

# 'Feeding young children aged 1 to 5 years' — Annex 1

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Table A1.1 All recommendations for feeding young children in the UK from the Committee on Medical Aspects of Food and Nutrition (COMA), the Scientific Advisory Committee on Nutrition (SACN) and other scientific bodies that advise the UK government

Recommendation area	Recommendation area Recommendation wording	
Dietary diversification	Between 1 to 2 years of age, children's diets should continue to be gradually diversified in relation to foods, dietary flavours and textures. A flexible approach is recommended to the timing and extent of dietary diversification, taking into account the variability between young children in developmental attainment and the need to satisfy their individual nutritional requirements.	SACN 2023 (see main report)
UK dietary recommendations (as depicted in the Eatwell Guide)	These should apply from around age 2 years, with exceptions (see free sugars, drinks and dairy products).	SACN 2023 (see main report)

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Recommendation area	Recommendation wording	Reference	
Total carbohydrates, free sugars and dietary fibre	Free sugars intake should not exceed 5% of total dietary energy intake. This recommendation should apply from age 1 year.	SACN 2023 (see main report)	
	<ul> <li>For children aged 2 years and older:</li> <li>total carbohydrate intake should be maintained at a population average of approximately 50% of total dietary energy intake</li> <li>the average population intake of dietary fibre for children aged 2 to 5 years should be approximately 15 grams per day</li> </ul>	SACN Carbohydrates and Health Report	
Saturated fat	The [population] average contribution of saturated fatty acids to [total] dietary energy be should be no more than about 10%.	Saturated fats and health: SACN report	
	This recommendation should apply from age 2 years.	SACN 2023 (see main report)  COMA 1991 Dietary Reference Values	
Protein	Reference Nutrient Intake (RNI) for ages 1 to 3 years:		
Children aged 1 to 5 years should be given a daily supplement of 10µg (400 IU) vitamin D and 233µg vitamin A unless, contrary to recommendations, they are consuming more than 500ml of formula milk per day (see Formula recommendation)		COMA 1994 Weaning & the Weaning Diet	
	Vitamin C supplements are not necessary for the general population. However, there is no evidence that taking vitamin C supplements has any adverse effects.	SACN 2023 (see main report)	

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Recommendation area	Recommendation area Recommendation wording	
Iron	Children aged 1 to 5 years should continue to be offered a wide range of foods that are good sources	SACN 2023 (see main report)
	of iron. They do not require iron supplements unless advised by a health professional.	Feeding in the first year of life: SACN report
Salt	Salt should not be added to foods given to children aged 1 to 5 years. Children aged 1 to 3 years should, on average, aim to have no more than 2g of salt per day; the figure for children aged 4 to 6 years is 3g per	
	day.	
Vegetables and fruit	Children should be offered a variety of fruit and vegetables (including those with bitter flavours).	Feeding in the first year of life: SACN report
	Children aged 1 to 5 years should be presented with unfamiliar vegetables on multiple occasions (as many as 8 to 10 times or more for each vegetable) to help develop and support their regular consumption.	SACN 2023 (see main report)
Fish	Boys should eat up to 4 portions of oily fish per week and girls up to 2 portions of oily fish per week.	SACN Advice on Fish Consumption
	Children under 16 should avoid eating shark, marlin and swordfish.	COT statement on potential risks from methylmercury in the diet of infants aged 0 to 12 months and children aged 1 to 5 years
Dairy products (excluding formula and milk)	Dairy products (such as yoghurts and fromage frais) given to children aged 1 to 5 years should be unsweetened.	SACN 2023 (see main report)
	Minimum 350ml milk daily or 2 servings dairy product (e.g. yoghurt, cheese sauce).	COMA 1994 Weaning & the Weaning Diet

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Recommendation area	Recommendation wording	Reference
Allergenic foods	Deliberate exclusion of peanut or hen's egg (and foods containing these) beyond 12 months of age may increase the risk of allergy to the same foods. Importantly, once introduced, these foods should continue to be consumed as part of the child's usual diet in order to minimise the risk of allergy to peanut or hen's egg developing after initial exposure.	SACN 2023 (see main report)  Joint SACN-COT statement 'Assessing the health benefits and risks of the introduction of peanut and hen's egg into the infant diet before 6 months of age in the UK'
Foods that are energy dense or high in saturated fat, salt or free sugars	Foods (including snacks) that are energy dense or high in saturated fat, salt or free sugars should be limited in line with current UK dietary recommendations.	SACN 2023 (see main report)
Commercially manufactured foods and drinks marketed specifically for infants and young children	Commercially manufactured foods and drinks marketed specifically for infants and young children are not needed to meet nutritional requirements.	SACN 2023 (see main report)
Drinks (general)	Milk or water, in addition to breast milk, should constitute the majority of drinks given to children aged 1 to 5 years	SACN 2023 (see main report)  COMA 1994 Weaning & the Weaning Diet
Milk and dairy products	Pasteurised whole and semi-skimmed milk can be introduced as a main drink from age 1 year.	SACN 2023 (see main report)
	Pasteurised skimmed and 1% cows' milk should not be given as a drink until 5 years of age. These lower fat milks can be used in cooking from age 1 year.	COMA 1994 Weaning & the Weaning Diet
	Discourage large volumes of milk after 1 year (i.e. more than 600 ml) as it may stop appetite for other foods.	

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Recommendation area	Recommendation area Recommendation wording	
Rice drinks	Children aged 1 to 5 years should not be given rice drinks as they may contain too much arsenic.	SACN 2023 (see main report)
		COT Statement on potential risks from arsenic in the diet of infants aged 0 to
		12 months and children aged 1 to 5 years
Formula milks	Formula milks (including infant formula, follow-on formula, 'growing-up' or other 'toddler' milks) are not required by children aged 1 to 5 years. Specialised formula, including low-allergy formula, are also usually not required after the first year of life.	SACN 2023 (see main report)
Sugar-sweetened beverages	Children aged 1 to 5 years should not be given sugar- sweetened beverages	SACN 2023 (see main report)
Drinking vessels  Children from the age of 1 year should be drinking from a cup. Discourage feeding from a bottle from age 1 year.		COMA 1994 Weaning & the Weaning Diet

Table A1.2 Statutory schemes in the UK to improve the dietary intakes of young children

Statutory scheme	Description	UK countries
Healthy Start Scheme	Helps to encourage a healthy diet for pregnant women, babies and young children under age 4 from low-income households.  From 2022, beneficiaries are offered a prepaid card that can be used to buy, or be put towards the cost of:  • fresh, frozen or tinned fruit and vegetables  • fresh, dried and tinned pulses  • plain cows' milk and infant formula  Healthy Start beneficiaries can also use their card to collect:  • Healthy Start vitamins (A, C and D) for pregnancy and lactation  • vitamin drops (vitamins A, C and D) suitable from birth to 4 years old	England, Wales, Northern Ireland
Nursery Milk Scheme	The scheme allows childcare settings to claim reimbursement for one-third of milk per day for children under the age of 5 who attend a registered early years setting for at least 2 hours per day. It is a universal scheme, and claims can be made in respect of all children attending childcare, regardless of the income of their parents or carers.  The scheme allows reimbursement to be claimed for plain cows' milk for children over the age of 1, and an equivalent volume of infant formula suitable from birth, and based on cows' milk, can be claimed for babies under the age of 1.	England, Wales, Northern Ireland
School Fruit and Vegetable Scheme	Provides children in Key Stage 1 at state-funded primary schools with a free portion of fruit or vegetable every school day.	England

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Statutory scheme	Description	UK countries
Milk and Healthy Snack Scheme	The Scottish Milk and Healthy Snack Scheme replaced the UK Nursery Milk Scheme in August 2021 and offers eligible Childcare Settings, including childminders, up-front funding for the provision of a serving of milk or a non-dairy alternative and a healthy snack of fruit or vegetables.	Scotland
	The Scheme supports the provision of milk, non-dairy alternative and healthy snack for all pre-school age children who attend a registered setting for 2 hours or more per day.	
	Through the Scheme, the Scottish Government seeks to improve health outcomes for children and young people by supporting improvement in children's health in the earliest years, embedding healthy eating habits that will be taken forward into adolescence and throughout adult life, which is crucial in tackling health inequalities and reducing obesity.	
Best Start Foods Scheme	Best Start Foods is a prepaid card that can be used in shops or online to buy healthy foods like milk or fruit if one of the following applies to you:  • you're pregnant  • you have a child under 3	Scotland
	The amount on the prepaid card will change depending on the age of your child.	
Scottish Vitamins Scheme	The Scottish Government is providing free Vitamin D supplements to all breastfeeding mothers and children under three. Since April 2017, we have provided free Healthy Start vitamins to all pregnant women for the duration of their pregnancy.	Scotland

Table A1.3 Summary of international young child feeding recommendations

Source	European Food Safety Authority (EFSA)  Scientific Opinion on nutrient requirements and dietary intakes of infants and young children in the European Union  Publications   EFSA (see other publications for recommendations on individual nutrients)	Dietary Guidelines for Americans (DGA)  Dietary Guidelines for Americans, 2020-2025	World Health Organization (WHO) Feeding and nutrition of infants and young children. Guidelines for the WHO European Region, with emphasis on the former Soviet countries (2003) Infant and young child feeding Healthy diet (2020)	Nordic Nutrition Recommendations (NNR) Nordic Nutrition Recommendations 2012: Integrating nutrition and physical activity	Health Canada  Nutrition for Healthy Term Infants: Recommendations from six to 24 Months  Health Canada Dietary Reference Intakes Tables
General healthy eating advice	EFSA reported that one European country showed that an optimized mixed diet for children aged 1 to 18 years is able to provide an	From 12 months, follow a healthy dietary pattern across the lifespan to meet nutrient needs, help achieve a healthy body weight, and reduce the risk of chronic disease.	By the age of about 1 year, children can share the normal family diet and do not require specifically prepared foods. Recommendations for feeding infants and young children	The NNR (2012) did not make general healthy eating recommendations but made separate recommendations for energy (from age 1 month), macronutrients (from age 6 months) and	By one year of age, young children should be eating a variety of foods from the four food groups in Canada's Food Guide and begin to have a regular schedule of meals and snacks.

for these age groups, with the exception of vitamin D.  Although dietary habits markedly differ within Member States, this can be taken as an example of a dietary pattern which can ensure a sufficient energy and nutrient supply in infants and young children.	rom birth to 23 months, parents, caregivers, and guardians are encouraged to introduce foods across all the food groups, including items that fit within a family's preferences, cultural traditions, and budget.  Children and adolescents (2-18 years old) are encouraged to follow the recommendations on the types of foods and beverages that make up a healthy dietary pattern.  The nutrition considerations for the general U.S. population apply to children and	(6-23 months) include:  • from the age of 6 months, children should begin eating safe and adequate complementary foods while continuing to breastfeed for up to 2 years and beyond  • appropriate food diversity (at least five food groups per day)  • appropriate frequency of meals: two to three times a day between 6 and 8 months, increasing to three to four times a day between 9 and 23 months, with nutritious snacks offered once or twice a day as desired.	micronutrients (from age 0 months [vitamin D for example,]).	Whenever possible, they should share mealtimes and snack times with other members of the family.
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		groups, the nutrients of public health concern—calcium, vitamin D, potassium, and dietary fiber—apply to these life stages as well.			
Salt intake	Sodium intakes that are considered safe and adequate for children are 1.1g per day between ages 1 to 3 years and 1.3g per day between ages 4 to 6 years.	The CDRR (Chronic Disease Risk Reduction Level) for sodium intake per day is: 2 to 3 years: 1200mg 4 to 5 years: 1500mg	Salt should not be added to complementary foods.	From 2 to 5 years of age, salt intake should be limited to about 3 to 4 grams per day.	Recommend that foods are prepared with little or no added salt.  Sodium (mg per day) adequate intake: 1 to 3 years: 1000mg 4 to 5 years: 1200mg
Added sugar intake	Intake of free and added sugars should be as low as possible.	From 2 years of age, calories per day from added sugars should be less than 10%.  Avoid foods and beverages with added sugars for those younger than age 2.	Consumption of added sugar should be limited to about 10% of total energy, because a high intake may compromise micronutrient status.  Sugars should not be added to	Intake of added sugars should be kept below 10% energy intake.	Recommended that foods are prepared with little or no added sugar.

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			complementary foods.		
Fat intake	[Total] fat intake in infants, which is high during the breastfeeding period, can gradually be reduced in the second half of the first year of life from the start of the complementary feeding period up to three years of age:  40% energy intake in the 6 to 12-month period and 35 to 40% energy intake in the second and third year of life.	From 2 years of age, calories per day from saturated fats should be less than 10%.	During complementary feeding and until at least 2 years of age, a child's diet should not be too low or too high in fat. A [total] fat intake providing around 30 to 40% total energy is thought to be prudent.	From 2 years of age, intake of saturated fatty acids should be limited to less than 10% energy intake.	Nutritious, higher-fat foods are an important source of energy for young children.  Dietary fat restriction is not recommended for children younger than two years.  Total fat (% energy) Acceptable Macronutrient Distribution Ranges (AMDR): 1 to 3 years: 30 to 40% 4 to 5 years: 25 to 35%
Dietary fibre intake	A fibre intake of 2 g per MJ is considered adequate for normal laxation in children from the age of one year.	Daily nutritional goal for fibre intake: Age 2 to 3 years: 14g per day. Age 4 to 5 years:	Foods used for complementary feeding should not in general contain as much fibre as the adult diet, because fibre can displace the energy-rich foods	From 2 years of age, a fibre intake corresponding to 2g to 3g per MJ is appropriate. From school age, the intake should gradually increase to	Young children should be offered a variety of foods high in fibre each day. These foods include whole grain breads and cereals, vegetables and fruit, and meat

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	The Panel proposed an AI of 10 g per day for children aged 12 to 48 months.	20g per day for males 17g per day for females.	that children under 2 years of age need for growth.	reach the recommended adult level during adolescence.	alternatives such as beans and lentils.  Total fibre (g per day) adequate intake (AI): Age 1 to 3 years: 19g Age 4 to 5 years: 25g
Breastfee ding or milk	It is justified to assume that exclusive breast-feeding by well-nourished mothers for six months can meet a healthy infant's need for energy, protein and most vitamins and minerals	For about the first 6 months of life, exclusively feed infants human milk.  Continue to feed infants human milk through at least the first year of life, and longer if desired.	All infants should be exclusively breastfed from birth to about 6 months of age and at least for the first 4 months of life.  From 6 months of age, breast milk should be complemented with a variety of adequate, safe and nutrient-dense foods.  Breastfeeding should preferably continue beyond the first year of life and in populations with high rates of infection continued breastfeeding	Exclusive breastfeeding is recommended until the infant is about 6 months old. From 6 months of age, gradual introduction of a diversified diet is recommended. Breast milk as part of the diet is recommended throughout the child's first year, and partial breastfeeding can be continued for as long as it suits the mother and child.	Breastfeeding exclusively for the first 6 months, and continued for up to 2 years or longer with appropriate complementary feeding.  Encourage continued breastfeeding or offering 500mL per day of homogenized (3.25% M.F.) cows' milk.  If an older infant is no longer breastfed, pasteurised, homogenised cow milk is recommended as the main milk source and can be introduced from nine to 12 months.

throughout the second year and longer is likely to benefit the infant.  Unmodified cows'	Recommend limiting cow milk intake to no more than 750 mL per day.
milk should not be used as a drink before 9 months but can be used in small quantities in the preparation of complementary foods from 6 to 9 months.	Before age 2 years, partly skimmed, 2% or 1% milk is not routinely recommended as a young child's main milk source.
From age 9 to 12 months, cows' milk can be gradually introduced into the infants diet as a drink.	Skimmed milk is an inappropriate choice for children younger than two years.
The transition from breastfeeding and transitional foods to the normal family diet and cessation of breastfeeding should be gradual, allowing the child to return to the breast	

			occasionally. By the second year, unadapted family foods are an appropriate complement to breastfeeding as the child takes increasing quantities of food.		
Other beverage s	No specific recommendation	Sugar-sweetened beverages (for example, soda, fruit drinks, sports and energy drinks) are not necessary in the child or adolescent diet  Beverages that contain no added sugars should be the primary choice for children and adolescents	Because of their inhibitory effect on iron absorption, all types of tea (black, green and herbal) and coffee should be avoided until 24 months of age. After this age, tea should be avoided at meal times.  Sugary, fizzy drinks are not recommended.	The guiding value for daily intake of drinking fluids for adults and children performing moderate physical activity and living under moderate temperate conditions is 1 to 1.5L of water.	Advise limiting fruit juice and sweetened beverages. Encourage offering water to satisfy thirst.  Total water (litres per day) adequate intake: Age 1 to 3 years: 1.3L Age 4 to 5 years: 1.7L

### **References for Table A1.3**

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