage* OR (non NEXT respons*) OR nonrespons* OR force OR forced OR access* OR availab* OR behavior* OR behaviour* OR “laissez faire” OR positive OR “portion size” OR (home NEXT Environment*) OR (food NEXT Environment*)):ti,ab,kw) AND ([mh ^"Feeding Behavior"] OR [mh "Eating"] OR [mh "Breast Feeding"] OR [mh "Bottle Feeding"] OR (breastfe* OR bottlefe* OR Feed* OR fed OR eating OR snacking OR consum* OR intak* OR diet* OR food*):ti,ab,kw)) OR ([mh “Family”] AND [mh “meals”]) OR (family NEAR/3 (meal* OR dinner*)):ti,ab,kw
#2	Guideline Adherence	[mh "Guideline Adherence"] OR (HEI OR "healthy eating index" OR "dietary quality" OR "dietary guideline" OR "dietary guidelines" OR "nutrition guideline" OR "nutrition guidelines" OR "nutritional guideline" OR "nutritional guidelines" OR "dietary recommendation" OR "dietary recommendations" OR "dietary consumption" OR "diet score" OR "diet scores" OR "diet index" OR "diet indexes" OR “diet indices” OR "dietary index" OR "dietary indexes" OR “dietary indices” OR "food score" OR "food scores" OR "dietary pattern" OR "dietary patterns" OR "diet pattern" OR "diet patterns" OR "eating pattern" OR "eating patterns" OR "food pattern" OR "food patterns" OR "diet quality" OR "dietary quality" OR “healthy diet”):ti,ab,kw
#3	Fruits and vegetables	[mh ^"Fruit"] OR [mh "Vegetables"] OR (Fruit* OR vegetable* OR citrus* OR berry OR berries OR (leafy NEAR/4 green*)):ti,ab,kw
#4	Whole grains	[mh “Edible Grain”] OR ("whole grain" OR “whole grains” OR wholegrain* OR "whole meal" OR wholemeal OR "whole wheat" OR wholewheat):ti,ab,kw

Search #	Concept	String
	Sugar sweetened beverages	[mh "Sugar Sweetened Beverages"] OR “soft drink” OR “soft drinks” OR soda OR sodas OR (([mh "Dietary Sugars"] OR sugar*:ti,ab,kw) AND ([mh ^"Beverages"] OR [mh "Carbonated Beverages"] OR [mh "Fruit and Vegetable Juices"] OR [mh "Coffee"] OR [mh "Tea"] OR [mh ^"Milk"] OR [mh "Soy Milk"] OR (beverage* OR drink* OR juice OR juices OR coffee* OR tea OR teas OR milk OR soymilk OR liquid OR liquids):ti,ab,kw))
	Children 1-19	[mh “Infant”] OR [mh "Child"] OR [mh "Adolescent"] OR [mh "Pediatrics"] OR (baby OR babies OR child OR children OR childhood OR youth OR youths OR adolescen* OR teen* OR preteen* OR preadolescen* OR preschool* OR “pre-school” OR “pre-schools” OR “pre schooler” OR “preschoolers” OR pediatric* OR paediatric* OR toddler* OR kindergarten OR prekindergarten OR “pre-k” OR boy OR boys OR girl OR girls OR schoolchild* OR elementary OR “Primary school” OR “primary schools” OR “primary schooler” OR “primary schoolers” OR “middle school” OR “middle schools” OR “middle schooler” OR “middle schoolers” OR “high school” OR “high schools” OR “high schooler” OR “high schoolers” OR highschool* OR “Secondary school” OR “secondary schools” OR “secondary schooler” OR “secondary schoolers” OR pubescent OR prepubescent OR kid OR kids OR “early years” OR “pre-primary” OR “under five” OR “under 5” OR “first five years” OR “first 5 years” OR “head start” OR Underage* OR Juvenile* OR Minor OR minors OR “Young adult” OR “young adults” OR “Young man” OR “young men” OR “young woman” OR “young women”):ti,ab,kw
		#1 AND (#2 OR #3 OR #4 OR #5) AND #6 in Trials (Word variations have been searched) Year first published: 2000-2024 Language: English

Database: CINAHL

Provider: EBSCO
Date(s) Searched: November 28, 2023 (initial search); November 28, 2023 – January 9, 2024 (continuous evidence monitoring)
Dates Covered: January 1, 2000 – January 9, 2024

Table A 5. Search for CINAHL

Search #	Concept	String
#1	Caregiver feeding practices	(((MH "Parent-Child Relations+") OR (MH "Parenting+") OR (MH "Parents+") OR (MH “Guardianship, Legal”+) OR (MH "Grandparents") OR AB (parent OR parents OR parental OR parenting OR caregiver* OR maternal OR paternal OR mother* OR father* OR guardian* OR grandparent* OR grandmother* OR grandfather* OR famil*) OR TI (parent OR parents OR parental OR parenting OR caregiver* OR maternal OR paternal OR mother* OR father* OR guardian* OR grandparent* OR grandmother* OR grandfather* OR famil*)) AND AND ((MH “Portion size”) OR AB (Style* OR influence* OR practice* OR incentiv* OR indulgen* OR authorita* OR reward* OR control* OR pressur* OR restrict* OR monitor* OR respons* OR sooth* OR encourag* OR discourage* OR uninvolv* OR disengage* OR “non-respons*” OR nonrespons* OR force OR forced OR access* OR availab* OR behavior* OR behaviour* OR “laissez faire” OR positive OR “portion size” OR “home Environment*” OR “food Environment*”) OR TI (Style* OR influence* OR practice* OR incentiv* OR indulgen* OR authorita* OR reward* OR control* OR pressur* OR restrict* OR monitor* OR respons* OR sooth* OR encourag* OR discourage* OR uninvolv* OR disengage* OR “non-respons*” OR nonrespons* OR force OR forced OR access* OR availab* OR behavior* OR behaviour* OR “laissez faire” OR positive OR “portion size” OR “home Environment*” OR “food Environment*”)) AND ((MH "Eating Behavior") OR (MH "Eating") OR (MH “Breast Feeding”) OR (MH “Bottle Feeding”) OR AB ("breastfe*" OR "bottlefe*" OR Feed* OR fed OR eating OR snacking OR consum* OR intak* OR diet* OR food*) OR TI ("breastfe*" OR "bottlefe*" OR Feed* OR fed OR eating OR snacking OR consum* OR intak* OR diet* OR food*))) OR ((MH “Family”) AND (MH “Meals”)) OR (AB (family N3 (meal* OR dinner*)) OR TI (family N3 (meal* OR dinner*)))

Search #	Concept	String
#2	Guideline Adherence	(MH "Nutritional Requirements+") OR AB (HEI OR "healthy eating index" OR "dietary guideline*" OR "nutrition guideline*" OR "nutritional guideline*" OR "dietary recommendation*" OR "dietary consumption" OR "diet score*" OR "diet index*" OR “diet indices” OR "dietary index*" OR “dietary indices” OR "food score*" OR "dietary pattern*" OR "diet pattern*" OR "eating pattern*" OR "food pattern*" OR "diet quality" OR "dietary quality" OR “Healthy diet”) OR TI (HEI OR "healthy eating index" OR "dietary guideline*" OR "nutrition guideline*" OR "nutritional guideline*" OR "dietary recommendation*" OR "dietary consumption" OR "diet score*" OR "diet index*" OR “diet indices” OR "dietary index*" OR “dietary indices” OR "food score*" OR "dietary pattern*" OR "diet pattern*" OR "eating pattern*" OR "food pattern*" OR "diet quality" OR "dietary quality" OR “Healthy diet”)
#3	Fruits and vegetables	(MH "Fruit+") OR (MH "Vegetables+") OR AB (Fruit* OR vegetable* OR citrus* OR berry OR berries OR (leafy N/4 green*)) OR TI (Fruit* OR vegetable* OR citrus* OR berry OR berries OR (leafy N/4 green*))
#4	Whole grains	(MH “bread”) OR (MH “cereals+”) OR AB ("whole grain*" OR wholegrain* OR "whole meal" OR wholemeal OR "whole wheat" OR wholewheat) OR TI ("whole grain*" OR wholegrain* OR "whole meal" OR wholemeal OR "whole wheat" OR wholewheat)
#5	Sugar sweetened beverages	(MH "Sweetened Beverages") OR AB (“soft drink*” OR soda OR sodas) OR TI (“soft drink*” OR soda OR sodas) OR (((MH "Dietary Sucrose") OR AB (sugar*) OR TI (sugar*)) AND ((MH "Beverages") OR (MH "Carbonated Beverages") OR (MH "Fruit Juices+") OR (MH "Coffee") OR (MH "Tea+") OR (MH "Milk") OR (MH "Soy Milk") OR AB (beverage* OR drink* OR juice OR juices OR coffee* OR tea OR teas OR milk OR soymilk OR liquid OR liquids) OR TI (beverage* OR drink* OR juice OR juices OR coffee* OR tea OR teas OR milk OR soymilk OR liquid OR liquids)))

Search #	Concept	String
#6	Children 1-19	(MH "Child+") OR (MH "Adolescence+") OR (MH "Pediatrics+") OR AB (baby OR babies OR child OR children OR childhood OR youth OR youths OR adolescen* OR teen* OR preteen* OR preadolescen* OR preschool* OR “pre-school*” OR pediatric* OR paediatric* OR toddler* OR kindergarten OR prekindergarten OR “pre-k” OR boy OR boys OR girl OR girls OR schoolchild* OR elementary OR “Primary school*” OR “middle school*” OR “high school*” OR highschool* OR “Secondary school*” OR pubescent OR prepubescent OR kid OR kids OR “early years” OR “pre-primary” OR “under five” OR “under 5” OR “first five years” OR “first 5 years” OR “head start” OR Underage* OR Juvenile* OR Minor OR minors OR “Young adult*” OR “Young man” OR “young men” OR “young woman” OR “young women”) OR TI (baby OR babies OR child OR children OR childhood OR youth OR youths OR adolescen* OR teen* OR preteen* OR preadolescen* OR preschool* OR “pre-school*” OR pediatric* OR paediatric* OR toddler* OR kindergarten OR prekindergarten OR “pre-k” OR boy OR boys OR girl OR girls OR schoolchild* OR elementary OR “Primary school*” OR “middle school*” OR “high school*” OR highschool* OR “Secondary school*” OR pubescent OR prepubescent OR kid OR kids OR “early years” OR “pre-primary” OR “under five” OR “under 5” OR “first five years” OR “first 5 years” OR “head start” OR Underage* OR Juvenile* OR Minor OR minors OR “Young adult*” OR “Young man” OR “young men” OR “young woman” OR “young women”)
#7		#1 AND (#2 OR #3 OR #4 OR #5) AND #6
#8	Limits	#7 NOT ((MH "Animals+") OR (MH "Animal Studies")) NOT ((MH "Literature Review") OR (MH "Meta Analysis") OR (MH "Systematic Review") OR (MH "News") OR (MH "Retracted Publication") OR (MH "Retraction of Publication)) Limiters - English Language, Expanders - Apply equivalent subject Published Date: January 2000 – January 2024

Appendix 3: Excluded articles

The following table lists the articles excluded after full-text screening for this systematic review question. At least 1 reason for exclusion is provided for each article, though this may not reflect all possible reasons. Information about articles excluded after title and abstract screening is available upon request.

Table A 6. Articles excluded after full-text screening

	Citation	Rationale
1	Acosta P, Rojas-Humpire R, Newball-Noriega EE, et al. Dietary practices and nutritional status of children served in a social program for surrogate mothers in Colombia. *BMC Nutr*. 2023;9:26. doi:10.1186/s40795-023-00685-1.	Study design
2	Adamo KB, Papadakis S, Dojeiji L, et al. Using path analysis to understand parents' perceptions of their children's weight, physical activity and eating habits in the Champlain region of Ontario. *Paediatr Child Health.* 2010;15:e33-41. doi:10.1093/pch/15.9.e33.	Study design
3	Adams J, Molyneux M, Squires L. Sustaining an obesity prevention intervention in preschools. *Health Promot J Austr*. 2011;22:6-10. doi:10.1071/he11006.	Outcome
4	Afonso L, Castro J, Parente N, et al. A Comprehensive Assessment of Food Parenting Practices: Psychometric Properties of the Portuguese Version of the HomeSTEAD Family Food Practices Survey and Associations with Children's Weight and Food Intake. *Eur J Investig Health Psychol Educ.* 2020;10:424-440. doi:10.3390/ejihpe10010032.	Study design
5	Aguirre T, Hudson DB, Weber K, et al. Mexican American mothers' eating and child feeding behaviors. *Issues Compr Pediatr Nurs*. 2012;35:4-23. doi:10.3109/01460862.2012.646462.	Study design; Outcome
6	Ahmad N, Shariff ZM, Mukhtar F, Lye MS. Effect of Family-Based REDUCE Intervention Program on Children Eating Behavior and Dietary Intake: Randomized Controlled Field Trial. *Nutrients*. 2020;12(10):3065. Published 2020 Oct 8. doi:10.3390/nu12103065	Intervention/exposure
7	Alexandrou C, Henriksson H, Henström M, et al. Effectiveness of a Smartphone App (MINISTOP 2.0) integrated in primary child health care to promote healthy diet and physical activity behaviors and prevent obesity in preschool-aged children: randomized controlled trial. *Int J Behav Nutr Phys Act.* 2023;20:22. doi:10.1186/s12966-023-01405-5.	Intervention/exposure
8	Al-Hamidi S. Exploring the Relationship of Parental and Home Influence on the Dietary Intake of Saudi Arabian Children Aged 6-12 Year. Exploring the Relationship of Parental & Home Influence on the Dietary Intake of Saudi Arabian Children Aged 6-12 Year. [Doctoral dissertation]. Washington, DC, Catholic University of America; 2017.	Study design; Publication status
9	Ali HI, Magriplis E, Attlee A, Al Dhaheri AS, Cheikh Ismail L, Stojanovska L. Feeding Practices of Infants and Toddlers by Their Mothers in Selected Northern Emirates of the United Arab Emirates. *Nutrients*. 2022;14(18):3719. Published 2022 Sep 9. doi:10.3390/nu14183719	Study design; Outcome
10	Alia KA, Wilson DK, St George SM, et al. Effects of parenting style and parent-related weight and diet on adolescent weight status. *J Pediatr Psychol.* 2013;38:321-9. doi:10.1093/jpepsy/jss127.	Study design
11	Allirot X, da Quinta N, Chokupermal K, et al. Involving children in cooking activities: A potential strategy for directing food choices toward novel foods containing vegetables. *Appetite.* 2016;103:275-285. doi:10.1016/j.appet.2016.04.031.	Intervention/exposure
12	Allirot X, Maiz E, Urdaneta E. Shopping for food with children: A strategy for directing their choices toward novel foods containing vegetables. *Appetite*. 2018;120:287-296. doi:10.1016/j.appet.2017.09.008.	Intervention/exposure
13	Alm S, Olsen SO, Honkanen P. The role of family communication and parents' feeding practices in children's food preferences. *Appetite*. 2015;89:112-121. doi:10.1016/j.appet.2015.02.002.	Study design
14	Alsharairi NA, Somerset SM. Associations between parenting styles and children's fruit and vegetable intake. *Ecol Food Nutr*. 2015;54:93-113. doi:10.1080/03670244.2014.953248.	Intervention/exposure; Outcome

	Citation	Rationale
15	Ambrosini GL, Oddy WH, Robinson M, et al. Adolescent dietary patterns are associated with lifestyle and family psycho-social factors. *Public Health Nutr*. 2009;12:1807-15. doi:10.1017/s1368980008004618.	Study design; Intervention/exposure
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	Citation	Rationale
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	Citation	Rationale
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85	Blitstein JL, Snider J, Evans WD. Perceptions of the food shopping environment are associated with greater consumption of fruits and vegetables. *Public Health Nutr*. 2012;15:1124-9. doi:10.1017/s1368980012000523.	Study design
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87	Bogart LM, Elliott MN, Ober AJ, et al. Home Sweet Home: Parent and Home Environmental Factors in Adolescent Consumption of Sugar-Sweetened Beverages. *Acad Pediatr*. 2017;17:529-536. doi:10.1016/j.acap.2017.01.015.	Study design
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98	Branscum P, Lora K, Hernandez DC. Examining Determinants and Co-associations Between Fruit and Vegetable and Sugar-Sweetened Beverage Monitoring Practices Among a Sample of Low-Income Hispanic Mothers. *J Racial Ethn Health Disparities*. 2020;7:650-659. doi:10.1007/s40615-019-00695-5.	Study design
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100	Branscum P, Lora K. Using the Integrative Behavioral Model to Predict Monitoring of Fruit and Vegetable Consumption Among Hispanic Mothers. *Fam Community Health*. 2017;40:32-38. doi:10.1097/fch.0000000000000130.	Study design

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102	Briley ME, Ranjit N, Hoelscher DM, et al. Unbundling outcomes of a multilevel intervention to increase fruit, vegetables, and whole grains parents pack for their preschool children in sack lunches. *Am J Health Educ*. 2012;43:135-142. doi:10.1080/19325037.2012.10599230.	Intervention/exposure
103	Brock DP, Yuhas M, Porter KJ, et al. Outcomes of a Caregiver-Focused Short Message Service (SMS) Intervention to Reduce Intake of Sugar-Sweetened Beverages in Rural Caregivers and Adolescents. *Nutrients*. 2023;15(8):1957. Published 2023 Apr 19. doi:10.3390/nu15081957	Intervention/exposure
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105	Brown StephenL, Teufel James, Gautam YubaR, et al. Family and Personal Predictors of Early Adolescent Eating Patterns. Californian *Am J Health Educ*. 2012;10:74-80.	Study design
106	Bucher Della Torre S, Dudley-Martin F, Kruseman M. 'Croque&bouge': A feasible and acceptable programme for obesity prevention in preschoolers at risk and their parents. *SAGE Open Med*. 2015;3:2050312115574365. doi:10.1177/2050312115574365.	Intervention/exposure; Outcome
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109	Burke MP, Martini LH, Blake CE, et al. Stretching Food and Being Creative: Caregiver Responses to Child Food Insecurity. *J Nutr Educ Behav*. 2017;49:296-303.e1. doi:10.1016/j.jneb.2016.11.010.	Study design
110	Burnett AJ, Lacy KE, Russell CG, et al. Groups of mothers based on feeding practices and their associations with dietary quality of pre-school children: A latent profile analysis. *Appetite*. 2022;168:105754. doi:10.1016/j.appet.2021.105754.	Study design
111	Burnett AJ, Lamb KE, Spence AC, et al. Associations between feeding practices and child dietary quality, and the moderating effect of child eating behaviours on these associations. *Eat Behav*. 2021;43:101569. doi:10.1016/j.eatbeh.2021.101569.	Study design
112	Burnett AJ, Lamb KE, Spence AC, et al. Parenting style as a predictor of dietary score change in children from 4 to 14 years of age. Findings from the Longitudinal Study of Australian Children. *Public Health Nutr*. 2021;24:6058-6066. doi:10.1017/s1368980021003062.	Outcome
113	Burrows T, Janet WM, Collins CE. Long-term changes in food consumption trends in overweight children in the HIKCUPS intervention. *J Pediatr Gastroenterol Nutr*. 2011;53:543-7. doi:10.1097/MPG.0b013e3182274829.	Intervention/exposure
114	Burrows T, Warren JM, Baur LA, et al. Impact of a *Child Obes*ity intervention on dietary intake and behaviors. *Int J Obes (Lond)*. 2008;32:1481-8. doi:10.1038/ijo.2008.96.	Intervention/exposure
115	Buyco NG, Dorado JB, Azaña GP, et al. Do school-based nutrition interventions improve the eating behavior of school-age children?. *Nutr Res Pract*. 2022;16:217-232. doi:10.4162/nrp.2022.16.2.217.	Intervention/exposure
116	Byrne R, Jansen E, Daniels L. Perceived fussy eating in Australian children at 14 months of age and subsequent use of maternal feeding practices at 2 years. *Int J Behav Nutr Phys Act*. 2017;14:123. doi:10.1186/s12966-017-0582-z.	Intervention/exposure; Outcome
117	Caldwell AR, Terhorst L, Skidmore ER, et al. Is frequency of family meals associated with fruit and vegetable intake among preschoolers? A logistic regression analysis. *J Hum Nutr Diet*. 2018;31:505-512. doi:10.1111/jhn.12531.	Study design
118	Callender C, Liu Y, Moore CE, et al. The baseline characteristics of parents and African American girls in an online obesity prevention program: A feasibility study. *Prev Med Rep*. 2017;7:110-115. doi:10.1016/j.pmedr.2017.05.011.	Study design

	Citation	Rationale
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120	Cameron AJ, Ball K, Hesketh KD, et al. Variation in outcomes of the Melbourne Infant, Feeding, Activity and Nutrition Trial (InFANT) Program according to maternal education and age. *Prev Med*. 2014;58:58-63. doi:10.1016/j.ypmed.2013.10.021.	Age of some participants at I/E
121	Cameron SL, Taylor RW, Heath AL. Development and pilot testing of Baby-Led Introduction to SolidS--a version of Baby-Led Weaning modified to address concerns about iron deficiency, growth faltering and choking. *BMC Pediatr*. 2015;15:99. Published 2015 Aug 26. doi:10.1186/s12887-015-0422-8	Outcome
122	Camier Aurore, Chabanet Claire, Davisse-Paturet Camille, et al. Characterization of Infant Feeding Practices and Related-Family Characteristics in the French Nationwide ELFE Birth Cohort. *Nutrients*. 2021;13:33-33. doi:10.3390/nu13010033.	Outcome
123	Campbell KJ, Crawford DA, Ball K. Family food environment and dietary behaviors likely to promote fatness in 5-6 year-old children. *Int J Obes (Lond)*. 2006;30:1272-80. doi:10.1038/sj.ijo.0803266.	Study design
124	Campbell KJ, Lioret S, McNaughton SA, et al. A parent-focused intervention to reduce infant obesity risk behaviors: a randomized trial. *Pediatrics.* 2013;131:652-60. doi:10.1542/peds.2012-2576.	Intervention/exposure
125	Campbell KL, Babiarz A, Wang Y, et al. Factors in the home environment associated with toddler diet: an ecological momentary assessment study. *Public Health Nutr*. 2018;21:1855-1864. doi:10.1017/s1368980018000186.	Intervention/exposure
126	Carbert NS, Brussoni M, Geller J, et al. Moderating effects of family environment on overweight/obese adolescents' dietary behaviours. *Appetite*. 2019;134:69-77. doi:10.1016/j.appet.2018.12.034.	Study design
127	Cassinat RA, Bruening M, Crespo NC, et al. Effects of a Community-Based Pilot Intervention on Home Food Availability among U.S. Households. *Int J Environ Res Public Health*. 2020;17(22):8327. Published 2020 Nov 11. doi:10.3390/ijerph17228327	Study design; Intervention/exposure; Outcome
128	Castro DC, Samuels M, Harman AE. Growing healthy kids: a community garden-based obesity prevention program. *Am J Prev Med*. 2013;44:S193-9. doi:10.1016/j.amepre.2012.11.024.	Intervention/exposure
129	Caton SJ, Ahern SM, Hetherington MM. Vegetables by stealth. An exploratory study investigating the introduction of vegetables in the weaning period. *Appetite*. 2011;57:816-25. doi:10.1016/j.appet.2011.05.319.	Study design
130	Chan L, Magarey AM, Daniels LA. Maternal feeding practices and feeding behaviors of Australian children aged 12-36 months. *Matern Child Health J*. 2011;15:1363-71. doi:10.1007/s10995-010-0686-4.	Study design
131	Chang MW, Nitzke S, Brown R. Design and outcomes of a Mothers In Motion behavioral intervention pilot study. *J Nutr Educ Behav*. 2010;42:S11-21. doi:10.1016/j.jneb.2010.01.010.	Intervention/exposure
132	Charneca S, Gomes AI, Branco D, et al. Intake of added sugar, fruits, vegetables, and legumes of Portuguese preschool children: Baseline data from SmartFeeding4Kids randomized controlled trial participants. *Front Nutr*. 2023;10:1150627. doi:10.3389/fnut.2023.1150627.	Study design
133	Chawner LR, Blundell-Birtill P, Hetherington MM. Parental intentions to implement vegetable feeding strategies at home: A cross sectional study. *Appetite*. 2023;181:106387. doi:10.1016/j.appet.2022.106387.	Study design
134	Chawner LR, Blundell-Birtill P, Hetherington MM. Predictors of vegetable consumption in children and adolescents: analyses of the UK National Diet and Nutrition Survey (2008-2017). *Br J Nutr*. 2021;126:295-306. doi:10.1017/s0007114520004109.	Study design
135	Cheah CS, Van Hook J. Chinese and Korean immigrants' early life deprivation: an important factor for child feeding practices and children's body weight in the United States. *Soc Sci Med*. 2012;74:744-52. doi:10.1016/j.socscimed.2011.10.040.	Study design
136	Chen B, Kattelmann K, Comstock C, McCormack L, Wey H, Meendering J. Parenting Styles, Food Parenting Practices and Dietary Intakes of Preschoolers. *Nutrients*. 2021;13(10):3630. Published 2021 Oct 16. doi:10.3390/nu13103630	Study design

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137	Chen J, Weiss S, Heyman MB, et al. The Efficacy of the Web-Based Childhood Obesity Prevention Program in Chinese American Adolescents (Web ABC Study). *Journal of adolescent health*. 2011;49:148-154. doi:10.1016/j.jadohealth.2010.11.243.	Intervention/exposure
138	Chen JL, Weiss S, Heyman MB, et al. Efficacy of a child-centred and family-based program in promoting healthy weight and healthy behaviors in Chinese American children: a randomized controlled study. *J Public Health (Oxf)*. 2010;32:219-29. doi:10.1093/pubmed/fdp105.	Intervention/exposure
139	Chomitz VR, Brown A, Lee V, et al. Healthy Living Behaviors Among Chinese-American Preschool-Aged Children: Results of a Parent Survey. *J Immigr Minor Health*. 2018;20:926-935. doi:10.1007/s10903-017-0619-z.	Study design
140	Christofaro DGD, Tebar WR, Mota J, et al. Gender Analyses of Brazilian Parental Eating and Activity With Their Adolescents' Eating Habits. *J Nutr Educ Behav*. 2020;52:503-511. doi:10.1016/j.jneb.2019.09.015.	Study design
141	Chu YL, Storey KE, Veugelers PJ. Involvement in meal preparation at home is associated with better diet quality among Canadian children. *J Nutr Educ Behav*. 2014;46:304-308. doi:10.1016/j.jneb.2013.10.003.	Study design
142	Cloutier MM, Wiley J, Wang Z, et al. The Early Childhood Obesity Prevention Program (ECHO): an ecologically-based intervention delivered by home visitors for newborns and their mothers. *BMC Public Health*. 2015;15:584. doi:10.1186/s12889-015-1897-9.	Study design; Intervention/exposure
143	Colapinto CK, Fitzgerald A, Taper LJ, et al. Children's preference for large portions: prevalence, determinants, and consequences. *J Am Diet Assoc*. 2007;107:1183-90. doi:10.1016/j.jada.2007.04.012.	Study design; Intervention/exposure
144	Cole NC, Musaad SM, Lee SY, et al. Home feeding environment and picky eating behavior in preschool-aged children: A prospective analysis. *Eat Behav*. 2018;30:76-82. doi:10.1016/j.eatbeh.2018.06.003.	Outcome
145	Collins CE, Bucher T, Taylor A, et al. How big is a food portion? A pilot study in Australian families. *Health Promot J Austr*. 2015;26:83-88. doi:10.1071/he14061.	Study design
146	Collins LJ, Lacy KE, Campbell KJ, et al. The Predictors of Diet Quality among Australian Children Aged 3.5 Years. *J Acad Nutr Diet*. 2016;116:1114-1126.e2. doi:10.1016/j.jand.2015.12.014.	Outcome
147	Colón-Ramos U, Monge-Rojas R, Smith-Castro V, et al. Family function and eating behaviours among Hispanic/Latino youth: results from the Hispanic Community Children's Health Study/Study of Latino Youth (SOL Youth). *Public Health Nutr*. 2021;24:924-934. doi:10.1017/s1368980020001457.	Study design
148	Conlon BA, McGinn AP, Isasi CR, et al. Home Environment Factors and Health Behaviors of Low-income, Overweight, and Obese Youth. *Am J Health Behav*. 2019;43:420-436. doi:10.5993/ajhb.43.2.17.	Study design
149	Cooke LJ, Chambers LC, Añez EV, et al. Eating for pleasure or profit: the effect of incentives on children's enjoyment of vegetables. *Psychol Sci*. 2011;22:190-6. doi:10.1177/0956797610394662.	Intervention/exposure; Outcome
150	Coon KA, Goldberg J, Rogers BL, et al. Relationships between use of television during meals and children's food consumption patterns. *Pediatrics.* 2001;107:E7. doi:10.1542/peds.107.1.e7.	Study design
151	Cortés DE, Millán-Ferro A, Schneider K, et al. Food purchasing selection among low-income, Spanish-speaking Latinos. *Am J Prev Med*. 2013;44:S267-73. doi:10.1016/j.amepre.2012.11.012.	Intervention/exposure; Outcome
152	Cosco NG, Wells NM, Zhang D, et al. Hands-on childcare garden intervention: A randomized controlled trial to assess effects on fruit and vegetable identification, liking, and consumption among children aged 3-5 years in North Carolina. *Front Psychol*. 2022;13:993637. doi:10.3389/fpsyg.2022.993637.	Intervention/exposure
153	Costa D, Warkentin S, Oliveira A. The effect of sugar-sweetened beverages at 4 years of age on appetitive behaviours of 7-year-olds from the Generation XXI birth cohort. *Br J Nutr*. 2021;126:790-800. doi:10.1017/s000711452000447x.	Intervention/exposure
154	Costa S, Pinto A, Santos AC, et al. The association of problematic eating behaviours with food quality and body mass index at 7 years of age. *Eur J Clin Nutr*. 2019;73:549-557. doi:10.1038/s41430-018-0169-z.	Study design; Intervention/exposure

	Citation	Rationale
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156	Couch SC, Glanz K, Zhou C, et al. Home food environment in relation to children's diet quality and weight status. *J Acad Nutr Diet*. 2014;114:1569-1579.e1. doi:10.1016/j.jand.2014.05.015.	Study design
157	Coulthard H, Harris G, Emmett P. Long-term consequences of early fruit and vegetable feeding practices in the United Kingdom. *Public Health Nutr*. 2010;13:2044-51. doi:10.1017/s1368980010000790.	Intervention/exposure
158	Coulthard H, Van den Tol AJM, Jeffers S, et al. Music as an alternative self-regulation strategy to snack foods following a negative mood induction in 5-7-year-old children: Interactions with parental use of food as a reward. *Appetite*. 2023;186:106517. doi:10.1016/j.appet.2023.106517.	Study design; Outcome
159	Coura CP, Monteiro LS, De Cnop ML, et al. Innovative methods in nutritional interventions through sensory-based workshops with preschool children. *Revista de Nutricao*. 2022;35: e210227. doi:10.1590/1678-9865202235E210227.	Outcome
160	Cowbrough K, Cowbrough Kathy. Feeding the toddler: 12 months to 3 years--challenges and opportunities. *Journal of Family Health Care*. 2010;20:49-52.	Publication status
161	Cravener TL, Schlechter H, Loeb KL, et al. Feeding Strategies Derived from Behavioral Economics and Psychology Can Increase Vegetable Intake in Children as Part of a Home-Based Intervention: Results of a Pilot Study. *J Acad Nutr Diet*. 2015;115:1798-807. doi:10.1016/j.jand.2015.03.024.	Intervention/exposure; Outcome
162	Crespo NC, Elder JP, Ayala GX, et al. Results of a multi-level intervention to prevent and control childhood obesity among Latino children: the Aventuras Para Niños Study. *Ann Behav Med*. 2012;43:84-100. doi:10.1007/s12160-011-9332-7.	Intervention/exposure
163	Cullen KW, Baranowski T, Owens E, et al. Availability, accessibility, and preferences for fruit, 100% fruit juice, and vegetables influence children's dietary behavior. *Health Educ Behav*. 2003;30:615-26. doi:10.1177/1090198103257254.	Study design
164	Cullen KW, Baranowski T, Rittenberry L, et al. Child-reported family and peer influences on fruit, juice and vegetable consumption: reliability and validity of measures. *Health Educ Res*. 2001;16:187-200. doi:10.1093/her/16.2.187.	Study design
165	Cullen KW, Klesges LM, Sherwood NE, et al. Measurement characteristics of diet-related psychosocial questionnaires among African-American parents and their 8- to 10-year-old daughters: results from the Girls' health Enrichment Multi-site Studies. *Prev Med.* 2004;38 Suppl:S34-42. doi:10.1016/j.ypmed.2003.05.002.	Study design
166	Cullen KW, Liu Y, Thompson DI. Meal-Specific Dietary Changes From Squires Quest! II: a Serious Video Game Intervention. *Journal of nutrition education and behavior*. 2016;48:326-330.e1. doi:10.1016/j.jneb.2016.02.004.	Intervention/exposure
167	Cullen KW, Thompson D, Chen TA. Outcome Evaluation of Family Eats. *Health Educ Behav*. 2017;44:32-40. doi:10.1177/1090198116643917.	Age of some participants at I/E
168	Cullen KW, Thompson D. Feasibility of an 8-week African American web-based pilot program promoting healthy eating behaviors: Family Eats. *Am J Health Behav*. 2008;32:40-51. doi:10.5555/ajhb.2008.32.1.40.	Intervention/exposure; Outcome
169	Cunningham-Sabo L, Lohse B, Smith S, et al. Fuel for Fun: a cluster-randomized controlled study of cooking skills, eating behaviors, and physical activity of 4th graders and their families. *BMC Public Health*. 2016;16:444. doi:10.1186/s12889-016-3118-6.	Intervention/exposure; Publication status
170	Curtin C, Bandini LG, Must A, et al. Parent support improves weight loss in adolescents and young adults with Down syndrome. *J Pediatr*. 2013;163:1402-8.e1. doi:10.1016/j.jpeds.2013.06.081.	Health status
171	Cynthia J, Zalilah MS, Lim MY. Relationship between family meals away from home and nutritional status of adolescents. *Malays J Nutr*. 2013;19:25-35.	Study design
172	Dallacker M, Knobl V, Hertwig R, et al. Effect of Longer Family Meals on Children's Fruit and Vegetable Intake: A Randomized Clinical Trial. *JAMA* Netw Open. 2023;6:e236331. doi:10.1001/jamanetworkopen.2023.6331.	Outcome

	Citation	Rationale
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174	Daniels LA, Mallan KM, Battistutta D, et al. Child eating behavior outcomes of an early feeding intervention to reduce risk indicators for *Child Obes*ity: the NOURISH RCT. *Obesity (Silver Spring)*. 2014;22:E104-11. doi:10.1002/oby.20693.	Age of some participants at I/E
175	Darfour-Oduro SA, Andrade JE, Grigsby-Toussaint DS. Do Fruit and Vegetable Policies, Socio-Environmental Factors, and Physical Activity Influence Fruit and Vegetable Intake Among Adolescents?. *J Adolesc Health*. 2020;66:172-180. doi:10.1016/j.jadohealth.2019.07.016.	Study design; Intervention/exposure
176	Dave JM, Evans AE, Pfeiffer KA, et al. Correlates of availability and accessibility of fruits and vegetables in homes of low-income Hispanic families. *Health Educ Res*. 2010;25:97-108. doi:10.1093/her/cyp044.	Study design
177	Davis AM, Daldalian MC, Mayfield CA, et al. Outcomes from an urban pediatric obesity program targeting minority youth: the Healthy Hawks program. *Child Obes*. 2013;9:492-500. doi:10.1089/chi.2013.0053.	Intervention/exposure
178	De Bock F, Breitenstein L, Fischer JE. Positive impact of a pre-school-based nutritional intervention on children's fruit and vegetable intake: results of a cluster-randomized trial. *Public Health Nutr*. 2012;15:466-75. doi:10.1017/s136898001100200x.	Intervention/exposure
179	De Bourdeaudhuij I, Klepp K, Due P, et al. Reliability and validity of a questionnaire to measure personal, social and environmental correlates of fruit and vegetable intake in 10-11-year-old children in five European countries. *Public Health Nutr*ition. 2005;8:189-200. doi:10.1079/phn2004673.	Study design
180	De Bourdeaudhuij I, te Velde S, Brug J, et al. Personal, social and environmental predictors of daily fruit and vegetable intake in 11-year-old children in nine European countries. *Eur J Clin Nutr*. 2008;62:834-41. doi:10.1038/sj.ejcn.1602794.	Study design
181	de Bruijn GJ, Kremers SP, de Vries H, et al. Associations of social-environmental and individual-level factors with adolescent soft drink consumption: results from the SMILE study. *Health Educ Res*. 2007;22:227-37. doi:10.1093/her/cyl066.	Study design
182	De Coen V, Vansteelandt S, Maes L, et al. Parental socioeconomic status and soft drink consumption of the child. The mediating proportion of parenting practices. *Appetite*. 2012;59:76-80. doi:10.1016/j.appet.2012.03.024.	Study design
183	De Lepeleere S, De Bourdeaudhuij I, Cardon G, et al. The effect of an online video intervention 'Movie Models' on specific parenting practices and parental self-efficacy related to children's physical activity, screen-time and healthy diet: a quasi experimental study. *BMC Public Health*. 2017;17:366. doi:10.1186/s12889-017-4264-1.	Age of some participants at I/E
184	de Wild VW, de Graaf C, Boshuizen HC, et al. Influence of choice on vegetable intake in children: an in-home study. *Appetite*. 2015;91:1-6. doi:10.1016/j.appet.2015.03.025.	Intervention/exposure; Outcome
185	de Winter AF, Visser L, Verhulst FC, et al. Longitudinal patterns and predictors of multiple health risk behaviors among adolescents: The TRAILS study. *Prev Med.* 2016;84:76-82. doi:10.1016/j.ypmed.2015.11.028.	Intervention/exposure; Outcome
186	DeJesus JM, Gelman SA, Viechnicki GB, et al. An investigation of maternal food intake and maternal food talk as predictors of child food intake. *Appetite*. 2018;127:356-363. doi:10.1016/j.appet.2018.04.018.	Study design; Intervention/exposure
187	Delaney CL, Byrd-Bredbenner C. Family Social Support and Weight-Related Behaviors of School-Age Children: An Exploratory Analysis. *Int J Environ Res Public Health*. 2022;19(14):8501. Published 2022 Jul 12. doi:10.3390/ijerph19148501	Study design
188	Delaney CL, Spaccarotella K, Quick V, Byrd-Bredbenner C. A Comparison of Weight-Related Behaviors of Hispanic Mothers and Children by Acculturation Level. *Int J Environ Res Public Health*. 2021;18(2):503. Published 2021 Jan 9. doi:10.3390/ijerph18020503	Study design; Intervention/exposure
189	Delbosq S, Velasco V, Vercesi C, Gruppo Regionale Hbsc Lombardia, Vecchio LP. Adolescents' Nutrition: The Role of Health Literacy, Family and Socio-Demographic Variables. *Int J Environ Res Public Health*. 2022;19(23):15719. Published 2022 Nov 25. doi:10.3390/ijerph192315719	Study design
190	Delfino LD, Tebar WR, Silva DAS, Gil FCS, Mota J, Christofaro DGD. Food advertisements on television and eating habits in adolescents: a school-based study. *Rev Saude Publica*. 2020;54:55. doi:10.11606/s1518-8787.2020054001558	Study design; Intervention/exposure

	Citation	Rationale
191	Delisle Nyström C, Cameron AJ, Campbell KJ, et al. Variation in outcomes of the Melbourne Infant, Feeding, Activity and Nutrition Trial (INFANT) according to maternal education and age 2 and 3·5 years post-intervention. *Public Health Nutr*. 2021;24:1460-1468. doi:10.1017/s1368980021000045.	Intervention/exposure; Comparator
192	Delisle C, Sandin S, Forsum E, et al. A web- and mobile phone-based intervention to prevent obesity in 4-year-olds (MINISTOP): a population-based randomized controlled trial. *BMC Public Health*. 2015;15:95. doi:10.1186/s12889-015-1444-8.	Intervention/exposure; Publication status
193	Deming DM, Briefel RR, Reidy KC. Infant feeding practices and food consumption patterns of children participating in WIC. *J Nutr Educ Behav*. 2014;46(3 Suppl):S29-S37. doi:10.1016/j.jneb.2014.02.020	Study design; Intervention/exposure
194	Demissie Z, Eaton DK, Lowry R, et al. The Association of Meal Practices and Other Dietary Correlates With Dietary Intake Among High School Students in the United States, 2010. *Am J Health Promot*. 2015;29:e203-13. doi:10.4278/ajhp.131211-QUAN-632.	Study design
195	Deslippe A L O' Connor T M, Brussoni M Mâsse L C. The association of food parenting practices with adolescents' dietary behaviors differ by youth gender, but not by parent gender. *Appetite*. 2022;169:105846. doi:10.1016/j.appet.2021.105846.	Study design
196	DeSmet A, Liu Y, De Bourdeaudhuij I, et al. The effectiveness of asking behaviors among 9-11 year-old children in increasing home availability and children's intake of fruit and vegetables: results from the Squire's Quest II self-regulation game intervention. *Int J Behav Nutr Phys Act*. 2017;14:51. doi:10.1186/s12966-017-0506-y.	Age of some participants at I/E
197	Dickin KL, Hill TF, Dollahite JS. Practice-based evidence of effectiveness in an integrated nutrition and parenting education intervention for low-income parents. *J Acad Nutr Diet*. 2014;114:945-950. doi:10.1016/j.jand.2013.09.029.	Study design
198	Dickin KL, Seim G. Adapting the Trials of Improved Practices (TIPs) approach to explore the acceptability and feasibility of nutrition and parenting recommendations: what works for low-income families?. *Matern Child Nutr*. 2015;11:897-914. doi:10.1111/mcn.12078.	Study design; Outcome
199	Diep CS, Beltran A, Chen TA, et al. Predicting use of effective vegetable parenting practices with the Model of Goal Directed Behavior. *Public Health Nutr*. 2015;18:1389-96. doi:10.1017/s1368980014002079.	Study design; Outcome
200	Ding D, Sallis JF, Norman GJ, et al. Community food environment, home food environment, and fruit and vegetable intake of children and adolescents. *J Nutr Educ Behav*. 2012;44:634-8. doi:10.1016/j.jneb.2010.07.003.	Study design
201	Dinkel D, Tibbits M, Hanigan E, et al. Healthy Families: A Family-Based Community Intervention To Address Childhood Obesity. *J Community Health Nurs*. 2017;34:190-202. doi:10.1080/07370016.2017.1369808.	Intervention/exposure
202	Dixon LB, Tershakovec AM, McKenzie J, et al. Diet quality of young children who received nutrition education promoting lower dietary fat. *Public Health Nutr*. 2000;3:411-6. doi:10.1017/s1368980000000471.	Intervention/exposure
203	Do B, Wang SD, Naya CH, et al. Momentary and personal characteristics predicting maternal fruit and vegetable preparation for children using ecological momentary assessment. *Eat Behav*. 2021;41:101492. doi:10.1016/j.eatbeh.2021.101492.	Outcome
204	Do B, Yang CH, Lopez NV, et al. Investigating the momentary association between maternal support and children's fruit and vegetable consumption using ecological momentary assessment. *Appetite*. 2020;150:104667. doi:10.1016/j.appet.2020.104667.	Age of some participants at I/E
205	Dos Santos CT, Machado CO, Höfelmann DA. Family meals, diet quality and obesity among adolescents: findings from a school-based study in a capital city of southern Brazil. *Minerva Pediatr (Torino)*. 2024;76(2):180-188. doi:10.23736/S2724-5276.20.05918-6	Study design
206	Drapeau V, Harvey AA, Jacob R, et al. The impact of a family web-based nutrition intervention to increase fruit, vegetable, and dairy intakes: a single-blinded randomized family clustered intervention. *Nutr J*. 2022;21:75. doi:10.1186/s12937-022-00825-6.	Intervention/exposure
207	Draxten M, Fulkerson JA, Friend S, et al. Parental role modeling of fruits and vegetables at meals and snacks is associated with children's adequate consumption. *Appetite*. 2014;78:1-7. doi:10.1016/j.appet.2014.02.017.	Study design
208	D'Souza NJ, Downing K, Abbott G, et al. A comparison of children's diet and movement behaviour patterns derived from three unsupervised multivariate methods. *PLoS One*. 2021;16:e0255203. doi:10.1371/journal.pone.0255203.	Intervention/exposure; Outcome

	Citation	Rationale
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210	Dubois L, Farmer A, Girard M, et al. Social factors and television use during meals and snacks is associated with higher BMI among pre-school children. *Public Health Nutr*. 2008;11:1267-79. doi:10.1017/s1368980008002887.	Study design; Intervention/exposure
211	Dulin A, Risica PM, Mello J, et al. Examining neighborhood and interpersonal norms and social support on fruit and vegetable intake in low-income communities. *BMC Public Health*. 2018;18:455. doi:10.1186/s12889-018-5356-2.	Study design
212	Dumas AA, Lemieux S, Lapointe A, et al. Long-term effects of a healthy eating blog in mothers and children. *Matern Child Nutr*. 2020;16:e12981. doi:10.1111/mcn.12981.	Intervention/exposure
213	Duncanson K, Burrows T, Collins C. Effect of a low-intensity parent-focused nutrition intervention on dietary intake of 2- to 5-year olds. *J Pediatr Gastroenterol Nutr*. 2013;57:728-34. doi:10.1097/mpg.0000000000000068.	Intervention/exposure
214	Duncanson K, Lee YQ, Burrows T, et al. Utility of a brief index to measure diet quality of Australian preschoolers in the Feeding Healthy Food to Kids Randomised Controlled Trial. *Nutr Diet*. 2017;74:158-166. doi:10.1111/1747-0080.12295.	Intervention/exposure
215	Dunton GF, Dzubur E, Huh J, et al. Daily Associations of Stress and Eating in Mother-Child Dyads. *Health Educ Behav*. 2017;44:365-369. doi:10.1177/1090198116663132.	Study design; Intervention/exposure
216	Durão C, Andreozzi V, Oliveira A, et al. Maternal child-feeding practices and dietary inadequacy of 4-year-old children. *Appetite*. 2015;92:15-23. doi:10.1016/j.appet.2015.04.067.	Study design
217	Durão C, Severo M, Oliveira A, et al. Association of maternal characteristics and behaviours with 4-year-old children's dietary patterns. *Matern Child Nutr*. 2017;13(2):e12278. doi:10.1111/mcn.12278	Study design; Outcome
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219	Edmonds J, Baranowski T, Baranowski J, et al. Ecological and socioeconomic correlates of fruit, juice, and vegetable consumption among African-American boys. *Prev Med.* 2001;32:476-81. doi:10.1006/pmed.2001.0831.	Study design
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	Citation	Rationale
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228	Entin A, Kaufman-Shriqui V, Naggan L, et al. Parental feeding practices in relation to low diet quality and obesity among LSES children. *J Am Coll Nutr*. 2014;33:306-14. doi:10.1080/07315724.2013.874936.	Study design
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232	Esfarjani F, Khalafi M, Mohammadi F, et al. Family-based intervention for controlling childhood obesity: an experience among Iranian children. *Int J Prev Med*. 2013;4:358-65.	Intervention/exposure
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237	Faber M, Laubscher R, Laurie S. Availability of, access to and consumption of fruits and vegetables in a peri-urban area in KwaZulu-Natal, South Africa. *Matern Child Nutr*. 2013;9:409-24. doi:10.1111/j.1740-8709.2011.00372.x.	Study design; Intervention/exposure
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242	Feeley A, Musenge E, Pettifor JM, et al. Changes in dietary habits and eating practices in adolescents living in urban South Africa: the birth to twenty cohort. *Nutrition.* 2012;28:e1-6. doi:10.1016/j.nut.2011.11.025.	Outcome
243	Feeley AB, Musenge E, Pettifor JM, et al. Investigation into longitudinal dietary behaviours and household socio-economic indicators and their association with BMI Z-score and fat mass in South African adolescents: the Birth to Twenty (Bt20) cohort. *Public Health Nutr*. 2013;16:693-703. doi:10.1017/s1368980012003308.	Outcome
244	Fein SB, Labiner-Wolfe J, Scanlon KS, et al. Selected complementary feeding practices and their association with maternal education. *Pediatrics.* 2008;122 Suppl 2:S91-7. doi:10.1542/peds.2008-1315l.	Intervention/exposure

	Citation	Rationale
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246	Feldens CA, Vítolo MR, Maciel RR, et al. Exploring the risk factors for early-life sugar consumption: A birth cohort study. *Int J Paediatr Dent*. 2021;31:223-230. doi:10.1111/ipd.12713.	Intervention/exposure; Outcome
247	Feldman S, Eisenberg ME, Neumark-Sztainer D, et al. Associations between watching TV during family meals and dietary intake among adolescents. *J Nutr Educ Behav*. 2007;39:257-63. doi:10.1016/j.jneb.2007.04.181.	Study design
248	Feng D, Song H, Esperat MC, et al. A Multicomponent Intervention Helped Reduce Sugar-Sweetened Beverage Intake in Economically Disadvantaged Hispanic Children. *Am J Health Promot*. 2016;30:594-603. doi:10.4278/ajhp.140801-QUAN-384.	INCLUDE; Intervention/exposure
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250	Fernandez C, DeJesus JM, Miller AL, et al. Selective eating behaviors in children: An observational validation of parental report measures. *Appetite*. 2018;127:163-170. doi:10.1016/j.appet.2018.04.028.	Outcome
251	Fernando NNT, Campbell KJ, McNaughton SA, Zheng M, Lacy KE. Predictors of Dietary Energy Density among Preschool Aged Children. *Nutrients*. 2018;10(2):178. Published 2018 Feb 6. doi:10.3390/nu10020178	Outcome
252	Ferreira VR, Sangalli CN, Leffa PS, et al. The impact of a primary health care intervention on infant feeding practices: a cluster randomised controlled trial in Brazil. *J Hum Nutr Diet*. 2019;32:21-30. doi:10.1111/jhn.12595.	Intervention/exposure
253	Fertig AR, Loth KA, Trofholz AC, et al. Compared to Pre-prepared Meals, Fully and Partly Home-Cooked Meals in Diverse Families with Young Children Are More Likely to Include Nutritious Ingredients. *J Acad Nutr Diet*. 2019;119:818-830. doi:10.1016/j.jand.2018.12.006.	Study design; Intervention/exposure
254	Fiese BH, Barton JM, Sahin E. Longitudinal changes in home food availability across the first 3 years of life and associations with family context predictors. *Front Nutr*. 2023;10:1215894. doi:10.3389/fnut.2023.1215894.	Outcome
255	Fildes A, Lopes C, Moreira P, et al. An exploratory trial of parental advice for increasing vegetable acceptance in infancy. *Br J Nutr*. 2015;114:328-36. doi:10.1017/s0007114515001695.	Outcome; Age at outcome
256	Fildes A, van Jaarsveld CH, Llewellyn CH, et al. Nature and nurture in children's food preferences. *Am J Clin Nutr*. 2014;99:911-7. doi:10.3945/ajcn.113.077867.	Intervention/exposure; Outcome
257	Fildes A, van Jaarsveld CHM, Wardle J, et al. Parent-administered exposure to increase children's vegetable acceptance: a randomized controlled trial. *J Acad Nutr Diet*. 2014;114:881-888. doi:10.1016/j.jand.2013.07.040.	Intervention/exposure
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259	Fischer C, Brug J, Tak NI, et al. Differences in fruit and vegetable intake and their determinants among 11-year-old schoolchildren between 2003 and 2009. *Int J Behav Nutr Phys Act*. 2011;8:141. doi:10.1186/1479-5868-8-141.	Study design
260	Fisher JO, Mitchell DC, Smiciklas-Wright H, et al. Parental influences on young girls' fruit and vegetable, micronutrient, and fat intakes. *J Am Diet Assoc*. 2002;102:58-64. doi:10.1016/s0002-8223(02)90017-9.	Study design
261	Fitriana Dona Muji, Arief Yuni Sufyanti, Krisnana Ilya. The Correlation Between Parents' Self-Determination with Behavioral Prevention of Picky Eating in Toddlers. *Indonesian Nursing Journal of Education & Clinic (INJEC)*. 2020;5:164-169. doi:10.24990/injec.v5i2.310.	Study design
262	Flattum C, Draxten M, Horning M, et al. HOME Plus: Program design and implementation of a family-focused, community-based intervention to promote the frequency and healthfulness of family meals, reduce children's sedentary behavior, and prevent obesity. *Int J Behav Nutr Phys Act*. 2015;12:53. doi:10.1186/s12966-015-0211-7.	Intervention/exposure; Outcome

	Citation	Rationale
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264	Fletcher S, Wright C, Jones A, Parkinson K, Adamson A. Tracking of toddler fruit and vegetable preferences to intake and adiposity later in childhood. *Matern Child Nutr*. 2017;13(2):e12290. doi:10.1111/mcn.12290	Intervention/exposure
265	Flores-Barrantes P, Iglesia I, Cardon G, et al. Longitudinal Associations between Food Parenting Practices and Dietary Intake in Children: The Feel4Diabetes Study. *Nutrients*. 2021;13(4):1298. Published 2021 Apr 14. doi:10.3390/nu13041298	Age of some participants at I/E
266	Flores-Barrantes P, Mavrogianni C, Iglesia I, et al. Can food parenting practices explain the association between parental education and children's food intake? The Feel4Diabetes-study. *Public Health Nutr*. 2022;25:1-14. doi:10.1017/s1368980022000891.	Study design
267	Flórez KR, Richardson AS, Ghosh-Dastidar MB, et al. Improved parental dietary quality is associated with children's dietary intake through the home environment. *Obes Sci Pract*. 2017;3:75-82. doi:10.1002/osp4.81.	Study design; Intervention/exposure
268	Folta SC, Anzman-Frasca S, Tsai M, et al. Snack It Up for Parents: Brief Videos and Tip Sheets for Promoting Vegetable Snacks to School-Aged Children. *J Nutr Educ Behav*. 2020;52:565-567. doi:10.1016/j.jneb.2019.12.003.	Study design; Outcome
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273	French SA, Sherwood NE, JaKa MM, et al. Physical changes in the home environment to reduce television viewing and sugar-sweetened beverage consumption among 5- to 12-year-old children: a randomized pilot study. *Pediatr Obes*. 2016;11:e12-5. doi:10.1111/ijpo.12067.	Intervention/exposure
274	Fries LR, Martin N, van der Horst K. Parent-child mealtime interactions associated with toddlers' refusals of novel and familiar foods. *Physiol Behav*. 2017;176:93-100. doi:10.1016/j.physbeh.2017.03.001.	Study design; Outcome
275	Fuemmeler BF, Stroo M, Lee CT, et al. Racial Differences in Obesity-Related Risk Factors Between 2-Year-Old Children Born of Overweight Mothers. *J Pediatr Psychol*. 2015;40:649-56. doi:10.1093/jpepsy/jsv023.	Study design
276	Fuligni GL, Gonzalez CJ, Figueroa R. Adolescents' proxy reports on obesity-related parenting practices: factorial validity and reliability across four behavioral domains. *BMC Public Health*. 2022;22:329. doi:10.1186/s12889-022-12745-5.	Study design
277	Fulkerson JA, Friend S, Horning M, et al. Family Home Food Environment and Nutrition-Related Parent and Child Personal and Behavioral Outcomes of the Healthy Home Offerings via the Mealtime Environment (HOME) Plus Program: A Randomized Controlled Trial. *J Acad Nutr Diet*. 2018;118:240-251. doi:10.1016/j.jand.2017.04.006.	Age of some participants at I/E
278	Fulkerson JA, Horning ML, Barr-Anderson DJ, et al. Universal childhood obesity prevention in a rural community: Study design, methods and baseline participant characteristics of the NU-HOME randomized controlled trial. *Contemp Clin Trials*. 2021;100:106160. doi:10.1016/j.cct.2020.106160.	Study design
279	Fulkerson JA, Kubik MY, Story M, et al. Are there nutritional and other benefits associated with family meals among at-risk youth?. *J Adolesc Health*. 2009;45:389-95. doi:10.1016/j.jadohealth.2009.02.011.	Study design

	Citation	Rationale
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281	Fulkerson JA, Rydell S, Kubik MY, et al. Healthy Home Offerings via the Mealtime Environment (HOME): feasibility, acceptability, and outcomes of a pilot study. *Obesity (Silver Spring)*. 2010;18 Suppl 1:S69-74. doi:10.1038/oby.2009.434.	INCLUDE; Outcome
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283	Gago C, Aftosmes-Tobio A, Beckerman-Hsu JP, et al. Evaluation of a cluster-randomized controlled trial: Communities for Healthy Living, family-centered obesity prevention program for Head Start parents and children. *Int J Behav Nutr Phys Act*. 2023;20:4. doi:10.1186/s12966-022-01400-2.	Intervention/exposure
284	Galloway AT, Fiorito L, Lee Y, et al. Parental pressure, dietary patterns, and weight status among girls who are "picky eaters". *J Am Diet Assoc*. 2005;105:541-8. doi:10.1016/j.jada.2005.01.029.	Study design
285	Garcia AL, Athifa N, Hammond E, et al. Community-based cooking programme 'Eat Better Feel Better' can improve child and family eating behaviours in low socioeconomic groups. *J Epidemiol Community Health*. 2020;74:190-196. doi:10.1136/jech-2018-211773.	Intervention/exposure
286	Garipağaoğlu M, Sahip Y, Darendeliler F, et al. Family-based group treatment versus individual treatment in the management of childhood obesity: randomized, prospective clinical trial. *Eur J Pediatr*. 2009;168:1091-9. doi:10.1007/s00431-008-0894-8.	Intervention/exposure; Outcome
287	Gasser CE, Mensah FK, Clifford SA, et al. Parental health behaviour predictors of childhood and adolescent dietary trajectories. *Public Health Nutr*. 2018;21:1874-1885. doi:10.1017/s1368980018000563.	Intervention/exposure; Outcome
288	Gebremariam MK, Chinapaw MJ, Bringolf-Isler B, et al. Screen-based sedentary time: Association with soft drink consumption and the moderating effect of parental education in European children: The ENERGY study. *PLoS One*. 2017;12:e0171537. doi:10.1371/journal.pone.0171537.	Study design; Intervention/exposure
289	Gebremariam MK, Henjum S, Terragni L, et al. Correlates of fruit, vegetable, soft drink, and snack intake among adolescents: the ESSENS study. *Food Nutr Res*. 2016;60:32512. doi:10.3402/fnr.v60.32512.	Study design
290	Gedney Larissa. Family Mealtime. Today's Dietitian. 2013;15:30-36.	Publication status
291	Gerards SM, Dagnelie PC, Gubbels JS, et al. The effectiveness of lifestyle triple P in the Netherlands: a randomized controlled trial. *PLoS One*. 2015;10:e0122240. doi:10.1371/journal.pone.0122240.	Intervention/exposure
292	Ghofranipour F, Hamzavi Zarghani N, Mohammadi E, et al. An internet-based educational intervention for mothers targeting preschoolers' weight management promotion (PWMP): a pilot study. *BMC Public Health*. 2022;22:2220. doi:10.1186/s12889-022-14543-5.	Study design; Intervention/exposure
293	Gholami M, Wiedemann A, Knoll N, et al. Mothers improve their daughters' vegetable intake: a randomized controlled trial. *Psychol Health Med*. 2015;20:1-7. doi:10.1080/13548506.2014.902485.	Age of some participants at I/E
294	Giannì ML, Bezze E, Colombo L, et al. Complementary Feeding Practices in a Cohort of Italian Late Preterm Infants. *Nutrients*. 2018;10(12):1861. Published 2018 Dec 2. doi:10.3390/nu10121861	Intervention/exposure
295	Gilbertson SL, Graves BA. Motivating parents to promote cardiovascular health in children. *J Cardiovasc Nurs*. 2015;30:E8-18. doi:10.1097/jcn.0000000000000126.	Study design; Intervention/exposure
296	Gillman MW, Rifas-Shiman SL, Frazier AL, et al. Family dinner and diet quality among older children and adolescents. *Arch Fam Med*. 2000;9:235-40. doi:10.1001/archfami.9.3.235.	Study design

	Citation	Rationale
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298	Goldman RL, Radnitz CL, McGrath RE. The role of family variables in fruit and vegetable consumption in pre-school children. *J Public Health Res*. 2012;1:143-8. doi:10.4081/jphr.2012.e22.	Study design
299	Golley RK, Hendrie GA. The impact of replacing regular- with reduced-fat dairy foods on children's wider food intake: secondary analysis of a cluster RCT. *Eur J Clin Nutr*. 2012;66:1130-4. doi:10.1038/ejcn.2012.113.	Intervention/exposure
300	Golley RK, Magarey AM, Daniels LA. Children's food and activity patterns following a six-month child weight management program. Int J *Pediatr Obes*. 2011;6:409-14. doi:10.3109/17477166.2011.605894.	Intervention/exposure
301	Golova N, Eskander J, Pho A, et al. Preventing the Early Introduction of Juice and Sugar-Sweetened Beverages in Infants' Diets: A Randomized Controlled Trial. *Clin Pediatr (Phila)*. 2023;62:276-287. doi:10.1177/00099228221119983.	Intervention/exposure; Outcome
302	Gomes AI, Barros L, Pereira AI, et al. Effectiveness of a parental school-based intervention to improve young children's eating patterns: a pilot study. *Public Health Nutr*. 2018;21:2485-2496. doi:10.1017/s1368980018000952.	Outcome
303	Gomes AI, Pereira AI, Nogueira PC, Barros L. Development of a New Questionnaire to Assess Parental Perceived Barriers When Promoting Healthy Eating Habits in Young Children: First Findings. *Nutrients*. 2023;15(21):4672. Published 2023 Nov 4. doi:10.3390/nu15214672	Study design
304	Goodell Suzanne L, Pierce MichelleB, Amico Rivet K, et al. Parental Information, Motivation, and Behavioral Skills Correlate with Child Sweetened Beverage Consumption. *Journal of Nutrition Education & Behavior*. 2012;44:240-245. doi:10.1016/j.jneb.2010.07.012.	Study design
305	Goodman LC, Roberts LT, Musher-Eizenman DR. Mindful feeding: A pathway between parenting style and child eating behaviors. *Eat Behav*. 2020;36:101335. doi:10.1016/j.eatbeh.2019.101335.	Study design; Outcome
306	Granner ML, Evans AE. Variables associated with fruit and vegetable intake in adolescents. *Am J Health Behav*. 2011;35:591-602. doi:10.5993/ajhb.35.5.8.	Study design
307	Granner ML, Sargent RG, Calderon KS, et al. Factors of fruit and vegetable intake by race, gender, and age among young adolescents. *J Nutr Educ Behav*. 2004;36:173-80. doi:10.1016/s1499-4046(06)60231-5.	Study design
308	Gray HL, Buro AW, Sinha S. Associations Among Parents' Eating Behaviors, Feeding Practices, and Children's Eating Behaviors. *Matern Child Health J*. 2023;27:202-209. doi:10.1007/s10995-022-03572-6.	Study design
309	Gregory JE, Paxton SJ, Brozovic AM. Maternal feeding practices predict fruit and vegetable consumption in young children. Results of a 12-month longitudinal study. *Appetite*. 2011;57:167-72. doi:10.1016/j.appet.2011.04.012.	Age of some participants at I/E
310	Griauzde DH, Lumeng JC, Shah PE, et al. Lower Body Mass Index Z-Score Trajectory During Early Childhood After the Birth of a Younger Sibling. *Acad Pediatr*. 2019;19:51-57. doi:10.1016/j.acap.2018.06.003.	Intervention/exposure; Outcome
311	Gribble LS, Falciglia G, Davis AM, et al. A curriculum based on social learning theory emphasizing fruit exposure and positive parent child-feeding strategies: a pilot study. *J Am Diet Assoc*. 2003;103:100-3. doi:10.1053/jada.2003.50011.	Age of some participants at I/E
312	Grimm GC, Harnack L, Story M. Factors associated with soft drink consumption in school-aged children. *J Am Diet Assoc*. 2004;104:1244-9. doi:10.1016/j.jada.2004.05.206.	Study design
313	Groele B, Głąbska D, Gutkowska K, Guzek D. Mother's Fruit Preferences and Consumption Support Similar Attitudes and Behaviors in Their Children. *Int J Environ Res Public Health*. 2018;15(12):2833. Published 2018 Dec 12. doi:10.3390/ijerph15122833	Study design; Intervention/exposure
314	Gross RS, Mendelsohn AL, Fierman AH, et al. Food insecurity and obesogenic maternal infant feeding styles and practices in low-income families. *Pediatrics.* 2012;130:254-61. doi:10.1542/peds.2011-3588.	Study design; Outcome

	Citation	Rationale
315	Gross RS, Mendelsohn AL, Messito MJ. Additive effects of household food insecurity during pregnancy and infancy on maternal infant feeding styles and practices. *Appetite*. 2018;130:20-28. doi:10.1016/j.appet.2018.07.016.	Intervention/exposure; Age of some participants at I/E; Age at outcome
316	Gross SM, Pollock ED, Braun B. Family influence: key to fruit and vegetable consumption among fourth- and fifth-grade students. *J Nutr Educ Behav*. 2010;42:235-41. doi:10.1016/j.jneb.2009.05.007.	Study design
317	Grutzmacher SK, Braunscheidel Duru E, Speirs KE, et al. Using text messages to engage low-income parents in school-based nutrition education. *Journal of Hunger and Environmental Nutrition*. 2018;13:335-339. doi:10.1080/19320248.2017.1364196.	Intervention/exposure; Outcome
318	Gubbels JS, Gerards SM, Kremers SP. The association of parenting practices with toddlers' dietary intake and BMI, and the moderating role of general parenting and child temperament. *Public Health Nutr*. 2020;23:2521-2529. doi:10.1017/s136898002000021x.	Study design
319	Gubbels JS, Kremers SP, Goldbohm RA, et al. Energy balance-related behavioural patterns in 5-year-old children and the longitudinal association with weight status development in early childhood. *Public Health Nutr*. 2012;15:1402-10. doi:10.1017/s1368980011003089.	Intervention/exposure
320	Gubbels JS, Kremers SP, Stafleu A, et al. Diet-related restrictive parenting practices. Impact on dietary intake of 2-year-old children and interactions with child characteristics. *Appetite*. 2009;52:423-9. doi:10.1016/j.appet.2008.12.002.	Study design
321	Gunther C, Rogers C, Holloman C, et al. Child diet and health outcomes of the simple suppers program: a 10-week, 2-group quasi-experimental family meals trial. *BMC Public Health*. 2019;19:1657. doi:10.1186/s12889-019-7930-7.	Age of some participants at I/E
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329	Hammersley ML, Jones RA, Okely AD. Relationships Between the Home Learning Environment, Weight Status, and Dietary Intake: Results From a Cross-Sectional Study of Preschool-Aged Children in New South Wales, Australia. *J Prim Prev*. 2021;42:239-256. doi:10.1007/s10935-021-00628-1.	Study design
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	Citation	Rationale
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332	Hammons AJ, Hannon BA, Teran-Garcia M, et al. Effects of Culturally Tailored Nutrition Education on Dietary Quality of Hispanic Mothers: A Randomized Control Trial. *J Nutr Educ Behav*. 2019;51:1168-1176. doi:10.1016/j.jneb.2019.06.017.	Intervention/exposure; Outcome
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334	Hanson NI, Neumark-Sztainer D, Eisenberg ME, et al. Associations between parental report of the home food environment and adolescent intakes of fruits, vegetables and dairy foods. *Public Health Nutr*. 2005;8:77-85. doi:10.1079/phn2005661.	Study design
335	Harbec MJ, Pagani LS. Associations Between Early Family Meal Environment Quality and Later Well-Being in School-Age Children. *J Dev Behav Pediatr*. 2018;39:136-143. doi:10.1097/dbp.0000000000000520.	Age of some participants at I/E
336	Hardt J, Canfell OJ, Walker JL, et al. Healthier Together: Implementation and evaluation of a co-designed, culturally tailored childhood obesity community prevention program for Māori and Pacific Islander children and families. *Health Promot J Austr*. 2024;35(3):744-759. doi:10.1002/hpja.803	Study design
337	Hare ME, Coday M, Williams NA, et al. Methods and baseline characteristics of a randomized trial treating early childhood obesity: the Positive Lifestyles for Active Youngsters (Team PLAY) trial. *Contemp Clin Trials.* 2012;33:534-49. doi:10.1016/j.cct.2012.02.003.	Study design; Outcome
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341	Harrison Michelle, Brodribb Wendy, Davies PeterSW, et al. Relationships between parental feeding practices, infant weight concern, infant dietary behaviour and body weight: Findings from the Feeding A Baby (FAB) Study. *Obesity Research & Clinical Practice*. 2019;13:86-86. doi:10.1016/j.orcp.2016.10.238.	Publication status
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345	Haslam A, Love C, Taniguchi T, et al. Development and Implementation of a Hybrid Online and In-Person Food Sovereignty and Nutrition Education Curriculum for Native American Parents: The FRESH Study. *Health Educ Behav*. 2023;50:430-440. doi:10.1177/10901981211067168.	Study design
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	Citation	Rationale
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350	He L, Zhai Y, Engelgau M, et al. Association of children's eating behaviors with parental education, and teachers' health awareness, attitudes and behaviors: a national school-based survey in China. *Eur J Public Health*. 2014;24:880-7. doi:10.1093/eurpub/ckt177.	Study design
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352	Helle C, Hillesund ER, Wills AK, et al. Evaluation of an eHealth intervention aiming to promote healthy food habits from infancy -the Norwegian randomized controlled trial Early Food for Future Health. *Int J Behav Nutr Phys Act*. 2019;16:1. doi:10.1186/s12966-018-0763-4.	Age of some participants at I/E
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358	Herawati HD, Putri AG, Purnamasari Y, et al. Nutrition Education using Booklet Media with and Without Counseling and the Association with Home Food Availability and Parent Feeding Practices in Preschool Children. *Open Access Macedonian Journal of Medical Sciences.* 2022;10:160-166. doi:10.3889/oamjms.2022.9490.	Outcome
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360	Hesketh KD, Salmon J, McNaughton SA, et al. Long-term outcomes (2 and 3.5 years post-intervention) of the INFANT early childhood intervention to improve health behaviors and reduce obesity: cluster randomised controlled trial follow-up. *Int J Behav Nutr Phys Act*. 2020;17:95. doi:10.1186/s12966-020-00994-9.	Age of some participants at I/E
361	Hillesund ER, Sagedal LR, Bere E, et al. Family meal participation is associated with dietary intake among 12-month-olds in Southern Norway. *BMC Pediatr*. 2021;21:128. doi:10.1186/s12887-021-02591-6.	Study design; Intervention/exposure
362	Hilmers Angela, Cullen KW, Moore Carolyn, et al. Exploring the Association Between Household Food Insecurity, Parental Self-Efficacy, and Fruit and Vegetable Parenting Practices Among Parents of 5- to 8-Year-Old Overweight Children. *Journal of Applied Research on Children*. 2012;3:1-15. doi:10.58464/2155-5834.1055.	Study design

	Citation	Rationale
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364	Hoerr SL, Hughes SO, Fisher JO, et al. Associations among parental feeding styles and children's food intake in families with limited incomes. *Int J Behav Nutr Phys Act*. 2009;6:55. doi:10.1186/1479-5868-6-55.	Study design
365	Hoffhines H, Whaley KD, Blackett PR, et al. Early childhood nutrition in an American Indian community: educational strategy for obesity prevention. *J Okla State Med Assoc*. 2014;107:55-9.	Study design; Intervention/exposure
366	Hoffman ER, Bentley ME, Hamer RM, et al. A comparison of infant and toddler feeding practices of mothers with and without histories of eating disorders. *Matern Child Nutr*. 2014;10:360-72. doi:10.1111/j.1740-8709.2012.00429.x.	Study design; Comparator
367	Hoffmann DA, Marx JM, Kiefner-Burmeister A, et al. Influence of maternal feeding goals and practices on children's eating behaviors. *Appetite*. 2016;107:21-27. doi:10.1016/j.appet.2016.07.014.	Study design
368	Hohman EE, Paul IM, Birch LL, et al. INSIGHT responsive parenting intervention is associated with healthier patterns of dietary exposures in infants. *Obesity (Silver Spring)*. 2017;25:185-191. doi:10.1002/oby.21705.	Outcome; Age of some participants at I/E
369	Hohman EE, Savage JS, Birch LL, et al. The Intervention Nurses Start Infants Growing on Healthy Trajectories (INSIGHT) Responsive Parenting Intervention for Firstborns Affects Dietary Intake of Secondborn Infants. J Nutr. 2020;150:2139-2146. doi:10.1093/jn/nxaa135.	Age of some participants at I/E
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371	Holley CE, Haycraft E, Farrow C. Predicting children's fussiness with vegetables: The role of feeding practices. *Matern Child Nutr*. 2018;14(1):e12442. doi:10.1111/mcn.12442	Study design
372	Holley CE, Haycraft E, Farrow C. 'Why don't you try it again?' A comparison of parent led, home based interventions aimed at increasing children's consumption of a disliked vegetable. *Appetite*. 2015;87:215-22. doi:10.1016/j.appet.2014.12.216.	Intervention/exposure; Outcome
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377	Horodynski MA, Stommel M, Brophy-Herb HE, et al. Mealtime television viewing and dietary quality in low-income African American and Caucasian mother-toddler dyads. *Matern Child Health J*. 2010;14:548-56. doi:10.1007/s10995-009-0501-2.	Study design
378	Horton LA, Parada H, Slymen DJ, et al. Targeting children's dietary behaviors in a family intervention: 'Entre familia: reflejos de salud'. *Salud Publica Mex*. 2013;55 Suppl 3:397-405.	Intervention/exposure
379	Housely A, Branscum P, Cheney M, et al. Predicting parental monitoring behaviours for sugar-sweetened beverages in parents of school-aged children: An application of the Integrative Behavioural Model. *Health Education Journal*. 2016;75:577-588. doi:10.1177/0017896915607918.	Study design
380	Hruska V, Shivappa N, Hébert JR, Duncan AM, Haines J, Ma DWL. Associations between Family-Based Stress and Dietary Inflammatory Potential among Families with Preschool-Aged Children. *Nutrients*. 2021;13(5):1464. Published 2021 Apr 26. doi:10.3390/nu13051464	Study design; Intervention/exposure

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382	Hughes SO, Power TG, Beck A, et al. Short-Term Effects of an Obesity Prevention Program Among Low-Income Hispanic Families With Preschoolers. *J Nutr Educ Behav*. 2020;52:224-239. doi:10.1016/j.jneb.2019.12.001.	Outcome
383	Hughes SO, Power TG, Beck AD, et al. Twelve-Month Efficacy of an Obesity Prevention Program Targeting Hispanic Families With Preschoolers From Low-Income Backgrounds. *J Nutr Educ Behav*. 2021;53:677-690. doi:10.1016/j.jneb.2021.04.460.	Study design; Outcome
384	Humenikova L, Gates GE. Social and physical environmental factors and child overweight in a sample of American and Czech school-aged children: a pilot study. *J Nutr Educ Behav*. 2008;40:251-7. doi:10.1016/j.jneb.2007.06.008.	Study design; Outcome
385	Isasi CR, Hua S, Jung M, et al. The Association of Parental/Caregiver Chronic Stress with Youth Obesity: Findings from the Study of Latino Youth and the Hispanic Community Health Study/Study of Latinos Sociocultural Ancillary Study. *Child Obes*. 2017;13:251-258. doi:10.1089/chi.2016.0205.	Intervention/exposure; Outcome
386	Izumi BT, Eckhardt CL, Wilson DP, et al. A Cooking Intervention to Increase Vegetable Consumption by Parents With Children Enrolled in an Early Head Start Home Visiting Program: A Pilot Study in Portland, Oregon, 2013-2014. *Prev Chronic Dis*. 2016;13:E174. doi:10.5888/pcd13.160259.	Study design; Intervention/exposure
387	Jackson JA, Smit E, Manore MM, et al. The Family-Home Nutrition Environment and Dietary Intake in Rural Children. *Nutrients*. 2015;7:9707-20. doi:10.3390/nu7125495.	Study design
388	Jackson K, Jansen E, Mallan KM. Examining child intake frequency, mothers' own liking and child early exposure as potential predictors of child liking for restricted foods and drinks at 5 years old. *Public Health Nutr*. 2020;23:2355-2364. doi:10.1017/s1368980020000312.	Intervention/exposure
389	Jacobi C, Agras WS, Bryson S, et al. Behavioral validation, precursors, and concomitants of picky eating in childhood. *J Am Acad Child Adolesc Psychiatry*. 2003;42:76-84. doi:10.1097/00004583-200301000-00013.	Outcome
390	Jaeger MargaretM, Vieth Grace, Rothman AlexanderJ, et al. Parents' use of intentional modeling and social control to influence their adolescent's health behavior: Findings from the FLASHE study. *Journal of Social & Personal Relationships*. 2021;38:2722-2741. doi:10.1177/02654075211020136.	Study design; Outcome
391	Jager Gerry, Mueller Carina, de Graaf Cees, et al. Effects of parental restriction on intake of sugary foods and beverages and sweetness preferences in 4-7-year-old children. *Appetite*. 2022;179:N.PAG-N.PAG. doi:10.1016/j.appet.2022.106221.	Publication status
392	James KS, Connelly CD, Gracia L, et al. Ways to Enhance Children's Activity and Nutrition (WE CAN) - a pilot project with Latina mothers. *J Spec Pediatr Nurs*. 2010;15:292-300. doi:10.1111/j.1744-6155.2010.00252.x.	Study design; Outcome
393	Jang M, Brandon D, Vorderstrasse A. Relationships Among Parental Psychological Distress, Parental Feeding Practices, Child Diet, and Child Body Mass Index. *Nurs Res*. 2019;68:296-306. doi:10.1097/nnr.0000000000000344.	Study design
394	Jang M, Brown R, Vang PY. The Relationships Between Parental Stress, Home Food Environment, and Child Diet Patterns in Families of Preschool Children. *Am J Health Promot*. 2021;35:131-139. doi:10.1177/0890117120929541.	Study design
395	Jansen E, Mulkens S, Emond Y, et al. From the Garden of Eden to the land of plenty Restriction of fruit and sweets intake leads to increased fruit and sweets consumption in children. *Appetite*. 2008;51:570-575. doi:10.1016/j.appet.2008.04.012.	Intervention/exposure; Outcome
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397	Jarman M, Ogden J, Inskip H, et al. How do mothers manage their preschool children's eating habits and does this change as children grow older? A longitudinal analysis. *Appetite*. 2015;95:466-74. doi:10.1016/j.appet.2015.08.008.	Outcome
398	Jennings KM, Loth KA, Tate AD, et al. Application of latent profile analysis to define subgroups of parenting styles and food parenting practices. *Appetite*. 2019;139:8-18. doi:10.1016/j.appet.2019.04.001.	Study design

	Citation	Rationale
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400	Jia P, Li M, Xue H, et al. School environment and policies, child eating behavior and overweight/obesity in urban China: the childhood obesity study in China megacities. *Int J Obes (Lond)*. 2017;41:813-819. doi:10.1038/ijo.2017.2.	Study design; Intervention/exposure; Country
401	Johansen C, Reynolds KD, Xie B, et al. An Examination of Family Variables as Mediators of the Association of Acculturation With Sugar-Sweetened Beverage Consumption Among Latinx Adolescents. *Fam Community Health*. 2020;43:287-295. doi:10.1097/fch.0000000000000278.	Study design
402	Johnson L, van Jaarsveld CH, Wardle J. Individual and family environment correlates differ for consumption of core and non-core foods in children. *Br J Nutr*. 2011;105:950-9. doi:10.1017/s0007114510004484.	Study design
403	Joo J, Kim J, Kim DY, et al. Relationship in Quality of Diet, Food Habit and Feeding Practice in Children with Pervasive Developmental Disorder and Their Caregiver. *Clin Nutr Res*. 2019;8:91-100. doi:10.7762/cnr.2019.8.2.91.	Study design; Health status
404	Jordan AA, Appugliese DP, Miller AL, et al. Maternal prompting types and child vegetable intake: Exploring the moderating role of picky eating. *Appetite*. 2020;146:104518. doi:10.1016/j.appet.2019.104518.	Study design
405	Kähkönen K, Sandell M, Rönkä A, Hujo M, Nuutinen O. Children's Fruit and Vegetable Preferences Are Associated with Their Mothers' and Fathers' Preferences. *Foods*. 2021;10(2):261. Published 2021 Jan 27. doi:10.3390/foods10020261	Study design
406	Kaiser LL, Aguilera AL, Horowitz M, et al. Correlates of food patterns in young Latino children at high risk of obesity. *Public Health Nutr*. 2015;18:3042-50. doi:10.1017/s1368980014003309.	Study design
407	Karanja N, Lutz T, Ritenbaugh C, et al. The TOTS community intervention to prevent overweight in American Indian toddlers beginning at birth: a feasibility and efficacy study. *Journal of community health*. 2010;35:667-675. doi:10.1007/s10900-010-9270-5.	Intervention/exposure; Outcome
408	Kasman M, Hammond RA, Purcell R, et al. An agent-based model of child sugar-sweetened beverage consumption: implications for policies and practices. *Am J Clin Nutr*. 2022;116:1019-1029. doi:10.1093/ajcn/nqac194.	Study design
409	Kasparian M, Mann G, Serrano EL, et al. Parenting practices toward food and children's behavior: Eating away from home versus at home. *Appetite*. 2017;114:194-199. doi:10.1016/j.appet.2017.03.045.	Study design; Intervention/exposure; Outcome
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412	Kegler MC, Bundy Ł T, Hartman T, et al. Promoting Healthier Home Food Environments Through 2-1-1: A Pilot and Feasibility Study. *Fam Community Health*. 2020;43:276-286. doi:10.1097/fch.0000000000000275.	Outcome; Age of some participants at I/E
413	Kehm R, Hearst MO, Sherman S, et al. The FAV-S Pilot Study. *Health Educ Behav*. 2017;44:52-58. doi:10.1177/1090198116646367.	Intervention/exposure
414	Keita AD, Risica PM, Drenner KL, et al. Feasibility and acceptability of an early childhood obesity prevention intervention: results from the healthy homes, healthy families pilot study. *J Obes*. 2014;2014:378501. doi:10.1155/2014/378501.	Study design
415	Kerver JM, Brophy-Herb HE, Sturza J, et al. Supporting family meal frequency: Screening Phase results from the Simply Dinner Study. *Appetite*. 2022;174:106009. doi:10.1016/j.appet.2022.106009.	Intervention/exposure
416	Keskitalo K, Silventoinen K, Tuorila H, et al. Genetic and environmental contributions to food use patterns of young adult twins. *Physiol Behav*. 2008;93:235-42. doi:10.1016/j.physbeh.2007.08.025.	Study design; Intervention/exposure
417	Kiefner-Burmeister AE, Hoffmann DA, Meers MR, et al. Food consumption by young children: a function of parental feeding goals and practices. *Appetite*. 2014;74:6-11. doi:10.1016/j.appet.2013.11.011.	Study design

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418	Kilaru A, Griffiths PL, Ganapathy S, et al. Community-based nutrition education for improving infant growth in rural Karnataka. *Indian Pediatrics*. 2005;42:425-432.	Country
419	Kininmonth AR, Schrempft S, Smith A, et al. Associations between the home environment and childhood weight change: a cross-lagged panel analysis. *Int J Obes (Lond)*. 2022;46:1678-1685. doi:10.1038/s41366-022-01170-8.	Study design; Intervention/exposure
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421	Klingberg S, Ludvigsson J, Brekke HK. Introduction of complementary foods in Sweden and impact of maternal education on feeding practices. *Public Health Nutr*. 2017;20(6):1054-1062. doi:10.1017/S1368980016003104	Intervention/exposure
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437	Kristiansen AL, Bjelland M, Himberg-Sundet A, et al. Associations between physical home environmental factors and vegetable consumption among Norwegian 3-5-year-olds: the BRA-study. *Public Health Nutr*. 2017;20:1173-1183. doi:10.1017/s1368980016003396.	Study design
438	Kristiansen AL, Bjelland M, Himberg-Sundet A, et al. Associations between sociocultural home environmental factors and vegetable consumption among Norwegian 3-5-year olds: BRA-study. *Appetite*. 2017;117:310-320. doi:10.1016/j.appet.2017.06.031.	Study design
439	Kristiansen AL, Bjelland M, Himberg-Sundet A, et al. Effects of a cluster randomized controlled kindergarten-based intervention trial on vegetable consumption among Norwegian 3-5-year-olds: the BRA-study. *BMC Public Health*. 2019;19:1098. doi:10.1186/s12889-019-7436-3.	Intervention/exposure
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479	Lin SF, Zive MM, Schmied E, Helm J, Ayala GX. The Effects of a Multisector, Multilevel Intervention on Child Dietary Intake: California Childhood Obesity Research Demonstration Study. *Nutrients.* 2023;15(20):4449. Published 2023 Oct 20. doi:10.3390/nu15204449	Intervention/exposure; Mediating role of caergiver parenting strategies
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491	Looney SM, Raynor HA. Examining the effect of three low-intensity pediatric obesity interventions: a pilot randomized controlled trial. *Clin Pediatr (Phila)*. 2014;53:1367-74. doi:10.1177/0009922814541803.	Intervention/exposure
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493	Lopez NV, Lai MH, Yang CH, et al. Associations of Maternal and Paternal Parenting Practices With Children's Fruit and Vegetable Intake and Physical Activity: Preliminary Findings From an Ecological Momentary Study. *JMIR Form Res*. 2022;6:e38326. doi:10.2196/38326.	Age of some participants at I/E
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502	Lotrean LM, Tutui I. Individual and familial factors associated with fruit and vegetable intake among 11- to 14-year-old Romanian school children. *Health Soc Care Community*. 2015;23:541-9. doi:10.1111/hsc.12166.	Study design
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505	Lumeng JC, Kaciroti N, Retzloff L, et al. Longitudinal associations between maternal feeding and overweight in low-income toddlers. *Appetite*. 2017;113:23-29. doi:10.1016/j.appet.2017.02.016.	Outcome
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509	Ma Z, Hample D. Modeling Parental Influence on Teenagers' Food Consumption: An Analysis Using the Family Life, Activity, Sun, Health, and Eating (FLASHE) Survey. *J Nutr Educ Behav*. 2018;50:1005-1014. doi:10.1016/j.jneb.2018.07.005.	Study design
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511	MacFarlane A, Crawford D, Worsley A. Associations between parental concern for adolescent weight and the home food environment and dietary intake. *J Nutr Educ Behav*. 2010;42:152-60. doi:10.1016/j.jneb.2008.11.004.	Study design
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514	Mahmood L, González-Gil EM, Schwarz P, et al. Frequency of family meals and food consumption in families at high risk of type 2 diabetes: the Feel4Diabetes-study. *Eur J Pediatr*. 2022;181:2523-2534. doi:10.1007/s00431-022-04445-4.	Study design
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519	Mallan KM, Fildes A, Magarey AM, et al. The Relationship between Number of Fruits, Vegetables, and Noncore Foods Tried at Age 14 Months and Food Preferences, Dietary Intake Patterns, Fussy Eating Behavior, and Weight Status at Age 3.7 Years. *J Acad Nutr Diet*. 2016;116:630-7. doi:10.1016/j.jand.2015.06.006.	Intervention/exposure
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	Citation	Rationale
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	Citation	Rationale
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	Citation	Rationale
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575	Nabors L, Murphy MJ, Lusky C, et al. Using Photovoice to Improve Healthy Eating for Children Participating in an Obesity Prevention Program. *Glob Pediatr Health*. 2020;7:2333794x20954673. doi:10.1177/2333794x20954673.	Intervention/exposure
576	Nakamura MS, Huelsnitz CO, Rothman AJ, et al. Associations Between Parents' Health and Social Control Behaviors and Their Adolescent's Self-Efficacy and Health Behaviors: Insights From the Family Life, Activity, Sun, Health, and Eating (FLASHE) survey. *Ann Behav Med*. 2022;56:920-932. doi:10.1093/abm/kaab113.	Study design
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579	Natale RA, Lopez-Mitnik G, Uhlhorn SB, et al. Effect of a child care center-based obesity prevention program on body mass index and nutrition practices among preschool-aged children. *Health Promot Pract*. 2014;15:695-705. doi:10.1177/1524839914523429.	Intervention/exposure
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587	Niemeier BS, Duan YP, Shang BR, et al. Parental influences on weight-related health behaviors in western and eastern cultures. *Child Care Health Dev*. 2017;43:259-266. doi:10.1111/cch.12438.	Study design; Intervention/exposure; Outcome
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	Citation	Rationale
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591	Nyström CD, Sandin S, Henriksson P, et al. Mobile-based intervention intended to stop obesity in preschool-aged children: the MINISTOP randomized controlled trial. *Am J Clin Nutr*. 2017;105:1327-1335. doi:10.3945/ajcn.116.150995.	Intervention/exposure
592	Ochoa-Avilés A, Verstraeten R, Huybregts L, et al. A school-based intervention improved dietary intake outcomes and reduced waist circumference in adolescents: a cluster randomized controlled trial. *Nutr J*. 2017;16:79. doi:10.1186/s12937-017-0299-5.	Intervention/exposure
593	O'Connell ML, Henderson KE, Luedicke J, et al. Repeated exposure in a natural setting: a preschool intervention to increase vegetable consumption. *J Acad Nutr Diet*. 2012;112:230-4. doi:10.1016/j.jada.2011.10.003.	Intervention/exposure; Outcome
594	O'Connor SG, Huh J, Schembre SM, et al. The Association of Maternal Perceived Stress With Changes in Their Children's Healthy Eating Index (HEI-2010) Scores Over Time. *Ann Behav Med*. 2019;53:877-885. doi:10.1093/abm/kay095.	Intervention/exposure
595	O'Connor TM, Elias C, Thompson RR, et al. The association of TV viewing during dinner meals with quality of dietary intake and BMI z-scores among low income, ethnic minority preschool children. *Appetite*. 2019;140:231-238. doi:10.1016/j.appet.2019.05.023.	Study design
596	Odoms-Young AM, Kong A, Schiffer LA, et al. Evaluating the initial impact of the revised Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) food packages on dietary intake and home food availability in African-American and Hispanic families. *Public Health Nutr*. 2014;17:83-93. doi:10.1017/s1368980013000761.	Intervention/exposure
597	O'Donovan SM, Murray DM, Hourihane JO, et al. Adherence with early infant feeding and complementary feeding guidelines in the Cork BASELINE Birth Cohort Study. *Public Health Nutr*. 2015;18:2864-73. doi:10.1017/s136898001500018x.	Intervention/exposure; Outcome
598	O'Halloran SA, Eksteen G, Polayya N, Ropertz M, Senekal M. The Food Environment of Primary School Learners in a Low-to-Middle-Income Area in Cape Town, South Africa. *Nutrients*. 2021;13(6):2043. Published 2021 Jun 15. doi:10.3390/nu13062043	Study design; Outcome
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605	O'Sullivan A, Fitzpatrick N, Doyle O. Effects of early intervention on dietary intake and its mediating role on cognitive functioning: a randomised controlled trial. *Public Health Nutr*. 2017;20:154-164. doi:10.1017/s1368980016001877.	Intervention/exposure
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608	Overcash F, Ritter A, Mann T, et al. Impacts of a Vegetable Cooking Skills Program Among Low-Income Parents and Children. *J Nutr Educ Behav*. 2018;50:795-802. doi:10.1016/j.jneb.2017.10.016.	Intervention/exposure; Outcome
609	Overcash FM, Vickers Z, Ritter AE, et al. An in-home intervention of parent-implemented strategies to increase child vegetable intake: results from a non-randomized cluster-allocated community trial. *BMC Public Health*. 2019;19:881. doi:10.1186/s12889-019-7079-4.	Age of some participants at I/E
610	Ozturk Sibel, Yildiz Esra. The Psychometric Properties of the Turkish Version of the Caregiver's Feeding Styles Questionnaire. *International Journal of Caring Sciences*. 2018;11:812-818.	Study design; Outcome
611	Molina P, Coloma MJ, Gálvez P, Stecher MJ, Vizcarra M, Schwingel A. Food Parenting Practices Promoted by Childcare and Primary Healthcare Centers in Chile: What Influences Do These Practices Have on Parents? A Qualitative Study. *Children (Basel)*. 2023;10(12):1875. Published 2023 Nov 29. doi:10.3390/children10121875	Study design
612	Palfreyman Z, Haycraft E, Meyer C. Development of the Parental Modelling of Eating Behaviours Scale (PARM): links with food intake among children and their mothers. *Matern Child Nutr*. 2014;10:617-29. doi:10.1111/j.1740-8709.2012.00438.x.	Study design
613	Papaioannou MA, Cross MB, Power TG, et al. Feeding style differences in food parenting practices associated with fruit and vegetable intake in children from low-income families. *J Nutr Educ Behav*. 2013;45:643-51. doi:10.1016/j.jneb.2013.05.007.	Study design
614	Papas MA, Hurley KM, Quigg AM, et al. Low-income, African American adolescent mothers and their toddlers exhibit similar dietary variety patterns. *J Nutr Educ Behav*. 2009;41:87-94. doi:10.1016/j.jneb.2008.01.005.	Intervention/exposure
615	Parada H, Ayala GX, Horton LA, et al. Latino fathers' feeding-related parenting strategies on children's eating. *Ecol Food Nutr*. 2016;55:292-307. doi:10.1080/03670244.2016.1161616.	Study design
616	Park S, Li R, Birch L. Mothers' child-feeding practices are associated with children's sugar-sweetened beverage intake. *J Nutr*. 2015;145:806-12. doi:10.3945/jn.114.207233.	Study design
617	Parks CA, Blaser C, Smith TM, et al. Correlates of fruit and vegetable intake among parents and adolescents: findings from the Family Life, Activity, Sun, Health, and Eating (FLASHE) study. *Public Health Nutr*. 2018;21:2079-2087. doi:10.1017/s1368980018000770.	Study design
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621	Pearson N, Ball K, Crawford D. Parental influences on adolescent fruit consumption: the role of adolescent self-efficacy. *Health Educ Res*. 2012;27:14-23. doi:10.1093/her/cyr051.	Study design
622	Pearson N, Ball K, Crawford D. Predictors of changes in adolescents' consumption of fruits, vegetables and energy-dense snacks. *Br J Nutr*. 2011;105:795-803. doi:10.1017/s0007114510004290.	Age of some participants at I/E
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	Citation	Rationale
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626	Pearson N, Griffiths P, Biddle SJ, et al. Clustering and correlates of screen-time and eating behaviours among young adolescents. *BMC Public Health*. 2017;17:533. doi:10.1186/s12889-017-4441-2.	Study design
627	Pearson N, Griffiths P, Biddle SJH, et al. Individual, behavioural and home environmental factors associated with eating behaviours in young adolescents. *Appetite*. 2017;112:35-43. doi:10.1016/j.appet.2017.01.001.	Study design
628	Pearson N, Timperio A, Salmon J, et al. Family influences on children's physical activity and fruit and vegetable consumption. *Int J Behav Nutr Phys Act*. 2009;6:34. doi:10.1186/1479-5868-6-34.	Study design
629	Pedersen S, Grønhøj A, Thøgersen J. Following family or friends. Social norms in adolescent healthy eating. *Appetite*. 2015;86:54-60. doi:10.1016/j.appet.2014.07.030.	Study design
630	Pemjean I, Mediano F, Ferrer P, et al. Food access, domestic environments, and dietary quality of low-middle income Chilean children during the COVID-19 pandemic. *Front Public Health*. 2023;11:1164357. doi:10.3389/fpubh.2023.1164357.	INCLUDE; Intervention/exposure
631	Penilla C, Tschann JM, Sanchez-Vaznaugh EV, et al. Obstacles to preventing obesity in children aged 2 to 5 years: Latino mothers' and fathers' experiences and perceptions of their urban environments. *Int J Behav Nutr Phys Act*. 2017;14:148. doi:10.1186/s12966-017-0605-9.	Study design; Intervention/exposure
632	Pérez-Lizaur AB, Kaufer-Horwitz M, Plazas M. Environmental and personal correlates of fruit and vegetable consumption in low income, urban Mexican children. *J Hum Nutr Diet*. 2008;21:63-71. doi:10.1111/j.1365-277X.2007.00839.x.	Study design
633	Perraud E, Parker HW, Tovar A, et al. The relationship between maternal prenatal and postnatal vegetable intake and repeated measures of infant vegetable intake frequency in a national U.S. sample. *Appetite*. 2022;168:105781. doi:10.1016/j.appet.2021.105781.	Intervention/exposure
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637	Pettigrew S, Jongenelis M, Chapman K, et al. Factors influencing the frequency of children's consumption of soft drinks. *Appetite*. 2015;91:393-8. doi:10.1016/j.appet.2015.04.080.	Study design
638	Petty ML, Escrivão MA, Souza AA. Preliminary validation of the Parent Mealtime Action Scale and its association with food intake in children from São Paulo, Brazil. *Appetite*. 2013;62:166-72. doi:10.1016/j.appet.2012.11.024.	Study design
639	Philips N, Sioen I, Michels N, et al. The influence of parenting style on health related behavior of children: findings from the ChiBS study. *Int J Behav Nutr Phys Act*. 2014;11:95. doi:10.1186/s12966-014-0095-y.	Study design
640	Pinket AS, De Craemer M, De Bourdeaudhuij I, et al. Can Parenting Practices Explain the Differences in Beverage Intake According to Socio-Economic Status: The Toybox-Study. *Nutrients*. 2016;8(10):591. Published 2016 Sep 23. doi:10.3390/nu8100591	Study design
641	Pinket AS, De Craemer M, Huybrechts I, et al. Multibehavioural Interventions with a Focus on Specific Energy Balance-Related Behaviours Can Affect Diet Quality in Preschoolers from Six European Countries: The ToyBox-Study. *Nutrients*. 2017;9(5):479. Published 2017 May 10. doi:10.3390/nu9050479	Intervention/exposure

	Citation	Rationale
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643	Poulos NS, Pasch KE, Springer AE, et al. Is frequency of family meals associated with parental encouragement of healthy eating among ethnically diverse eighth graders?. *Public Health Nutr*. 2014;17:998-1003. doi:10.1017/s1368980013001092.	Study design; Outcome
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645	Power JM, Bersamin A. A Text Messaging Intervention (Txt4HappyKids) to Promote Fruit and Vegetable Intake Among Families With Young Children: Pilot Study. *JMIR Form Res*. 2018;2:e13. doi:10.2196/formative.8544.	Study design; Intervention/exposure
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647	Prado G, Fernandez A, St George SM, et al. Results of a Family-Based Intervention Promoting Healthy Weight Strategies in Overweight Hispanic Adolescents and Parents: An RCT. *Am J Prev Med*. 2020;59:658-668. doi:10.1016/j.amepre.2020.06.010.	Intervention/exposure
648	Puspita E, Wulandari H, Nurhayati, , et al. Hypnoparenting method to increase vegetables and fruits consumption in Kindergarten. *Indian Journal of Forensic Medicine and Toxicology*. 2019;13:1655-1660. doi:10.5958/0973-9130.2019.00544.9.	Intervention/exposure
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652	Radtke T, Liszewska N, Horodyska K, et al. Cooking together: The IKEA effect on family vegetable intake. *Br J Health Psychol*. 2019;24:896-912. doi:10.1111/bjhp.12385.	Age of some participants at I/E
653	Rafiroiu AC, Anderson EP, Sargent RG, et al. Dietary practices of South Carolina adolescents and their parents. *American Journal of Health Behavior*. 2002;26:200-212. doi:10.5993/ajhb.26.3.5.	Study design
654	Rangelov N, Della Bella S, Marques-Vidal P, et al. Does additional support provided through e-mail or SMS in a Web-based Social Marketing program improve children's food consumption? A Randomized Controlled Trial. *Nutr J*. 2018;17:24. doi:10.1186/s12937-018-0334-1.	Intervention/exposure; Comparator
655	Ranstrom BB. Taking Steps Together: a family centered, lifestyle education and behavioral modification program for overweight and obese children and their families. *North Dakota State University*. 2009.	Publication status
656	Rathi N, Riddell L, Worsley A. Indian adolescents' perceptions of the home food environment. *BMC Public Health*. 2018;18:169. doi:10.1186/s12889-018-5083-8.	Study design; Country
657	Rauber F, Hoffman DJ, Vitolo MR. Diet quality from pre-school to school age in Brazilian children: a 4-year follow-up in a randomised control study. *Br J Nutr*. 2014;111:499-505. doi:10.1017/s0007114513002857.	Intervention/exposure
658	Rauber F, Martins CA, Azeredo CM, et al. Eating context and ultraprocessed food consumption among UK adolescents. *Br J Nutr*. 2022;127:112-122. doi:10.1017/s0007114521000854.	Study design
659	Ray C, Figueiredo R, Pajulahti R, et al. Effects of the Preschool-Based Family-Involving DAGIS Intervention on Family Environment: A Cluster Randomised Trial. *Nutrients*. 2020;12(11):3387. Published 2020 Nov 4. doi:10.3390/nu12113387	Outcome

	Citation	Rationale
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661	Ray C, Roos E. Family characteristics predicting favourable changes in 10 and 11-year-old children's lifestyle-related health behaviours during an 18-month follow-up. *Appetite*. 2012;58:326-32. doi:10.1016/j.appet.2011.10.009.	Age of some participants at I/E
662	Ray C, Suominen S, Roos E. The role of parents' sense of coherence in irregular meal pattern and food intake pattern of children aged 10-11 in Finland. *J Epidemiol Community Health*. 2009;63:1005-9. doi:10.1136/jech.2008.085100.	Study design
663	Raynor HA, Van Walleghen EL, Osterholt KM, et al. The relationship between child and parent food hedonics and parent and child food group intake in children with overweight/obesity. *J Am Diet Assoc*. 2011;111:425-30. doi:10.1016/j.jada.2010.12.013.	Study design
664	Reagan R, Woodruff SJ, Seabrook JA, Gilliland J. A randomized control trial of a Canadian-based school food program on the home food environment. *Health Promot Int*. 2022;37(3):daac087. doi:10.1093/heapro/daac087	Outcome
665	Reese AC, Burgos-Gil R, Cleary SD, et al. Use of a Water Filter at Home Reduces Sugary Drink Consumption among Parents and Infants/Toddlers in a Predominantly Hispanic Community: Results from the Water Up!@ Home Intervention Trial. *J Acad Nutr Diet*. 2023;123:41-51. doi:10.1016/j.jand.2022.06.006.	Intervention/exposure
666	Reinaerts E, de Nooijer J, Candel M, et al. Explaining school children's fruit and vegetable consumption: the contributions of availability, accessibility, exposure, parental consumption and habit in addition to psychosocial factors. *Appetite*. 2007;48:248-58. doi:10.1016/j.appet.2006.09.007.	Study design
667	Reinaerts E, de Nooijer J, Candel M, et al. Increasing children's fruit and vegetable consumption: distribution or a multicomponent programme?. *Public Health Nutr*. 2007;10:939-47. doi:10.1017/s1368980007665495.	Intervention/exposure
668	Reinaerts E, de Nooijer J, de Vries NK. Parental versus child reporting of fruit and vegetable consumption. *Int J Behav Nutr Phys Act*. 2007;4:33. doi:10.1186/1479-5868-4-33.	Study design
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674	Roberts L, Marx JM, Musher-Eizenman DR. Using food as a reward: An examination of parental reward practices. *Appetite*. 2018;120:318-326. doi:10.1016/j.appet.2017.09.024.	Study design; Outcome
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676	Roberts-Gray C, Ranjit N, Sweitzer SJ, et al. Parent packs, child eats: Surprising results of Lunch is in the Bag's efficacy trial. *Appetite*. 2018;121:249-262. doi:10.1016/j.appet.2017.10.033.	Intervention/exposure
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	Citation	Rationale
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682	Robson SM, Stough CO, Stark LJ. The impact of a pilot cooking intervention for parent-child dyads on the consumption of foods prepared away from home. *Appetite*. 2016;99:177-184. doi:10.1016/j.appet.2016.01.021.	Study design; Outcome
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687	Røed M, Medin AC, Vik FN, et al. Effect of a Parent-Focused eHealth Intervention on Children's Fruit, Vegetable, and Discretionary Food Intake (Food4toddlers): Randomized Controlled Trial. *J Med Internet Res*. 2021;23:e18311. doi:10.2196/18311.	Age of some participants at I/E
688	Røed M, Vik FN, Hillesund ER, Lippevelde WV, Øverby NC. Associations between parental food choice motives, health-promoting feeding practices, and infants' fruit and vegetable intakes: the Food4toddlers study. *Food Nutr Res*. 2020;64:10.29219/fnr.v64.3730. Published 2020 Oct 12. doi:10.29219/fnr.v64.3730	Study design
689	Rogers VW, Hart PH, Motyka E, et al. Impact of Let's Go! 5-2-1-0: a community-based, multisetting childhood obesity prevention program. *J Pediatr Psychol*. 2013;38:1010-20. doi:10.1093/jpepsy/jst057.	Intervention/exposure
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691	Rohde JF, Larsen SC, Händel MN, Olsen NJ, Stougaard M, Heitmann BL. Associations between Parental Stress and Subsequent Changes in Dietary Intake and Quality among Preschool Children Susceptible to Obesity. *Int J Environ Res Public Health*. 2021;18(7):3590. Published 2021 Mar 30. doi:10.3390/ijerph18073590	Intervention/exposure
692	Rollins BY, Stein W, Keller KL, et al. Preschoolers will drink their GREENS! Children accept, like, and drink novel smoothies containing dark green vegetables (DGVs). *Appetite*. 2021;162:105148. doi:10.1016/j.appet.2021.105148.	Intervention/exposure
693	Romano KA, Heron KE. Regulatory parental feeding behaviors, emotion suppression, and emotional eating in the absence of hunger: Examining parent-adolescent dyadic associations. *Appetite*. 2021;167:105603. doi:10.1016/j.appet.2021.105603.	Study design
694	Romanos-Nanclares A, Zazpe I, Santiago S, Marín L, Rico-Campà A, Martín-Calvo N. Influence of Parental Healthy-Eating Attitudes and Nutritional Knowledge on Nutritional Adequacy and Diet Quality among Preschoolers: The SENDO Project. *Nutrients*. 2018;10(12):1875. Published 2018 Dec 3. doi:10.3390/nu10121875	Study design

	Citation	Rationale
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696	Rosal MC, Lemon SC, Borg A, et al. The Healthy Kids & Families study: Outcomes of a 24-month childhood obesity prevention intervention [published correction appears in *Prev Med Rep*. 2023 Jun 22;35:102295. doi: 10.1016/j.pmedr.2023.102295]. *Prev Med Rep*. 2022;31:102086. Published 2022 Dec 7. doi:10.1016/j.pmedr.2022.102086	Intervention/exposure
697	Rose CM, Birch LL, Savage JS. Dietary patterns in infancy are associated with child diet and weight outcomes at 6 years. *Int J Obes (Lond)*. 2017;41:783-788. doi:10.1038/ijo.2017.27.	Intervention/exposure
698	Rosenstock S, Ingalls A, Foy Cuddy R, et al. Effect of a Home-Visiting Intervention to Reduce Early Childhood Obesity Among Native American Children: A Randomized Clinical Trial. *JAMA Pediatr*. 2021;175:133-142. doi:10.1001/jamapediatrics.2020.3557.	Intervention/exposure
699	Rotman SA, Fowler LA, Ray MK, et al. Family Encouragement of Healthy Eating Predicts Child Dietary Intake and Weight Loss in Family-Based Behavioral Weight-Loss Treatment. *Child Obes*. 2020;16:218-225. doi:10.1089/chi.2019.0119.	Study design; Intervention/exposure
700	Rowan H, Lee M, Brown A. Differences in dietary composition between infants introduced to complementary foods using Baby-led weaning and traditional spoon feeding. *J Hum Nutr Diet*. 2019;32:11-20. doi:10.1111/jhn.12616.	Study design
701	Ruzicka EB, Darling KE, Fahrenkamp AJ, et al. Familial influences on the use of controlling feeding practices with adolescents. *Appetite*. 2018;127:155-162. doi:10.1016/j.appet.2018.04.031.	Study design; Outcome
702	Saelens BE, Scholz K, Walters K, et al. Two Pilot Randomized Trials To Examine Feasibility and Impact of Treated Parents as Peer Interventionists in Family-Based Pediatric Weight Management. Childhood obesity (Print). 2017;13:314-323. doi:10.1089/chi.2016.0233.	Intervention/exposure; Outcome
703	Sagui-Henson SaraJ, Armstrong Laura Marie, Mitchell AlexisD, et al. The Effects of Parental Emotion Regulation Ability on Parenting Self-Efficacy and Child Diet. *Journal of Child & Family Studies*. 2020;29:2290-2302. doi:10.1007/s10826-020-01745-x.	Study design
704	Sal Sema, Bektas Murat. Effectiveness of Obesity Prevention Program Developed for Secondary School Students. *American Journal of Health Education*. 2022;53:45-55. doi:10.1080/19325037.2021.2001774.	Intervention/exposure; Outcome
705	Salafia EHB, Gondoli DM, Corning AF, et al. Psychological Distress as a Mediator of the Relation Between Perceived Maternal Parenting and Normative Maladaptive Eating Among Adolescent Girls. *Journal of Counseling Psychology*. 2007;54:434-446. doi:10.1037/0022-0167.54.4.434.	Intervention/exposure; Outcome
706	Sallinen T, Viitasalo A, Lintu N, et al. The effects of an 8-year individualised lifestyle intervention on food consumption and nutrient intake from childhood to adolescence: the PANIC Study. *J Nutr Sci*. 2022;11:e40. doi:10.1017/jns.2022.13.	Study design; Intervention/exposure
707	Samady W, Warren C, Bilaver LA, Zaslavsky J, Jiang J, Gupta R. Early Peanut Introduction Awareness, Beliefs, and Practices Among Parents and Caregivers. *Pediatrics.* 2023;152(2):e2022059376. doi:10.1542/peds.2022-059376	Study design
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709	Sandvik P, Kuronen S, Reijs Richards H, et al. Associations of preschoolers' dietary patterns with eating behaviors and parental feeding practices at a 12-month follow-up of obesity treatment. *Appetite*. 2022;168:105724. doi:10.1016/j.appet.2021.105724.	Intervention/exposure; Outcome
710	Sanjeevi N, Lipsky LM, Siega-Riz AM, et al. Associations of infant appetitive traits during milk feeding stage with age at introduction to solids and sweet food/beverage intake. *Appetite*. 2022;168:105669. doi:10.1016/j.appet.2021.105669.	Intervention/exposure; Outcome
711	Sanlier N, Ulusoy HG, Kocabaş S, et al. Mediterranean Diet Adherence among Preschoolers and its Association with Parents' Beliefs, Attitudes, and Practices. *Ecol Food Nutr*. 2021;60:225-243. doi:10.1080/03670244.2020.1833874.	Study design; Outcome
712	Santaliestra-Pasías AM, Felez AP, Huybrechts I, et al. Social Environment and Food and Beverage Intake in European Adolescents: The Helena Study. *J Am Nutr Assoc*. 2022;41:468-480. doi:10.1080/07315724.2021.1917462.	Study design

	Citation	Rationale
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714	Scarinci IC, Hansen B, Kim YI. A Cluster-Randomized Controlled Trial to Evaluate a Community-Based Healthy Eating and Nutrition Label Interpretation Intervention Among Latinx Immigrant Mothers and Their Daughters. *Journal of community health*. 2021;46:313-323. doi:10.1007/s10900-020-00885-x.	Intervention/exposure
715	Scheiwe A, Hardy R, Watt RG. Four-year follow-up of a randomized controlled trial of a social support intervention on infant feeding practices. *Matern Child Nutr*. 2010;6:328-37. doi:10.1111/j.1740-8709.2009.00231.x.	Intervention/exposure; Outcome
716	Schiess SA, Grote V, Scaglioni S, et al. Intake of energy providing liquids during the first year of life in five European countries. *Clin Nutr*. 2010;29:726-32. doi:10.1016/j.clnu.2010.04.003.	Study design; Intervention/exposure
717	Schneider S, Mata J, Kadel P. Relations between sweetened beverage consumption and individual, interpersonal, and environmental factors: a 6-year longitudinal study in German children and adolescents. *Int J Public Health*. 2020;65:559-570. doi:10.1007/s00038-020-01397-0.	Intervention/exposure
718	Schnettler B, Grunert KG, Lobos G, et al. A latent class analysis of family eating habits in families with adolescents. *Appetite*. 2018;129:37-48. doi:10.1016/j.appet.2018.06.035.	Study design
719	Schnettler B, Grunert KG, Lobos G, et al. Maternal Food-Related Practices, Quality of Diet, and Well-Being: Profiles of Chilean Mother-Adolescent Dyads. *J Nutr Educ Behav*. 2018;50:776-787. doi:10.1016/j.jneb.2018.03.003.	Study design
720	Schnettler B, Lobos G, Miranda-Zapata E, Denegri M, Ares G, Hueche C. Diet Quality and Satisfaction with Life, Family Life, and Food-Related Life across Families: A Cross-Sectional Pilot Study with Mother-Father-Adolescent Triads. *Int J Environ Res Public Health*. 2017;14(11):1313. Published 2017 Oct 29. doi:10.3390/ijerph14111313	Study design
721	Schnettler B, Miranda-Zapata E, Orellana L, et al. Parents' Modeling During the COVID-19 Pandemic: Influences on Family Members' Diet Quality and Satisfaction With-Food-Related Life in Dual-Earner Parents With Adolescent Children. *Front Nutr*. 2022;9:902103. doi:10.3389/fnut.2022.902103.	Study design
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736	Sharma S, Helfman L, Albus K, et al. Feasibility and Acceptability of Brighter Bites: A Food Co-Op in Schools to Increase Access, Continuity and Education of Fruits and Vegetables Among Low-Income Populations. *J Prim Prev*. 2015;36:281-6. doi:10.1007/s10935-015-0395-2.	Intervention/exposure
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	Citation	Rationale
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751	Smith E, Sutarso T, Kaye GL. Access With Education Improves Fruit and Vegetable Intake in Preschool Children. *J Nutr Educ Behav*. 2020;52:145-151. doi:10.1016/j.jneb.2019.07.016.	Intervention/exposure
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754	Smith MA, Wells MH, Scarbecz M, et al. Parents' Preferences and Perceptions of Their Children's Consumption of Sugar and Non-nutritive Sugar Substitutes. *Pediatr Dent*. 2019;41:119-128.	Study design
755	Snoek HM, Sessink NY, Engels RC. Food choices of 4 to 6-year-old overweight and nonoverweight children while role-playing as adults. *J Fam Psychol*. 2010;24:779-82. doi:10.1037/a0021639.	Study design; Intervention/exposure; Outcome
756	Soraya S, Hastuti D, Johan I. The influence of parents feeding practices, eating knowledge, and attitude on eating behavior among senior high school students in South Tangerang, Indonesia. *Open Access Macedonian Journal of Medical Sciences.* 2021;9:913-918. doi:10.3889/oamjms.2021.7147.	Study design
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	Citation	Rationale
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765	St George SM, Wilson DK, Van Horn ML. Project SHINE: effects of a randomized family-based health promotion program on the physical activity of African American parents. *J Behav Med*. 2018;41:537-549. doi:10.1007/s10865-018-9926-7.	Study design; Intervention/exposure; Outcome
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767	Stephens LD, McNaughton SA, Crawford D, et al. Longitudinal predictors of frequent vegetable and fruit consumption among socio-economically disadvantaged Australian adolescents. *Appetite*. 2014;78:165-71. doi:10.1016/j.appet.2014.03.023.	Age of some participants at I/E
768	Stephens LD, McNaughton SA, Crawford D, et al. Predictors of high-energy foods and beverages: a longitudinal study among socio-economically disadvantaged adolescents. *Public Health Nutr*. 2014;17:324-37. doi:10.1017/s136898001200482x.	Outcome
769	Story M, Neumark-Sztainer D. A perspective on family meals: do they matter?. *Nutrition Today*. 2005;40:261-266.	Study design; Publication status
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779	Supthanasup A, Yiengprugsawan VS, Kelly M, Banwell C. Social networking sites: a new source of child feeding information for parents in Thailand. *Health Promot Int*. 2022;37(2):daab133. doi:10.1093/heapro/daab133	Study design
780	Sutherland R, Brown A, Nathan N, et al. A Multicomponent mHealth-Based Intervention (SWAP IT) to Decrease the Consumption of Discretionary Foods Packed in School Lunchboxes: Type I Effectiveness-Implementation Hybrid Cluster Randomized Controlled Trial. *J Med Internet Res*. 2021;23:e25256. doi:10.2196/25256.	Intervention/exposure; Outcome

	Citation	Rationale
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782	Sutter C, Taylor JC, Nishina A, et al. Parental and family predictors of fruits and vegetables in elementary school children's home-packed lunches across a school week. *Appetite*. 2019;133:423-432. doi:10.1016/j.appet.2018.12.003.	Study design; Outcome
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784	Sweitzer SJ, Briley ME, Roberts-Gray C, et al. Lunch is in the bag: increasing fruits, vegetables, and whole grains in sack lunches of preschool-aged children. *J Am Diet Assoc*. 2010;110:1058-64. doi:10.1016/j.jada.2010.04.010.	Intervention/exposure; Outcome
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786	Switkowski KM, Aris IM, Gingras V, et al. Estimated causal effects of complementary feeding behaviors on early childhood diet quality in a US cohort. *Am J Clin Nutr*. 2022;115:1105-1114. doi:10.1093/ajcn/nqac003.	Age of some participants at I/E
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790	Tak NI, Te Velde SJ, Brug J. Are positive changes in potential determinants associated with increased fruit and vegetable intakes among primary schoolchildren? Results of two intervention studies in the Netherlands: the Schoolgruiten Project and the Pro Children Study. *Int J Behav Nutr Phys Act*. 2008;5:21. doi:10.1186/1479-5868-5-21.	Study design; Intervention/exposure
791	Tak NI, Te Velde SJ, Brug J. Long-term effects of the Dutch Schoolgruiten Project--promoting fruit and vegetable consumption among primary-school children. *Public Health Nutr*. 2009;12:1213-23. doi:10.1017/s1368980008003777.	Intervention/exposure
792	Tak NI, Te Velde SJ, Oenema A, et al. The association between home environmental variables and soft drink consumption among adolescents. Exploration of mediation by individual cognitions and habit strength. *Appetite*. 2011;56:503-10. doi:10.1016/j.appet.2011.01.013.	Study design
793	Talvia S, Räsänen L, Lagström H, et al. Longitudinal trends in consumption of vegetables and fruit in Finnish children in an atherosclerosis prevention study (STRIP). *Eur J Clin Nutr*. 2006;60:172-80. doi:10.1038/sj.ejcn.1602283.	Intervention/exposure
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797	Tartaglia J, Jancey J, Scott JA, Dhaliwal SS, Begley A. Effectiveness of a food literacy and positive feeding practices program for parents of 0 to 5 years olds in Western Australia. *Health Promot J Austr*. 2024;35(2):263-275. doi:10.1002/hpja.742	Study design; Outcome

	Citation	Rationale
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799	Taylor A, Wilson C, Slater A, et al. Parent- and child-reported parenting. Associations with child weight-related outcomes. *Appetite*. 2011;57:700-6. doi:10.1016/j.appet.2011.08.014.	Study design
800	Taylor C, Darby H, Upton P, et al. Can a school-based intervention increase children's fruit and vegetable consumption in the home setting?. *Perspect Public Health*. 2013;133:330-6. doi:10.1177/1757913913506575.	Study design; Intervention/exposure
801	Taylor MB, Emley E, Pratt M, et al. Structure-based feeding strategies: A key component of child nutrition. *Appetite*. 2017;114:47-54. doi:10.1016/j.appet.2017.03.023.	Study design
802	Taylor RW, Cox A, Knight L, et al. A Tailored Family-Based Obesity Intervention: A Randomized Trial. *Pediatrics*. 2015;136:281-9. doi:10.1542/peds.2015-0595.	Intervention/exposure
803	te Velde SJ, Chin APawMJ, De Bourdeaudhuij I, et al. Parents and friends both matter: simultaneous and interactive influences of parents and friends on European schoolchildren's energy balance-related behaviours - the ENERGY cross-sectional study. *Int J Behav Nutr Phys Act*. 2014;11:82. doi:10.1186/1479-5868-11-82.	Study design
804	Te Velde SJ, Wind M, Perez-Rodrigo C, et al. Mothers' involvement in a school-based fruit and vegetable promotion intervention is associated with increased fruit and vegetable intakes--the Pro Children study. *Int J Behav Nutr Phys Act*. 2008;5:48. doi:10.1186/1479-5868-5-48.	Intervention/exposure; Age of some participants at I/E
805	Thorsteinsdottir S, Njardvik U, Bjarnason R, et al. Taste education - A food-based intervention in a school setting, focusing on children with and without neurodevelopmental disorders and their families. A randomized controlled trial. *Appetite*. 2021;167:105623. doi:10.1016/j.appet.2021.105623.	Intervention/exposure
806	Thurber KA, Banwell C, Neeman T, et al. Understanding barriers to fruit and vegetable intake in the Australian Longitudinal Study of Indigenous Children: a mixed-methods approach. *Public Health Nutr*. 2017;20:832-847. doi:10.1017/s1368980016003013.	Study design
807	Thurber KA, Long J, Salmon M, et al. Sugar-sweetened beverage consumption among Indigenous Australian children aged 0-3 years and association with sociodemographic, life circumstances and health factors. *Public Health Nutr*. 2020;23:295-308. doi:10.1017/s1368980019001812.	Study design; Intervention/exposure
808	Tietyen Mullins J, Walters J, Najor J, et al. Evaluation of a social marketing approach to healthy, home-cooked family meals for low-income mothers of young children. *Transl Behav Med*. 2020;10:1312-1321. doi:10.1093/tbm/ibaa037.	Intervention/exposure
809	Tomayko EJ, Prince RJ, Cronin KA, et al. The Healthy Children, Strong Families 2 (HCSF2) Randomized Controlled Trial Improved Healthy Behaviors in American Indian Families with Young Children. *Curr Dev Nutr*. 2019;3:53-62. doi:10.1093/cdn/nzy087.	Intervention/exposure
810	Tomayko EJ, Prince RJ, Cronin KA, et al. The Healthy Children, Strong Families intervention promotes improvements in nutrition, activity and body weight in American Indian families with young children. *Public Health Nutr*. 2016;19:2850-9. doi:10.1017/s1368980016001014.	Intervention/exposure
811	Totland TorunnH, Lien Nanna, Bergh IngunnH, et al. The relationship between parental education and adolescents' soft drink intake from the age of 11–13 years, and possible mediating effects of availability and accessibility. *British Journal of Nutrition*. 2013;110:926-933. doi:10.1017/S0007114512005946.	Intervention/exposure
812	Tovar A, Choumenkovitch SF, Hennessy E, et al. Low demanding parental feeding style is associated with low consumption of whole grains among children of recent immigrants. *Appetite*. 2015;95:211-8. doi:10.1016/j.appet.2015.06.006.	Study design
813	Tovar A, Fox K, Gans KM, et al. Results from the Strong Families Start at Home/Familias Fuertes Comienzan en Casa: feasibility randomised control trial to improve the diet quality of low-income, predominantly Hispanic/Latinx children. *Public Health Nutr*. Published online January 24, 2023. doi:10.1017/S1368980023000174	Age of some participants at I/E
814	Tovar A, Vaughn AE, Fisher JO, et al. Modifying the Environment and Policy Assessment and Observation (EPAO) to better capture feeding practices of family childcare home providers. *Public Health Nutr*. 2019;22:223-234. doi:10.1017/s1368980018002665.	Study design

	Citation	Rationale
815	Tripicchio GL, Anderson J. Assessment of an Online Nutrition Education Program to Improve Mealtime Practices Among Families Receiving SNAP and WIC. *Am J Health Promot*. 2023;37:830-834. doi:10.1177/08901171231154885.	Intervention/exposure
816	Tripicchio GL, Kay M, Herring S, et al. Development and Preliminary Feasibility of iByte4Health: A Mobile Health (mHealth) Pediatric Obesity Prevention Intervention to Engage Parents with Low-Income of Children 2-9 Years. *Nutrients*. 2021;13(12):4240. Published 2021 Nov 25. doi:10.3390/nu13124240	Study design; Intervention/exposure
817	Trofholz A, Tate A, Fulkerson JA, et al. Description of the home food environment in Black, White, Hmong, Latino, Native American and Somali homes with 5-7-year-old children. *Public Health Nutr*. 2019;22:882-893. doi:10.1017/s136898001800280x.	Study design
818	Trofholz AC, Tate A, Keithahn H, et al. Family meal characteristics in racially/ethnically diverse and immigrant/refugee households by household food security status: A mixed methods study. *Appetite*. 2021;157:105000. doi:10.1016/j.appet.2020.105000.	Study design; Outcome
819	Trofholz AC, Tate AD, Draxten ML, et al. Home food environment factors associated with the presence of fruit and vegetables at dinner: A direct observational study. *Appetite*. 2016;96:526-532. doi:10.1016/j.appet.2015.10.019.	Study design; Outcome
820	Trofholz AC, Tate AD, Miner MH, et al. Associations between TV viewing at family meals and the emotional atmosphere of the meal, meal healthfulness, child dietary intake, and child weight status. *Appetite*. 2017;108:361-366. doi:10.1016/j.appet.2016.10.018.	Study design
821	Trude AC, Surkan PJ, Anderson Steeves E, et al. The impact of a multilevel childhood obesity prevention intervention on healthful food acquisition, preparation, and fruit and vegetable consumption on African-American adult caregivers. *Public Health Nutr*. 2019;22:1300-1315. doi:10.1017/s1368980018003038.	Intervention/exposure; Age of some participants at I/E
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835	van Ansem WJ, Schrijvers CT, Rodenburg G, et al. Maternal educational level and children's healthy eating behaviour: role of the home food environment (cross-sectional results from the INPACT study). *Int J Behav Nutr Phys Act*. 2014;11:113. doi:10.1186/s12966-014-0113-0.	Study design
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841	Van Lippevelde W, te Velde SJ, Verloigne M, et al. Associations between home- and family-related factors and fruit juice and soft drink intake among 10- to 12-year old children. The ENERGY project. *Appetite*. 2013;61:59-65. doi:10.1016/j.appet.2012.10.019.	Study design
842	Van Stappen V, Cardon G, De Craemer M, et al. The effect of a cluster-randomized controlled trial on lifestyle behaviors among families at risk for developing type 2 diabetes across Europe: the Feel4Diabetes-study. *Int J Behav Nutr Phys Act*. 2021;18:86. doi:10.1186/s12966-021-01153-4.	Intervention/exposure
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844	van Vliet MS, Mesman J, Schultink JM, et al. Baby's first bites: Association between observed maternal feeding behavior and infant vegetable intake and liking. *Appetite*. 2021;165:105316. doi:10.1016/j.appet.2021.105316.	Study design; Outcome
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	Citation	Rationale
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848	Vaughn AE, Hennink-Kaminski H, Moore R, et al. Evaluating a child care-based social marketing approach for improving children's diet and physical activity: results from the Healthy Me, Healthy We cluster-randomized controlled trial. *Transl Behav Med*. 2021;11:775-784. doi:10.1093/tbm/ibaa113.	Intervention/exposure; Comparator
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850	Vega-López S, Ayers S, Gonzalvez A, et al. Diet Outcomes from a Randomized Controlled Trial Assessing a Parenting Intervention Simultaneously Targeting Healthy Eating and Substance Use Prevention among Hispanic Middle-School Adolescents. *Nutrients*. 2023;15(17):3790. Published 2023 Aug 30. doi:10.3390/nu15173790	Intervention/exposure
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852	Vepsäläinen H, Mikkilä V, Erkkola M, et al. Association between home and school food environments and dietary patterns among 9-11-year-old children in 12 countries. Int *J Obes* Suppl. 2015;5:S66-73. doi:10.1038/ijosup.2015.22.	Study design; Outcome
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867	Vollmer RL, Adamsons K, Foster JS, et al. How Are Fathers' Demographic Characteristics Related to Preschool-Age Children's Weight and Obesity Risk Factors?. *Ecol Food Nutr*. 2017;56:381-392. doi:10.1080/03670244.2017.1343726.	Study design
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873	Walsh AD, Cameron AJ, Hesketh KD, et al. Associations between dietary intakes of first-time fathers and their 20-month-old children are moderated by fathers' BMI, education and age. *Br J Nutr*. 2015;114:988-94. doi:10.1017/s0007114515002755.	Study design
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875	Wang C, Chen Y, Hong X, et al. Reduced Consumption of Sugar-Sweetened Beverages Is Associated with Lower Body Mass Index Z-Score Gain among Chinese Schoolchildren. *Nutrients*. 2022;14(19):4088. Published 2022 Oct 1. doi:10.3390/nu14194088	Study design; Intervention/exposure; Outcome
876	Wang L, Dalton WT 3rd, Schetzina, et al. Home food environment, dietary intake, and weight among overweight and obese children in Southern Appalachia. *South Med J*. 2013;106:550-7. doi:10.1097/smj.0000000000000008.	Study design
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878	Wang ML, Otis M, Rosal MC, et al. Reducing sugary drink intake through youth empowerment: results from a pilot-site randomized study. *Int J Behav Nutr Phys Act*. 2019;16:58. doi:10.1186/s12966-019-0819-0.	Intervention/exposure
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885	Watt RG. Evaluation of a peer support infant feeding intervention. Journal of dental research. 2006;85.	Publication status
886	Watt TT, Appel L, Roberts K, et al. Sugar, stress, and the Supplemental Nutrition Assistance Program: early childhood obesity risks among a clinic-based sample of low-income Hispanics. *J Community Health*. 2013;38:513-20. doi:10.1007/s10900-012-9641-1.	Study design
887	Watts AW, Barr SI, Hanning RM, et al. The home food environment and associations with dietary intake among adolescents presenting for a lifestyle modification intervention. *BMC Nutr*. 2018;4:3. doi:10.1186/s40795-018-0210-6.	Study design
888	Weatherspoon LJ, Venkatesh S, Horodynski MA, et al. Food patterns and mealtime behaviors in low-income mothers and toddlers. *J Community Health Nurs*. 2013;30:1-15. doi:10.1080/07370016.2013.750188.	Study design
889	Webb HaleyJ, Zimmer-Gembeck MelanieJ, Scuffham PaulA, et al. Family stress predicts poorer dietary quality in children: Examining the role of the parent–child relationship. *Infant & Child Development*. 2018;27:1-1. doi:10.1002/icd.2088.	Intervention/exposure
890	Wen LM, Xu H, Phongsavan P, et al. Twelve-month effectiveness of telephone and SMS support to mothers with children aged 2 years in reducing children's BMI: a randomized controlled trial. *Int J Obes (Lond)*. 2023;47:791-798. doi:10.1038/s41366-023-01311-7.	Intervention/exposure
891	Wenrich TR, Brown JL, Wilson RT, et al. Impact of a community-based intervention on serving and intake of vegetables among low-income, rural Appalachian families. *J Nutr Educ Behav*. 2012;44:36-45. doi:10.1016/j.jneb.2011.04.012.	Intervention/exposure
892	Whiteside-Mansell L, Swindle TM. Evaluation of Together We Inspire Smart Eating: pre-school fruit and vegetable consumption. *Health Educ Res*. 2019;34:62-71. doi:10.1093/her/cyy048.	Intervention/exposure
893	Wieland ML, Hanza MMM, Weis JA, et al. Healthy Immigrant Families: Randomized Controlled Trial of a Family-Based Nutrition and Physical Activity Intervention. *Am J Health Promot*. 2018;32:473-484. doi:10.1177/0890117117733342.	Intervention/exposure
894	Wijtzes AI, Jansen W, Jansen PW, et al. Maternal educational level and preschool children's consumption of high-calorie snacks and sugar-containing beverages: mediation by the family food environment. *Prev Med.* 2013;57:607-12. doi:10.1016/j.ypmed.2013.08.014.	Study design
895	Willemsen Y, Vacaru S, Beijers R, et al. Are adolescent diet quality and emotional eating predicted by history of maternal caregiving quality and concurrent inhibitory control?. *Appetite*. 2023;190:107020. doi:10.1016/j.appet.2023.107020.	Study design; Intervention/exposure; Outcome
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897	Williams PA, Cates SC, Blitstein JL, et al. Evaluating the Impact of Six Supplemental Nutrition Assistance Program Education Interventions on Children's At-Home Diets. *Health Educ Behav*. 2015;42:329-38. doi:10.1177/1090198114558589.	Intervention/exposure
898	Williams PA, Cates SC, Blitstein JL, et al. Nutrition-education program improves preschoolers' at-home diet: a group randomized trial. *J Acad Nutr Diet*. 2014;114:1001-1008. doi:10.1016/j.jand.2014.01.015.	Intervention/exposure
899	Willis TA, George J, Hunt C, et al. Combating *Child Obes*ity: impact of HENRY on parenting and family lifestyle. *Pediatr Obes*. 2014;9:339-50. doi:10.1111/j.2047-6310.2013.00183.x.	Study design

	Citation	Rationale
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901	Wind M, Bjelland M, Pérez-Rodrigo C, et al. Appreciation and implementation of a school-based intervention are associated with changes in fruit and vegetable intake in 10- to 13-year old schoolchildren--the Pro Children study. *Health education research*. 2008;23:997-1007. doi:10.1093/her/cym078.	Intervention/exposure
902	Wind M, de Bourdeaudhuij I, te Velde SJ, et al. Correlates of fruit and vegetable consumption among 11-year-old Belgian-Flemish and Dutch schoolchildren. *J Nutr Educ Behav*. 2006;38:211-21. doi:10.1016/j.jneb.2006.02.011.	Study design
903	Wirthlin R, Linde JA, Trofholz A, et al. Associations between parent and child physical activity and eating behaviours in a diverse sample: an ecological momentary assessment study. *Public Health Nutr*. 2020;23:2728-2736. doi:10.1017/s136898002000052x.	Age of some participants at I/E
904	Wong MS, Jones-Smith JC, Colantuoni E, et al. The Longitudinal Association Between Early Childhood Obesity and Fathers' Involvement in Caregiving and Decision-Making. *Obesity (Silver Spring)*. 2017;25:1754-1761. doi:10.1002/oby.21902.	Intervention/exposure
905	Wood AC, Senn MK, Beltran A, et al. Vegetable parenting practices vary by feeding styles among middle class mothers of young children. *Appetite*. 2022;171:105850. doi:10.1016/j.appet.2021.105850.	Outcome
906	Woodruff SJ, Hanning RM, McGoldrick K, et al. Healthy eating index-C is positively associated with family dinner frequency among students in grades 6-8 from Southern Ontario, Canada. *Eur J Clin Nutr*. 2010;64:454-60. doi:10.1038/ejcn.2010.14.	Study design
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908	Woodruff SJ, Hanning RM. Effect of meal environment on diet quality rating. *Can J Diet Pract Res*. 2009;70:118-24. doi:10.3148/70.3.2009.118.	Study design
909	Worobey H, Ostapkovich K, Yudin K, et al. Trying versus liking fruits and vegetables: correspondence between mothers and preschoolers. *Ecol Food Nutr*. 2010;49:87-97. doi:10.1080/03670240903433261.	Intervention/exposure
910	Wright JA, Whiteley JA, Watson BL, et al. Tailored communications for obesity prevention in pediatric primary care: a feasibility study. *Health Educ Res*. 2018;33:14-25. doi:10.1093/her/cyx063.	Intervention/exposure; Outcome
911	Wyse R, Campbell KJ, Brennan L, et al. A cluster randomised controlled trial of a telephone-based intervention targeting the home food environment of preschoolers (The Healthy Habits Trial): the effect on parent fruit and vegetable consumption. *Int J Behav Nutr Phys Act*. 2014;11:144. doi:10.1186/s12966-014-0144-6.	Age of some participants at I/E; Age at outcome
912	Wyse R, Wolfenden L, Campbell E, et al. A pilot study of a telephone-based parental intervention to increase fruit and vegetable consumption in 3-5-year-old children. *Public Health Nutr*. 2011;14:2245-53. doi:10.1017/s1368980011001170.	Study design
913	Wyse RJ, Jackson JK, Hammersley ML, et al. Parent Fruit and Vegetable Consumption Outcomes from the Translational 'Time for Healthy Habits' Trial: Secondary Outcomes from a Partially Randomized Preference Trial. *Int J Environ Res Public Health*. 2022;19(10):6165. Published 2022 May 19. doi:10.3390/ijerph19106165	Outcome
914	Xiang C, Zhang Y, Yong C, et al. Association between Parents' Perceptions of Preschool Children's Weight, Feeding Practices and Children's Dietary Patterns: A Cross-Sectional Study in China. *Nutrients*. 2021;13(11):3767. Published 2021 Oct 25. doi:10.3390/nu13113767	Study design
915	Xu L, Odum M, Rogers CR, et al. Association Between Family/Neighborhood Cancer Risk Factors and Adolescent Dietary Behaviors: A Parent-Adolescent Dyadic Analysis. *Am J Lifestyle Med*. 2022;16:622-632. doi:10.1177/1559827620949215.	Study design
916	Yang Hwa-Mi, Choo Jina. Effects of a parent-led childhood obesity management program for socioeconomically vulnerable families: A randomised controlled trial. *Collegian*. 2023;30:424-432. doi:10.1016/j.colegn.2022.12.002.	Age of some participants at I/E

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918	Yee AZH, Lwin MO, Lau J. Parental Guidance and Children's Healthy Food Consumption: Integrating the Theory of Planned Behavior with Interpersonal Communication Antecedents. *J Health Commun*. 2019;24:183-194. doi:10.1080/10810730.2019.1593552.	Study design
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	Citation	Rationale
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