

**From: claire wells**

**To: SACN**

**Subject: "Feeding in the First Year of Life" . Comments from LLLGB**

On behalf of La Leche League GB, I enclose comments in relation to the draft report , "Feeding in the First Year of Life" (SACN)

Yours faithfully,

Claire Wells

Trustee LLLGB

On behalf of LLLGB, the Council of Directors and the Professional Liaison Dept

Mother to Mother Breastfeeding Information and Support

**General note**, there is no consistency between use of breastmilk (50 occurrences) or breast milk (85 occurrences).

### **38**

It would be useful to include SACN's opinion on studies that suggest if mothers take a high enough dose of vitamin D then this will provide enough vitamin D in their breast milk. Eg to address the ideas in these articles <https://www.vitaminCouncil.org/vitamin-d-during-pregnancy-and-breastfeeding/#> <http://blogs.creighton.edu/heaney/2014/06/05/vitamin-d-and-the-nursing-mother/>

It is also recommended that infants from birth to one year of age be given a daily supplement containing 8.5 to 10µg of vitamin D. Infants fed infant formula should not be given a vitamin D supplement until they are having less than 500ml infant formula per day (SACN, 2016). This represents a change from previous advice which was based on the assumption that maternal vitamin D supplementation during pregnancy and then the vitamin D consumed from breast milk would provide the infant with adequate vitamin D for the period of exclusive breastfeeding. The few available data suggest that it is unlikely that an exclusively breastfed infant in the UK would maintain a serum 25(OH) D concentration  $\geq 25$  nmol/L for six months (SACN, 2016).

### **122**

This paragraph doesn't refer to catch up growth, see below next section 158-159.

122. Deviations from the pattern of growth described in the WHO standard, particularly upward crossing of weight centiles during infancy, are associated with the development of obesity in later life, but also with tall stature. Further research is required to monitor the quality of growth during

infancy to distinguish between weight and length gain and accrual of lean body mass versus development of adiposity.

## 158-159

Regarding the following two paragraphs in "[Feeding in the first year of life: draft SACN report](#)". I feel it would be useful if these paragraphs could encompass the scenario of catch up gain for term, breastfed babies with faltering growth. I would welcome clarification that underweight breastfed babies who may be as much as 30% underweight need to show catch up gain and that upward crossing of centiles is desirable for these babies. Parents who are anxious about introducing formula for their exclusively breastfed—but seriously underweight—babies might be confused about weighing up risks of obesity with stunted growth in later life after reading this report. I would like clarification on the health risks of sustained undernutrition for these young babies and the importance of restoring their nutritional status.

### Rate of weight gain in infancy

158. Systematic reviews of observational studies have indicated that rapid weight gain in infancy (displayed as upward crossing of centiles) is associated with an increased risk of later obesity in childhood and adulthood (Baird et al., 2005; Monteiro and Victora, 2005; Ong & Loos, 2006; Druet et al., 2012). Weight gain in infancy also reflects growth in bone and muscle as well as fat and is associated with later tall stature (Wright et al., 2012; Cameron et al., 2003) and acquisition of lean mass (Chomtho et al., 2008; Wells et al., 2005).

159. Termed “catch-up growth”, this phenomenon is also often seen in children who are born small-for-gestational-age or with a low birth weight. Catch-up growth is beneficial in the short-term by reducing the risk of hospitalisation. It has also been associated with increased adiposity in later childhood and adulthood (Ong et al., 2000; SACN, 2011). However, other studies that have examined the association between infant growth and adult obesity related morbidity, have either found no association (Jeffery et al., 2006) or an association with small size, without catch-up in infancy (Eriksson, 2011).

## Chapter 9 Oral Health

Possible additional references could include

Association Between Infant Breastfeeding and Early Childhood Caries in the United States [http://pediatrics.aappublications.org/content/120/4/e944?sso=1&sso\\_redirect\\_count=1&nftatus=401&nftoken=00000000-0000-0000-0000-000000000000&nftatusdescription=ERROR%3a+No+local+token](http://pediatrics.aappublications.org/content/120/4/e944?sso=1&sso_redirect_count=1&nftatus=401&nftoken=00000000-0000-0000-0000-000000000000&nftatusdescription=ERROR%3a+No+local+token)

Investigation of the role of human breast milk in caries development <http://www.aapd.org/assets/1/25/Erickson-21-02.pdf>

Breastfeeding and early childhood caries: a critical review <http://www.jped.com.br/conteudo/04-80-S199/ing.pdf>

### **Chapter 11 Table 11-1**

Caffeine recommendation is 200mg per day. Seems a bit low compared to other resources.  
Reference?

Alcohol recommendation 1 or 2 units once or twice a week... seems quite conservative compared to other resources? Reference?

### **Chapter 12**

This chapter has no mention of formula as a source of allergy and autoimmune disease. Could Maureen Minchin's book *Milk Matters Infant Feeding and Immune Disorder* or the harms of formula be referred to? Autoimmune disease is not really covered and this chapter is weak compared to others.