

Current advice on infant feeding

Health benefits of breastfeeding

1. The multiple health benefits of breastfeeding for both infants and their mothers are well-established and widely accepted internationally. Good quality data from resource-rich settings relevant to the UK have shown that not breastfeeding can increase the risk of gastroenteritis, lower respiratory infections and otitis media, and there is growing evidence that not breastfeeding may increase the risk of overweight/obesity and diabetes later in life (Victora et al, 2016¹). Breastfeeding has also been linked with higher performance in intelligence tests in children and adolescents (Victora et al, 2016).
2. For mothers, exclusive breastfeeding during the first six months is beneficially associated with greater postpartum weight loss, and there is also good evidence to suggest that breastfeeding decreases the risk of breast cancer.

Current advice on infant feeding (taken from NHS Choices)

3. Current recommendations advise exclusive breastfeeding for around the first six months of life. Infant formula is the only suitable alternative when mothers do not breastfeed or choose to supplement breast milk. Infant formula made from cows' and goats' milk are suitable, however soya based infant formulae should not be given unless prescribed by a GP. If formula feeding, guidance regarding the safe preparation, storage and handling of infant formula should be followed.

Vitamins

4. The government recommends that:

¹ Victora CG, Bahl R, Barros AJD, Franca GVA, Horton S, Krusevec J, Murch S, Sankar MJ, Walker N, Rollins NC (2016) Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect. Volume 387, No. 10017, p475–490, 30 January.

- Breastfed babies from birth to one year of age should be given a daily supplement containing 8.5 to 10mcg of vitamin D, to make sure they get enough.
 - Babies fed infant formula should not be given a vitamin D supplement until they are receiving less than 500ml (about a pint) of infant formula a day, because infant formula is fortified with vitamin D
 - Children aged 1 to 4 years old should be given a daily supplement containing 10mcg of vitamin D
5. It is also recommended that all children aged from six months to five years of age are given vitamin supplements containing vitamins A (233µg) and C (20mg). This is a precautionary measure, to ensure that their requirements for these nutrients are met, at a time when it is difficult to be certain that the diet provides a reliable source.
 6. Formula fed infants do not need vitamin supplements provided they consume more than 500ml formula per day.
 7. Complementary foods should be introduced into the infant's diet from around six months of age alongside continued breastfeeding (and/or breast milk substitutes, if used).

Current advice on food allergies (taken from NHS Choices, supplied by FSA)

8. There are some foods you should avoid introducing until your baby is six months old as they may trigger an allergic reaction. You also need to take care with some other foods which may not be suitable for your child when they are very young.

Food allergies

9. It's really important that your baby has variety in their diet, but there is a chance they may be allergic to certain foods. That's why you should wait until your baby is six months old before you introduce cows' milk, well-cooked eggs, foods containing wheat or gluten, nuts, peanuts, peanut products, seeds, fish and shellfish - and then introduce them one at a time.

How should I introduce these foods?

10. When you start offering your baby solids, introduce these foods one at a time in very small amounts and watch carefully for any signs of an allergic reaction. If you know your baby already has an allergy, such as a diagnosed food

allergy or eczema, or if you have a family history of food allergies, eczema, asthma or hay fever, you may need to be extra careful when introducing peanuts and foods containing peanuts. Talk to your GP or health visitor first. Remember, peanuts, like all nuts, should be crushed or ground.

11. Babies are more likely to develop allergies if there's a history of eczema, asthma, hay fever or food allergies (known together as atopy) in the family. If your baby has a family history of these conditions, breastfeeding your baby exclusively (breast milk only) for the first six months will help to lower their risk. If you're not breastfeeding, first infant formula made from cows' milk (or goats' milk) is the only suitable alternative to breast milk. Your baby can stay on this milk alone when you introduce solid foods.
12. Soy-based formula isn't recommended for use in infants under six months unless recommended by a medical practitioner. If your baby is diagnosed as being allergic to cows' milk, ask your GP for advice on what kind of formula to give your baby.
13. If you want to start offering solid foods before your baby is six months old, check with your GP or health visitor first. If you do decide to introduce solids earlier than six months, you should avoid giving your baby these foods:
 - food containing wheat
 - food containing gluten
 - nuts including peanuts and foods containing peanuts
 - seeds
 - egg
 - fish and shellfish

When to introduce other drinks and foods

Drinks

14. You shouldn't give your baby cows', goats' or sheep's milk as a drink before they're 12 months old as they don't have the right mix of nutrients. From 12 months, you can introduce pasteurised whole (full-fat) cows' milk, or goats' or sheep's milk, into your child's diet.
15. Children under five years old shouldn't have rice drinks as they may contain unsafe levels of arsenic. Arsenic is found naturally in the environment and can find its way into our food and water. Don't worry if your child has already had rice drinks - there's no immediate risk to them, and there are unlikely to be

any long-term harmful effects. But to avoid the chance of them taking in any more arsenic, it's best to switch to a different kind of milk.

16. You can give milk alternatives, such as soya drinks, to babies over 12 months as part of a healthy balanced diet. If you choose to give your baby milks like these, make sure they're unsweetened and fortified with calcium. Dairy products are a source of iodine in your baby's diet, required for growth and development, and some milk alternatives may contain lower levels of iodine.
17. If your child has an allergy or intolerance to milk, talk to your health visitor or GP for suitable alternative milk drinks.

Foods

18. Don't give your baby shark, swordfish or marlin. The amount of mercury in these fish can affect your baby's growing nervous system.
19. Raw shellfish can increase the risk of food poisoning, so it's best not to give it to your baby.
20. You can give eggs to your baby once they're over six months old, but make sure they're cooked until both the white and yolk are solid.
21. Honey contains bacteria that can lead to infant botulism, a serious illness that can make your baby very unwell. It's best not to give your child honey until they're 12 months old. Remember, honey is also a sugar and it is recommended that sugars are kept to a minimum in an infant's diet to help prevent your child getting tooth decay.
22. Don't give your child whole nuts before they are five years old as they may cause choking.

The evolution of dietary advice for the prevention of peanut allergy

23. The evidence base on the influence of timing of exposure to food allergens and the prevention of food allergy has developed over recent decades. The government first made dietary recommendations in this area in 1998.
24. In response to concerns over an apparent rise in the prevalence of peanut allergy in children in the UK and the severity of allergic reactions to peanut, the COT was asked to review the evidence in this area. In 1998, the COT was asked to advise on whether there is an association between early

exposure to peanuts and peanut products and incidence of peanut allergy in later life.

25. The COT's report on peanut allergy (ref) considered that there was some support for the suggestions that peanut allergy in an infant can result from exposure in utero or during lactation. However, following a review of the scientific literature, it was decided that the data on the relationship between peanut consumption by pregnant and lactating women and the incidence of peanut allergy in their offspring were inconclusive. With regard to the mechanism of sensitisation and allergy such a link is, however, possible. It was decided therefore that it would be unwise to discount sensitisation of offspring resulting from exposure of the mother. The report advised that:

- *pregnant women who are atopic, or for whom the father or any sibling of the unborn child has an atopic disease, may wish to avoid eating peanuts and peanut products during pregnancy;*
- *breast-feeding mothers who are atopic, or those for whom the father or any sibling of the baby has an atopic disease, may wish to avoid eating peanuts and peanut products during lactation;*
- *in common with the advice given for all children, infants with a parent or sibling with an atopic disease should, if possible, be breast-fed exclusively for four to six months;*
- *during weaning of these infants, and until they are at least three years of age, peanuts and peanut products should be avoided.*

26. In 2008, the COT assessed the scientific evidence available since 1998 concerning avoidance versus exposure to peanut during early life and possible influences on the development of sensitisation and clinical allergy to foods, with particular reference to peanut (ref to 2008 statement). The COT concluded that:

The shift in the balance of evidence since 1998 is such that the Committee believes that the previous precautionary advice to avoid peanut consumption during pregnancy, breast feeding and infancy, where there is atopy or atopic disease in family members, is no longer appropriate.

However, the Committee considers that the basis for the more general recommendations made in 1998 is still justified and, therefore, recommends that:

- (i) *In common with the advice given for all children, infants with a parent or sibling with an atopic disease should be breast-fed exclusively for around 6 months; and,*
- (ii) *Infants and children who are allergic to peanuts or peanut products, should not consume them or foods that contain them; and also recommends that: (iii) those who are allergic to peanut should seek advice from medical professionals about avoidance strategies.*

27. The COT were asked to re-assess the current state of knowledge in this area and, based on the available evidence, to reconsider whether current UK government advice remains appropriate. The COT published a statement in September 2016 (ref) which concluded that:

from the evidence available early introduction of allergenic foods does not increase the risk of allergy or autoimmune disease. Indeed, the deliberate exclusion or delayed introduction of specific allergenic foods may increase the risk of allergy to the same foods. The committee noted that introduction of allergenic food into an infant's diet might elicit allergic symptoms in children who are already sensitised. It was considered that this does not represent an increased risk of food allergic reactions, but rather would cause an earlier presentation of food allergy in infancy as a consequence of earlier exposure.