

Feeding in the First Year of Life: Draft SACN report consultation.

Comments from the Wales Dietetic Leadership Advisory Group (WDLAG) and Public Health Dietitians in Wales (PHDiW) Network

WDLAG is a Statutory Advisory Group to the Welsh Therapies Advisory Committee (WTAC). Membership comprises Heads of Service and Operational Dietetic Managers from all NHS Wales Health Boards/LHB and Velindre Trust, and representation from Registered Dietitians in Public Health Wales and Cardiff Metropolitan University. It's role is to address issues relevant to managing Nutrition and Dietetic Services in NHS Wales and to provide specialist dietetic advice to WTAC.

PHDiW are a group of Specialist Dietitians employed within University Health Boards or Public Health Wales (NHS). Public Health Dietitians provide credible and unbiased nutrition information, accredited training and resources to support key settings (such as nurseries, schools, and care homes), programmes and organisations (such as Flying Start, Families First and the voluntary sector), communities, and members of the public to make healthy food choices with knowledge and confidence. Community Dietitians are trusted stakeholders frequently engaged in a range of local and national working groups, and have assisted, or led in the development of food/ nutrition related policies and guidelines, including the All Wales Obesity Pathway, Food and Health Guidelines for Early Years and Childcare Settings and the Nutrition in Community Settings Pathway.

We welcome this opportunity to submit comments in response to the *Feeding in the First Year of Life: Draft SACN report*.

Breastfeeding, growth and health and complementary feeding.

We fully support the message “introduce solid foods at around 6 months” for healthy term infants and the promotion of breastfeeding. However, the 2010 Infant Feeding Survey showed that only 1% of families were able to or chose to follow the guidance to exclusively breastfeed their baby until around 6 months. Guidance and information for families should take into account individual preferences and the valid reasons many parents have to introduce solids earlier (not before 17 weeks) e.g. returning to work, cultural factors. Families need to be fully supported regardless of their infant feeding choices.

Micronutrients: iron.

Advice on infant feeding needs to stress that iron rich foods can be given when complementary feeding begins. As stated in this SACN report, if a mother's iron status wasn't optimal during pregnancy or she had risk factors such as obesity (6.5% pregnant women in Wales have a BMI above 35), the infant's iron stores may not be adequate to last until around 6 months.

Micronutrients: Vitamins D and A.

‘infants fed infant formula should not be given a vitamin D supplement until they are having less than 500mls of infant formula’ – we are aware that the vitamin D content of some infant formula does not meet the recommended 8.5-10 micrograms in 500ml of formula. For example Cow and Gate (1) per 500mls has 6 micrograms and SMA (1) per 500mls has 4.5 micrograms. We would therefore welcome clarification.

More needs to be done at government level to promote the vitamin D messages outlined in this and previous SACN report. This message is still poorly understood by some health professionals and the general public. As acknowledged in this report, uptake of vitamins for 0-4 years olds remains low.

We are aware that Healthy Start children’s vitamins require reformulation to meet the recommended daily Safe Intake of 8.5-10µg vitamin D. In view of concerns that some infants may exceed the tolerable upper limit for vitamin A this may be an opportunity to review the vitamin A content.

Oral health

It is positive to read that key complementary feeding messages around introducing a cup, offering low salt and sugar options to infants and giving a variety of tastes and textures remain unchanged and a key part of guidance. It is important that message around introducing cups states **around** 6 months as some families may introduce one earlier, again for valid reasons such as a breastfeeding mother returning to work.

From one year of age feeding from a bottle should be **discontinued** rather than discouraged.

It would be helpful to state that breast milk, infant formula or water are the only drinks recommended for this age group.

Risks of chemical toxicity in relation to the infant diet

Whilst it may not fit within this section, we would welcome the inclusion of the recommendation that honey should not be introduced before 12 months of age unless the heat-resistant spores of *Clostridium botulinum* have been inactivated by adequate high-pressure and high-temperature treatment, as used in industry¹ since the consumption of honey has been repeatedly associated with infant botulism.

Risks arising from the infant diet and development of atopic and autoimmune disease

It would be helpful to reference the European perspective provided by the European Society for Paediatric Gastroenterology, Hepatology, and Nutrition (ESPGHAN) Committee on Nutrition² here and to give the rationale for differences between the guidance documents. Clear, evidence based guidance is needed on the introduction of allergens for both professionals and families. In practice, families continue to be given unhelpful advice that

¹ Tanzi MG, Gabay MP. Association between honey consumption and infant botulism. *Pharmacotherapy* 2002;22:1479–83.

²http://journals.lww.com/jpgn/Fulltext/2017/01000/Complementary_Feeding___A_Position_Paper_by_the.21.aspx

infants given solids before 6 months should only be given single fruits and vegetables until they are 6 months old. The advice given on the introduction of allergen foods is inconsistent. The ESPGHAN committee recommend that allergenic foods including hen's eggs and peanuts (in an appropriate form) will no longer be separated from other complementary foods. Furthermore, infants at high risk of peanut allergy (those with severe eczema, egg allergy, or both as defined in the LEAP study) should have peanut introduced (e.g. as smooth peanut butter) between 4 and 11 months, following evaluation by an appropriately trained professional. Clarity is needed regarding gluten and cow's milk as these need not be differentiated from other complementary foods.

We are aware of three reviews on the topic of early introduction of complementary foods that were published after the end of 2015. These are;

- **“Modifying the infant’s diet to prevent food allergy”** Grimshaw K, et al. ArchDis Child 2017;102:179-186.
This is a review of current evidence of prevention of food allergy as part of broad range approach bringing together expertise on food allergy research (iFAAM). Among other dietary manipulations, they review the timing of introduction of allergenic foods into the infant's diet. They conclude that "avoidance strategies are ineffective in the prevention of food allergies". "However before recommendations are updated it is important to understand how best to introduce preventive intervention in a community context, particularly as there may be significant numbers of children sensitised by the time they are weaned".
- **“Prevention of food allergy”** Du Toit G, et al. JACI April 2016.
This is a review of preventive strategies of IgE mediated food allergy through dietary manipulations, focused on recent interventional studies.
About early food introduction they conclude that “it is clear that the paradigm has shifted from recommending avoidance of common food allergens in infancy, to consideration of early consumption strategies to prevent allergy development”.
- **“Can early allergen exposure prevent food allergy”** ArchDisChild July 2016;101:802.
This is a brief internal peer review on the topic (including EAT and LEAP studies). They conclude that early introduction was protective against development of allergy, safe and dose-dependent for peanut and egg. Because of the difference between the ITT and PP analysis, “if official guidance changes to encourage early introduction of (at least) peanut and egg, which it probably should, then parents will need advice on how to prepare these foods and present them to 3-month-olds in a way that they will easily accept”.

Recommendations section

The dietetic profession is fully in support of encouraging and supporting women and their families to breastfeed for as long as they wish to. There needs to be continued strict guidance on the marketing on infant formula milks to health professionals so that they are equipped to give accurate and impartial advice to families considering use of an infant formula milk.

We agree that further research is required around responsive feeding and the ability to self-regulate appetite and weight gain. This will assist professionals when supporting families to help reduce the risk of becoming overweight before they start school (as many as 1 in 5 children in Wales are overweight by the time they are 5 years of age, PHW 2017).

We support the recommendation to re-instate the Infant Feeding Survey every 5 years. This provided local practitioners with invaluable information and insight into the infant feeding choices of families and helped to inform practice.

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