HEALTH BASICS

# Dietary fat and children

Dietary fat is a food nutrient that supports children's growth, energy needs, and development

**WHAT IT IS**
A nutrient that provides energy and essential fatty acids

**WHERE IT COMES UP**
Infant feeding, food labels, growth reviews, and cholesterol tests

**WHY IT MATTERS**
Supports growth, brain development, and vitamin absorption

**WHAT IT IS NOT**
Not a disease or diagnosis

**WHO TO ASK**
A pediatric clinician or registered dietitian

**HOW IT IS CHECKED**
Growth review, food history, or blood lipids when indicated

## Overview

Dietary fat is one of the main nutrients in food. It provides energy, supplies essential fatty acids, and helps the body absorb vitamins A, D, E, and K. It is not a disease or a diagnosis.

Children need fat as part of a balanced diet. Their needs change with age, growth, activity, and medical circumstances. Babies and young toddlers generally need a higher proportion of energy from fat than older children and adults.

Fat occurs naturally in breast milk, infant formula, dairy foods, meat, fish, eggs, nuts, seeds, avocados, olives, and cooking oils. It is also present in fried foods, pastries, biscuits, and many packaged snacks.

The type of fat and the overall eating pattern matter more than whether a food is simply described as "fatty." Foods rich in unsaturated fats can provide useful nutrients. Foods high in saturated fat, salt, or added sugar may be less helpful when they make up a large part of a child's diet.

## How it works

Fat provides more energy per gram than carbohydrate or protein. This concentrated energy is especially useful during infancy and early childhood, when children are growing quickly but have small stomachs.

During digestion, bile from the liver and enzymes from the pancreas break fat into smaller parts. The intestine then absorbs these parts. The body uses them for energy, stores some for later, and builds them into cell membranes and other tissues.

Certain fats are called essential fatty acids because the body cannot make enough of them. They must come from food. They include omega-3 and omega-6 fatty acids, which are involved in normal growth, brain development, vision, and cell function.

The main types of dietary fat are:

Replacing some saturated fat with unsaturated fat can support heart health. This is different from removing fat from a child's diet.

Dietary cholesterol is another fatty substance found in animal foods. It is not the same as saturated fat or cholesterol measured in the blood. Blood cholesterol levels are influenced by genetics, health conditions, and the overall diet.

Babies normally obtain fat from breast milk or correctly prepared infant formula. Formula should not be diluted or altered to reduce its fat content. Cow's milk is not suitable as the main drink before 12 months, although small amounts can be used in food from around 6 months when developmentally appropriate.

- Unsaturated fats: Found in foods such as vegetable oils, nuts, seeds, avocados, and oily fish
- Saturated fats: Found in foods such as butter, fatty meats, coconut oil, cheese, and many baked or fried products
- Trans fats: Produced in small natural amounts in some animal foods and industrially through partial hydrogenation of oils

## Why it matters for your health

Fat supports children's growth and development. It helps provide enough energy and allows the body to use fat-soluble vitamins. Some fat-containing foods also supply protein, iron, calcium, vitamin D, or other important nutrients.

Young children may struggle to meet their energy needs if their diet is very low in fat. This can be a concern when low-fat foods replace more energy-dense foods without advice from a clinician or dietitian.

For older children, the balance of fats becomes increasingly important. An eating pattern that regularly includes unsaturated fats and limits foods high in saturated and trans fats can support long-term cardiovascular health.

Fat intake is only one part of nutrition. Growth is also affected by total food intake, feeding skills, illness, genetics, sleep, activity, and social factors such as access to food. A single meal or food label cannot show whether a child is eating appropriately overall.

## What can go wrong

Severely restricting fat may reduce a child's energy intake and make it harder to obtain essential fatty acids and fat-soluble vitamins. This can occur with restrictive diets, feeding difficulties, food insecurity, or misunderstandings about weight and "healthy" foods.

Some medical conditions interfere with fat digestion or absorption. These include cystic fibrosis, coeliac disease, pancreatic disorders, liver or bile duct disease, and some intestinal conditions. Fat malabsorption means that the intestine is not absorbing fat normally. It may be considered when a child has poor growth, persistent diarrhoea, or repeatedly pale, oily, difficult-to-flush stools. These findings need medical assessment because they have several possible causes.

A diet high in saturated fat may contribute to raised low-density lipoprotein, or LDL, cholesterol in some children. LDL is sometimes called "bad" cholesterol because high levels can contribute to fatty deposits in arteries over time. Inherited conditions, including familial hypercholesterolaemia, can cause high LDL even when a child eats a balanced diet.

Taking in more energy than the body uses can contribute to excess weight gain, but fat is not the only source of dietary energy. Weight should not be judged from one food or from appearance alone. A clinician can assess growth using measurements over time.

Most questions about dietary fat are suitable for a routine appointment. Arrange a timely review if you are concerned about poor growth, a highly restricted diet, persistent diarrhoea, oily stools, or a known family history of very high cholesterol or early heart disease.

A severe allergic reaction after eating is an emergency, although it is caused by an immune response to a food protein rather than by fat itself. Seek emergency help for breathing difficulty, collapse, or swelling of the tongue or throat.

## What you can do

Offer a range of age-appropriate foods rather than trying to remove all fat. Sources of

unsaturated fat can include smooth nut or seed butters, ground nuts where safe for age, avocado, vegetable oils, and suitable fish. Whole nuts are a choking hazard for young children.

For packaged foods, check the Nutrition Facts label or local equivalent. Look at the serving size and saturated fat rather than focusing only on total fat. An ingredient list that includes "partially hydrogenated oil" indicates an industrial source of trans fat.

Do not change breast milk, dilute formula, or choose a lower-fat milk for a baby or young toddler without appropriate guidance. The suitable milk and fat level are influenced by age, growth, the rest of the diet, and any medical condition.

If you are concerned, keep a short record of what your child eats and drinks over several typical days. Include approximate amounts, feeding difficulties, supplements, and any bowel changes. Bring this record to a pediatric clinician or registered dietitian.

There is no home test for whether a child is eating the right amount of fat. Assessment may include:

Do not start fish-oil or high-dose vitamin supplements solely because you are worried about fat intake. Supplements may be unnecessary and can have unwanted effects. Ask what specific problem a supplement is intended to address.

- Reviewing height, weight, and growth over time
- Discussing usual foods, drinks, and feeding skills
- Ordering a blood lipid panel when clinically indicated
- Using stool or blood tests if poor absorption is suspected

## Common questions

Should children eat a low-fat diet?

Not as a general rule. Babies and young toddlers have substantial energy and fat needs. For older children, attention usually shifts toward the types of fat eaten and the balance of the whole diet rather than eliminating fat.

Are full-fat dairy foods always better?

No single dairy choice suits every child. Age, growth, total energy intake, and medical needs matter. Whole milk is commonly used from 12 to 24 months, while different choices may be appropriate afterward or when a clinician has identified a specific concern.

Are nuts safe sources of fat?

Nuts and nut products can provide unsaturated fats, protein, and other nutrients. Whole nuts

can cause choking in young children. Use an age-appropriate form, such as a thin layer of smooth nut butter or finely ground nuts. Follow allergy advice if your child has a known food allergy.

Does eating fat make a child gain excess weight?

No food has that effect by itself. Weight changes reflect energy intake, growth, activity, health, genetics, and other factors over time. Restricting fat without assessing the full situation may reduce useful nutrients.

Does my child need a cholesterol test?

Dietary fat intake alone does not determine this. A clinician may consider testing based on age, medical history, family history, growth, or other risk factors. A lipid panel measures cholesterol and triglycerides in the blood.

## Sources


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