Scientific Advisory Committee on Nutrition

Feeding young children aged 1 to 5 years

Responses to public consultation on draft report

Contents

Consultation procedure

The draft report on feeding young children aged 1 to 5 years was published for an eight-week consultation period from 20 July to 20 September 2022. Interested parties were invited to submit comments relating to the scientific content of the draft report and to alert the Scientific Advisory Committee on Nutrition (SACN) Subgroup on Maternal and Child Nutrition (SMCN) to any evidence that it may have missed.

Comments were received from 22 respondents.

All the consultation comments were very carefully considered by SMCN and SACN and a response was agreed. Where consultation comments were similar, responses were standardised in order to ensure consistency.

Responses were not made to comments relating to risk management issues because these were outside the scope of this report.

References to chapters, paragraphs and page numbers refer to those in the draft report which went out for public consultation.

In this document, respondents' consultation comments were reformatted to improve accessibility, by removing use of italics.

All correspondents are thanked for their comments; their input was much appreciated.

Respondents were the following organisations and individuals:

(1) Aston University (Dr Megan Jarman) and MRC Lifecourse Epidemiology Unit, University of Southampton (Dr Christina Vogel)

(2) Dr Eduardo Bernabe (Reader in Dental Public Health, King's College London)

(3) The Breastfeeding Network (Dr Emma Thomas)

(4) British Dietetic Association – Paediatric Specialist Group (Kiran Atwal)

(5) British Society of Paediatric Dentistry (Professor Andrew Rugg Gunn)

(6) British Specialist Nutrition Association – BSNA (Naomi Brown)

(7) British Association for the Study of Community Dentistry (Dr Charlotte Jeavons)

(8) Centre for Academic Child Health, University of Bristol (Dr Caroline Taylor, Dr Pauline Emmett)

(9) Consensus Action on Salt, Sugar and Health - CASSH (Mhairi Brown)

(10) Dental Public Health Group, Department of Epidemiology and Public Health, UCL (Anja Heilmann, Richard Watt

(11) First Steps Nutrition Trust - FSNT (Dr Vicky Sibson)

(12) Food Active (Beth Bradshaw) [note: largely the same as those of FSNT]

(13) Food Standards Scotland – FSS (Fiona Comrie and Laura Wilson)

(14) Child-nutrition.co.uk Ltd (Judy More)

(15) NHS Greater Glasgow and Clyde (Sarah Morrison)

(16) NHS Greater Glasgow and Clyde Dietetic Service (Michelle Wardrop, Dominika Bugajska, Hannah Duncan)

(17) The Royal College of Paediatrics and Child Health - RCPCH

(18) The School & Nursery Milk Alliance (Professor Ian Givens)

(19) University of Bristol (Dr Alice Porter)

(20) The Vegan Society (Chantal Tomlinson)

(21) World Breastfeeding Trends UK – WBTi (Alison Spiro)

(22) Yakult UK Ltd (Brittany Pearse and Dr Bruno Pot)

A number of key themes emerged in the consultation comments, including:

- SACN's remit, in particular in relation to risk assessment versus risk management issues
- use and consumption of low or no calorie sweeteners (also called non-nutritive sweeteners)

- the extent of processing of foods and drinks and the potential health effects of consuming ‘processed’ foods and drinks (particularly in relation to commercially manufactured foods and drinks specifically marketed for infants and young children)
- evidence on salt and health in young children
- Healthy Start vitamin formulation and vitamin recommendations for young children
- presentation of recommendations and in particular which recommendations are existing ones that SACN continues to endorse and which are modified or new.

Table 1. General comments on draft report

Organisation or individual	Theme or topic area	Comments	SACN reply
Aston University and MRC Lifecourse Epidemiology Unit, University of Southampton	Pre-packaged or commercial toddler foods	We think it is an oversight to have no statement of, or recommendations, regarding children's intake of pre-packaged foods aimed at toddlers. Especially in light of the recent reports from Public Health England, and Action on Sugar (November 2021), highlighting misunderstanding of parents in the healthfulness of these foods, the misrepresentation of these foods as 'heathy' by manufacturers, and the significant contribution of these foods to young children's free sugar intakes. Evidence: Action on Sugar. The sugars content of baby and toddler sweet snacks. 2021. Public Health England: Foods and drinks aimed at infants and young children: evidence and opportunities for action. (2019) Although these reports include some cross-sectional evidence rather than data from a stronger study design, it is an important part of the bigger picture, not readily captured by other research studies, which tend to focus on what children eat, and not necessarily the source of foods. This could be presented in chapters regarding dietary patterns,	Thank you for your comment. Chapter 5 of the final report now includes a section on the use of commercially-manufactured foods and drinks marketed specifically for infants and young children in the UK. SACN has also made a recommendation that these products are not needed in the diets of young children to meet nutritional requirements, as well as a research recommendation to examine the short- and long-term health effects of consuming these products.

Organisation or individual	Theme or topic area	Comments	SACN reply
		or feeding behaviours, or, ideally, in a standalone chapter examining the environmental determinants of young children's diets (see point below)	
Aston University and MRC Lifecourse Epidemiology Unit, University of Southampton	Food environment determinants of young children's dietary patterns	We feel another oversight in this report, is evidence which pertains to the broader environmental determinants of young children's dietary and feeding behaviours. Our concern is that this report could be interpreted as placing a significant burden and even blame on parents in its assessment of dietary quality and feeding behaviours, thus contributing to the concept that parents are largely responsible for the foods given to children. This narrative is counter-productive because it neglects to acknowledge the circumstances in which families live and the stark differences in financial, social and psychological resources and support different families have to feed their children, especially along the socioeconomic spectrum. This narrative also provides little rationale for government or business action on the commercial and environmental determinants of poor diet and ill health. We strongly believe that reviews covering intervention research of the environmental determinants of young children's diets should be included in this report in the dietary quality or feeding behaviour chapters, if not in a standard alone chapter.	Thank you for your comment. The wider determinants of dietary intake or patterns and interventions to make the food environment healthier are risk management issues and are outside the remit of SACN, which is focused on risk assessment as stated in the 2023 SACN Framework for the Evaluation of Evidence (this has been clarified in Chapter 1 of the final report). Nevertheless, the broader environmental determinants of children's dietary and feeding patterns (including food marketing and advertising that is aimed at young children) have now been acknowledged in the final report (Chapter 1). SACN does not consider risk management and translation of recommendations made in its reports into advice or policy. This is the role of UK

Organisation or individual	Theme or topic area	Comments	SACN reply
		Below we have provided a list of reviews that examine the relationship between food advertising and dietary intake in experimental studies: Systematic review: Russell S, Croker H, Viner R. The effects of screen advertising on children's dietary intake: A systematic review and meta-analysis (2019) Obesity Reviews Boyland E, McGale L, Maden M, et al. Association of Food and Nonalcoholic Beverage Marketing With Children and Adolescents' Eating Behaviors and Health: A Systematic Review and Meta-analysis. JAMA Pedatrics.(2022) Boyland, E, McGale, L, Maden, M, Hounsome, J, Boland, A, Jones, A. Systematic review of the effect of policies to restrict the marketing of foods and non-alcoholic beverages to which children are exposed. Obesity Reviews. (2022) e13447 Further evidence that covers intervention research of environmental exposures is below, some publications incorporate findings from assessments of young children's diets but have a broader population focus: Coleman P, Hanson P, van Rens T, Oyebode O. A rapid review of the evidence for children's TV and online advertisement restrictions to fight obesity. Preventative Medicine Reports. (2022)	health departments who use expert advice from SACN to inform policy.

Organisation or individual	Theme or topic area	Comments	SACN reply
		Vogel C, Piernas C. The retail food environment, in Transforming Food Environments, C. Evans, Editor. 2022, Routledge. p. 63-78. Vogel, C., et al., Altering product placement to create a healthier layout in supermarkets: Outcomes on store sales, customer purchasing, and diet in a prospective matched controlled cluster study. PLoS Med, 2021. 18(9): p. e1003729.	
Aston University and MRC Lifecourse Epidemiology Unit, University of Southampton	Reporting of study results (one of many examples paragraph 6.96)	It seems that reporting of individual study results was only done if they were reported in a SR? It is understandable, given the size of the task, that published SRs were used to identify the studies used as evidence within each section, but it's expected that if the data from a study were not explicitly reported in the SR, then the original article would be found in order to extract such information for this report. "Quantitative data were not reported" appears in quite a few paragraphs which could suggest to the reader or user of this report that evidence isn't available or results were null, whereas in truth it's just that the numbers weren't specified in the SR in question.	Thank you for your comment. Chapter 2 ('Methods') of the final report states that quantitative data or results were included as they were reported by the SRs, and if available, full statistical findings were reported. If any of these were not reported by the SRs, this is indicated by 'NR' (not reported). Given the number of SRs identified, it was not feasible to extract data from primary studies.
The Breastfeeding Network	None	We would like to thank the committee for producing this comprehensive review. Evidence-based guidance on young children's diets is essential and we hope this will benefit policy in this area.	Thank you for your comment.

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The Breastfeeding Network	Wider societal context of young child feeding	The context of children's diets in the report seems to be focussed on decisions made at the individual family or household level. However, diet, and in particular breastfeeding, is frequently influenced and determined by the wider societal context. Many women want to breastfeed, but find themselves unable to do so as a result of lack of support and understanding in their wider networks. Similarly, many women stop breastfeeding before they wanted to, and would be far more likely to continue breastfeeding into the second year of life and beyond, as recommended by the WHO, if this were more widely normalised and supported within society. Most parents and carers would prefer to make healthy dietary choices for their children, but are influenced by the availability and normalisation of less healthy foods within the wider societal environment. The analysis and recommendations of this report should be placed within this wider societal context. We suggest that the possible benefit of breastfeeding beyond the first year of life on food poverty be noted. With food prices ever increasing, this is an important additional consideration.	Thank you for your comment. Wider determinants of continued breastfeeding were outside the scope of this risk assessment. However, the final report (Chapter 6, 'Drinks') does acknowledge these determinants. In the final report, SACN has recommended that government considers strategies that support and promote continuation of breastfeeding into the second year of life.
The Breastfeeding Network	Meaning of insufficient evidence	We note that there are many sections where no conclusion for recommendations was reached due to insufficient evidence. We request that the report clarifies, where this is	Thank you for your comment. Evidence summary statements throughout the final report have been

Organisation or individual	Theme or topic area	Comments	SACN reply
		stated, that this refers only to evidence from systematic reviews, as in many cases there is considerable primary evidence that the report did not consider. We would also like to question the decision to include only evidence from systematic reviews, as this has limited the scope of the report and does not seem to be consistent with the methods used in SACN's report on feeding in the first year of life.	amended to state that 'insufficient' evidence relates to evidence from systematic reviews. Chapter 2 ('Methods') of the final report also now describes the difference in the methods employed in the current report compared with that used in the SACN report 'Feeding in the first year of life' (which examined evidence from primary research) and the rationale for this difference.
The Breastfeeding Network	SACN's remit	We suggest that the report clarify that the recommendations should be considered applicable to all stakeholders and settings relevant to feeding of children aged 1 to 5, including parents carers, childcare professionals and early years settings, healthcare professionals, food manufacturers and retailers.	Thank you for your comment. The report recommendations are for government. Chapter 1 of the final report now clarifies that the role of SACN is to provide independent scientific advice to advise the 4 UK governments.
British Association for the Study of Community Dentistry	SACN membership	This follows on from SACN (2018) Feeding in the first year of life, and COMA (1994) Weaning and the weaning diet. For us, the SACN (2015) Carbohydrates and health is also very relevant. There is now no dentist or dental care professional on SACN, which is a gap in expert knowledge.	Professor Paula Moynihan was appointed to SACN's Subgroup on Maternal and Child Nutrition (SMCN) based on her oral health expertise. OHID's dental public health team were also involved in the preparation of the oral health chapter.

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British Dietetic Association – Paediatric Specialist Group	Evidence gaps	(1) A very thorough review which revealed that overall evidence is lacking for associations between children's eating behaviours and body composition. The report used a rigorous process summarising SRs and then grading the rigour of the reviews with the AMSTAR 2 grading tool. We would conclude that overall evidence is insufficient in most areas to be able to make recommendations for policy or practice. Especially given the year of publication for much of the evidence, and the fact that, for example, childhood obesity is a newer epidemic, that the out dated studies used to 'support' evidence. In conclusion the report supports the need for more rigorous studies using robust designs. These are difficult to do and funding is limited. We would recommend that in view of the scale of childhood obesity funding is made available to help clarify these associations to inform interventions. Unfortunately, the only section we did not review was Oral Health. (2) Across chapters, current dietary intake was referenced from the NDNS and DNSIYC which are old and following the Covid-19 pandemic dietary habits have changed. A caveat needs to be written about this.	Thank you for your comments (1) In line with SACN process, research recommendations are included in the final report. (2) Chapter 2 ('Methods') of the final report now includes a caveat regarding the age of Diet and Nutrition Survey in Infants and Young Children (DNSIYC) data. SACN has also made a recommendation that government considers collecting detailed, nationally representative data on nutrient intakes and status of children aged 1 to 5 years.

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		(3) It would be useful to include the planned SACN-COT risk assessment on plant-based drinks in this final publication of this report	(3) The final report does not include evidence or recommendations on plant-based drinks. The nutritional and toxicological aspects associated with the consumption of plant-based drinks by children aged 1 to 5 years are being considered in a joint risk assessment being undertaken by SACN and the Committee on Toxicity (COT). Findings are expected to be published in 2024 and will include recommendations on plant-based drink consumption. More information on the work of the joint SACN-COT working group is available here
Judy More	Portion sizes for young children	There is no fluid recommendation and some children fill themselves with fluid rather than eat nutritious foods. Could this be included here or in portion size recommendations. The average fluid intake per episode is about 120mLs per episode (NDNS Survey 1995). A useful and clear recommendation could be 120mLs with each meal and snack and more in hot weather or 120mLs 6 to 8 times per day.	Thank you for your comment. In the final report, SACN has made a recommendation to government to consider developing and communicating age-appropriate portion sizes for both food and drinks or fluids.

Organisation or individual	Theme or topic area	Comments	SACN reply
Consensus Action on Salt, Sugar and Health	Salt and blood pressure	We are concerned at the omission of evidence relating to salt intake within this report. We feel this is a serious omission, considering the impact of salt on health. Strong and comprehensive evidence demonstrates that excess salt intake raises blood pressure, which in turn is the major risk factor for cardiovascular disease (1). While many parents know they should not give salt to babies and toddlers, the importance to continue this into childhood is not well known or communicated by Government. There is compelling evidence that, in children and adolescents, salt intake plays an important role in regulating blood pressure and a reduction in salt intake lowers blood pressure (2, 3). Although hypertension and CVD events occur most frequently after the age of 40 years, there is clear evidence that blood pressure tracks from childhood into adult life. Individuals with higher BP in earlier life are more likely to develop hypertension later in life. Studies have shown that the tracking correlation increases throughout childhood, peaking at late adolescence or early 20s (4, 5). Dietary habits in childhood and adolescence influence eating patterns in later life. Liking salt and salty foods is a learned taste preference and the recommendation that the adult population reduce their sodium intake will be more successful if children do not develop a preference for salt in	Thank you for your comment. Chapter 4 ('Micronutrients') of the final report now includes a section on salt (sodium). SACN has reiterated the existing recommendation (based on its 2003 report) regarding the target for average salt intakes in children aged 1 to 5 years and the health benefits that would be gained from a reduction in average salt consumption. Thank you for drawing attention to the systematic reviews by He & MacGregor (2006) and Leyvraz et al (2018), which SACN considered. However, the 2 reviews do not meet the inclusion criteria of this risk assessment. Chapter 4 ('Micronutrients') of the final report includes a section on salt (sodium). SACN has reiterated the existing recommendation (based on its 2003 report) regarding the target for average salt intakes in children aged 1 to 5 years and the health benefits that would be gained from a reduction in average salt consumption.

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		the first place. This can only be achieved if children are given a diet which is low in salt (6, 7). Furthermore, food and drink consumed when eating out or getting takeaways is a significant contributor to people's diets, even children's, and at least a fifth of our salt intake comes from food consumed outside the home. Research also suggests that people are eating out more often; in 2014, 75% of people said they had eaten out or bought takeaway food in the past week, compared to 69% in 2010 (56, 57). Food consumed outside the home tends to be higher in salt than food bought in the retail sector. Our research shows that many children's meals sold in the out of home sector contain 2g or more salt per portion - two-thirds of a 4 to 6-year old's maximum recommended daily limit (8). Considering the link between salt and blood pressure, but equally the link between blood pressure and the future health concerns considered in this draft report, it seems to be another omission to have not considered blood pressure within childhood health outcomes throughout the report. 1. He FJ, Tan M, Ma Y, MacGregor GA. Salt Reduction to Prevent Hypertension and Cardiovascular Disease: JACC State-of-the-Art Review. J Am Coll Cardiol. 2020 Feb 18;75(6):632-647.	Chapter 2 ('Methods') of the final report now highlights a number of limitations to undertaking additional analysis of National Diet and Nutrition Survey (NDNS) data to examine the contribution of food consumed out of home (or that were manufactured versus homemade) to young children's diets. SACN agreed not to undertake this analysis given these limitations.

Organisation or individual	Theme or topic area	Comments	SACN reply
		2. He FJ, MacGregor GA. Importance of salt in determining blood pressure in children: meta-analysis of controlled trials. Hypertension. 2006 Nov;48(5):861-9 3. Leyvraz M, Chatelan A, da Costa BR, Taffé P, Paradis G, Bovet P, Bochud M, Chiolero A. Sodium intake and blood pressure in children and adolescents: a systematic review and meta-analysis of experimental and observational studies. Int J Epidemiol. 2018 Dec 1;47(6):1796-1810. 4. Lalji R, Tullus K. What's new in paediatric hypertension? Archives of Disease in Childhood 2018;103:96-100 5. Lawlor DA, Ronalds G, Clark H, Smith GD, Leon DA. Birth weight is inversely associated with incident coronary heart disease and stroke among individuals born in the 1950s: findings from the Aberdeen Children of the 1950s prospective cohort study. Circulation. 2005 Sep 6;112(10):1414-8 6. Hofman, A., A. Hazebroek, and H.A. Valkenburg, A randomized trial of sodium intake and blood pressure in newborn infants. Jama, 1983. 250(3): p. 370-3.	

Organisation or individual	Theme or topic area	Comments	SACN reply
		7. Geleijnse, J.M., et al., Long-term effects of neonatal sodium restriction on blood pressure. Hypertension, 1997. 29(4): p. 913-7. **8.** Action on Salt (2022) Children's restaurant meals	
Consensus Action on Salt, Sugar and Health	Marketing and food environment	Paragraph 1.34 and section 6 describe the factors that influence food preferences in young children and their dietary preferences in later life. We are very concerned to see that marketing of products, including advertising and the marketing that appears on food and drink packaging (e.g. animations that may appeal to children, health and nutrition claims, age flashes) has been omitted here. Evidence on the impact of this marketing has informed upcoming policies, such as the restrictions on advertising of less healthy food and drink included in the Health and Care Bill (1) and restrictions on the use of price and location promotions for less food and drink due to come into place in October 2022 (2). However, there are a lack of policies linked to the marketing of products to young children specifically. Research commissioned by Public Health England (PHE) in 2018 found that consumers felt the use of 'organic', 'preservative free', 'no added sugar' and other claims, as well as the use of vegetable ingredients, suggested a healthy product. Many assumed that foods labelled 'no added sugar or salt' meant these were low in sugar or salt,	Thank you for your comment. The wider determinants of dietary intake or patterns (including marketing of food and drink products to young children) are risk management issues and are outside the remit of SACN, which is focused on risk assessment as stated in the 2023 SACN Framework for the Evaluation of Evidence (this has been clarified in chapter 1 of the final report). Nevertheless, the broader environmental determinants of children's dietary and feeding patterns are now acknowledged in the final report (Chapter 1).

Organisation or individual	Theme or topic area	Comments	SACN reply
		and therefore appropriate for children. Furthermore, participants in the survey did not feel it was necessary to examine labels more closely if labelling suggested a healthy product (3). Our research on products displaying animations that may appeal to children – thereby indicating suitability for children – would largely be classed as less healthy, with 51% of products classified as high in fat, sugar or salt (4). Marketing strategies, and evidence related to their impact, must be included within this report as a key influence on eating behaviours and preferences. 1. Department of Health and Social Care 2022 Health and Care Bill: advertising of less healthy food and drink 2. The Food (Promotion and Placement) (England) Regulations 2021 3. Public Health England, 2019 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/812204/Foods_and_drinks_aimed_at_infants_and_young_children_June_2019.pdf 4. Pombo-Rodrigues S, Hashem KM, Tan M, Davies Z, He FJ, MacGregor GA. Nutrition Profile of Products with Cartoon Animations on the Packaging: A UK	

Organisation or individual	Theme or topic area	Comments	SACN reply
		Cross-Sectional Survey of Foods and Drinks. Nutrients. 2020; 12(3):707	
Consensus Action on Salt, Sugar and Health	Out of home sector	Given the lack of data to monitor food products sold in the out of home sector, the growth in this sector, and the tendency for unhealthy fast food outlets tend to group in lower income areas of the country, we consider it important to distinguish, as far as possible, to contribution of foods sold in the out of home sector to child intakes.	Thank you for your comment. There are several limitations to undertaking additional analysis of NDNS data to examine the contribution of food consumed out of home (or that were manufactured versus homemade) to young children's diets. SACN therefore agreed not to undertake this analysis given these limitations. However, chapter 5 of the final report now acknowledges the contribution of foods and drink consumed outside the home to young children's diets.
Dental Public Health Group, Department of Epidemiology and Public Health, UCL	None	We very much welcome this high quality and very comprehensive report. We expect it to become an excellent source of evidence-based information for a wide range of stakeholders concerned with the health and wellbeing of young children in the UK.	Thank you for your comment.

Organisation or individual	Theme or topic area	Comments	SACN reply
First Steps Nutrition Trust	None	We would like to thank the committee for this much needed evidence review and recommendations which we have found in the most part systematic, thorough, clear and transparent. The analysis of children's diets is extremely useful and we hope will garner appropriate action from those implicated to enable urgent improvements in young children's diets.	Thank you for your comment.
First Steps Nutrition Trust	Contextualisation of children's diets	The report overly focuses on contextualising children's diets and their determinants at household level. We feel it is vital to systematically contextualise the analysis and recommendations in the wider food environment rather than focusing in on parents and carers. In our opinion this only serves, inappropriately, to emphasise the priority for individual behaviour change to improve children's diets when society level changes, such as measures to tackle inappropriate marketing of foods and drinks to children, are essential.	Thank you for your comment. The wider determinants of dietary intake or patterns in young children are risk management issues and are outside the remit of SACN, which is focused on risk assessment as stated in the 2023 SACN Framework for the Evaluation of Evidence (this has been clarified in Chapter 1 of the final report). Nevertheless, the broader environmental determinants of children's dietary and feeding patterns (including food marketing and advertising that is aimed at young children) have been acknowledged in the final report (Chapter 1). SACN does not consider risk management and translation of

Organisation or individual	Theme or topic area	Comments	SACN reply
			recommendations made in its reports into advice or policy. This is the role of UK health departments who use expert advice from SACN to inform policy.
First Steps Nutrition Trust	Presentation of insufficient evidence	We would like to request that it is clarified where results are summarised that the evidence base considered was systematic reviews and where it is noted that there is 'insufficient evidence' that this relates to evidence from systematic reviews, as there are relevant primary studies in some areas that have not been considered (and as above, this seems to be different to the methodological approach taken for SACN's report on feeding in the first year of life).	Thank you for your comment. Chapter 2 ('Methods') of the final report now describes the difference in the methods employed in the current report compared with that used in the SACN report 'Feeding in the first year of life', and evidence summary statements throughout the report have been amended to clearly state that 'there was insufficient evidence from SRs'. The definition of 'insufficient evidence' as it relates to systematic reviews is also defined in Table 2.4 in Chapter 2 ('Methods') in the final report.
First Steps Nutrition Trust	Food processing	The contribution of commercial toddler foods and drinks (a large proportion of which are likely to be ultra-processed (Grammatikaki et al 2021)) to total dietary energy intake among 12 to 18 month olds (as shown in table 3.5) and to free sugars intakes among 12 to 60 month olds (as shown in table 3.13) is a concern which we feel that the committee's recommendations should address more	Thank you for your comment. In 2016, SACN advised that the sugars naturally present in fruit and vegetables that have been blended, pulped, puréed, extruded or powdered should be treated as free sugars on the basis that the

Organisation or individual	Theme or topic area	Comments	SACN reply
		explicitly. Specifically, we would like to request that the committee takes a more systematic approach to considering the extent of processing of foods and drinks, and to consider clarifying recommendations which we perceive are meant to apply primarily to whole or unprocessed or minimally processed foods. This is most pertinent to recommendations relating to fruits and vegetables, partly because of the high free sugars in highly processed fruit-based products (and lower fibre), but also because there is ample evidence that the food industry is misusing the 'five a day' messaging and the concept of fruit and veg portions to inappropriately market commercially-produced and often ultra-processed foods for children. As stated below, we also feel that an explicit recommendation to limit the consumption of commercial toddler foods would be appropriate given the presented evidence.	cellular structure has been broken down. The definition of 'free sugars' given in the draft report is from Swan et al, 2018. In the final report, SACN has recommended that average intake of free sugars (that free sugars intake should not exceed 5% of total dietary energy intake) should apply from age 1 year. Grammatikaki et al (2021) is not a systematic review and therefore does not meet the inclusion criteria for this risk assessment. SACN has been undertaking a separate risk assessment on processed foods and health. The terms of reference are: • Issue a position statement on processed foods and health. This will include ○ evaluating existing classifications of processed foods, including ultra-processed foods and the NOVA classification

Organisation or individual	Theme or topic area	Comments	SACN reply
			○ evaluating the suitability and methods to apply food processing definition(s) as a dietary exposure ○ considering the availability and quality of evidence associating different forms or levels of food processing with health outcomes • Scope any future work on this issue. The position statement is expected to be published in Summer 2023 and available on sacn.gov.uk
First Steps Nutrition Trust	Content on sugars and implications for non-nutritive sweeteners	We would like to request that the analysis and recommendations related to sugars are thought through with respect to possible unintended implications for the use of non-nutritive sweeteners, especially given that the committee has chosen in this draft report not to make more explicit recommendations about the avoidance of NNS in young children's diets, and also given the inclusion of data (e.g. Table 3.12: food group contributors to total carbohydrate intake for children aged 12 to 60) showing that young children are consuming non-nutritive sweeteners. As stated below we recommend additional recommendations on foods and drinks containing NNS.	Thank you for your comment. In the final report, SACN has recommended that government considers monitoring intakes of non-nutritive sweeteners in children aged 1 to 5 years. SACN has also made a research recommendation to examine the potential short- and long-term health effects of consuming non-nutritive sweeteners in children aged 1 to 5 years. After consultation, SACN considered the WHO (2022) systematic review with

Organisation or individual	Theme or topic area	Comments	SACN reply
			meta-analyses on the health effects of non-sugar sweeteners which informed the 2023 WHO guidelines on non-sugar sweeteners. SACN concluded that the SR provided insufficient evidence of no association between higher compared with lower consumption of non-sugar sweeteners (in drinks) and body weight in children aged 1 to 5 years. As described in Chapter 10 (Risks of chemical toxicity) of the final report, the Food Standard Agency's Committee on Toxicity of Chemicals in Food, Consumer Products and the Environment (COT) concluded that the exposures in the diet of children aged 1 to 5 years of the most commonly used sweeteners in the UK (aspartame, acesulfame K, saccharine, sorbitol and xylitol, stevia and sucralose) were not of toxicological concern. SACN discussed the issue of NNS at its horizon scanning meeting in June 2022. In light of the mixed evidence base and the potential increase in intakes as a

Organisation or individual	Theme or topic area	Comments	SACN reply
			result of the Soft Drinks Industry Levy, SACN agreed to add non-nutritive sweeteners (NNS) to their watching brief, to consider the evidence base as it develops and any available information on trends in intakes and use of NNS. At its meeting in June 2023, SACN agreed to consider the WHO guidance on non-sugar sweeteners (and associated systematic review) and consider if additional assessment is required.
First Steps Nutrition Trust	Salt	We were puzzled as to why there was not more analysis of salt consumption and a review of the evidence on risks of dietary salt, followed by review of existing recommendations. We think it would be appropriate to include this and if it is not, to defend its exclusion.	Thank you for your comment. Chapter 4 ('Micronutrients') of the final report now includes a section on salt (sodium). SACN has reiterated the existing recommendation (based on its 2003 report) regarding the target for average salt intakes in children aged 1 to 5 years and the health benefits that would be gained from a reduction in average salt consumption. No additional eligible systematic review evidence in children aged 1 to 5 years

Organisation or individual	Theme or topic area	Comments	SACN reply
			was identified either through the original literature search or consultation process.
Food Active	None	Thank you for the opportunity to feedback on this evidence review and recommendations, which provides a very useful analysis of children's diets. We hope this will be a useful platform to start to improve the diets of babies and infants in England.	Thank you for your comment.
Food Active	The role of the wider environment	One general comment we would like to make about the overall focus of the report is at a household level. We would like to see a greater recognition of the role and influence the wider food environment plays in the diets of young children. We need to see changes beyond the household level to effectively improve children's diets, specifically addressing the commercial determinants of health.	Thank you for your comment. The wider food environmental determinants of dietary intake or patterns and interventions relating to the wider food environment are risk management issues and are outside SACN's remit. However, the final report does acknowledge the wider environmental determinants (for example, household socioeconomic circumstances, the role of food marketing, availability of commercial baby foods aimed at this age group) of young children's dietary intakes and behaviours.
Food Active	Food processing	We would like to request that the committee takes a more systematic approach to considering the extent of processing of foods and drinks, and to consider clarifying recommendations which we perceive are meant to apply	Thank you for your comment. Prior to consultation, only 1 SR (Costa et al, 2018) was identified that examined

Organisation or individual	Theme or topic area	Comments	SACN reply
		primarily to whole or unprocessed or minimally processed foods. This is most pertinent to recommendations relating to fruits and vegetables, partly because of the high free sugars in highly processed fruit-based products, but also because there is ample evidence that the food industry is misusing the 'five a day' messaging and the concept of fruit and veg portions to inappropriately market commercially produced and often ultra-processed foods for children.	the relationship between the extent of processing of foods and drinks and health effects. SACN concluded that there was limited or insufficient SR evidence on the health effects of 'ultra-processed foods' or dietary patterns characterised by consumption of 'ultra-processed foods'. After consultation, SACN considered an additional SR by Cascaes et al (2022) on 'ultra-processed food' consumption and dental caries in children. SACN concluded that the SR provided insufficient evidence of any association between consumption of 'ultra-processed foods' (as defined by the NOVA classification system) and dental caries risk in children aged 1 to 5 years. In relation to vegetable and fruit consumption data from the National Diet and Nutrition Survey (NDNS), it was not possible to establish whether the vegetables and fruit consumed were 'processed', where 'processed' was defined as vegetables and fruit that have been blended, pulped, puréed, extruded

Organisation or individual	Theme or topic area	Comments	SACN reply
			or powdered (Swan et al, 2018) . The final report notes that the sugars that are naturally present in 'processed' vegetables and fruit should be treated as free sugars on the basis that the cellular structure has been broken down. In the final report, SACN has recommended that average intake of free sugars (that free sugars intake should not exceed 5% of total dietary energy intake) should apply from age 1 year. In addition, SACN has been undertaking a separate risk assessment on processed foods and health. The terms of reference are: • Issue a position statement on processed foods and health. This will include ○ evaluating existing classifications of processed foods, including ultra-processed foods and the NOVA classification

Organisation or individual	Theme or topic area	Comments	SACN reply
			○ evaluating the suitability and methods to apply food processing definition(s) as a dietary exposure ○ considering the availability and quality of evidence associating different forms or levels of food processing with health outcomes • Scope any future work on this issue. The position statement is expected to be published in Summer 2023 and available on sacn.gov.uk from Summer 2023.
Food Active	Content on sugars	We would like to request that the analysis and recommendations related to sugars are thought through with respect to possible unintended implications for the use of non-nutritive sweeteners, especially given that the committee has chosen not to make more explicit recommendations about the avoidance of NNS in young children's diets and presented analysis (e.g. Table 3.12: food group contributors to total carbohydrate intake for children aged 12 to 60) shows that young children are consuming non-nutritive sweeteners.	Thank you for your comment. In the final report, SACN has recommended that government considers monitoring intakes of non-nutritive sweeteners in children aged 1 to 5 years. SACN has also made the research recommendation to examine the potential short- and long-term health effects of consuming non-nutritive sweeteners in children aged 1 to 5 years. As described in Chapter 10 (Risks of chemical toxicity) of the final report, the Food Standard Agency's Committee on

Organisation or individual	Theme or topic area	Comments	SACN reply
			Toxicity of Chemicals in Food, Consumer Products and the Environment (COT) concluded that the exposures in the diet of children aged 1 to 5 years of the most commonly used sweeteners in the UK (aspartame, acesulfame K, saccharine, sorbitol and xylitol, stevia and sucralose) were not of toxicological concern. SACN discussed the issue of NNS at its horizon scanning meeting in June 2022. In light of the mixed evidence base and the potential increase in intakes as a result of the Soft Drinks Industry Levy, SACN agreed to add NNS to their watching brief, to consider the evidence base as it develops and any available information on trends in intakes and use of NNS. At its meeting in June 2023, SACN agreed to consider the WHO guidance on non-sugar sweeteners (and associated systematic review) and consider if additional assessment is required.

Organisation or individual	Theme or topic area	Comments	SACN reply
NHS Greater Glasgow and Clyde	None	(1) Food Group Comparison Table Difficult to generate a robust conclusion from the Food Group tables within sections 3 and 4. Some of the food group categories overlap or include a large variety of different types of foods. For example 'meat, meat products and dishes' can include a wide variety of products and may overlap with 'pizza, pasta, rice, products and dishes'. (2) Displaying numbers Consistency when stating numerical figures as numbers or written as a full word, for example percentages. (3) Titles Ensure all subheadings are in bold (4) Abbreviations Consider using hyperlinks for abbreviations to help the reader who might only be reviewing a specific section. (5) Survey data Diet and Nutrition Survey of Infants and Young Children was last published in 2011. This data is 11 years old, therefore there is concern this data is out of date and not fit for purpose. (6) Scottish data	Thank you for your comments. (1) Clearer definitions of terminology or descriptors used for food groups have been added to the Annexes of the final report. (2) to (4). Consistency checks have been performed ahead of final publication. (5) A caveat has been added to the final report as suggested. (6) Every effort has been made to include Scottish data where appropriate and if available.

Organisation or individual	Theme or topic area	Comments	SACN reply
		Inconstant use of Scottish data or Scottish specific messages throughout this draft report. See comments made in sections 3 and 8 as examples.	
NHS Greater Glasgow and Clyde Dietetic Service	Representativeness of the evidence considered	This document is linked to English and Welsh sourced information, thus not very representative of Scottish position or UK population as a whole. SIMD was not fully inclusive of Scottish data. This document is a UK document and data should be UK based. e.g. cannot extrapolate London based data to a Highland population.	Thank you for your comment. NDNS and DNSIYC are designed to be nationally representative and cover all devolved nations in the UK. SACN considered whether to use a UK-wide Index of Multiple Deprivation (IMD) analysis but were advised against doing so by the Office for National Statistics (ONS). Although the various IMD indices are conceptually similar, they cannot be aggregated across the countries because different data appear in each of the indices and these vary by country. As levels of deprivation also differ between countries, the most deprived quintile in Scotland will not be comparable with the most deprived quintile in England, for example.

Organisation or individual	Theme or topic area	Comments	SACN reply
			Statistics on BMI in children under age 5 years from all 4 UK countries have been added to the final report (Chapter 8 'Excess weight'); and differences in water fluoridation across the 4 UK countries have been acknowledged (Chapter 9, 'Oral health').
NHS Greater Glasgow and Clyde Dietetic Service	Terminology around sugars	Document use both "intrinsic" and "extrinsic" terms for sugars plus the more modern term "free-sugars". The document needs to be consistent.	Thank you for your comment. The final report only refers to 'non-milk extrinsic sugars' in relation to DNSIYC data because the definition of 'free sugars' did not exist at the time of that survey. However, the glossary of the final report now includes definitions for 'non-milk extrinsic sugars' and 'intrinsic sugars'.
Royal College of Paediatrics and Child Health	Latest National Child Measurement Programme (NCMP) data	The Royal College of Paediatrics and Child Health are supportive the content and conclusions of the draft SACN report, Feeding young children aged 1 to 5 years. The only thing we note is that the latest half-year data for 2021 to 22 from NCMP is not included in this report and whether this will be updated?	Thank you for your comment. The final report now includes the most recently available NCMP data.
The School & Nursery Milk Alliance	Selection of studies for inclusion in the report	The overall issue throughout the milk or dairy section is the low number of studies available, randomised controlled studies (RCT) in particular, and the low quality of most	Thank you for your comment. Chapter 2 ('Methods') of the final report describes the inclusion criteria, including

Organisation or individual	Theme or topic area	Comments	SACN reply
		studies. I am not sure what date range was used when searching for papers but it is possible that some quite old papers were excluded. The conclusions related to milk consumption are summarised below but the results for total dairy and other dairy products were equally inconclusive due to the lack of adequate data. It is interesting that the review does not include the recent Milky Way RCT (Nicholl et al., 2021, copy attached) perhaps because the children in this study were somewhat older 5.2 ± 0.9 (SD) years. This study indicated that although changing from whole-fat to reduced-fat dairy products does reduce dairy fat intake, it does not result in changes to markers of adiposity or cardiometabolic disease risk in healthy children. In other words similar to some of the studies referenced in the last row of the table below.	the date of publication of systematic reviews. Thank you for drawing attention to Nicholl et al (2021). However, this is a publication of a RCT in children older than the age group of interest to this report.
World Breastfeeding Trends initiative UK (WBTi)	WHO breastfeeding recommendation	WHO recommendation is '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.' [referring to Annex 1, Table A1.2]	Thank you for your comment. Wording has been amended in the final report as suggested.

Table 2. Chapter 1 – Introduction

Organisation or individual	Paragraph	Comments	SACN reply
NHS Greater Glasgow and Clyde	General	No comments made – the message is clear.	Thank you for your comment.
NHS Greater Glasgow and Clyde Dietetic Service	Terms of Reference	Confusion if the document is about 0 to 12 months or 1 to 5 years.	Chapter 1 of the final report explains that this report is a continuation of SACN's 2018 report 'Feeding in the first year of life'.
The Breastfeeding Network	1.9	Terms of reference include: "To review the nutritional basis for current dietary recommendations applying to breastfeeding mothers (where relevant to the health of the infant)", but then footnote then states that this is not considered relevant to address this as the report focusses on children aged 1 to 5. This is confusing and would benefit from an explanation. Breastfeeding is still recommended and beneficial for children aged 1 and over. However, as they should be eating a variety of complementary foods by this point, their breastmilk intake may be reduced and specific nutritional guidelines for mothers breastfeeding children of this age may no longer be needed.	Chapter 1 of the final report explains that this report is a continuation of SACN's 2018 report 'Feeding in the first year of life'.
First Steps Nutrition Trust	1.26	Considering that any updates of these guidelines may not be undertaken for years, if the timeline permits we feel it would be important to take in to account the WHO's guidelines on non-nutritive	Thank you for your comment. SACN considered the WHO (2022) systematic review with meta-analyses

Organisation or individual	Paragraph	Comments	SACN reply
		sweeteners which are currently being finalised following a period of public consultation.	on the health effects of non-sugar sweeteners which informed the 2023 WHO guidelines on non-sugar sweeteners. SACN concluded that the SR provided insufficient evidence of no association between higher compared with lower consumption of non-sugar sweeteners (in drinks) and body weight in children aged 1 to 5 years. As described in Chapter 10 (Risks of chemical toxicity), the Food Standard Agency's Committee on Toxicity of Chemicals in Food, Consumer Products and the Environment (COT) concluded that the exposures in the diet of children aged 1 to 5 years of the most commonly used sweeteners in the UK (aspartame, acesulfame K, saccharine, sorbitol and xylitol, stevia and sucralose) were not of toxicological concern.

			In the final report, SACN has recommended that government consider monitoring intakes of non-nutritive sweeteners (NNS) in children aged 1 to 5 years and makes a research recommendation to examine to examine the potential short- and long-term health effects of consuming non-nutritive sweeteners in children aged 1 to 5 years. SACN discussed the issue of NNS at their horizon scanning meeting in June 2022. In light of the mixed evidence base and the potential increase in intakes as a result of the Soft Drinks Industry Levy, SACN agreed to add NNS to their watching brief, to consider the evidence base as it develops and any available information on trends in intakes and use of NNS. At its meeting in June 2023, SACN agreed to consider the WHO guidance on non-sugar sweeteners (and associated systematic review) and consider if additional assessment is required.

Organisation or individual	Paragraph	Comments	SACN reply
Food Active	1.26	The WHO are currently producing guidelines on non-nutritive sweeteners. We feel it would be pertinent to reflect these guidelines in this review to support consistency in messaging.	Thank you for your comment. SACN considered the WHO (2022) systematic review with meta-analyses on the health effects of non-sugar sweeteners which informed the 2023 WHO guidelines on non-sugar sweeteners. SACN concluded that the SR provided insufficient evidence of no association between higher compared with lower consumption of non-sugar sweeteners (in drinks) and body weight in children aged 1 to 5 years. As described in Chapter 10 (Risks of chemical toxicity), the Food Standard Agency's Committee on Toxicity of Chemicals in Food, Consumer Products and the Environment (COT) concluded that the exposures in the diet of children aged 1 to 5 years of the most commonly used sweeteners in the UK (aspartame, acesulfame K, saccharine, sorbitol and xylitol, stevia and sucralose) were not of toxicological concern.

			In the final report, SACN has recommended that government consider monitoring intakes of non-nutritive sweeteners (NNS) in children aged 1 to 5 years and makes a research recommendation to examine the potential short- and long-term health effects of consuming non-nutritive sweeteners in children aged 1 to 5 years. SACN discussed the issue of NNS at their horizon scanning meeting in June 2022. In light of the mixed evidence base and the potential increase in intakes as a result of the Soft Drinks Industry Levy, SACN agreed to add NNS to their watching brief, to consider the evidence base as it develops and any available information on trends in intakes and use of NNS. At its meeting in June 2023, SACN agreed to consider the WHO guidance on non-sugar sweeteners (and associated systematic review) and consider if additional assessment is required.

Organisation or individual	Paragraph	Comments	SACN reply
The Breastfeeding Network	1.34	The focus of this paragraph is on the influence of parents and carers on a child's diet. However, we believe that the impact of the wider societal context should also be acknowledged. We would also suggest this be explicitly extended to breastfeeding beyond the first year of life. Breastfeeding up to and beyond one year is recommended by the UK government and WHO, but less than 1% of infants in the UK are receiving any breastmilk at 1 year of age (Victora at al, 2016). These rates will only be improved if extended breastfeeding is normalised and supported in the wider societal context, with education, investment and regulation of the marketing of breastmilk substitutes for infants over 6 months. Victora, C. G., Bahl, R., Barros, A. J., França, G. V., Horton, S., Krasevec, J., Murch, S., Sankar, M. J., Walker, N., Rollins, N. C., & Lancet Breastfeeding Series Group (2016). Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect. Lancet (London, England), 387(10017), 475–490.	Thank you for your comment. Wider determinants of continued breastfeeding were outside the scope of this risk assessment. However, the final report (Chapter 6, 'Drinks') does acknowledge these determinants. For this risk assessment, continuation of breastfeeding beyond 1 year was the exposure. In the final report, SACN has recommended that government considers strategies that support and promote continuation of breastfeeding into the second year of life.
Consensus Action on Salt, Sugar and Health	1.34	This paragraph must include the impact of marketing of products to children and childcare settings i.e. nurseries and schools as an impact on preferences and behaviours.	Thank you for your comment. The final report acknowledges wider environmental determinants (for example, household socioeconomic circumstances, the role of food marketing, availability of commercial baby foods aimed at this age group, and the influence of childcare

Organisation or individual	Paragraph	Comments	SACN reply
			settings) of young children's dietary intakes and behaviours.
Food Active	1.34	This paragraph focuses on how parents and carers shape their child's diets. However as mentioned above we believe it is essential that the review recognises the role the wider food environment plays and how it influences food consumed within the home. We feel that this wider context must be cited to a greater degree in this review.	Thank you for your comment. The final report acknowledges wider environmental determinants (for example, household socioeconomic circumstances, the role of food marketing, availability of commercial baby foods aimed at this age group, and the influence of childcare settings) of young children's dietary intakes and behaviours.
First Steps Nutrition Trust	1.34	This paragraph focuses on how parents and carers shape their child's diets. As per our general comment above, we feel it is vital to acknowledge the role of the wider food environment and how this affects diets at household level but also in other contexts such as early years settings. In particular we feel the role of inappropriate marketing needs to be explicitly stated.	Thank you for your comment. The final report acknowledges wider environmental determinants (for example, household socioeconomic circumstances, the role of food marketing, availability of commercial baby foods aimed at this age group, and the influence of childcare settings) of young children's dietary intakes and behaviours.

Table 3. Chapter 2 – Methods

Organisation or individual	Paragraph	Comments	SACN reply
Consensus Action on Salt, Sugar and Health	General	We understand the inclusion criteria, but feel that statements of 'insufficient evidence' imply that there is no relationship between various aspects of diet and health outcomes. We recommend clarification throughout to highlight that this is largely due to a lack of available evidence that meets the narrow inclusion criteria.	Thank you for your comment. The final report now includes signposting to the definition of 'insufficient evidence' as it relates to systematic reviews (see Table 2.4, Chapter 2 'Methods').
First Steps Nutrition Trust	General	We think it is important to highlight that the methods used for the SACN feeding in the first year of life were different to this review, as they utilised primary studies as well as SR with or without MA, and to explain why this review did not take that approach given that it would have yielded a greater body of evidence to make fuller and clearer recommendations.	Thank you for your comment. Text describing the difference in the methods employed in the current report compared with that used in the SACN report 'Feeding in the first year of life' has been added to Chapter 2 ('Methods') of the final report.
NHS Greater Glasgow and Clyde	General	No comments made – the message is clear.	Thank you for your comment.

Table 4. Chapter 3 – Energy and macronutrients

Organisation or individual	Paragraph (section)	Comments	SACN reply
Consensus Action on Salt, Sugar and Health	3.4, 3.12, 3.15 (Energy)	These sections could be updated with the provisional data released in July 2022	Thank you for your comment. The final report has been updated with the latest available data from National Child Measurement Programme (NCMP).
NHS Greater Glasgow and Clyde	3.4 and 3.12 (Energy)	Consider quoting obesity figures from other countries in the UK. In Scotland, Primary 1 Body Mass Index (BMI) statistics Scotland - School year 2020 to 2021 by Public Health Scotland states: 'In school year 2020 to 2021, 29.5% were at risk of overweight or obesity. There was a 6.8 percentage point increase in the overall proportion of Primary 1 children who are at risk of overweight or obesity between 2019 to 2020 and 2020 to 2021, having been stable for a number of years prior to this. The most substantial increase was in the proportion of children at risk of obesity.'	Thank you for your comment. The final report now includes the latest available data from Scotland, Wales and England (there is no equivalent data for Northern Ireland).
NHS Greater Glasgow and Clyde	Tables 3.3 and 3.4 (Energy)	National Diet and Nutrition Survey collects data from the UK wide population. When comparing deprivation with energy intake, consider using deprivation data from other countries in the UK. Scotland uses 'Scottish Index of Multiple Deprivation' (SIMD).	Thank you for your comment. NDNS and DNSIYC are designed to be nationally representative and cover all devolved nations in the UK. SACN considered whether to use a UK-wide Index of Multiple Deprivation (IMD) analysis but were advised

Organisation or individual	Paragraph (section)	Comments	SACN reply
			against doing so by the Office for National Statistics (ONS). Although the various IMD indices are conceptually similar, they cannot be aggregated across the countries because different data appear in each of the indices and these vary by country. As levels of deprivation also differ between countries, the most deprived quintile in Scotland will not be comparable with the most deprived quintile in England, for example.
British Dietetic Association – Paediatric Specialist Group	3.14 3.140 (Energy)	3.14 Refers to low-income households inaccurately reporting intakes and refers to Chapter 4, but no reference to this Chapter 4 This numbering system – 3.14 and 3.140 could be viewed as the same (perhaps reconsider length of sub-sections)	Thank you for your comment. A signpost to the relevant paragraph in Chapter 4 ('Micronutrients') has been added to the final report.
Consensus Action on Salt, Sugar and Health	3.16 [and recommendations] (Energy)	We note the presence of infant formula as a leading contributor of dietary energy intakes in children aged 12 to 18 months, despite recommendations that infant formula is only needed above 12 months of age if recommended by a health professional (1).	Thank you for your comment. In the final report, SACN has recommended that formula milks (including infant formula, follow-on formula, 'growing-up' or other 'toddler' milks) are not required by children aged 1 to 5 years.

Organisation or individual	Paragraph (section)	Comments	SACN reply
		We suggest a recommendation reinforcing that infant formula should only be consumed until 12 months of age, and clear guidance that follow on or toddler milks are not necessary. (1) First Steps of Nutrition, 2021	
Consensus Action on Salt, Sugar and Health	Table 3.5 (Energy)	(1) Table 3.5 highlights that commercial infant and baby foods are a key contributor to dietary energy intakes in children aged 12 to 18 months, with a smaller contribution to children aged 18 to 60 months. Our research has found that products within this category of food, specifically sweet snacks marketing for babies and toddlers (e.g. biscuits, rusks and oat bars) can contain up to two teaspoons of sugar per serve (1). All products surveyed that would have to display a red label indicating high levels of sugar (if 'traffic light' front of pack nutrition labels were used on products marketed to children) displayed claims such as 'packed with vitamins and minerals' or 'made with real fruit'. This reinforces our comment on marketing above. Similarly, processed dried fruit snacks, including coated or flavoured dried fruit and extruded dried fruit, are largely high in sugar, with two thirds of these 'snacks' containing two teaspoons of sugar per serve (2). (2) Given the nutrition profile of the 'commercial toddlers foods and drinks', in addition to the marketing present on packaging, we strongly suggest a recommendation that intake of these products must be limited, or alternatively these products must comply with strict nutrition criteria, in line with World Health Organization criteria (3).	Thank you for your comment. 1) Chapter 5 of the final report now includes a section on commercially manufactured foods and drinks marketed specifically for infants and young children. This section includes the most recently available purchase data of these products and secondary analyses of dietary survey data examining the contribution of these products to the diets of young children. SACN agreed that as there was currently no single definition of processed or ultra-processed foods there was little value in further interrogating the intake data on 'commercial baby foods and drinks' from DNSIYC and NDNS (see Table 3.5 of the final report). (2) In the final report, SACN has recommended that commercially

Organisation or individual	Paragraph (section)	Comments	SACN reply
		(3) Is it possible to include the contributions of retail or home or out of home foods here? If not, this should be included in limitations. (1) Action on Sugar, 2021 (2) Action on Sugar, 2020 (3) WHO, 2019	manufactured foods and drinks marketed specifically for infants and young children are not needed to meet nutritional requirements. In 2016, SACN advised that the sugars naturally present in fruit and vegetables that have been blended, pulped, puréed, extruded or powdered should be treated as free sugars on the basis that the cellular structure has been broken down. In the final report, SACN has recommended that average intake of free sugars (that free sugars intake should not exceed 5% of total dietary energy intake) should apply from age 1 year. (3) Chapter 2 ('Methods') of the final report now highlights a number of limitations to undertaking additional analysis of NDNS data to examine the contribution of food consumed out of home (or that were manufactured versus homemade) to young children's diets. SACN agreed not to

Organisation or individual	Paragraph (section)	Comments	SACN reply
			undertake this analysis given these limitations.
Consensus Action on Salt, Sugar and Health	3.61 (Carbohydrates)	The wording used here is misleading – there are no official recommendations related to carbohydrate intake, however it is the expectation that children aged 2 years or less should have no free sugars or sugar-sweetened beverages.	Thank you for your comment. In the final report, SACN has recommended that (a) UK dietary recommendations on average intake of free sugars (that free sugars intake should not exceed 5% of total dietary energy intake) should apply from age 1 year (b) children aged 1 to 5 years should not be given sugar-sweetened beverages.
NHS Greater Glasgow and Clyde	Table 3.9 (Carbohydrates)	The terminology of ‘non milk extrinsic sugar’ was replaced by the term ‘Free Sugars’ in the 2015 SACN report on Carbohydrate and Health. It is unclear why both terms are presented in the table.	Thank you for your comment. The Diet and Nutrition Survey in Infants and Young Children (DNSIYC) predated the definition of ‘free sugars’ hence its use of ‘non-milk extrinsic sugars’. However, to be able to compare sugar intakes across the 3 age groups (12 to 18 months, 18 to 47 months, 48 to 60 months), values for free sugars intake have been

Organisation or individual	Paragraph (section)	Comments	SACN reply
			calculated for the 12 to 18 month age group and added to the final report.
Consensus Action on Salt, Sugar and Health	3.74 [and recommendations] (Carbohydrates)	Given that yogurt, fromage frais and dairy are significant contributors of free sugars to child diets, SACN's recommendations must reflect the need to provide young children with plain options, as even fruit-flavoured products (which may appear to be a healthier option) contain free sugars.	Thank you for your comment. In the final report, SACN has recommended that dairy products (such as yoghurts and fromage frais) that are given to children aged 1 to 5 years should ideally be unsweetened.
NHS Greater Glasgow and Clyde Dietetic Service	Fat intake	Children's total fat intake is stated in the document as being above the amount recommended. However, it appears this is not linked consistently through the document. "Dietary Fat" section states "There is limited evidence from SRs ….association between total fat intake in children aged 1 to 5 and change in BMI ……..relationship" Eating patterns and sugar consumption seem to be more important to target than fat intake. So, rational to lower fat intake is unclear if sugar and eating patterns are more important for this age group.	Thank you for your comment. SACN considered that intakes above the DRV for total fat (which currently apply in full from age 5) may be contributing in part to excess energy intakes in young children (particularly in children aged 12 to 18 months). There was also an absence of systematic review evidence of any harm from reducing total fat (and saturated fat) intake in young children in the UK.
First Steps Nutrition Trust	3.128 (Dietary fat)	Please check if there is a typo as the 45% figure given does not appear in the Table 3.20 to which the paragraph relates.	Thank you for your comment. The paragraph has been amended in the final report as suggested.

Organisation or individual	Paragraph (section)	Comments	SACN reply
The Vegan Society	3.236 (Protein)	I would disagree with the point that bread and cereals are plant-based foods with a high protein content. Whilst they may contribute towards overall protein intake, I would suggest that plant foods with a higher lysine content are specifically highlighted in this list as part of a balanced healthy diet. This is to reduce the risk of vegan children having lower amounts of this limiting amino acid. Examples of high protein plant foods with higher amounts of the amino acid lysine are: • Legumes— (cooked) - Beans—chickpeas, kidney, pinto, navy (125 to 150g) - Lentils (100g) - Peas—split (100g) or green (80 g) - Soya foods—edamame (80 g), tofu (125 g), tempeh (165 g), soya milk (250 mL), soya meats (85 g) - Peanuts—35 to 40g • Seitan—85g • Quinoa—cooked—185g • Pistachios—30 g • Pumpkin seeds—roasted (35 g) The percentages of essential amino acids in both animal and soy products closely mimic those found in human proteins, and they are, therefore, considered complete or high-quality protein.	Thank you for your comment. The paragraph has been amended in the final report as suggested.

Organisation or individual	Paragraph (section)	Comments	SACN reply
		Source: Protein Part 1—Basics – Vegan Health Please note that caution would need to be given to parents that nuts are ground when given to children under 5 years old. Relevant studies: Schmidt JA. & Rinaldi S. et al. Plasma concentrations and intakes of amino acids in male meat-eaters, fish-eaters, vegetarians and vegans: a cross-sectional analysis in the EPIC-Oxford cohort. European Journal of Clinical Nutrition 2016; 70 (3): 306-312 (accessed 9 September 2022) Young VR. & Pellett PL. Plant proteins in relation to human protein and amino acid nutrition. American Journal of Clinical Nutrition 1994; 59(suppl): 1203S-1212S (accessed 9 September 2022)	
Consensus Action on Salt, Sugar and Health	3.318 (Protein)	Following this paragraph, there must be a section covering the impact of salt on child health.	Thank you for your comment. Chapter 4 ('Micronutrients') of the final report now includes a section on salt (sodium). SACN has reiterated the existing recommendation (based on its 2003 report) regarding the target for average salt intakes in children aged 1 to 5 years and the health benefits that would be gained from a reduction in average salt consumption.

Organisation or individual	Paragraph (section)	Comments	SACN reply
			No additional systematic review evidence was identified to change the existing recommendations on salt (sodium) intake for children aged 1 to 5 years.

Table 5. Chapter 4 – Micronutrients

Organisation or individual	Paragraph (section)	Comments	SACN reply
NHS Greater Glasgow and Clyde	General	No comments made – this is out with the responding group's area of expertise.	Thank you for your comment.
British Dietetic Association – Paediatric Specialist Group	Table 4.7 (Iron)	The levels reported from NDNS and DNSIYC are old units which are not used in clinical practice (report as g per L)	Thank you for your comment. In the final report, the reporting of haemoglobin levels has been amended to grams per litre, which is consistent with the units used in the NDNS.
First Steps Nutrition Trust	4.34 (Dietary contributors to iron, zinc and vitamin A in young children with intakes at or above dietary recommendations)	We would like to request that this paragraph clarifies that existing dietary recommendations include that formulas are not needed after 12 months of age.	Thank you for your comment. The paragraph has been amended in the final report for clarity.
Food Active	4.34 (Dietary contributors to iron, zinc and vitamin A in young children with intakes at or above	We would like to request that this paragraph reiterates that current dietary recommendations include that formulas are not needed after 12 months of age.	Thank you for your comment. The paragraph has been amended in the final report for clarity.

Organisation or individual	Paragraph (section)	Comments	SACN reply
	dietary recommendations)		
The Breastfeeding Network	4.38 (Iron)	Paragraph states “A diverse complementary diet, alongside breast milk as the main drink throughout the first year of life, is needed to meet the increasing iron requirements of older infants (SACN, 2018).” This is unclear as it suggests complementary feeding is appropriate before 6 months, and does not acknowledge that not all infants will be receiving breastmilk. We suggest editing to use the same text as SACN, 2018: “From around 6 months of age, a diverse complementary diet is needed to meet the increasing iron requirements of older infants. Complementary feeding should be given alongside continued breastfeeding or the use of infant formula as a main drink throughout the first year of life”.	Thank you for your comment. The paragraph has been amended in the final report as suggested.
First Steps Nutrition Trust	4.144 (Zinc)	This paragraph states that diet quality (with respect to iron) may be more closely linked with affordability of foods than other aspects of an individual’s living environment, and iron is a typo as the paragraph is about zinc.	Thank you for your comment. The paragraph has been amended in the final report as suggested.
First Steps Nutrition Trust	4.166 (Vitamin A)	Please could this paragraph mention Healthy Start, as is the case for paragraph 4.254	Thank you for your comment. The paragraph has been amended in the final report as suggested.

Organisation or individual	Paragraph (section)	Comments	SACN reply
Food Active	4.166 (Vitamin A)	This paragraph would benefit from a reference to Healthy Start. Given uptake of Healthy Start is low and the current cost-of-living crisis putting enormous pressures on households' food budgets, every opportunity to promote the scheme to potentially eligible parents should be taken.	Thank you for your comment. The paragraph has been amended in the final report as suggested.
First Steps Nutrition Trust	4.181 (Vitamin A)	Would it be appropriate for this paragraph on vitamin A include the same comment on diet quality and food affordability as for iron (4.68), zinc (4.144) and vitamin D (para 4.230), for consistency?	Thank you for your comment. Chapter 4 ('Micronutrients') of the final report states that there was no statistically significant relationship between intakes of iron, zinc and vitamin D and Index of Multiple Deprivation (IMD), a broad measure of socioeconomic status, based on analyses of NDNS data; but there was a relationship between intakes of these nutrients and equivalised household income, a narrower measure of socioeconomic status. This indicates that for these nutrients, diet quality may be more closely linked with affordability of foods than other aspects of an individual's living environment. For vitamin A, there was a statistically significant relationship between intake and IMD, and a

Organisation or individual	Paragraph (section)	Comments	SACN reply
			statistically significant relationship between intake and equivalised household income. This indicates that affordability of foods is just one socioeconomic determinant of vitamin A intake.
First Steps Nutrition Trust	4.225 (Vitamin D)	Please could this paragraph mention Healthy Start, as is the case for paragraph 4.254	Thank you for your comment. The paragraph has been amended in the final report as suggested.
Food Active	4.225 (Vitamin D)	This paragraph would benefit from a reference to Healthy Start. Given uptake of Healthy Start is low and the current cost-of-living crisis putting enormous pressures on households' food budgets, every opportunity to promote the scheme to potentially eligible parents should be taken	Thank you for your comment. The paragraph has been amended in the final report as suggested.
First Steps Nutrition Trust	Table 4.27 (Vitamin C)	Given that there is no evidence of vitamin C deficiency among children aged 1 to 5, we would like to ask of the committee could include in the report a comment on the appropriateness of vitamin C being included in Healthy Start vitamins for children.	Thank you for your comment. In the final report, SACN has recommended that vitamin C supplements are not necessary for the general population whilst also highlighting that there is also no evidence that taking vitamin C supplements at the current recommended level of

Organisation or individual	Paragraph (section)	Comments	SACN reply
			supplementation has any adverse effects. SACN has also recommended that government review advice on the need for vitamin C supplements for children aged 1 to 5 years.

Table 6. Chapter 5 – Foods and dietary patterns

Organisation or individual	Paragraph	Comments	SACN reply
British Dietetic Association – Paediatric Specialist Group	General	Did not include review of evidence about the benefits of prebiotics for which there is slightly better evidence	Thank you for your comment. Prebiotics are outside the scope of this risk assessment.
Consensus Action on Salt, Sugar and Health	5.8 (Vegetables and fruit)	While a small portion of fruit juice (150ml) is portion of fruit and vegetables (for adults), we do not agree with the inclusion of fruit juice in the 'Fruit and Vegetable' section of this report. It must be included in the section relating to sugars-sweetened beverages, particularly as paragraph 3.75 highlights that fruit juice and smoothies contribute 11% to free sugars intake. If recommended as a portion of fruit, the recommendation must include the need to dilute juice with water before giving to children	Thank you for your comment. A new chapter – Chapter 6 ('Drinks') – has been added to the final report and the chapter includes a section on fruit juice. In the final report, SACN has recommended government considers developing and communicating age-appropriate portion sizes for food and drinks, including for vegetables, fruit, fruit juice and milk, for children aged 1 to 5 years**.** SACN has also made a research recommendation to examine the short- and long-term health effects of consuming fruit juice in children aged 1 to 5 years.
First Steps Nutrition Trust	Table 5.1 (Vegetables and fruit)	We would like to suggest that presentation of the non-disaggregated data on mean vegetable and fruit consumption (i.e. not including commercial infant foods and other manufactured products) from the DNSIYC for 12 to 18	Thank you for your comment. Disaggregated data in the NDNS separates vegetables and fruit from other components in a dish but does not

Organisation or individual	Paragraph	Comments	SACN reply
		month olds is relevant and important to include given that there are large differences (44g for veg vs 74g in Table 5.1 and 76g for fruit vs 96g in Table 5.1) which highlight the important contribution of commercially produced foods to dietary intakes of fruits and vegetables. This is a concern because of the implications for free sugars intake (and low fibre intakes).	separate processed from unprocessed vegetables and fruit. For the purposes of this report, 'processed' is understood as vegetables and fruit that have been blended, pulped, pureed, extruded or powdered (see SACN's advice on the definition of free sugars). For clarity, the final report now specifies that the data in Table 5.1 are for vegetables and fruit, excluding juice.
First Steps Nutrition Trust	Table 5.3, paragraphs 5.8 to 5.13 (Vegetables and fruit)	As the evidence summarised in table 5.3 pertains to whole fruits and vegetables and fruit juice, it would be appropriated to clarify in paragraphs 5.8 to 5.13 where the content is about whole fruits and vegetables and to present available data as whole fruit and vegetables or to explain the implications where this data are unavailable.	Thank you for your comment. Disaggregated data in the NDNS separates vegetables and fruit from other components in a dish but does not separate processed from unprocessed vegetables and fruit. For the purposes of this report, 'processed' is understood as vegetables and fruit that have been blended, pulped, pureed, extruded or powdered (see SACN's advice on the definition of free sugars). For clarity, the final report now specifies that the data in Tables 5.1 to 5.3 are for vegetables and fruit, excluding juice.

Organisation or individual	Paragraph	Comments	SACN reply
Food Active	Table 5.3, paragraphs 5.8 to 5.13 (Vegetables and fruit)	As the evidence summarised in table 5.3 pertains to whole fruits and vegetables and fruit juice, it would be appropriated to clarify in paragraphs 5.8 to 5.13 where the content is about whole fruits and vegetables and to present available data as whole fruit and vegetables or to explain the implications where this data are unavailable.	Thank you for your comment. Disaggregated data from NDNS separates vegetables and fruit from other components in a dish but does not separate processed from unprocessed vegetables and fruit. 'Processed' is understood as vegetables and fruit that have been blended, pulped, pureed, extruded or powdered (see SACN's advice on the definition of free sugars). For clarity, the final report now specifies that the data in Tables 5.1 to 5.3 are for vegetables and fruit, excluding juice.
British Association for the Study of Community Dentistry	5.37 (Milk and dairy)	Add to this paragraph. 'Bovine milk is safe for teeth (WHO 2003)'. WHO. 2003. Diet, nutrition and the prevention of chronic diseases. WHO Technical report Series 916. Report of a joint WHO/FAO expert consultation. Geneva: WHO. Table 14, page 118).	Thank you for your comment. Reference has been added to the final report as suggested.
British Society of Paediatric Dentistry	5.37 (Milk and dairy)	Add to this paragraph. 'Bovine milk is safe for teeth (WHO 2003)'. WHO. 2003. Diet, nutrition and the prevention of chronic diseases. WHO Technical report Series 916. Report of a	Thank you for your comment. Reference has been added to the final report as suggested.

Organisation or individual	Paragraph	Comments	SACN reply
		joint WHO/FAO expert consultation. Geneva: WHO. Table 14, page 118).	
First Steps Nutrition Trust	Table 5.4 (Milk and dairy)	Given that the data in this table show that some children consume large amounts of milk and milk and cream make a large contribution to protein intakes, which are excessive for many children and positively associated with BMI, we would like to request the committee to comment on the appropriateness of the current dietary recommendation that children aged 1 to 5 years drink at least 350ml of milk a day.	Thank you for your comment. In the final report, SACN has made a recommendation to government to consider developing and communicating age-appropriate portion sizes for food and drinks, including for vegetables, fruit, fruit juice and milk.
Food Active	Table 5.4 (Milk and dairy)	This table shows that some children consume large volumes of milk and milk products such like cream make a significant contribution to protein intakes. High intakes of these products are positively associated with BMI, therefore we would like to suggest the committee to review the suitability the current dietary recommendation that children aged 1 to 5 years drink at least 350ml of milk a day	Thank you for your comment. In the final report, SACN has made a recommendation to government to consider developing and communicating age-appropriate portion sizes for food and drinks, including for vegetables, fruit, fruit juice and milk.
The School Milk & Nursery Alliance	5.40 to 5.45 (Milk and dairy)	Substituting semi-skimmed cows' milk, 1% fat cows' milk and skimmed cows' milk for whole (full fat) cows' milk in the diets of children aged 12 to 18 months suggested: • Replacing whole cows' milk with semi-skimmed cows' milk for children aged 12 to 18 months would be unlikely to have a detrimental effect on nutrient intakes at the population level.	Thank you for your comment. In the final report, SACN has recommended that semi-skimmed cows' milk can be given as a main drink from age 1 year.

Organisation or individual	Paragraph	Comments	SACN reply
		• But, a move from whole milk to skimmed or 1% milk would result in a greater proportion of children below the Lower Reference Nutrient Intake for vitamin A in all groups of total dietary energy intake (TDEI) with the greatest impact in children with the highest milk consumption and lowest TDEI . • Evidence on plant-based drinks consumption in children will be summarised in the Joint SACN-COT risk assessment on plant-based drinks.	
Centre for Academic Child Health, University of Bristol	5.46 (Milk and dairy)	Plant-based drinks (PBD): There needs to be awareness of the presence or lack of fortification of PDB in the context of children's nutritional requirements – not all are fortified with calcium or iodine for example - and recommendations for PBD for children should be developed based around this. Reference Nicol et al. Iodine fortification of plant-based dairy and fish alternatives: the effect of substitution on iodine intake based on a market survey in the UK (2022) Br J Nutr	Thank you for your comment.

Organisation or individual	Paragraph	Comments	SACN reply
			The final report does not include evidence or recommendations on plant-based drinks. The nutritional and toxicological aspects associated with the consumption of plant-based drinks by children aged 1 to 5 years are being considered in a joint risk assessment being undertaken by SACN and the Committee on Toxicity (COT). Findings are expected to be published in 2024 and will include recommendations on plant-based drink consumption. More information on the work of the joint SACN-COT working group is available here.
The School Milk & Nursery Alliance	5.55 to 5.61 (Milk and dairy)	Data available were from one Systematic Review without Meta-analysis (confidence rating: low) which examined the relationship between milk consumption and body composition or weight status in childhood and included 6 Prospective Cohort Studies (PCS) in children aged 1 to 5 years. The data indicated: • Five PCS in the Systematic Review (20,418 participants) suggested no association between total milk consumption	Thank you for your comment. The final report more accurately describes the evidence identified from systematic reviews.

Organisation or individual	Paragraph	Comments	SACN reply
		and BMI or BMI z-score. in children aged 1 to 5 years with follow up period of 8 months to 4 years. The evidence was graded moderate rather than adequate due to the lack of confidence intervals and inconsistency in adjustment for confounders. • The sixth PCS (103 participants), which measured % body fat, reported that children in the highest tertile of milk consumption (411ml per day) between 3 to 5 years old had a lower % body fat compared with children in the lowest tertile of consumption (115ml per day) after 12 years of follow-up. • One PCS (in 852 participants) reported that full-fat milk consumption at age 2 years was associated with a decrease in BMI z-score at age 3 years whilst reduced-fat milk showed no association with and BMI z-score (statistics NR). • The second PCS (8300 participants) reported that there was no difference in change in BMI z-scores from ages 2 to 4 years between children who consumed full-fat milk at both ages and children who consumed reduced-fat milk. The overall conclusion was: • There was insufficient evidence to enable conclusions to be drawn on any relationship between total milk consumption and body fat or incident overweight as fewer	

Organisation or individual	Paragraph	Comments	SACN reply
		than 3 primary studies included in the SR examined these relationships.	
The Breastfeeding Network	5.101 (Breastfeeding)	Regarding the composition of breastmilk beyond the first year of life, the report could also cite Perrin et al (2017), who describe the composition of breastmilk in the second year post-partum, and highlight an increase in the concentrations of certain components, including protein, lactoferrin, lysozyme, Immunoglobulin A, oligosaccharides and sodium. Higher levels of antibodies in the breastmilk of mothers who had been breastfeeding for 2 years or more were also observed by Ramirez et al (2021), when examining breastmilk of mothers who had received a vaccination against Covid-19. Perrin, M. T., Fogleman, A. D., Newburg, D. S., & Allen, J. C. (2017). A longitudinal study of human milk composition in the second year postpartum: implications for human milk banking. Maternal & child nutrition, 13(1), e12239. Ramírez DSR, Pérez MML, Pérez MC, et al. (2021). SARS-CoV-2 antibodies in breast milk after vaccination. Pediatrics 148(5).	Thank you for drawing attention to Perrin et al (2017). However, there are a number of limitations with the study, including the likely selective (unrepresentative) nature of the participants and the extent of involution of the breast during partial weaning. Ramirez et al (2021) is on SARS-Cov-2 antibodies in the breastmilk of mothers 14 days after their second vaccination for COVID-19 and is not relevant to this report.
The Breastfeeding Network	5.103 (Breastfeeding)	We note that only one systematic review was identified that included studies that examined the relationship between breastfeeding beyond the first year of life and growth, obesity or other health outcomes. We acknowledge that there is a	Thank you for drawing attention to the systematic reviews by Yan et al (2014) and Güngör et al (2019).

Organisation or individual	Paragraph	Comments	SACN reply
		paucity of research, and particularly of SRs and MAs in this field, and that that conducting such research can be challenging as relatively few infants are currently breastfed beyond the first year of life in high-income countries, particularly in the UK and USA. However, more research does exist, and opening up the inclusion criteria to look beyond just SRs and MAs, or considering those that are not specifically looking at breastfeeding beyond the first year of life, but that do include some data from infants breastfed beyond one year could increase the knowledgebase. It was beyond the scope of this response for The Breastfeeding Network to conduct their own full review of the literature, but we would like to highlight some papers which could be included: A SR by Güngör et al (2019) shows that a longer duration of breastfeeding is associated with lower incidence of type 1 diabetes in children. One prospective cohort study within the review (Lund-Blix et al, 2015) demonstrates this effect for any breastfeeding for less than one year vs any breastfeeding for more than one year. A meta analysis by Yan et al (2014) shows a dose-dependent impact on obesity, with a longer duration of breastfeeding being associated with lower levels of obesity. Some of the studies included in the MA looked at breastfeeding for over one year. Grummer-Strawn et al (2004) found that among non-Hispanic whites, the adjusted	While Yan et al (2014) meets the inclusion criteria for this risk assessment, SACN decided that it did not warrant inclusion in the final report because it did not provide sufficient evidence to change the conclusions of the draft report. Güngör et al (2019) does not meet the inclusion criteria due to the duration of exposure to breastfeeding being less than 12 months. Unfortunately, the other references highlighted are not systematic reviews and therefore do not meet the inclusion criteria of this risk assessment.

Organisation or individual	Paragraph	Comments	SACN reply
		odds ratio of overweight by breastfeeding for 6 to 12 months versus never breastfeeding was 0.70 (95% confidence interval: 0.50 to 0.99) and for >12 months versus never was 0.49 (95% confidence interval: 0.25 to 0.95). Breastfeeding for any duration was also protective against underweight (BMI-for-age below the 5th percentile). von Kries et al (1999) found a clear dose-response effect was identified for the duration of breast feeding on the prevalence of obesity: the prevalence was 3.8% for 2 months of exclusive breast feeding, 2.3% for 3 to 5 months, 1.7% for 6 to 12 months, and 0.8% for more than 12 months. Similar relations were found with the prevalence of being overweight. (1) Güngör, D., Nadaud, P., LaPergola, C. C., Dreibelbis, C., Wong, Y. P., Terry, N., Abrams, S. A., Beker, L., Jacobovits, T., Järvinen, K. M., Nommsen-Rivers, L. A., O'Brien, K. O., Oken, E., Pérez-Escamilla, R., Ziegler, E. E., & Spahn, J. M. (2019). Infant milk-feeding practices and diabetes outcomes in offspring: a systematic review. The American journal of clinical nutrition, 109(Suppl_7), 817S–837S. (2) Nicolai A. Lund-Blix, Lars C. Stene, Trond Rasmussen, Peter A. Torjesen, Lene F. Andersen, Kjersti S. Rønningen; Infant Feeding in Relation to Islet Autoimmunity and Type 1 Diabetes in Genetically Susceptible Children: The MIDIA Study. Diabetes Care 1 February 2015; 38 (2): 257–263.	

Organisation or individual	Paragraph	Comments	SACN reply
		(3) Yan, J., Liu, L., Zhu, Y., Huang, G., & Wang, P. P. (2014). The association between breastfeeding and childhood obesity: a meta-analysis. BMC public health, 14, 1267. (4) Grummer-Strawn, L. M., Mei, Z., & Centers for Disease Control and Prevention Pediatric Nutrition Surveillance System (2004). Does breastfeeding protect against pediatric overweight? Analysis of longitudinal data from the Centers for Disease Control and Prevention Pediatric Nutrition Surveillance System. Pediatrics, 113(2), e81–e86. (5) von Kries, R., Koletzko, B., Sauerwald, T., von Mutius, E., Barnert, D., Grunert, V., & von Voss, H. (1999). Breast feeding and obesity: cross sectional study. BMJ (Clinical research ed.), 319(7203), 147–150.	
Consensus Action on Salt, Sugar and Health	5.120 (Foods high in fat, salt or free sugars)	This section must highlight that food sold in the out of home sector is likely to be higher in salt, sugars and saturated fat, and that food purchased for child consumption in this sector is therefore likely to be HFSS.	Thank you for your comment. The final report (Chapter 5 'Foods, dietary patterns and dietary components') now acknowledges the increasing contribution of foods eaten outside the home to children's diets in the UK.
First Steps Nutrition Trust	5.121 (Foods high in fat, salt or free sugars)	This paragraph suggests that the terms HFSS, processed foods and ultra-processed foods are currently used synonymously and are poorly defined and the reference given is from 2011. In our opinion this is not an appropriately	Thank you for your comment. This section has been amended in the final report to reflect the complexity of

Organisation or individual	Paragraph	Comments	SACN reply

		up to date representation of the academic discourse on ultra-processed foods, and is misleading. We strongly feel that this paragraph needs to be updated. A recent review of prospective cohort studies examining the consumption of UPFs (Dicken and Batterham 2022) concluded that the adverse health consequences of UPFs are independent of dietary quality or pattern. This paper states the following about classifications of UPFs: “Several classification systems have been developed to categorise food and drink based on levels of processing, including the International Food Information Council, International Agency for Research on Cancer and NOVA classifications. The most commonly used is the NOVA classification, which considers the nature, extent and purpose of processing, not the act of processing itself, to be important”.	the discourse around foods that are high in (saturated) fat, salt or (free) sugar, and ‘ultra-processed foods’.
			
			Thank you for drawing attention to Dicken and Batterham (2022). Unfortunately, the paper is not a systematic review and therefore does not meet the inclusion criteria for this risk assessment.
			
			SACN has been undertaking a separate risk assessment on processed foods and health. The terms of reference are:
			
			The terms of reference are:
			
			• Issue a position statement on processed foods and health. This will include
			  ○ evaluating existing classifications of processed foods, including ultra-processed foods and the NOVA classification
			  ○ evaluating the suitability and methods to apply food processing definition(s) as a dietary exposure

Organisation or individual	Paragraph	Comments	SACN reply
			○ considering the availability and quality of evidence associating different forms or levels of food processing with health outcomes • Scope any future work on this issue. The position statement is expected to be published in Summer 2023 and available on sacn.gov.uk from Summer 2023
Food Active	5.121 (Foods high in fat, salt or free sugars)	We feel this paragraph would benefit from a more up to date and consistent definition of HFSS, processed and ultra-processed foods (at present terms to describe these foods are used interchangibly). These are a particularly important food group in current day and age and should be discussed accurately within this report.	Thank you for your comment. This section has been amended in the final report to reflect the complexity of the discourse around foods that are high in (saturated) fat, salt or (free) sugar, and 'ultra-processed foods'. SACN has been undertaking a separate risk assessment on processed foods and health. The terms of reference are: The terms of reference are: • Issue a position statement on processed foods and health. This will include ○ evaluating existing classifications of processed foods, including

Organisation or individual	Paragraph	Comments	SACN reply
			ultra-processed foods and the NOVA classification ○ evaluating the suitability and methods to apply food processing definition(s) as a dietary exposure ○ considering the availability and quality of evidence associating different forms or levels of food processing with health outcomes • Scope any future work on this issue. The position statement is expected to be published in Summer 2023 and available on sacn.gov.uk from Summer 2023
First Steps Nutrition Trust	5.124 (Dietary patterns background)	Following on from our comments on 5.121 and in light of the evidence included in this section where one of the two SR is explicitly focused on ultra-processed foods (Costa et al (2018) 'Consumption of ultra-processed foods and body fat during childhood and adolescence: a systematic review'), we would like to request that the extent of processing of foods is mentioned as an important element of the diet.	Thank you for your comment. The final report now clarifies that Costa et al (2018) considered ultra-processed foods and dietary patterns characterised by ultra-processed foods. Prior to consultation, SACN concluded that there was limited or insufficient evidence from SRs on the health effects of 'ultra-processed foods' or dietary patterns characterised by consumption

Organisation or individual	Paragraph	Comments	SACN reply
			of 'ultra-processed foods' (as defined by the NOVA classification system). After consultation, SACN considered an additional SR by Cascaes et al (2022) on 'ultra-processed food' consumption and dental caries in children. SACN concluded that the SR provided insufficient evidence on the effect of consumption of 'ultra-processed foods' (as defined by the NOVA classification system) on dental caries risk in children aged 1 to 5 years. SACN has been undertaking a separate risk assessment on processed foods and health. The terms of reference are: The terms of reference are: • Issue a position statement on processed foods and health. This will include o evaluating existing classifications of processed foods, including ultra-processed foods and the NOVA classification

Organisation or individual	Paragraph	Comments	SACN reply
			○ evaluating the suitability and methods to apply food processing definition(s) as a dietary exposure ○ considering the availability and quality of evidence associating different forms or levels of food processing with health outcomes • Scope any future work on this issue. The position statement is expected to be published in Summer 2023 and available on sacn.gov.uk
First Steps Nutrition Trust	5.133 (Evidence identified on diet quality)	We would like to request that it is clarified in the body of the report that the SR by Costa et al 2018 was looking at the level of processing of foods. It is not made clear in this section that one element of unhealthy diets is the extent to which foods are processed.	Thank you for your comment. This paragraph has been amended in the final report for clarity.
First Steps Nutrition Trust	5.137 (Evidence identified on diet quality)	As for the comment on 5.133, we believe that for transparency this paragraph ought to make clear that the primary studies in the Costa et al 2018 were assessing diets with respect to processing and that one of the studies (as summarised in 5.140) was on diets rich in ultra-processed foods.	Thank you for your comment. This paragraph has been amended in the final report for clarity.

Organisation or individual	Paragraph	Comments	SACN reply
First Steps Nutrition Trust	5.139 (Diet quality)	In our opinion it would be clearer and more transparent if this paragraph stated that the 'unhealthy' diet patterns being examined were judged to be unhealthy due to the extent of processing of the foods.	Thank you for your comment. This paragraph has been amended in the final report for clarity.
First Steps Nutrition Trust	5.145 (Diet quality)	In our opinion this paragraph would be clearer if it stated how the studied diets in each of the PCS were judged to be 'unhealthy': PCS summarised in 5.140 'diets that contained mostly ultra-processed foods', 5.141 'convenience food consumption' and 5.142 'junk food dietary pattern'. (This is relevant to the recommendation in the second bullet of 11.6, see below).	Thank you for your comment. This paragraph has been amended in the final report for clarity.
British Dietetic Association – Paediatric Specialist Group	5.159 (Vegetarian and vegan diets)	Vegan diets are discussed as having gained popularity but it should not be ignored that some children require vegan diets due to the rise of food allergies which should be acknowledged separately. Data on the consumption of plant-based drinks in children on growth and nutritional status should have been included here though we recognise this may be part of work by the joint SACN-COT risk assessment group.	Thank you for your comment. The final report does not include recommendations on plant-based drinks. Recommendations on consumption of plant-based drinks by children aged 1 to 5 years will be included in a joint risks assessment that is being undertaken by SACN and the Committee on Toxicity (COT) and is expected to be published in 2024.

Organisation or individual	Paragraph	Comments	SACN reply
Judy More	5.163 (Vegetarian and vegan diets)	Epidemiological research shows that children brought up on vegan diets grow to be shorter adults than children who eat meat and milk (Grasgruber et al. 2014, Gat-Yablonski et al. 2017, Millward 2017, Morency et al. 2017). Meat and milk proteins are thought to promote optimal growth by exerting a positive influence on the growth plate of growing children. (1) Grasgruber P, Cacek J, Kalina T, et al. (Dec 2014) The role of nutrition and genetics as key determinants of the positive height trend. Economics & Human Biology 15: 81–100. (2) Gat-Yablonski G and De Luca F (2017) Effect of nutrition on statural growth. Hormone Research in Paediatrics 88(1): 46–62. (3) Millward DJ (2017) Nutrition, infection and stunting: the roles of deficiencies of individual nutrients and foods, and of inflammation, as determinants of reduced linear growth of children. Nutrition Research Reviews 30(1): 50–72. (4) Morency ME, Birken CS, Lebovic G, et al. (August 2017) Association between non-cow milk beverage consumption and childhood height. American Journal of Clinical Nutrition 106(2): 597–602.	Thank you for drawing attention to a number of references for SACN's consideration. Unfortunately, all suggested references are primary studies and therefore do not meet the inclusion criteria for this risk assessment (see paragraphs 2.4 to 2.5 of the final report). In the final report, SACN recommends that government considers monitoring the nutritional impact of a population shift towards adopting vegetarian, vegan and plant-based diets among children aged 1 to 5 years.
British Association for the Study of	5.184 to 5.197 (Probiotics)	There has been quite a bit of research into probiotics and caries. A recent review would be: Hasslof P and Stecksen-Blicks C. 2020. Probiotic bacteria and dental caries. Monogr	Thank you for drawing attention to Hasslof et al 2020. Unfortunately, the suggested reference is not a systematic

Organisation or individual	Paragraph	Comments	SACN reply
Community Dentistry		Oral Sci. 28:99-107. The conclusion states “Although a majority of these studies suggest a caries-preventive effect of probiotic bacteria, more long-term clinical studies are needed in this field before probiotics could be recommended for preventing or treating dental caries.".	review (it is a book chapter) and therefore does not meet the inclusion criteria for this risk assessment.
British Association of Paediatric Dentistry	5.184 to 5.197 (Probiotics)	There has been quite a bit of research into probiotics and caries. A recent review would be: Hasslof P and Stecksen-Blicks C. 2020. Probiotic bacteria and dental caries. Monogr Oral Sci. 28:99-107. I thought of referring to this and quoting their conclusion: “Although a majority of these studies suggest a caries-preventive effect of probiotic bacteria, more long-term clinical studies are needed in this field before probiotics could be recommended for preventing or treating dental caries.". I am also asking colleagues in Sweden if there are any updates.	Thank you for drawing attention to Hasslof et al 2020. Unfortunately, the suggested reference is not a systematic review (it is a book chapter) and therefore does not meet the inclusion criteria for this risk assessment.
Yakult	5.184 (Probiotics)	The definition and reference is less well known than the widely accepted FAO/WHO definition, summarised in a reference already present on page 227 (5.187) of the document. This definition was slightly grammatically corrected by Hill et al. in 2014. Hill, C., Guarner, F., Reid, G., Gibson, G. R., Merenstein, D. J., Pot, B., et al. (2014). Expert consensus document. The International Scientific Association for Probiotics and	Thank you for your comment. The definition has now been updated to that endorsed by the International Scientific Association for Probiotics and Prebiotics consensus statement.

Organisation or individual	Paragraph	Comments	SACN reply
		Prebiotics consensus statement on the scope and appropriate use of the term probiotic. Nat. Rev. Gastroenterol. Hepatol. 11, 506–514.	
Yakult	5.185	(1) Amend sentence to: The most common microorganisms considered to be beneficial are the bacterial genera Lactobacillus and Bifidobacterium (Guarner et al, 2017). Both names are from genera and not from species and the official Latin names at genus and species level should be in italic (2) The genus Lactobacillus is now composed of 25 genera (Zheng et al, 2020).Therefore it would be better to list this former genus as “lactobacilli” or “the former genus Lactobacillus”. (3) Often specific strains of Lactobacillus acidophilus and Lactobacillus reuteri are used in probiotic products (Bibek & Bhunta, 2008). These two species are just a fraction of the species also known to have probiotic activity (Fijan., 2014). Some of the most studied species and abundantly present in the standard food market like L. rhamnosus and L. casei are not mentioned here and it would be useful to expand on other common species in foods. Fijan et al., (2014). Microorganisms with Claimed Probiotic Properties: An Overview of Recent Literature. International	Thank you for your comments. (1) Due to government publication accessibility rules, italics cannot be used in government publications. (2) The sentence has been edited as suggested in the final report. (3) Mention of specific strains has been removed from the final report.

Organisation or individual	Paragraph	Comments	SACN reply
		Journal of Environmental Research and Public Health. 11, 4745-4767	
First Steps Nutrition Trust	5.186	We think it is essential that where the evidence around safety concerns related to infant and young child formula supplemented with probiotics is mentioned, that it be stated that these products may pose a risk to child health if they are reconstituted with water at a temperature less than 70 degrees Celsius, as any bacteria in the powder would not be killed. This is relevant because such products commonly have on their labels (and are legally allowed to do so) instructions to use water less than 70 degrees Celsius to avoid killing the probiotics.	Thank you for your comment. The final report includes preparation (or reconstitution) or heating advice for formula.
Yakult	5.186	ESPGHAN does not recommend routine use of probiotic-supplemented formula (Braegger et al, 2011). ESPGHAN has revised their recommendations based on more recent trials including: Hojsak, Fabiano, Lucian Pop, Goulet, Zuccotti et al., (2018) Guidance on the use of probiotics in clinical practice in children with selected clinical conditions and in specific vulnerable groups. Acta Paediatrica, 107(6), 927-937. 2016 Probiotics for the prevention of Antibiotic-associated diarrhea in children	Thank you for your comment. This paragraph relates to use of probiotic-supplemented infant formula in healthy children. The suggested references relate to children with clinical conditions, acute illness or undergoing treatment, a population group that is outside the scope of this risk assessment.

Organisation or individual	Paragraph	Comments	SACN reply
Yakult	5.188	Food supplements follow the same regulation as foods, so also food supplements cannot use the term “probiotic” without a formally approved health claim. - The European Society for Primary Care Gastroenterology (ESPCG) has provided a guide to these products (Hungin et al, 2013). Response: This document has been revised since in 2018.	Thank you for your comment. The paragraph has been amended in the final report as suggested.
First Steps Nutrition Trust	5.198	We would like to request that a correction is made as whilst ‘LNCS’ can be used in place of sugars and syrups it is commonplace that they are used as well as sugars and syrups.	Thank you for your comment. The relevant paragraph has been amended in the final report as deemed appropriate.
Yakult	5.189	There are additional studies, not considered in these reviews Setiawan, E. A., Rianda, D., Kadim, M., Susanto, F., Kok, F. J., Shankar, A. H., & Agustina, R. (2021). Tenth year reenrollment randomized trial investigating the effects of childhood probiotics and calcium supplementation on height and weight at adolescence. Scientific reports, 11(1), 1 to 9.	Thank you for your comment. The suggested reference is a primary study and therefore does not meet the inclusion criteria of this risk assessment.
Consensus Action on Salt, Sugar and Health	5.201	With regards to non-nutritive sweeteners, we recommend the inclusion of the World Health Organization’s (WHO) recommendations here. To date, sweeteners have been classed as safe for use, however these sweeteners are frequently used by the food and drink industry as a	Thank you for your comment. After consultation, SACN considered the WHO (2022) systematic review with meta-analyses on the health effects of non-sugar sweeteners in relation to body

Organisation or individual	Paragraph	Comments	SACN reply
		compromise in what should be longer-term sugar reduction goals. Their prevalent use in products such as sweetened drinks is also problematic for families, as sweeteners should not be consumed at all by infants and young children. The WHO is right to imply that these should only be used as a short term solution, and it is this guidance from the WHO that is so instrumental in the development and implementation of health policies globally. While potentially less sweet than sugar, like-for-like, sweeteners do not reduce taste preference for sugar which would help consumers eat less sugary foods over time. Governments that have sugar reduction policies or guidance for the food industry must include guidance and support on the use of sweeteners.	weight of children aged 1 to 5 which informed the WHO 2023 guidelines on non-sugar sweeteners. SACN concluded that the SR provided insufficient evidence of no association between higher compared with lower consumption of non-sugar sweeteners (in drinks) and body weight in children aged 1 to 5 years. SACN also concluded that there was insufficient evidence that sweet taste exposure affects the development of children's preferences for, or consumption of, sweet foods and beverages in the diet (see Chapter 7 of the final report).

Organisation or individual	Paragraph	Comments	SACN reply
			In the final report, SACN has recommended that government consider monitoring intakes of non-nutritive sweeteners (NNS) in children aged 1 to 5 years and makes a research recommendation to examine the potential short- and long-term health effects of consuming non-nutritive sweeteners in children aged 1 to 5 years. SACN discussed the issue of non-nutritive sweeteners (NNS) at its horizon scanning meeting in June 2022. In light of the mixed evidence base and the potential increase in intakes as a result of the Soft Drinks Industry Levy, SACN agreed to add NNS to their watching brief, to consider the evidence base as it develops and any available information on trends in intakes and use of NNS. At its meeting in June 2023, SACN agreed to consider the WHO guidance on non-sugar sweeteners (and associated systematic review) and consider if additional assessment is required.

Organisation or individual	Paragraph	Comments	SACN reply
First Steps Nutrition Trust	5.201	We would like to request that the SR with MA on Non-Nutritive Sweeteners by Rios-Leyvraz and Montez (2022) is used in place of Karalexi et al 2018 and that the evidence review and relevant recommendations are updated accordingly, in line with the WHO's latest recommendations.	Thank you for your comment. SACN considered the WHO (2022) systematic review with meta-analyses on the health effects of non-sugar sweeteners in relation to body weight of children aged 1 to 5. SACN concluded that the SR provided insufficient evidence of no association between higher compared with lower consumption of non-sugar sweeteners (in drinks) and body weight in children aged 1 to 5 years.

Table 7. Chapter 6 – Eating and feeding behaviours

Organisation or individual	Paragraph	Comments	SACN reply
First Steps Nutrition Trust	Headings and subheadings pages 240 to 256	In our opinion, the headings from pages 240 to 256 are unclear as they have been abbreviated too much (e.g. “Evidence identified on caregiver feeding practices and styles on children’s food acceptance, dietary intake and body composition or weight status” would be clearer if it was “Evidence identified on the effect of caregiver feeding practices and styles on children’s food acceptance, dietary intake and body composition or weight status”.	Thank you for your comment. These have been amended in the final report as appropriate.
NHS Greater Glasgow and Clyde	General	No comments made – the messages are clear and no additional studies for consideration were found.	Thank you for your comment.
Consensus Action on Salt, Sugar and Health	6.2 (Background)	Salty taste preferences are mentioned within this paragraph, with reference to increasing acceptance due to exposure to salt. This must be expanded to highlight the meaning here i.e. exposure to food from both retail and out of home sectors that contains added salt, and home cooking.	Thank you for your comment. This paragraph relates to the physiological basis of the development of taste acceptance and is not intended to describe the wider determinants of salt intake in the diet.
First Steps Nutrition Trust	6.12 (Background)	We think it is important that the wider (societal) food environment is mentioned, as highlighted above. We believe this is vital to contextualise the home food environment and to counter any undue focus being placed on the need for individual behaviour change to	Thank you for your comment. Text has been added to the final report acknowledge the wider societal context of young child feeding.

Organisation or individual	Paragraph	Comments	SACN reply
		improve diets and nutritional status above other measures, such as improved regulatory controls on inappropriate food marketing.	
Food Active	6.12 (Background)	We believe it is important that the wider food environment is mentioned in this paragraph, as mentioned in the first table in this response. This will help to contextualise the home food environment and place any unwanted emphasis on the focus being about individual behaviour change to improve diets, rather than improvements to the wider food environment	Thank you for your comment. Text has been added to the final report to acknowledge the wider societal context of young child feeding.
Aston University and MRC Lifecourse Epidemiology Unit, University of Southampton	6.74 (Repeated visual exposure)	There are additional studies which could be considered for the effects of increasing visual exposures to fruits and vegetables on consumption, all of which reported positive effects either on a target vegetable, or generalised to other vegetables as well. We recently reviewed these as part of our systematic scoping review on influences on the dietary intakes of preschool children: Review: Jarman M, Edwards K, Blissett J. Influences on the dietary intakes of preschool children: A systematic scoping review (2022). IJBNPA Studies assessing visual exposure on fruit and vegetable intake: Farrow C, Bletcher E, Coulthard H, Thomas J. T, Lumsden J, Hakobyan L, Haycraft E. Using repeated visual exposure, rewards and modelling in a mobile application to increase vegetable acceptance in children. 2019 Appetite. 141.	Thank you for your comment. The suggested references are not SRs and therefore do not meet the inclusion criteria for this risk assessment.

Organisation or individual	Paragraph	Comments	SACN reply
		Owen L.H, Kennedy O.B, Hill C, Houston-Price C. Peas, please! Food familiarization through picture books helps parents introduce vegetables into preschoolers' diets. 2018 Appetite 128:32-43. Rioux C, Lafraire J, Picard D. Visual exposure and categorization performance positively influence 3- to 6-year-old children's willingness to taste unfamiliar vegetables. 2018 Appetite 120:32-42	
Aston University and MRC Lifecourse Epidemiology Unit, University of Southampton	Caregiver feeding practices on children's food consumption	(1) Although we recognise the limitations of the majority of study designs assessing the impact of caregiver feeding practices on children's food intakes there is no mention of the use of pressure to eat, which has consistently been associated with indicators of poorer diets. Although direction of effect is difficult to untangle it is generally considered an unfavourable caregiver feeding practice: Evidence: Galloway A, Fioito L.M, Francis L.A, Birch L.L 'Finish your soup': Counterproductive effects of pressuring children to eat on intake and affect 2006. Appetite 46:3:318-323 Gregory J, Paxton S, Brozovic A.M. Maternal feeding practices predict fruit and vegetable consumption in young children. Results of a 12-month longitudinal study 2011 Appetite 57:1:167-172 Harris H, Mallan K, Nambiar S, Daniels L. The relationship between controlling feeding practices and boys' and girls' eating in the absence of hunger. 2014. Eating Behaviors. 15:4:519-522	(1) The potential impact of parental or caregiver pressuring a child to eat is acknowledged in paragraphs 7.7 and 7.11 of the final report and covered more substantially in paragraphs 7.113 to 7.115 of the final report. (2) Caregiver management of the household food environment is acknowledged in paragraph 7.12 of the final report. Thank you for drawing attention to several references. Unfortunately, the references highlighted are not systematic reviews and therefore do not meet the inclusion criteria for this risk assessment.

Organisation or individual	Paragraph	Comments	SACN reply
		Holley C, Farrow C, Haycraft E. Investigating the role of parent and child characteristics in healthy eating intervention outcomes. 2016. Appetite 105:291-297 McPhie S, Skouteris H, McCabe M, Ricciardelli L, Milgrom J, Baur L, Dell'Aquila. Maternal predictors of preschool child-eating behaviours, food intake and body mass index: a prospective study. 2012.Early Child Development and Care.182:8:999-1014 (2) Furthermore there is evidence that management of the child's food environment (covert control, availability or accessibility of foods) is related to young children's dietary intakes, which is currently missing. Evidence: Haire-Jashu D, Elliott M, Caito N, Hessler K, Nanney M, Hale N, Boehmer T, Kreuter M, Brownson R. High 5 for Kids: the impact of a home visiting program on fruit and vegetable intake of parents and their preschool children. 2008. Preventative Medicine. 47:1:77-82 Jarman M, Ogden J, Inskip H, Lawrence W, Baird J, Cooper C, Robinson S, Barker M. How do mothers manage their preschool children's eating habits and does this change as children grow older? A longitudinal analysis. 2015. Appetite 95:466-474 Mirotta J, Darlington G, Bucholtz A, Haines J, Ma D, Duncan A. Guelph Family Health Study's Home-Based Obesity Prevention Intervention Increases Fibre and Fruit Intake in Preschool-Aged	

Organisation or individual	Paragraph	Comments	SACN reply
		Children. 2018. Canadian Journal of Dietetic Practice and Research. 79:2:86-90. Inclusion of these areas could benefit the report by providing a more comprehensive view of the whole picture.	

Table 8. Chapter 7 – Excess weight

Organisation or individual	Paragraph	Comments	SACN reply
NHS Greater Glasgow and Clyde	General	Define what is meant by the term ‘obesogenic environment’.	Thank you for your comment. The definition has been added to the Glossary of the final report as suggested.
British Specialist Nutrition Association – BSNA	7.2 (Background)	In growing children, BMI varies with age and sex. Therefore, body mass index z-scores adjusted for a child’s age and sex are used and expressed as BMI standard deviation (SD) scores. The derived z-score states refers to the number of standard deviations or z-scores below or above the reference mean or median value (De Onis et al., 2016). Given a child's age, sex, BMI and use of an appropriate reference, meaningful BMI z-scores (or its equivalent BMI-for-age percentiles) can be determined (Cole, 2012). References: De Onis, M., Blössner, M., & Borghi, E. (2016). WHO global database on child growth and malnutrition. World Heal Organisation, 25, 228-34 Cole TJ. (2012). The development of growth references and growth charts. Annals of human biology. Sep 1;39(5):382-94.	Thank you for your comment. The paragraph has been amended in the final report as suggested.
Consensus Action on Salt,	7.8 (Early life determinants of obesity)	Early life determinants of obesity must include wider food environment influences, such as marketing of products.	Thank you for your comment. The final report acknowledges wider environmental determinants (for example, household socioeconomic

Organisation or individual	Paragraph	Comments	SACN reply
Sugar and Health			circumstances, the role of food marketing, availability of commercial baby foods aimed at this age group) of young children's dietary intakes and behaviours.
First Steps Nutrition Trust	7.10 and 7.11 (Early life determinants of obesity)	We think it is important to acknowledge the wider environment. Modifying the home environment in order to enable improvements in diets may be important, but without stressing that changes are needed at societal level we believe this creates undue focus on the need for individual behaviour change. We would like to request that one particular sentence is revisited and put in to context because at present we find it misleading and unhelpful: 'interventions which are home based and that include parents or families may be the most effective at preventing obesity'.	Thank you for your comment. The final report acknowledges wider environmental determinants (for example, household socioeconomic circumstances, the role of food marketing, availability of commercial baby foods aimed at this age group) of young children's dietary intakes and behaviours.
Food Active	7.10 and 7.11 (Early life determinants of obesity)	Making positive changes within the home environment is an important factor, however the impact this has may be limited if improvements to the wider food environment and commercial determinants of health are not also made alongside – such as addressing marketing of commercially available baby food and health claims on packaging. We would therefore like to request that this sentence is reviewed and put in to context because at present we find it misleading and unhelpful 'interventions which are home based and that include parents or families may be the most effective at preventing obesity'. We feel that this places the	Thank you for your comment. The final report acknowledges wider environmental determinants (for example, household socioeconomic circumstances, the role of food marketing, availability of commercial baby foods aimed at this age group) of young children's dietary intakes and behaviours.

Organisation or individual	Paragraph	Comments	SACN reply
		majority of responsibility at a household level and on the parent and carers, when we know that the situation is much more complex than this.	
British Dietetic Association – Paediatric Specialist Group	7.16 (Weight status of young children in the UK)	NCMP data collected in 2019 to 2020 was methodically different to collection methods of previous years so this should be recognised as results are not reliable (may misrepresent true effect of Covid-19 pandemic)	Thank you for your comment. The final report now includes the most recent NCMP data.
NHS Greater Glasgow and Clyde	7.16 (Weight status of young children in the UK)	"Severe obesity" This term has been referred to a number of times throughout section 7. Consider providing a definition to this term or BMI or percentile cut-off's to put into context.	Thank you for your comment. A definition of 'severe obesity' has been added to the glossary of the final report.
British Specialist Nutrition Association – BSNA	7.18 (Weight status of young children in the UK)	The overall increase in prevalence of overweight and obesity suggests that total dietary energy intake (TDEI) in school-aged children substantially exceeded energy requirements. Statement needs a reference.	Thank you for your comment. The sentence has been removed from the final report.
British Dietetic Association – Paediatric Specialist Group	7.32 (Evidence identified on child growth trajectory and adult BMI or weight status)	Confounding factors could have been explored more, mentioned briefly, that may add strength or weakness to interpretation of the evidence.	Thank you for your comment. Paragraph 8.80 in the final report acknowledges that the evidence on the relationship between child weight status and adult weight status is predictive rather than causal therefore adjusting for confounding

Organisation or individual	Paragraph	Comments	SACN reply
			factors in this context would be inappropriate.
First Steps Nutrition Trust	7.35 (Rapid early growth and adult BMI)	We would like to request that this paragraph gives a summary of what the committee's report on the first year of life concluded about rapid growth in infancy in order to better enable contextualisation of the evidence for children from 1 to 5 years of age.	Thank you for your comment. The final report now includes the conclusions from SACN's 2018 'Feeding in the first year of life' report.
First Steps Nutrition Trust	7.77 (Summary of the evidence relating to excess weight and obesity)	(1) We request that the evidence presented in this paragraph is given alongside the existing dietary guidance that infants and young children on drinks which includes to avoid giving them 'diet drinks and no added sugar drinks', i.e. drinks containing non-nutritive sweeteners. (2) With respect to the sentence reporting that consumption of SSBs, compared with non-calorically sweetened beverages, results in greater weight gain and increases in BMI in children aged 5 years and older, we would like to request that SACN acknowledge available evidence comparing SSB consumption with water as summarised in the recent SR or MA on Non-Nutritive Sweeteners by Rios-Leyvraz and Montez (2022). This review concludes: "The results of this review suggest that, in shorter-term RCTs, those consuming NSS had lower body weight and BMI at the end of the trials than those not consuming NSS, particularly when compared with sugars (including when	Thank you for your comments. (1) This section summarises the evidence identified on excess weight and obesity. Recommendations are stated in Chapter 12 of the final report. (2) The final report now clarifies that the comparison that was made in the systematic review by Te Morenga et al (2012) was between higher consumption of sugar-sweetened beverages (SSBs) and lower consumption of SSBs rather than no or low-calorie beverages including water. After consultation, SACN considered the WHO (2022) systematic review with meta-analyses on the health effects of non-sugar sweeteners in relation to body

Organisation or individual	Paragraph	Comments	SACN reply
		NSS were explicitly used as replacements for sugars), but not when compared with water".	weight of children aged 1 to 5. SACN concluded that the SR provided insufficient evidence of no association between higher compared with lower consumption of non-sugar sweeteners (in drinks) and body weight in children aged 1 to 5 years.
Food Active	7.77 (Summary of the evidence relating to excess weight and obesity)	(1) We request that the evidence presented in this paragraph is given alongside the existing dietary guidance that infants and young children on drinks which includes to avoid giving them 'diet drinks and no added sugar drinks', i.e. drinks containing non-nutritive sweeteners. (2) With respect to the sentence reporting that consumption of SSBs, compared with non-calorically sweetened beverages, results in greater weight gain and increases in BMI in children aged 5 years and older, we would like to request that SACN acknowledge available evidence comparing SSB consumption with water as summarised in the recent SR with MA on Non-Nutritive Sweeteners by Rios-Leyvraz and Montez (2022). This review concludes: The results of this review suggest that, in shorter-term RCTs, those consuming NSS had lower body weight and BMI at the end of the trials than those not consuming NSS, particularly when compared with sugars (including when NSS were explicitly used as replacements for sugars), but not when compared with water.	Thank you for your comment. (1) This section summarises the evidence identified on excess weight and obesity. Recommendations are stated in Chapter 12 of the final report. (2) The final report now clarifies that the comparison that was made by the systematic review by Te Morenga et al (2012) was between higher consumption of sugar-sweetened beverages (SSBs) and lower consumption of SSBs rather than no or low-calorie beverages including water. SACN considered the WHO (2022) systematic review with meta-analyses on the health effects of non-sugar

Organisation or individual	Paragraph	Comments	SACN reply
			sweeteners in relation to body weight of children aged 1 to 5. SACN concluded that the SR provided insufficient evidence of no association between higher compared with lower consumption of non-sugar sweeteners (in drinks) and body weight in children aged 1 to 5 years.
University of Bristol	7.80 (Summary of the evidence relating to excess weight and obesity)	The second bullet points states “However, no evidence was identified on whether portion sizes directly impact children’s body weight”. To my knowledge, one prospective cohort study by Syrad et al., (2016) has explored this relationship and therefore could be included in this report. The study explored prospective associations between meal size and meal frequency measured at age 21 months and weight gain from two to five years. Meal size was defined as the average energy (kcal) consumed per eating occasion in which food (and drink if consumed with food) was consumed at a single clock time. The study analysed data from the Gemini Twin birth cohort. The study was adjusted for potential confounders including birth weight, sex, gestational age, baseline weight and age at completion of diet diaries. Findings showed for a 10kcal increase in meal size at 21 months, a child’s growth rate increased by an additional 1.5g per week (4% above the average growth rate). This study	Thank you for bringing attention to primary research. Unfortunately, evidence from primary research does not meet the inclusion criteria for this risk assessment.

Organisation or individual	Paragraph	Comments	SACN reply
		suggests the consumption of larger portion sizes at a young age can lead to excessive weight gain during the preschool years. Full reference: Syrad, H., Llewellyn, C.H., Johnson, L., Boniface, D., Jebb, S.A., Van Jaarsveld, C.H. and Wardle, J., 2016. Meal size is a critical driver of weight gain in early childhood. Scientific reports, 6(1), pp.1-7.	

Table 9. Chapter 8 – Oral Health

Organisation or individual	Paragraph	Comments	SACN reply
Dr Eduardo Bernabe	General	I would recommend adding this reference to support the fact that early introduction (within the first year of life) of sugars in the diet will push children into a higher trajectory of dental caries levels over time (from age 1 to age 4 years). This is consistent with evidence on trajectories in childhood obesity.	Thank you for drawing attention to Bernabé et al 2020. Unfortunately, the suggested reference is a primary study, which does not meet the inclusion criteria of this risk assessment.
British Association for the Study of Community Dentistry	General	The overall impression is that oral health is considered as important (chapter 8 is devoted to it) and that the recommendations on restricting free sugars are strong: as in the SACN Carbohydrates report, this is for both obesity and caries prevention. We are happy to see that the figure of <5% E is given for free sugars in chapter 10 (Conclusions) and elsewhere. However, the area concerned with Vitamin D and oral health is not as strong and would benefit from further work the advice for on-demand and pro-longed breast feeding, both of which can contribute to rampant childhood caries. See details below on page 130 and 132 relating to paragraphs 8.78 and 8.79 of the draft report.	Thank you for your comment. The section on vitamin D has now been expanded to include more details on the potential mechanisms by which vitamin D deficiency increases risk of dental caries.
Consensus Action Action on Salt, Sugar and Health	General	Given the impact of dental caries in young children, and the prevalence of these caries which are the leading reason young children are admitted to hospital, we question why oral health has been separated from other health outcomes into a separate section at the end of the report. For example, sections relating to	Thank you for your comment. SACN decided to base the structure of this report on that of SACN's 'Feeding in the first year of life'

Organisation or individual	Paragraph	Comments	SACN reply
		fruit juice and milk or dairy products do not cover oral health, implying this is not a consideration. We recommend that evidence related to oral health, however limited, be highlighted throughout the report.	report, which included a separate chapter on oral health given that it is an important health outcome in this age group. Where appropriate, signposting to the oral health chapter has now been added throughout the final report. In addition, SACN's research recommendations recognise the potential impact of fruit juice consumption on health (including oral health) through its free sugars content.
Dental Public Health Group, Department of Epidemiology and Public Health, UCL	General	This chapter is excellent. We welcome the chapter's emphasis on the importance of oral health for children's health and development, and need to reduce oral health inequalities for this age group. We find the overview of the existing evidence in relation to free sugars intake and breastfeeding highly useful.	Thank you for your comment.
NHS Greater Glasgow and Clyde	General	The SACN have used the AMSTAR 2 appraisal tool in the review of the evidence, whereas Delivering Better Oral Health used the GRADE system. It is apparent there is a difference in the weighting of the quality of the evidence base between SACN and	Thank you for your comment. AMSTAR 2 and GRADE are different tools with different purposes. AMSTAR 2 is used to

Organisation or individual	Paragraph	Comments	SACN reply
		Delivering Better Oral Health. Whilst this may be a function of the different tools, or the interpretation of the evidence base by those utilising the tools, this may lead to some debate.	assess the quality of individual systematic reviews. GRADE is an approach for assessing the certainty of the totality of evidence of a given exposure-outcome relationship for the purposes of formulating recommendations.
NHS Greater Glasgow and Clyde Dietetic Service	General	(1) Many areas the UK: England and Wales have Fluoride added to the water. However, no water supplies have Fluoride added to water in Scotland. The document reads as England and Wales centric. The document needs to include all UK countries. (2) Scotland's position on breast feeding is still focused on increasing the number of breast feeding mums and does not have a focus on pro-longed breast feeding.	Thank you for your comments. (1) Text has now been added to to note that there is variation in UK nations regarding fluoridation of water supplies. (2) This is a risk management issue that is outside the scope of this risk assessment.
World Breastfeeding Trends initiative UK (WBTi)	General	We welcome the mention that breastfeeding helps to prevent dental malocclusion	Thank you for your comment.
Dental Public Health Group, Department of Epidemiology	8.2 (Background)	In our view, the causal role of dietary (free) sugars in the development of dental caries could be spelled out more clearly. See also: Sheiham A and James WP (2015): Diet and Dental	Thank you for your comment. Text has been added to the final report as suggested.

Organisation or individual	Paragraph	Comments	SACN reply
and Public Health, UCL		Caries: The Pivotal Role of Free Sugars Reemphasized. J Dent Res, 94(10), 1341-1347.	
First Steps Nutrition Trust	8.2 (Background)	We would like to request the committee to revisit this paragraph as it suggests that dietary sugars are always required for dental decay, when our understanding is that foods and drinks with a low pH can also cause erosion even if they do not contain sugars.	Thank you for your comment. The final report now distinguishes between dental decay (caries) which always requires sugars to be present and dental erosion which does not require sugars to be present but is caused by dietary acids (and intrinsic and environmental acids). The final report focuses on dental caries.
NHS Greater Glasgow and Clyde	8.8 (UK guidance for oral health improvement)	(1) 'parents or carers should brush their children's teeth up to the age of 3 years, and brush or supervise tooth brushing from ages 3 to 6 years' In attempting to summarise the guidance, SACN have omitted important contextual advice. Adult supervision of tooth brushing should not cease after the age of 6. Delivering Better Oral Health states: "Parents or carers should brush their young children's teeth. In the absence of evidence from home settings, expert opinion suggests that they need to be helped and supervised by an adult, when brushing, until at least 7 years of age (based on findings from	Thank you for your comment. The paragraph highlights the main recommendations for dental caries prevention that focus on feeding practices, dietary intake and oral hygiene. The final report now refers the reader to Delivering Better Oral Health for more detailed guidance, which ensures a consistent UK wide approach to prevention of oral diseases, including informing oral

Organisation or individual	Paragraph	Comments	SACN reply
		supervised brushing at schools, which show significant caries reduction). "From 7 years of age, many children can brush their own teeth but will still require supervision, motivation, and possibly assistance". SACN may wish to consider rewording this section to avoid providing misleading advice. (2) ‘See a dentist as soon as the first tooth appears and no later than the first birthday (BSPD, 2016)’ This is appropriate, but perhaps we should not lose sight of the important messages relating to good oral health behaviours and good feeding or weaning. Early engagement between the wider dental team, Health Visiting and families can provide the important advice and support, even before the first primary teeth erupt. (3) ‘Use fluoridated toothpaste containing at least 1,000 ppm fluoride’ This is technically correct, but in Scotland, we recommend using the appropriate age-related quantity of adult fluoride toothpaste for children i.e. 1350 to 1500 ppm fluoride. This is because the anti-caries effect is linked to the concentration of fluoride, not the quantity. Delivering Better Oral Health states: "Brushing should start as soon as the first primary tooth erupts using toothpaste containing at least 1,000 ppmF" It then states:	health improvement policies in Scotland.

Organisation or individual	Paragraph	Comments	SACN reply
		"For children at higher risk of oral disease, a family fluoride toothpaste (1,350 to 1,500 ppmF) is indicated for maximum caries control, except where children cannot be prevented from eating toothpaste". SACN may wish to revisit this section to ensure clarity on guidance. Emphasis could be provided on the appropriate quantity of paste applied to the brush (and avoiding ingestion of toothpaste).	
The Breastfeeding Network	8.9 to 8.12 (Breastfeeding and bottle feeding and oral health)	Within the background to the section on breastfeeding and oral health, we suggest the report note that research shows that breastmilk is linked with increased tooth decay only in the presence of other carbohydrates, and alone is not cariogenic (Erickson and Mazhari, 1999). Therefore, it is essential that studies examining the association between breastfeeding and tooth decay consider and control for other factors such as timing of breastfeeds, diet and oral hygiene measures. Breastfeeding at night in particular could be linked to increased risk of ECC if other oral hygiene measures, such as tooth brushing before bed and then consuming no other foods or drinks apart from breastmilk or water after tooth brushing, are not observed. Erickson, P. R., & Mazhari, E. (1999). Investigation of the role of human breast milk in caries development. Pediatric dentistry, 21(2), 86–90.	Thank you for your comment. There is insufficient evidence to make this claim as it is based only on a laboratory experiment of human breast milk on acid production. However, it does emphasise the important point about the failure of studies to adequately consider and adjust for sugars in the complementary feeding diet as well as patterns (nocturnal, frequency of feeds, and oral hygiene) (addressed in both the draft and final report) and the need for better research (good quality cohort studies).

Organisation or individual	Paragraph	Comments	SACN reply
First Steps Nutrition Trust	8.9 (Breastfeeding and bottle feeding and oral health)	Given that this section on breastfeeding, bottle feeding and oral health highlights that the WHO recommendation is for breastfeeding to continue up to 2 years and beyond (and the committee make a recommendation in 11.2 to support breastfeeding in to the second year), we would like to suggest that it would be appropriate to include a paragraph (or to include in 8.10) comment on the nutrient composition of infant milks marketed for 12 to 24 month olds (growing up and toddler milks), particularly that they are high in free sugars.	Thank you for your comment. Text has been added to the final report as suggested.
British Association for the Study of Community Dentistry	8.10 (Breastfeeding and bottle feeding and oral health)	Add that bovine milk is non-cariogenic and may be protective, quoting the above WHO 2003 reference: [WHO. 2003. Diet, nutrition and the prevention of chronic diseases. WHO Technical report Series 916. Report of a joint WHO/FAO expert consultation. Geneva: WHO Table 14, page 118] Evidence – possible; milk – protective to dental caries.	The reference has been included in the final report. Thank you.
British Association of Paediatric Dentistry	8.10 (Breastfeeding and bottle feeding and oral health)	Add that bovine milk is non-cariogenic and may be protective, quoting the above WHO 2003 reference: [WHO. 2003. Diet, nutrition and the prevention of chronic diseases. WHO Technical report Series 916. Report of a joint WHO/FAO expert consultation. Geneva: WHO Table 14, page 118] Evidence – possible; milk – protective to dental caries.	The reference has been included in the final report. Thank you.

Organisation or individual	Paragraph	Comments	SACN reply
First Steps Nutrition Trust	8.10 (Breastfeeding and bottle feeding and oral health)	We would like to suggest that this paragraph mentions infant formulas containing cariogenic sugars, some of which are available for sale on supermarket and pharmacy shelves and marketed in a way in which consumers are not made aware of the risks to dental health. Such products include lactose-free infant formula (which the infant formula and follow on formula law now permits to be marketed as infant formula and not as a food for special medical purpose), soya infant milks and some 'comfort milks' which contain glucose syrup and maltodextrin.	Thank you for your comment. The final report now includes a section on formula milks (see Chapter 6 'Drinks') in which the free sugars content of milks marketed for children aged over 1 year is highlighted.
The Breastfeeding Network	8.10 to 8.13 (Breastfeeding and bottle feeding and oral health) 8.35 to 8.46 (Evidence identified on breastfeeding and dental caries)	We note that although the systematic review by Moynihan et al (2019) is referenced in paragraph 8.10, it is not included in the data analysis as detailed in 8.13. This SR concluded that "The best available evidence indicates that breastfeeding up to 2 years of age does not increase ECC risk.". We ask if this could be included in the evidence considered on breastfeeding and dental caries. A further review by Branger et al (2019) could be included. This further highlights the inconsistency and paucity of data on breastfeeding and ECC for children over 1 year, and the need for more research. Moynihan P, Tanner LM, Holmes RD, Hillier-Brown F, Mashayekhi A, Kelly SAM, et al (2019) Systematic Review of Evidence Pertaining to Factors That Modify Risk of Early Childhood Caries. JDR Clinical & Translational Research. 4(3):202-216.	Thank you for drawing attention to Moynihan et al (2019) and Branger et al (2019). The final report now includes evidence from Moynihan et al (2019). Unfortunately, Branger et al (2019) is not a systematic review and therefore does not meet the inclusion criteria of this risk assessment.

Organisation or individual	Paragraph	Comments	SACN reply
		B. Branger, F. Camelot, D. Droz, B. Houbiers, A. Marchalot, H. Bruel, E. Laczny, C. Clement, Breastfeeding and early childhood caries. Review of the literature, recommendations, and prevention, Archives de Pédiatrie, Volume 26, Issue 8, 2019, Pages 497-503	
First Steps Nutrition Trust	8.13 (Breastfeeding and bottle feeding and oral health)	We would like to draw your attention to a relevant SR and MA on UPF consumption and dental caries in children and adolescents, which we would request you include as it fits your criteria for evidence. The study concludes: "The findings suggest that higher UPF consumption is associated with greater dental caries in children and adolescents. Public health efforts to reduce UPF consumption are needed to improve the oral health of children and adolescents".	Thank you for drawing attention to Cascaes et al (2022). SACN considered the SR and concluded that it provided insufficient evidence on the impact of consuming 'ultra-processed foods' (as defined by the NOVA classification system) on dental caries risk in children aged 1 to 5 years.
British Association for the Study of Community Dentistry	8.18 (Limitations of the evidence on oral health)	To include this reference in this paragraph: Ha DH et al. 2019. Fluoridated water modifies the effect of breast-feeding on dental caries. J Dent Res 98:755-762.	Thank you for drawing attention to Ha et al (2019). SACN concluded that this reference did not provide additional information.
British Association of Paediatric Dentistry	8.18 (Limitations of the evidence on oral health)	To include this reference in this paragraph: Ha DH et al. 2019. Fluoridated water modifies the effect of breast-feeding on dental caries. J Dent Res 98:755-762.	Thank you for drawing attention to Ha et al (2019). SACN concluded that this reference did not provide additional information.

Organisation or individual	Paragraph	Comments	SACN reply
(Andrew Rugg Gunn)			
British Association for the Study of Community Dentistry	8.31 (Sugars intake and dental caries)	Add to Table 8.1: a line below ‘Free sugars intake’ – ‘Sugars-containing foods and drinks’, as in the first line of 8.31.	Thank you for your comment. In the final report, evidence on intake of free sugars has been separated from evidence on foods and drinks that contain free sugars.
British Association of Paediatric Dentistry	8.31 (Sugars intake and dental caries)	Add to Table 8.1: a line below ‘Free sugars intake’ – ‘Sugars-containing foods and drinks’, as in the first line of 8.31	Thank you for your comment. In the final report, evidence on intake of free sugars has been separated from evidence on foods and drinks that contain free sugars.
British Association for the Study of Community Dentistry	8.44 and Table 8.2 (Breastfeeding and dental caries)	Add to Table 8.2: two lines – Breastfeeding beyond 18mo; Breastfeeding beyond 24months.	Thank you for your comment. SACN decided that the comparator of breastfeeding beyond 18 months was not relevant for this risk assessment because it is not a time point that is reflected in current breastfeeding guidelines. SACN reviewed evidence from Moynihan et al (2019) and concluded that there was insufficient evidence on any relationship

Organisation or individual	Paragraph	Comments	SACN reply
			between breastfeeding beyond 24 months and development of dental caries.
British Association of Paediatric Dentistry	8.44 and Table 8.2 (Breastfeeding and dental caries)	Add to Table 8.2: two lines – Breastfeeding beyond 18mo; Breastfeeding beyond 24mo.	Thank you for your comment. SACN decided that the comparator of breastfeeding beyond 18 months was not relevant for this risk assessment because it is not a time point that is reflected in current breastfeeding guidelines. SACN reviewed evidence from Moynihan et al (2019) and concluded that there was insufficient evidence on any relationship between breastfeeding beyond 24 months and development of dental caries
3.British Association for the Study of Community Dentistry	8.52 (Use of bottles for milk feeds and dental caries)	Add to this paragraph “Free sugars should not be added to bottles containing milk or formula feed”.	Thank you for your comment. Text has been added to the final report as suggested.

Organisation or individual	Paragraph	Comments	SACN reply
British Association of Paediatric Dentistry	8.52 (Use of bottles for milk feeds and dental caries)	Add to this paragraph “Free sugars should not be added to bottles containing milk or formula feed”.	Thank you for your comment. Text has been added to the final report as suggested.
British Association of Paediatric Dentistry	8.78 (Vitamin D deficiency and dental caries)	While I agree with what is written in this paragraph, there needs to be acknowledgement of other likely mechanisms by which vitamin D deficiency may enhance caries development. This is alluded to in the middle of the left-hand column on page 905 of Zerofsky’s paper. See also Williams TL, 2021. Nutrients; 13: 4465, fourth paragraph of Introduction, for description of other mechanisms. These mechanisms are related to immunological response and not related to vitamin D’s role in calcification of teeth, and can be the only explanation for Mellanby’s findings that vitamin D supplementation resulted in lower caries increment in her short-term clinical trials funded by the MRC (reference 15 in the review by Hujoel (2013) and also Young M 1937; Brit Dent J. 62:252-9). I note that these other likely mechanisms of action are not discussed in paragraphs 4.221-250 (Vitamin D and health).	Thank you for your comment. The section has been expanded to include more details on the potential mechanisms by which vitamin D deficiency increases risk of dental caries.
British Association for the Study of Community Dentistry	8.78 (Vitamin D deficiency and dental caries)	While we agree with what is written in this paragraph, there needs to be acknowledgement of other likely mechanisms by which vitamin D deficiency may enhance caries development. This is alluded to in the middle of the left-hand column on page 905 of Zerofsky’s paper. See also Williams TL, 2021. Nutrients; 13: 4465, fourth paragraph of Introduction, for description of other mechanisms. These mechanisms are related to immunological	Thank you for your comment. The section has been expanded to include more details on the potential mechanisms by which vitamin D deficiency increases risk of dental caries.

Organisation or individual	Paragraph	Comments	SACN reply
		response and not related to vitamin D's role in calcification of teeth, and can be the only explanation for Mellanby's findings that vitamin D supplementation resulted in lower caries increment in her short-term clinical trials funded by the MRC (reference 15 in the review by Hujoel (2013) and also Young M 1937; Brit Dent J. 62:252-9). We note that these other likely mechanisms of action are not discussed in paragraphs 4.221-250 (Vitamin D and health).	
British Association of Paediatric Dentistry	8.79 (Vitamin D deficiency and dental caries)	The review by Hujoel (2013) is cited and information relevant to this draft SACN report is summarised in 8.79. While I agree that there is a lack of contemporary high quality clinical trials, I would suggest that the summary given by Hujoel (last paragraph of the Conclusion, page 95) is more appropriate for this SACN report: "In summary, this systematic review of CCTs suggests that vitamin D exposures in early life may play a role in caries prevention." I would draw attention to the following recent publications: (1) Herzog K and Ordonez-Mena JM. 2022. J Am Dent Assoc. PMID: 35599046. This describes analysis of the US NHANES 2011-16, for children aged 2-5y. Statistical analyse are robust. (2) Williams TL et al. 2021. Nutrients. 13: 4465. Two case control studies in Canada and one in USA. Children <6y. Robust analyses.	Thank you for drawing attention to a number of references. The evidence covered in Theodoratou et al (2014) was either included in SACN's 2016 'Vitamin D and Health' report (Cranney et al, 2007) or excluded from the current risk assessment for not including studies or findings in children aged 1 to 5 years (Hujoel, 2013; Winzenberg et al, 2011). Therefore, Theodoratou et al (2014) has not been included in the final report. The remaining suggested references are not systematic reviews and therefore do not meet the inclusion criteria for this risk assessment.

Organisation or individual	Paragraph	Comments	SACN reply
		(3) Theodoratou E. 2014. BMJ. 348:g2035. Umbrella review of SR and MA for vitamin D and all diseases. In Table 6, it states: Evidence category – probable; health benefits – decreases risk of dental caries in children. Chen Z et al. 2021. Front Public Health. 9:675403. (5) Cross-sectional observational study in China of children 2 to 5y. All of the above support the conclusion that vitamin D (either intake or serum 25(OH)D) is positively related to dental health.	
British Association for the Study of Community Dentistry	8.79 (Vitamin D deficiency and dental caries)	The review by Hujoel (2013) is cited and information relevant to this draft SACN report is summarised in 8.79. While we agree that there is a lack of contemporary high quality clinical trials, we suggest that the summary given by Hujoel (last paragraph of the Conclusion, page 95) is more appropriate for this SACN report: "In summary, this systematic review of CCTs suggests that vitamin D exposures in early life may play a role in caries prevention." We would like to draw your attention to the following recent publications: (1) Herzog K and Ordonez-Mena JM. 2022. J Am Dent Assoc. PMID: 35599046. This describes analysis of the US NHANES 2011-16, for children aged 2 to 5y. Statistical analyse are robust.	Thank you for drawing attention to a number of references. The evidence covered in Theodoratou et al (2014) was either included in SACN's 2016 'Vitamin D and Health' report (Cranney et al, 2007) or excluded from the current risk assessment for not including studies or findings in children aged 1 to 5 years (Hujoel, 2013; Winzenberg et al, 2011). Therefore, Theodoratou et al (2014) has not been included in the final report.

Organisation or individual	Paragraph	Comments	SACN reply
		(2) Williams TL et al. 2021. Nutrients. 13: 4465. Two case control studies in Canada and one in USA. Children <6y. Robust analyses. (3) Theodoratou E. 2014. BMJ. 348:g2035. Umbrella review of SR and MA for vitamin D and all diseases. In Table 6, it states: Evidence category – probable; health benefits – decreases risk of dental caries in children. Chen Z et al. 2021. Front Public Health. 9:675403. (5) Cross-sectional observational study in China of children 2 to 5y. All of the above support the conclusion that vitamin D (either intake or serum 25(OH)D) is positively related to dental health.	The remaining suggested references are not systematic reviews and therefore do not meet the inclusion criteria for this risk assessment.

Table 10. Chapter 9 – Risks of chemical toxicity

Organisation or individual	Paragraph	Comments	SACN reply
NHS Greater Glasgow and Clyde	General	No comments made – this is out with the responding group's area of expertise.	Thank you for your comment.
Centre for Academic Child Health, University of Bristol	Table 9.2	It should be noted that lead-shot game and game birds is advised to be minimal for children. Reference: Led-shot game	Thank you for your comment. This is within the remit of the Food Standards Agency.

Table 11. Chapter 10 – Overall summary and conclusions

Organisation or individual	Paragraph	Comments	SACN reply
NHS Greater Glasgow and Clyde	General	No comments made	Noted.
Consensus Action on Salt, Sugar and Health	10.6 (Overall summary - Energy)	Snacks are mentioned here, but only with regards to portion size and energy intake. Snacks can be high in salt, sugars or saturated fat, but even if they are not, by frequently encouraging small snacks throughout the day, children are consequently exposed to salty and sugary tastes throughout the day, alongside increased intakes. We consider it important to provide more information on the impact of snack foods on child dietary intakes.	Thank you for your comment. This paragraph summarises the evidence identified from SRs. No further details were provided in the SRs on the nutritional composition of the snack foods used in the primary studies other than for energy.
The Breastfeeding Network	10.28 (Overall summary - Micronutrients)	Evidence from a SR on fortification of infant formula with vitamin D is discussed [paragraphs 4.242 to 4.244]. It should be highlighted that as infant formula is not recommended for children aged over 1 year, with cows milk being an acceptable alternative, and as infants who continue to breastfeed after 1 year may not consume any other form of milk, the fortification of infant formula with vitamin D is not a practical or cost effective means of increasing vitamin D levels in children aged 1 to 5. Vitamin supplements are a more practical and cost-effective means of ensuring this age group have an adequate vitamin D intake.	Thank you for your comment. This paragraph summarises the evidence identified from SRs. How to increase vitamin D intakes in young children is a risk management issue, which is outside of SACN's remit.

Organisation or individual	Paragraph	Comments	SACN reply
University of Bristol	10.29 (Overall summary - Foods, dietary components and dietary patterns)	Despite the lack of government recommendations on portion sizes for young children, the evidence highlighted below could be used to help develop government recommendations. A study by Porter et al., 2020 shows an abundance of portion size guidance resources for feeding 1 to 5-year-olds have been developed by organisations in the UK and Ireland and are available online. This study was a systematic grey literature review, which collated online portion size guidance resources aimed at those involved in feeding young children (e.g. parents, childcare providers, health professionals) and compared the portion size recommendations across these resources. The study identified 22 resources that met inclusion criteria. Findings showed consistent recommendations for the portion size of fruit and vegetables – the average recommended portion size for fruit and vegetables was 40g (half an adult portion). However, the recommended portion sizes of dairy, protein and starchy foods varied across resources. This variation could in part be due to the lack of evidence on how to incorporate age-appropriate portion sizes into a healthy varied diet, as the review also showed academic evidence was used to inform the development of only 3 out of the 22 resources.	Thank you for your comment. The SR by Kairey et al (2018) was identified by the 2018 literature search but excluded because all included primary studies in children aged 1 to 5 years were cross-sectional. Evidence from primary studies do not meet the inclusion criteria of this risk assessment.

Organisation or individual	Paragraph	Comments	SACN reply
		A paper by More & Emmett (2014) has been used in the development of some resources. This study provided recommended portion size ranges for 164 foods, which were incorporated into a theoretical food plan that provided adequate intake of all nutrients (except vitamin D). Qualitative evidence (Kairey et al., 2018) suggests parents are more concerned about feeding their children enough food rather than too much. This needs to be considered in the wording of future recommendations otherwise parents are unlikely to engage. Full references: (1) Porter A, Kipping R, Summerbell C, Dobrescu A, Johnson L. What guidance is there on portion size for feeding preschool-aged children (1 to 5 years) in the United Kingdom and Ireland? A systematic grey literature review. Obesity Reviews. 2020;1–16. (2) More J.A. & Emmett P.M. (2014) Evidenced-based, practical food portion sizes for preschool children and how they fit into a well balanced, nutritionally adequate diet. J Hum Nutr Diet. (3) Kairey, L., Matvienko-Sikar, K., Kelly, C., McKinley, M.C., O'Connor, E.M., Kearney, P.M., Woodside, J.V. and Harrington, J.M., 2018. Plating up appropriate portion sizes for children: a systematic review of parental food	

Organisation or individual	Paragraph	Comments	SACN reply
		and beverage portioning practices. Obesity Reviews, 19(12), pp.1667-1678.	
The Breastfeeding Network	10.60 (Overall Conclusions - Drinks)	In paragraphs, 8.71 and 10.60 the relationship between breastfeeding and malocclusion is stated clearly, using the phrases “breastfeeding beyond 12 months protects against the development of malocclusion” and “The available evidence indicates that continued breastfeeding beyond the age of 1 year is protective against malocclusion”. However, in table 10.1 on the summary web page, the association is described as “inverse”. Whilst we are aware that this is correct, we are concerned that this terminology may be confusing to lay readers, and suggest that a different term (perhaps “decrease” as the opposite of “increase”) be considered instead.	Thank you for your comment. The table (Table 11.1 in the final report) has been amended as suggested for clarity.
Consensus Action on Salt, Sugar and Health	10.65 (Overall conclusions – general limitations in the evidence base)	As covered in general comments, limitations must include omission of salt and health, and wider food environment influences on eating behaviours and preferences (if not covered in full published report).	Thank you for your comment. The final report now includes a section on salt (sodium) and acknowledges the wider environmental determinants of young children’s dietary intakes and patterns.

Table 12. Chapter 11 - Recommendations

Organisation or individual	Paragraph	Comments	SACN reply
Dental Public Health Group, Department of Epidemiology and Public Health, UCL	General	We welcome the reiteration of the evidence-based recommendation that free sugars intake should not exceed 5% of total energy intake. We also welcome the recommendations made specifically in relation to oral health.	Thank you for your comment.
First Steps Nutrition Trust	General	In our opinion, clarified and fuller recommendations would be more likely to elicit much needed action across Government. Please see specific comments on the recommendation below.	Thank you for your comment. These are top-line recommendations for government and the detail is for risk managers to take forward as appropriate.
First Steps Nutrition Trust	General	Paragraph rightly 6.12 acknowledges that childcare settings may shape child eating behaviours but then 6.14 states that evidence to reduce obesity in children in childcare settings was excluded. We believe it is important to acknowledge at the start of the recommendations that the recommendations that are made are meant to be applicable to a range of settings and stakeholders involved in feeding children or providing food for children aged 1 to 5 years, including but not limited to: parents or carers in the home, to early years settings, to settings involving public food procurement, to food manufacturers and retailers and to out of home food provision.	Thank you for your comment. The report's recommendations are for government.

Organisation or individual	Paragraph	Comments	SACN reply
First Steps Nutrition Trust	General	An additional recommendation to tackle unnecessary formula use among children aged 1 year + In the context of excess energy intakes among many children aged 1 to 5, and related to that the high intakes of protein, total and saturated fat, and free sugars, we were concerned (but unsurprised) to see that 'infant formula' (which table footnotes state includes follow on formula and growing up milks) is a key contributor to these intakes among 12 to 18 month olds, and features in the contributing categories for the children older than 18 months despite an existing dietary recommendation that formulas are unnecessary beyond one year. It is important context that the composition and marketing of infant milks marketed for use from 1 year and up are not subject to any specific regulations and we have not been able to get a clear answer from the DSHC on whether they will be considered in the promised consultation on the marketing and labelling of baby foods. We would like to request that the final report includes a specific recommendation to government to take action to address the high level of consumption of these poorly regulated, high sugar, discretionary products. For further information please see the FSNT briefing paper on these products here.	Thank you for your comment. In the final report, SACN has endorsed the WHO 2013 recommendation that formula milks (including infant formula, follow-on formula, 'growing-up' or other 'toddler' milks) are not required by children aged 1 to 5 years. The final report (Chapter 6 'Drinks') includes a section on formula milks, including those marketed for children aged over 1 year.

Organisation or individual	Paragraph	Comments	SACN reply
Food Active	General	An additional recommendation to tackle unnecessary formula use among children aged 1 year + As a nation we are looking to reducing excess energy intakes in young children, we are concerned (but not surprised) to see that 'infant formula' is a key contributor to energy intake among 12 to 18 month olds, and features in the contributing categories for the children older than 18 months despite an existing dietary recommendation that formulas are unnecessary beyond one year. It is important context that the composition and marketing of infant milks marketed for use from 1 year and up are not subject to any specific regulations and we have not been able to get a clear answer from the DSHC on whether they will be considered in the promised consultation on the marketing and labelling of baby foods. We would like to request that the final report includes a specific recommendation to government to take action to address the high level of consumption of these poorly regulated, high sugar, discretionary products. First Steps Nutrition Trust have produced a useful briefing paper on these products which can be accessed here.	Thank you for your comment. In the final report, SACN endorses the WHO 2013 recommendation that formula milks (including infant formula, follow-on formula, 'growing-up' or other 'toddler' milks) are not required by children aged 1 to 5 years. The final report (Chapter 6 'Drinks') includes a section on formula milks, including those marketed for children aged over 1 year.
Food Active	General	Recommendations for government We feel that the Government has a significant role to play and the review would benefit from clear and detailed recommendations made to the government.	Thank you for your comment. The report's recommendations are for government.

Organisation or individual	Paragraph	Comments	SACN reply
Food Active	General	Intended audience for recommendations Within the report it is acknowledged that childcare settings can play a role in influencing child eating behaviours, yet later in the review it states that evidence to reduce obesity in childcare settings was excluded. We believe it is important to state at the start of the recommendations that the recommendations that are made are meant to be applicable to a range of settings involved in feeding children or providing food for children aged 1 to 5 years, including early years settings, settings involving public food procurement and to out of home food provision.	Thank you for your comment. The report's recommendations are for government.
Food Standards Scotland	Practical application of these recommendations	Certain of these recommendations, in particular the possibility of moving to semi-skimmed milk and more wholegrain foods from age 1, mark a distinct change to dietary advice for very young children. We are concerned that decreasing the time to 'move towards' population dietary guidance or Eatwell Guide does not leave enough time for very young children to develop the tastes and physical capabilities required. Rather than over a three year period, we would be encouraging children, families and institutions to move much more rapidly towards a typical healthy balanced diet, at a time where children's dentition, digestive systems and motor skills are still in early development. We know that organisations who provide food for infants and young children take their responsibilities seriously and will apply SMCN recommendations to the letter. As an example, this may result in only wholegrain foods made available on menus, which is	Thank you for your comment. In the final report, SACN recommends a flexible approach to the timing and extent of dietary change, taking into account the variability between young children in developmental attainment and the need to satisfy nutritional requirements. SACN's recommendation is that semi-skimmed milk 'can' be introduced as a main drink from age 1, not 'should'.

Organisation or individual	Paragraph	Comments	SACN reply
		theoretically appropriate, but perhaps not the right solution for all children in that setting.	The final report (Chapter 1 'Background') now clarifies that SACN's remit is restricted to risk assessment as stated in the 2023 SACN Framework for the Evaluation of Evidence. The committee does not consider risk management and translation of recommendations made in its reports into advice or policy. This is the role of UK health departments who use expert advice from SACN to inform policy. Two examples of how these recommendations have been translated into advice or guidance are provided below: 1) What to feed young children (NHS.uk): You can give your child wholegrain foods, such as wholemeal bread, pasta and brown rice. But it's not a good

Organisation or individual	Paragraph	Comments	SACN reply
			idea to only give wholegrain starchy foods to under-2s. Wholegrain foods can be high in fibre and they may fill your child up before they have taken in the calories and nutrients they need. After age 2 you can gradually introduce more wholegrain foods. 2. Example menus for early years settings 'Provide a variety of wholegrain and white starchy foods as part of breakfast each week.' 'It is good practice to provide wholegrain starchy foods for at least one breakfast each week'
NHS Greater Glasgow and Clyde Dietetic Service	Summary of Contents Recommendations	Comment: Full fat milk is a low fat product, therefore, why label it as something that should be changed to a lower fat alternative when there are more important other foods and drinks to change with a greater benefit to health.	Thank you for your comment. The milk substitution analysis indicated that there is unlikely to be a detrimental effect on nutrient intakes if semi-skimmed milk is consumed from age 1 year and therefore semi-

Organisation or individual	Paragraph	Comments	SACN reply
			skimmed milk (as well as whole milk) can be given as a main drink for children from 1 year of age.
First Steps Nutrition Trust	11.1	We would like to suggest that it would be clearer if the committee highlighted which existing recommendations they supported and which would no longer be relevant if the new recommendations presented are included in the final report. At the moment it is a little confusing, e.g. table 11.1 on page 331 includes the recommendation on whole milk which has now been superseded by the committee's recommendation to give semi skimmed milk from 12 months of age (11.9)	Thank you for your comment. In the final report, all recommendations on young child feeding (new ones arising from this report and older recommendations that SACN continues to endorse) are presented in Chapter 12 and Annex 1.
Consensus Action on Salt, Sugar and Health	11.2	(1) The government must consider how to enable adoption of advice via wider environmental changes. Behaviour change advice alone has been proven ineffective, and completely glosses over wide ranging inequalities across the UK. (2) We recommend that inclusion of thorough monitoring of macro- and micro-nutrient intake in children, to determine their intakes and sources of intake. (3) We also recommend the inclusion of a recommendation regarding government ensuring all children have access to	Thank you for your comment. (1) The final report (Chapter 1 'Background') clarifies that SACN's remit is restricted to risk assessment as stated in the 2023 SACN Framework for the Evaluation of Evidence. The committee does not consider risk management and translation of recommendations made in its reports into advice or

Organisation or individual	Paragraph	Comments	SACN reply
		nutritious diet that does not exceed recommendations for salt, sugar or saturated fat intakes.	policy. This is the role of UK health departments who use expert advice from SACN to inform policy. The wider determinants of dietary intake or patterns and interventions to make the food environment healthier are risk management issues and are outside the remit of SACN. However, the final report does acknowledge these. (2) In the final report, SACN has made a recommendation to government to consider collecting detailed, nationally representative data on nutrient intakes and status of children under age 18 months and up to 5 years. (3) SACN has recommended that government consider strategies to support and promote feeding an appropriate and diverse diet to children aged 1 to 5 years that does not

Organisation or individual	Paragraph	Comments	SACN reply
			exceed energy requirements, as well as to consider strategies to reduce consumption of free sugars and excess protein.
First Steps Nutrition Trust	11.2	(1) With respect to the first bullet point, we agree with the sentiment but would like to suggest that the focus on 'support' is too limited, especially as the recommendation is to a range of UK Government organisations and not just to the OHID. The 2003 WHO/UNICEF Global Strategy for Infant and Young Child Feeding highlighted the need "[to] foster an environment that protects, promotes and supports appropriate infant and young child feeding practices". Support is just one element that is needed to enable women to meet their breastfeeding goals. Alternative wording for the recommendation in bullet 1 could be 'it is recommended that government gives consideration to strategies that enable women who choose to breastfeed…' or 'it is recommended that government gives consideration to actions to address the reasons why women who breastfeed do so for suboptimal durations' (noting that we also recommend a change in the word 'parents' to 'women' here). The rewording of this recommendation is important if consideration is to be given to actions such as strengthening regulations against the inappropriate marketing of breastmilk substitutes, which is well documented to contribute to low prevailing rates of breastfeeding. (2) With respect to the second bullet point, we agree with the sentiment but would like to suggest that the focus on 'helping to	Thank you for your comment. (1) In the final report, SACN recommends that government considers strategies to support and promote continuation of breastfeeding into the second year of life (2) In the final report, SACN recommends that government considers strategies to support and promote feeding an appropriate and diverse diet to children aged 1 to 5 years that does not exceed energy requirements. (3) Height and weight are fields within the Community Services Data Set (CSDS). However, there is currently a lack of clarity regarding the completeness of the data and the data recorded

Organisation or individual	Paragraph	Comments	SACN reply
		improve the uptake of advice' is too limited given that the recommendation is to a range of UK Government organisations and not just to OHID. As well as improving the uptake of advice there is a need to address the barriers which stand in the way of parents or carers etc doing so, which include e.g. inappropriate marketing and e.g. the lack of mandatory food and drink standards for early years settings. Alternative wording for the recommendation in bullet 2 could be 'it is recommended that government gives consideration to strategies that enable children aged 1 to 5 years to be fed an appropriate and diverse diet' or 'it is recommended that government gives consideration to actions to address the reasons why children aged 1 to 5 years are not fed an appropriate and diverse diet'. (3) With respect to the third bullet, we presume that the monitoring for overweight and obesity uses NCMP data collected at age 4 or 5 years but would like to ask if the committee might consider making a recommendation about the use of height and weight data collected at the age 2 to 2.5 year health visitor review. We believe this would help draw attention to the actions needed to prevent overweight and obesity before children arrive at primary school.	on CSDS is not suitable for height and weight analysis.
Food Active	11.2	(1) We believe that there needs to be greater consideration to understanding what the challenges are that parents and carers face in improving uptake; specifically the marketing of commercially available baby food and how this can undermine current guidance	Thank you for your comment. (1) Marketing and health claims are outside SACN's remit. (2) Height and weight are fields within the Community Services

Organisation or individual	Paragraph	Comments	SACN reply
		around suitable food and drinks for under 5s and the lack of guidance on healthy food provision in early years settings. (2) Early intervention on obesity is critical in preventing obesity in later life, and we know from NCMP that many children are starting school with overweight or obesity. Furthermore, following the covid-19 pandemic we saw dramatic rises in obesity at reception level. In order to gain a better understanding of when weight gain starts to appear, we would suggest the committee considers making a recommendation that height and weight data is considered at a health visitor review, aged around 2 years. This may help with targeting interventions and support locally and gaining a better picture of the occurrence or pathway of childhood obesity. However, we would urge any measurement, as with the NCMP, to be conducted in a non-stigmatising way and in consultation with parents. New NICE guidelines published just this month on the identification of obesity recommends that measurement of weight in children over the age of 2 should seek permission from children, young people, and their families and carers, before talking about the degree of overweight, obesity and central adiposity, and discuss it in a sensitive and age-appropriate manner	Data Set (CSDS). However, there is currently a lack of clarity regarding the completeness of the data and the data recorded on CSDS is not suitable for height and weight analysis.
First Steps Nutrition Trust	11.3	We would welcome clarification on the relevance of the EatWell guide and plate in this paragraph, which we understand to be applicable from 2 years of age.	Thank you for your comment. The final report recommendations now refer explicitly to the Eatwell Guide for clarity.

Organisation or individual	Paragraph	Comments	SACN reply
Food Active	11.3	We would welcome clarification on the relevance of the EatWell guide and plate in this paragraph, which we understand to be applicable from 2 years of age. Any commentary around children younger than this would be helpful.	Thank you for your comment. The final report recommendations now refer explicitly to the Eatwell Guide for clarity.
Food Standards Scotland	11.3 (Eatwell)	We reviewed the report and the potential impacts on dietary advice for young children, including for parents and for organisations responsible for feeding children in their care. What follows is an overview of our interpretation and comments. We can follow with a fuller version if that would be helpful. FSS has overall responsibility in Scotland for ensuring that the Eatwell Guide is consistently translated into policy, associated documents and guidance. We also provide population-wide dietary advice through our online resource, Eat Well, Your Way. We work closely with the Scottish Government policy lead (SG) on Maternal and Child Health, where our role is to inform and advise on changes to guidelines for these population groups. FSS undertake the scientific observer role on SMCN for Scotland. FSS had significant input into the Nutritional Requirements for Food and Drink in Schools (Scotland) Regulations 2020. We are currently part of the working group revising Setting the Table (STT), nutritional guidance and food standards for early years childcare providers in Scotland.	Thank you for your comment. In the final report, SACN has recommended that between 1 to 2 years of age, children's diets should be gradually diversified in relation to foods, dietary flavours and textures. A flexible approach is recommended to the timing and extent of dietary change, taking into account the variability between young children in developmental attainment and the need to satisfy nutritional requirements. The final report (Chapter 1 'Background') clarifies that SACN's remit is restricted to risk

Organisation or individual	Paragraph	Comments	SACN reply
		We have reviewed the SMCN 1 to 5 report through the lens of potential impact on the STT guidance. The key recommendations that will impact on the STT guidance are detailed below. Recommendation to move to Current Population Dietary Guidelines from age 2 (formerly age 5) We read this recommendation as: children to eat according to the Eatwell Guide from age 2. The Eatwell Guide draws together population dietary guidelines in a format which is more accessible to the general public. The Eatwell Guide is widely used across Scotland, by consumers, practitioners and institutions. We interpret this recommendation as a change towards the Eatwell Guide from age 2, as this is the shorthand for population dietary guidelines. It is not clear if the phrase 'from age 2' (as opposed to 'at age 2') indicates a gradual move. Therefore, if children are to eat according to population dietary guidelines from age 2, the recommendation is for children eat according to the Eatwell Guide from age 2. The report makes recommendations that children should diversify dietary intake between age one and two. The recommendations note that this means the introduction of chunkier textures and increased variety foods, for example. However, taken with the earlier recommendation to eat according to the Eatwell Guide from age 2, the conclusion is for children to move towards the Eatwell Guide between ages one and two. It is not clear from the report that this is the recommendation, but, that may be what it means in	assessment as stated in the 2023 SACN Framework for the Evaluation of Evidence. The committee does not consider risk management and translation of recommendations made in its reports into advice or policy. This is the role of UK health departments who use expert advice from SACN to inform policy.

Organisation or individual	Paragraph	Comments	SACN reply
		practice. It would be helpful if the recommendations were more explicit. Some recommendations may now be contradictory or impractical given the overall advice to eat to population dietary guidelines from 2 years such as: • Recommendations to move to lower fat products (through application of population dietary intakes at age 2) may reduce small children's calorie intakes at a younger age; likewise with a reduction in excessive protein intakes. It is unclear how the protein recommendation could be practically applied, however, both of these reductions are to be supported with increased starchy foods intake. • Recommendations to increase intakes of wholegrain and higher fibre products by 2 years old (potentially from six months) may act to further decrease calorie intake through increased satiety. We note that the free sugars guideline is to apply from age one, but the fibre recommendation would only partially apply from age one (as children move towards population dietary guidelines or Eatwell Guide). Again, it is difficult to see how this could be practically applied.	
First Steps Nutrition Trust	11.4	In our opinion, and given the evidence presented in Table 5.16 (in which 1 of the 3 PCS studied ultra-processed foods) along with the evidence on free sugars (Table 3.13 highlighting the contribution of commercial toddler foods and Table 8.1 the association between	Thank you for your comment. Prior to consultation, the SR evidence identified did not

Organisation or individual	Paragraph	Comments	SACN reply
		free sugars and dental caries) we feel that it would be appropriate and is important to enable the public to fully understand, to make explicit that optimally diverse diets are based on unprocessed and minimally processed foods. It is well documented how the baby food industry market their products in a way which suggests that they are healthier than they really are, including with reference to flavours and textures and how they aid child development. This is important given that some companies have recently extended their product lines from products aimed at babies during their first year of life and 12 months + to products labelled as suitable for older ages such as 3 years +.	support making a recommendation on 'ultra-processed foods' (as defined by the NOVA classification system). After consultation, SACN considered an additional SR by Cascaes et al (2022). SACN concluded that the SR provided insufficient evidence on the effect of consumption of 'ultra-processed foods' (as defined by the NOVA classification system) on dental caries risk in children aged 1 to 5 years. In 2016, SACN advised that the sugars naturally present in fruit and vegetables that have been blended, pulped, puréed, extruded or powdered should be treated as free sugars on the basis that the cellular structure has been broken down. The definition of 'free sugars' given in the draft report is from Swan et al, 2018.

Organisation or individual	Paragraph	Comments	SACN reply
			In the final report, SACN has recommended that average intake of free sugars (that free sugars intake should not exceed 5% of total dietary energy intake) should apply from age 1 year.
First Steps Nutrition Trust	11.5	In our opinion making it explicit that this recommendation relates to whole vegetables would be beneficial to public understanding given the baby food industry's marketing tactics which include highlighting 'one of your five a day' and listing a vegetable(s) in the product name when they constitute only a small proportion of the ingredients, etc.	Thank you for your comment. The systematic review by (Ledoux et al 2011) did not specify how the vegetables and fruit were prepared and presented for participants in the studies it reviewed and the dietary surveys informing this report (for example, the National Diet and Nutrition Survey [NDNS]) do not collect this level of detail. The evidence is therefore insufficient to support a recommendation on 'whole' vegetables compared with 'processed' vegetables. However, in the final report, SACN has recommended that commercially manufactured

Organisation or individual	Paragraph	Comments	SACN reply
			foods and drinks marketed specifically for infants and young children are not needed to meet nutritional requirements.
Food Active	11.5	In our opinion making it explicit that this recommendation relates to whole vegetables would be beneficial to public understanding given the baby food industry's marketing tactics (such as highlighting 'one of your five a day' and listing a vegetable(s) in the product name when they constitute only a small proportion of the ingredients, etc). Many fruit and vegetable purees use this tactic, creating a 'health halo' on the product themselves despite the fact they may contain deceivingly high levels of sugar or salt.	Thank you for your comment. The systematic review by Ledoux et al (2011) did not specify how the vegetables and fruit were prepared and presented for participants in the studies it reviewed and the dietary surveys informing this report (for example, the National Diet and Nutrition Survey [NDNS]) do not collect this level of detail. The evidence is therefore insufficient to support a recommendation on 'whole' vegetables compared with 'processed' vegetables.

Organisation or individual	Paragraph	Comments	SACN reply
			In 2016, SACN advised that the sugars naturally present in fruit and vegetables that have been blended, pulped, puréed, extruded or powdered should be treated as free sugars on the basis that the cellular structure has been broken down. The definition of 'free sugars' given in the draft report is from Swan et al, 2018. In the final report, SACN has recommended that average intake of free sugars (that free sugars intake should not exceed 5% of total dietary energy intake) should apply from age 1 year.
Judy More	11.6	Portion size ranges not set portion sizes should be considered by the government. A set portion size would not be useful as children 1 to 5 years eat well at some meals and less well at others. Set portion sizes would cause parents to worry if their children did not eat a set recommended portion size whereas a range would give more flexibility and cause less worry for children eating small portions.	Thank you for your comment. Advice regarding which foods are given to young children and how these are prepared is primarily a risk management issue and therefore outside SACN's remit.

Organisation or individual	Paragraph	Comments	SACN reply
		Clear guidance is needed on the frequency of offering high sugar foods to young children. Many children are given low-nutrient sugary snacks more than once per day – to meet the recommendation of 5% of energy from sugar, a portion size and frequency of once per week are needed for low-nutrient high-sugar snacks	SACN has recommended that government consider developing and communicating age-appropriate portion sizes for food and drinks, including for vegetables, fruit, fruit juice and milk, for children aged 1 to 5 years
Consensus Action on Salt, Sugar and Health	11.6	As above, advice alone will not enable action, wider environmental changes will i.e. the government must implement policies that rebalance the food system to ensure all children have access to nutritious food, including strict and enforced nutrition criteria for commercial infant foods and drinks.	Thank you for your comment. The final report (Chapter 1 'Background') clarifies that SACN's remit is restricted to risk assessment as stated in the 2023 SACN Framework for the Evaluation of Evidence. The committee does not consider risk management and translation of recommendations made in its reports into advice or policy. This is the role of UK health departments who use expert advice from SACN to inform policy.

Organisation or individual	Paragraph	Comments	SACN reply
First Steps Nutrition Trust	11.6	(1) In relation to the second bullet, we would like to see the category ‘discretionary or snack foods’ clarified. (2) We would also like to see this recommendation advising the limitation on consumption of commercial toddler foods and drinks (which are often high in sugar and marketed inappropriately) as well as ultra-processed foods and drinks (given the evidence presented in Table 5.16 HFSS and ‘junk’ could also be mentioned). (3) Lastly, we would like to see this recommendation reiterate existing dietary recommendations on foods or drinks to avoid which include infant milks marketed for 12 months + and diet drinks and no added sugar drinks, i.e. drinks containing non-nutritive sweeteners.	Thank you for your comments. In the final report, SACN has recommended (1) Foods (including snacks) that are energy dense and high in saturated fat, salt or free sugars should be limited in line with current UK dietary recommendations. (2) Commercially manufactured foods and drinks marketed specifically for infants and young children are not needed to meet nutritional requirements. (3) 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**.**

Organisation or individual	Paragraph	Comments	SACN reply
Food Active	11.6	The first bullet point would benefit from clarification on who the age-appropriate portion sizes should be communicated to. This information is relevant to both parents and carers but also other settings that serve food to young children i.e. early years settings and the out of home sector.	Thank you for your comment. Recommendations from the report are for government.
Consensus Action on Salt, Sugar and Health	11.7	We do not agree with this recommendation and strongly suggest wording clarifies that children under 2 years of age should not consume any free sugars, in line with existing advice.	Thank you for your comment. In the final report, SACN has recommended that average intake of free sugars (that free sugars intake should not exceed 5% of total dietary energy intake) should apply from age 1 year.
First Steps Nutrition Trust	11.8	With respect to the second bullet, and as per the comment on 11.2 above, we agree with the sentiment but would like to suggest that the focus on 'support' is too limited, especially as the recommendation is to a range of UK Government organisations and not just to the OHID. The 2003 WHO/UNICEF Global Strategy for Infant and Young Child Feeding highlighted the need " [to] foster an environment that protects, promotes and supports appropriate infant and young child feeding practices". Support is just one element that is needed to enable children to eat healthily. Alternative wording for the recommendation in bullet 2 could be 'it is recommended that government consider approaches to enable	Thank you for your comment. In the final report, SACN recommends that government consider strategies to support and promote continuation of breastfeeding into the second year of life.

Organisation or individual	Paragraph	Comments	SACN reply
		children aged 1 to 5 years to consume a diet that does not exceed energy requirements'.	
Food Standards Scotland	11.9	(1) There are new recommendations regarding the possibility of switching to semi-skimmed milk from age one and the possibility to move to skimmed or 1% milk from age 5. These recommendations do not mirror Eatwell Guide messages, so it would need to be made clear in the report that these are different. (2) Furthermore on drinks: sugar-free squashes, tea, and coffee are considered useful contributions to fluid intake in the Eatwell Guide. It appears that recommendations for children's drinks would remain different to this, which would again need to be made explicit in the report. (3) With regards to fruit juice and smoothies, by limiting these to 150ml per one portion, this aligns with adult portion size guidelines. Perhaps this should be reconsidered, given the potential contribution to free sugar intake; to lower the upper level for children, especially those under two, who would be moving towards population dietary guidelines or Eatwell Guide.	Thank you for your comments. (1) and (2): The final report makes explicit recommendations for children aged 1 to 5 years that diverge from the Eatwell Guide (for example, on semi-skimmed milk and sugar-sweetened beverages). (3) Advice on portion sizes is primarily a risk management issue and therefore outside SACN's remit. In the final report, SACN has made a recommendation that government considers developing and communicating age-appropriate portion sizes for food and drinks.

Organisation or individual	Paragraph	Comments	SACN reply
NHS Greater Glasgow and Clyde	11.9 (and 5.44, 5.58)	Clarification on evidence to support the following statement: 'From 1 year of age, semi-skimmed cows' milk can be given as a main drink. As currently recommended, skimmed and 1% cows' milk should not be given as a main drink until 5 years of age.' Reviewing evidence presented: 5.44 'The milk substitution analysis indicates that replacing whole cows' milk with semi-skimmed cows' milk for children aged 12 to 18 months would be unlikely to have a detrimental effect on nutrient intakes at the population level. However, switching from whole to semi-skimmed milk may have an impact on excess TDEI, although this is not certain because consumption of other foods might increase to conserve overall TDEI.' 5.58 'There was insufficient evidence to enable conclusions to be drawn on any relationship between total milk consumption and body fat or incident overweight as fewer than 3 primary studies included in the SR examined these relationships.' In theory, we agree that progressing from whole to semi-skimmed milk would not present issues for nutrient intake, however there is insufficient evidence presented from the Systematic Reviews and Meta-Analysis to support the SACN recommendation above	Thank you for your comments. The milk substitution analysis and systematic reviews examined different outcomes (that is, the milk substitution analysis examined impact on energy intake and intake of selected nutrients, while the systematic reviews examined the impact of milk consumption on body composition or weight status). There was also insufficient evidence from systematic reviews on the effect of substituting whole milk for reduced fat milk on body composition or weight status.
First Steps Nutrition Trust	11.10	We would like to request that this recommendation is given alongside reiterating the existing dietary recommendation that diet drinks and no added sugar drinks i.e. drinks containing non-nutritive sweeteners, should also not be given. In our opinion this is	Thank you for your comments. SACN considered the WHO (2022) systematic review with

Organisation or individual	Paragraph	Comments	SACN reply
		very important given the ongoing promotion of such products as 'healthier' in public health initiatives aiming to improve family diets (most notably the NHS Food Scanner app) and evidence that young children are being given drinks which contain non-nutritive sweeteners (Table 3.12). The findings of the SR or MA on Non-Nutritive Sweeteners by Rios-Leyvraz and Montez (2022) supports a public health recommendation to avoid giving babies and young children ultra-processed foods and drinks containing non-nutritive sweeteners, as reflected in the WHO's latest recommendations.	meta-analyses on the health effects of non-sugar sweeteners. SACN concluded that the SR provided insufficient evidence of no association between higher compared with lower consumption of non-sugar sweeteners (in drinks) and body weight in children aged 1 to 5 years. As described in Chapter 10 (Risks of chemical toxicity) of the final report, the Committee on Toxicity of Chemicals in Food, Consumer Products and the Environment (COT) concluded that the exposures in the diet of children aged 1 to 5 years of the most commonly used sweeteners in the UK (aspartame, acesulfame K, saccharine, sorbitol and xylitol, stevia and sucralose) were not of toxicological concern.

Organisation or individual	Paragraph	Comments	SACN reply
			In the final report, SACN has recommended that government considers monitoring intakes of non-nutritive sweeteners in children aged 1 to 5 years, and makes a research recommendation to examine the health effects of consuming foods and drinks containing non-nutritive sweeteners in children aged 1 to 5 years. SACN discussed the issue of non-nutritive sweeteners (NNS) at its horizon scanning meeting in June 2022. In light of the mixed evidence base and the potential increase in intakes as a result of the Soft Drinks Industry Levy, SACN agreed to add NNS to their watching brief, to consider the evidence base as it develops and any available information on trends in intakes and use of NNS. At its meeting in June 2023, SACN agreed to consider the

Organisation or individual	Paragraph	Comments	SACN reply
			WHO guidance on non-sugar sweeteners (and associated systematic review) and consider if additional assessment is required.
Food Active (Beth Bradshaw)	11.10	As a result of the soft drinks industry levy, the soft drinks market is now dominated by low or no added sugar drinks, instead being sweetened with NNS as opposed to sugar and a wide range of drinks targeted at young children contain these sweeteners. We believe that these recommendations must reiterate that these drinks should not be given to young children.	Thank you for your comment. SACN considered the WHO (2022) systematic review with meta-analyses on the health effects of non-sugar sweeteners. SACN concluded that the SR provided insufficient evidence of no association between higher compared with lower consumption of non-sugar sweeteners (in drinks) and body weight in children aged 1 to 5 years. As described in Chapter 10 (Risks of chemical toxicity) of the final report, the Committee on Toxicity of Chemicals in Food, Consumer Products and the Environment (COT) concluded that the exposures in

Organisation or individual	Paragraph	Comments	SACN reply
			the diet of children aged 1 to 5 years of the most commonly used sweeteners in the UK (aspartame, acesulfame K, saccharine, sorbitol and xylitol, stevia and sucralose) were not of toxicological concern. In the final report, SACN has recommended that government considers monitoring intakes of non-nutritive sweeteners in children aged 1 to 5 years, and makes a research recommendation to examine the potential short- and long-term health effects of consuming non-nutritive sweeteners in children aged 1 to 5 years. SACN discussed the issue of non-nutritive sweeteners (NNS) at its horizon scanning meeting in June 2022. In light of the mixed evidence base and the potential increase in intakes as a result of the Soft Drinks Industry Levy, SACN agreed to

Organisation or individual	Paragraph	Comments	SACN reply
			add NNS to their watching brief, to consider the evidence base as it develops and any available information on trends in intakes and use of NNS. At its meeting in June 2023, SACN agreed to consider the WHO guidance on non-sugar sweeteners (and associated systematic review) and consider if additional assessment is required.
Centre for Academic Child Health, University of Bristol	Table 11.1	It is disappointing that the two rows for Fish are both 'negative messages' that in translation are likely to put parents or carers off providing fish for their children. The overall population health message is that children, pregnant women and all other adults should eat at least two portions of fish a week, one of which should be oily (SACN, 2014; NHS, 2018). SACN (2014) also states that children and non-pregnant adults do not need to restrict the amount of tuna they eat (it counts as a non-oily fish). The beneficial effects of fish consumption are well documented and it is also clear that the UK population in all age groups eat below the recommended levels of fish (NDNS, 2020). The nutrient content (vitamin D, long-chain fatty acids, selenium, iodine, etc.) are likely to outweigh any adverse effect of mercury exposure.	Thank you for your comment. Wording has been amended as suggested. In the final report, existing recommendations on portion sizes are presented in Annex 1.

Organisation or individual	Paragraph	Comments	SACN reply
		We suggest that that the recommendations here are prefaced by the recommendation that children should ‘eat at least two portions of fish a week, one of which should be oily’, as previously stated by SACN. References: SACN (2014) advice on fish consumption. NHS (2018) Fish and shellfish. NDNS (2020) results from years 9 to 11 (combined) – statistical summary Castano et al. Fish consumption patterns and hair mercury levels in children and their mother in 17 EU countries (2015) Env Res 141: 58-68 Gispurt-Llaurado et al. Fish consumption in mid-childhood and its relationship to neuropsychological outcomes measured in 7-9-year-old children using a NUTRIMENTHE neuropsychological battery (2016) Clin Nutr 35:1301-1307 Papamichael et al. (2018) The role of fish intake on asthma in children: a meta-analysis of observational studies. Pediatr Allergy Immumol Vuholm et al. Effects of oily fish on cardiometabolic markers in healthy 8- to -9y-old children: the FiSK Junior randomized trial (2019) Am J Clin Nutr 100: 1296-1305.	

Organisation or individual	Paragraph	Comments	SACN reply
		Tiesen et al. Effects of oily fish intake on cognitive socioemotional function in healthy 8-9-year-old children: the FiSK Junior randomized trial (2020) Am J Clin Nutr 112:74-83	
Centre for Academic Child Health, University of Bristol	Table 11.1	The 'Source or reference column' could also include the FSA web page that shows the recommendation on rice-based milks for children. It would be very helpful for this guidance to receive wider publicity. h	Thank you for your comment. In the final report, Table 11.1 in the main body of the report has been replaced by Table A1.1 in the Annexes, which includes all the UK recommendations for feeding young children and the original source material (that is, reports or statements by the Committee on Medical Aspects of Food and Nutrition Policy [COMA], SACN or the Food Standards Agency).
Judy More	Table 11.1	(1) Diversification of the diet There is no recommendation on including high iron foods from around 6 months of age and no list of recommended high iron foods to offer to infants from around 6 months. (2) Micronutrients Supplement of Vitamins A, C & D	Thank you for your comments. (1) In the final report SACN recommends that a wide range of foods that are good sources of iron should continue to be offered to children aged 1 to 5 years. Children aged 1 to 5 years do not require iron

Organisation or individual	Paragraph	Comments	SACN reply
		Both breastmilk and formula provide adequate amounts of vitamin C so there is no need for vitamin C to be included in a supplement recommended for all children under one year. Before vitamin C was added to infant formula milks there was a recommendation of a high vitamin C drink or supplement each day. Paragraph 10.6 indicates there is no need for vitamin C supplement for 1 to 5 year olds. Table 4.17 indicates there is no need for a recommendation on vitamin A in supplements for children 1 to 4 years Could the vitamin D only supplement recommendation replace the vitamin A, C & D supplement recommendation?	supplements unless advised by a health professional. (2) SACN discussed and agreed that vitamin C supplementation for the general young child population was not needed to meet requirements based on DNSIYC and NDNS data showing that intakes of vitamin C from the diet were sufficient in all age groups and that there was no clear relationship between deprivation (as assessed by the Index of Multiple Deprivation [England]) and dietary intakes. In the final report, SACN has recommended that vitamin C supplements are not necessary for the general population. However, there is no evidence that taking vitamin C supplements at the current recommended level of supplementation has any adverse effects.

Organisation or individual	Paragraph	Comments	SACN reply
First Steps Nutrition Trust	Table 11.1	(1) We would like to request that existing dietary recommendations promoting dietary diversity and fruit and veg consumption, make explicit that whole (or unprocessed or minimally processed) fruits and vegetables are preferred. (2) We would like to request that the existing dietary recommendation which states that infant milks are not necessary beyond 1 year of age also highlights for the public the risks of these products, many of which contain high amounts of free sugars (3) We would like to request that the existing dietary recommendation that diet drinks and no added sugar drinks should not be given to babies and young clarifies for the public that the reason is to avoid non-nutritive sweeteners. (4) We would like to request that the existing dietary recommendation that diet drinks and no added sugar drinks should not be given to babies and young children is extended to cover all foods and drinks containing non-nutritive sweeteners in light of the latest recommendations from the WHO. (5) We would like to see the recommendation that children aged 6 months to 5 years are given vitamin supplements containing vitamins A, C and D every day be reconciled with the recommendation that Healthy Start vitamins be used from birth.	Thank you for your comments. (1) In the final report, SACN recommends that between 1 to 2 years of age, children's diets should be gradually diversified in relation to foods, dietary flavours and textures, and that vegetables should be presented on multiple occasions to children to help develop and support regular consumption. The systematic review by (Ledoux et al 2011) did not specify how the vegetables and fruit were prepared and presented for participants in the studies it reviewed and the dietary surveys informing this report (for example, the National Diet and Nutrition Survey [NDNS]) do not collect this level of detail. The evidence is therefore insufficient to support a recommendation on 'whole'

Organisation or individual	Paragraph	Comments	SACN reply
			compared with ‘processed’ vegetables. (2) In the final report, SACN recommends that 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. (3) and (4):

			In the final report, SACN has recommended that government considers monitoring intakes of non-nutritive sweeteners (NNS) in children aged 1 to 5 years and makes a research recommendation to examine the potential short- and long-term health effects of consuming non-nutritive sweeteners in children aged 1 to 5 years. SACN considered the WHO (2022) systematic review with meta-analyses on the health effects of non-sugar sweeteners. SACN concluded that the SR provided insufficient evidence of no association between higher compared with lower consumption of non-sugar sweeteners (in drinks) and body weight in children aged 1 to 5 years. As described in Chapter 10 (Risks of chemical toxicity), the Food Standard Agency's Committee on Toxicity of Chemicals in Food, Consumer

Organisation or individual	Paragraph	Comments	SACN reply
			Products and the Environment (COT) concluded that the exposures in the diet of children aged 1 to 5 years of the most commonly used sweeteners in the UK (aspartame, acesulfame K, saccharine, sorbitol and xylitol, stevia and sucralose) were not of toxicological concern. SACN discussed the issue of non-nutritive sweeteners (NNS) at its horizon scanning meeting in June 2022. In light of the mixed evidence base and the potential increase in intakes as a result of the Soft Drinks Industry Levy, SACN agreed to add NNS to their watching brief, to consider the evidence base as it develops and any available information on trends in intakes and use of NNS. At its meeting in June 2023, SACN agreed to consider the WHO guidance on non-sugar

Organisation or individual	Paragraph	Comments	SACN reply
			sweeteners (and associated systematic review) and consider if additional assessment is required. (5) Communication of advice on vitamins to the general population and to those eligible for healthy start vitamins is a risk management issue and is not within SACN's remit.
Food Active	Table 11.1	(1) We think there is an opportunity in these recommendations to highlight the levels of free sugars contained within infant milks. This will help to reiterate to the public the risks of these products, especially given the fact they are heavily marketed to parents and carers. (2) We believe that the dietary recommendation that diet drinks and no added sugar drinks should not be given to babies and young children should be bolstered with information on why they should be avoided. This will help to increase parents and carers' understanding of NNS.	Thank you for your comments. (1) A section on formula milks has been added to Chapter 6 ('Drinks') of the final report, which highlights the contribution of these products to free sugars intake in children aged 1 to 5 years. In the final report, SACN recommends 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

Organisation or individual	Paragraph	Comments	SACN reply
			usually not required after the first year of life. (2) In the final report, SACN has recommended that government considers monitoring intakes of non-nutritive sweeteners (NNS) in children aged 1 to 5 years and makes a research recommendation to examine the potential short- and long-term health effects of consuming non-nutritive sweeteners in children aged 1 to 5 years.
NHS Greater Glasgow and Clyde Dietetic Service	Table 11.1	(1) Drinks Agree that milk and water should be the main drinks and that large volumes of milk should be avoided. This is a very effective way to manage overall sugar intake, therefore obesity too. Reference document COMA 1994 is an old document to use as a reference, there must be more current evidence to support this position. (2) Fish	Thank you for your comments. (1) In the final report, SACN has recommended that milk or water, in addition to breast milk, should constitute the majority of drinks given to children aged 1 to 5 years

Organisation or individual	Paragraph	Comments	SACN reply
		Fish: the link attached to this point is to an NHS web page. The link does not take the reader to the science behind the decision. The document should link to evidence, not to a patient facing information page. Recommendation for boys differing from recommendation for girls has implications for family life. Professional bodies such as the British Dietetic Association have not mirrored this recommendation. (3) Vitamin D This report title states document covers ages 1 to 5year. Whereas the section on Vitamin D gives advice for 1 to 4 years, the section on “Micronutrients” recommends 6 months to 5 years. Worthwhile to highlight that this section does not recommend quantity to consume. This topic is again based on England and Wales recommendations and the link takes the reader to the public information and not the evidence base. Recommendations on Vitamin D need to be simple and support the health and well-being of the population across the UK and people may require different amounts of vitamin. As Vitamin D toxicity is rare and there is a very low incidence, perhaps recommendation on Vitamin D should ensure the even the most vulnerable Vitamin D needs are met. Healthy Start vitamins contain A, C and D. However Scotland are no longer are using healthy start scheme and only distribute vitamin D (10µg)	(2) Reference has been amended to SACN report on fish consumption (2004) (3) In the final report, SACN has endorsed and reiterated the recommendation it made in the 2016 SACN report on Vitamin D and Health that children aged 1 to 5 years should be given a daily supplement containing 10µg (400 IU) of vitamin D. Communication of advice on vitamins to the general population and to those eligible for healthy start vitamins is a risk management issue and is not within SACN’s remit. (4) Wording of the recommendation has been amended in the final 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

Organisation or individual	Paragraph	Comments	SACN reply
		The RNI for Vitamin D is given as 5µg on vitamin bottles, stating that it provides 100% of RNV, whereas this is technically incorrect and misleading the general public. This will result in people not getting the daily recommended amount of Vitamin D. (4) Eating and feeding behaviours Children under 5 years trying new foods will likely require more than 8 to 10 exposures before finding the food acceptable. This is likely to increase further after the age of 2 years. Furthermore, pairing the new food with foods that the child finds acceptable could have a negative impact on the acceptable food. The document should reference the evidence that this recommendation is based upon. (5) Journey between the start and the conclusion of the weaning process The document is light in content in terms of weaning up to and including 12 months. Although this document is for 1 to 5 years it does include various points relating to the under 1. Recommend that the document either excludes under 1 years or includes them. Needs clarified. (6) Vegetables and fruit Supportive of the promotion of vegetables more so than fruit. However, acknowledging the importance of both in a healthy diet. (7) Drinks	vegetable) to help develop and support regular consumption. (5) Recommendations made in the final report relate to children aged 1 year and over. However, throughout the report, conclusions from SACN's 'Feeding in the first year of life' report (which examined dietary recommendations for children aged under 12 months) were reiterated where it was deemed appropriate. (6) Point noted. (7) This is a risk management issue for Scotland.

Organisation or individual	Paragraph	Comments	SACN reply
		Recommendation for switching under 2 years using semi-skimmed milk may impact of Vitamin A intake, especially in Scotland where Healthy Start vitamins are no longer supplied.	
World Breastfeeding Trends initiative UK (WBTi)	Table 11.1	‘Existing dietary recommendation for young children: Breastfeeding: the reference does not comply with WHO reference included “….and continue to be breastfed for at least the first year of life” This statement is inadequate and should include the WHO wording: ‘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.’	Thank you for your comment. For clarity, only recommendations for young children (aged 12 months and above) are included in the final report.

Table 13. Chapter 12 – Research recommendations

Organisation or individual	Paragraph	Comments	SACN reply
First Steps Nutrition Trust	General	(1) As per para 4.9, we would like to request that the committee highlight the urgent need for research to fill the data gap on plant based dietary patterns and nutritional status and intake in young children. (2) We would like to request the committee to recommend to Government to collect data on non-nutritive sweetener intakes in babies and young children, beyond the data on consumption of drinks which contain non-nutritive sweeteners.	Thank you for your comment. In the final report, SACN recommends that government monitors the nutritional impact of a population shift towards adopting vegetarian, vegan and plant-based diets among children aged 1 to 5 years. SACN also makes a research recommendation to consider the potential short and long-term health effects of vegetarian and vegan diets, and plant-based foods, drinks and diets in young children.

Organisation or individual	Paragraph	Comments	SACN reply
Food Active	General	As cited earlier, the rise of diet and no added sugar soft drinks with NNS has meant that as a population we are consuming more yet there is little surveillance of this at a national level. We would like to see another recommendation for future research added which measures overall intake of NNS in babies and young children. This would be a useful measure given the amount of reformulation in not only drinks but food too, and to have a better understanding of how much young children are exposed to these sweeteners.	In the final report, SACN has recommended that government monitors intakes of non-nutritive sweeteners (NNS) in children aged 1 to 5 years and makes a research recommendation to examine potential short and long-term health effects of non-nutritive sweeteners in children aged 1 to 5 years.