

'Complementary' feeding for infants—ESPGHAN position paper offers guidance

January 4 2017

Updated evidence-based recommendations on introducing complementary foods to infants' diet—solids and liquids other than breast milk—appear in a position paper of the European Society for Paediatric Gastroenterology, Hepatology and Nutrition (ESPGHAN). The statement appears in the January *Journal of Pediatric Gastroenterology and Nutrition* (JPGN), official journal of ESPGHAN and the North American Society for Pediatric Gastroenterology, Hepatology and Nutrition.

The comprehensive statement, including in-depth discussion of the evidence supporting each recommendation, was posted today on the [JPGN website](#). The Position Paper was developed by the ESPGHAN Committee on Nutrition, led by Professor Mary Fewtrell of UCL GOS Institute of Child Health, London.

Research-Based Guidance for the Complementary Feeding Period

The Position Paper offers recommendations on the timing and content of introducing complementary foods, as well as methods of feeding and specific dietary practices, focusing on healthy term infants in Europe. Topics include:

Timing of Introduction. "Exclusive or full breast-feeding should be

promoted for at least 4 months (17 weeks, beginning of the fifth month of life) and exclusive or predominant breast-feeding for around 6 months (26 weeks, beginning of the seventh month) is a desirable goal," the Committee writes. Complementary foods should not be started before four months but should not be delayed beyond six months. Breast-feeding should continue as complementary foods are introduced; whole cow's milk should not be used as the infant's main drink before twelve months of age.

Allergenic Foods. Reflecting recent research that delayed introduction does not reduce the risk of food allergies, potentially [allergenic foods](#) can be started any time after four months. For infants at high risk of peanut allergy—those with severe eczema and/or egg allergy—peanuts should be introduced between age four and eleven months. The Committee emphasizes that peanut introduction in these high-risk infants should be done after evaluation by an appropriately trained specialist.

Gluten. Gluten may be introduced between age four and twelve months—based on research showing that age at gluten introduction does not affect the infant's risk of developing celiac disease. The Committee advises against consumption of large amounts of gluten at any time during infancy.

Vegetarian and Vegan Diets. The recommendations emphasize the importance of ensuring adequate iron intake from complementary foods for all infants, especially for those on vegetarian diets. "Vegan diets should only be used under appropriate medical or dietetic supervision," the Position Paper adds. "Parents should understand the serious consequences of failing to follow advice regarding supplementation of the diet."

Methods of Complementary Feeding. "Infants should be offered foods

with a variety of flavours and textures including bitter-tasting green vegetables," the Committee writes. No sugar or salt should be added to complementary foods, while fruit juices and sugar-sweetened beverages should be avoided. Parents are advised to respond to their infant's hunger and satiety [fullness] cues, and to avoid feeding as a means of comforting or rewarding their child.

The complementary feeding period is a time of rapid growth and development. During this period, infants are susceptible to nutrient deficiencies and excesses, while going through marked changes in the diet with exposures to new foods, tastes and feeding experiences. Dr. Fewtrell comments: "By providing guidance on complementary feeding for healthy term infants in Europe, based on the best available evidence, we aim to help health professionals and parents provide adequate nutrition and promote healthy eating habits in infants, whilst taking into account cultural practices, maternal preferences and available foods.

More information: Mary Fewtrell et al. Complementary Feeding, *Journal of Pediatric Gastroenterology and Nutrition* (2017). [DOI: 10.1097/MPG.0000000000001454](https://doi.org/10.1097/MPG.0000000000001454)

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