ESPGHAN INFANT FEEDING GUIDANCE SUMMARY

Based on *Complementary Feeding: A Position Paper by the European Society for Paediatric Gastroenterology, Hepatology, and Nutrition (ESPGHAN) Committee on Nutrition* and *World Health Organization (WHO) guideline on the complementary feeding of infants and young children aged 6–23 months 2023: A multisociety response*

Scope and Applicability

Recommendations from the ESPGHAN Position Paper on Complementary Feeding apply primarily to infants living in **Europe and similar high-resource settings**, where access to safe water and reliable healthcare is generally assured. ESPGHAN welcomes the updated WHO guideline on Complementary Feeding and supports several of the recommendations. **However, ESPGHAN have concerns about some aspects of the guidance, including...**

1 **The age at which complementary feeding is introduced**

2 **The use of animal milk**

3 **Undue pressure to continue breastfeeding in the second year of life**

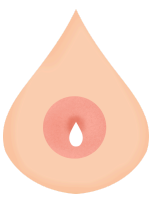
Without context-specific adaptation, such recommendations may cause confusion and unintended harm when applied inappropriately across contexts, or put unnecessary pressure on the mother in the absence of strong evidence.

This summary, therefore, addresses how guidance should be adapted for different populations, including socioeconomically disadvantaged families and migrant groups, and individualised according to clinical and social circumstances, and the infant's environment.

Timing of Complementary Feeding

The complementary feeding period is a critical stage, marked by **rapid growth**, **development**, and **high nutritional needs**. During this time, the quality and timing of complementary foods play an important role in supporting healthy growth and development, with inappropriate or inadequate practices having lasting adverse effects.

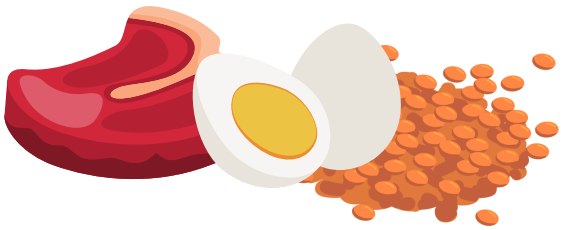
Introducing complementary foods should be guided not only by nutritional requirements, but also by the infant's developmental readiness.



Exclusive breastfeeding should be promoted for **at least 17 weeks, with exclusive or predominant breastfeeding for about 6 months.**

Complementary foods—defined as all solid foods and liquids other than breast milk or infant formula—**should not be introduced before 17 completed weeks and should not be delayed beyond 26 completed weeks.**

Dietary Content and Composition



Iron-rich foods are essential

during complementary feeding for optimal health and brain development. Strategies to ensure adequate iron intake should be adapted to the population, cultural context, and available foods. Naturally iron-rich foods, such as meat or eggs, should be prioritised when available and acceptable. Plant-based options such as pulses (e.g., peas, beans, lentils) and nuts may be used in age-appropriate forms. Other sources of iron include iron-fortified foods and formula. Iron supplements should be used where medically appropriate. Delayed cord clamping at birth supports improved iron stores in early infancy.

Breastfeeding should continue alongside complementary feeding.

Animal milks should not be used as the main drink before 12 months, although small amounts may be added to foods for texture or preparation (e.g., in blended foods, as yoghurt, or cereals). Animal milks and other dairy products can be included from around 6 months, using **pasteurised products.**

Infants should be offered a diverse diet

with a range of flavours and textures, including **bitter-tasting green vegetables**. Recommendations on specific complementary foods should take into account local traditions and feeding patterns.

No sugar or salt should be added to complementary foods.

Sugar-sweetened beverages should be avoided and fruit juice used in moderation (diluted and only offered once per day, avoiding the use of fruit juice concentrates) as part of a balanced diet.

Vegan or predominantly plant-based diets

should ideally be used only **under appropriate medical or dietetic supervision**, or following available guidance from reliable health authorities. In addition to the vitamin D supplementation that all infants need, plant-based diets require additional **vitamin B12 supplementation**, adequate energy and protein, and close attention to iron, zinc, folate, omega-3 fatty acids, and calcium.
Regular growth monitoring and vigilance for nutrient deficiencies are essential, and parents should be informed of the serious consequences of failing to follow supplementation advice.

As infants are developing and growing, they have **high nutrient requirements relative to their body size**. If these needs are not met as a result of a poorly planned vegan diet, the **adverse health consequences are greater** and more long-term than the consequences for older children or adults.

Introduction of Allergenic Foods and Gluten

Allergenic foods may be introduced **when complementary feeding begins**, at any time after 17 weeks, in an **age-appropriate and safe form**. Eggs should be well-cooked, and peanuts should be offered as smooth peanut butter mixed into other foods, or in other safe, age-appropriate forms.

In populations with a high prevalence of peanut allergy, infants at **high risk** (severe eczema, egg allergy, or both) should have peanut introduced **between 17 weeks and 11 months.**

Gluten may be introduced between 17 weeks and 12 months of age – there is no evidence that the timing of introduction alongside the continuation of breastfeeding, or the amounts of gluten given within this window, alter the risk of coeliac disease.

Method and Feeding Skills

Changing Textures

Food texture and consistency should match the infant's developmental stage, with **timely progression to finger foods and self-feeding**.

Prolonged use of puréed foods should be avoided; **infants should be consuming lumpy foods by 8–10 months at the latest**, following the infant's readiness cues.

Breastmilk and Formula Weaning

As infants begin to eat more solid foods **between 6 and 12 months**, breast milk or formula should gradually make up a smaller proportion of their diet.

Parents should be encouraged to **offer solids before milk feeds**, as offering milk first may reduce appetite for micronutrient-dense foods that provide adequate energy to support healthy growth. After solids, breastfeeding or formula can be offered in response to the child's hunger or thirst cues to help the child reach fullness.

Cup Control

By 12 months, infants should drink mainly from a cup or training cup rather than a bottle, whilst continuing to respond to developmental readiness.

Behavioural Cues

Parents should be supported to practise **responsive feeding, recognising hunger and satiety cues,** and avoiding feeding for comfort or as a reward.

Structured meal routines and role modelling of healthy eating behaviours can be established during this period.

Breastfeeding, Formula, and Animal Milk: Context Considerations

In the First Year of Life...

Breastfeeding is recommended throughout the **first year of life**, where possible.

When breast milk is unavailable, infant formula should be used alongside complementary foods when **available**, **affordable**, and can be **safely prepared**.

Whilst this is unlikely to be the case in well-resourced European countries, if infant formula is unavailable, unaffordable, or unsafe, full-fat animal milk may be used as the main drink between 6 and 12 months.
It is important to ensure the infant has adequate iron in their diet, as animal milks contain less iron than formula and can displace iron and other important micronutrients.

In the Second Year of Life...

During the **second year of life**, continued breastfeeding can be a desirable goal for some families, depending on family preference and circumstances. Ultimately, this choice should be left up to the mother and baby.

Young Child Formulas are not necessary for children aged 1–3 years; however, they may be used as part of a broader strategy to support iron, vitamin D, and omega-3 intake while moderating protein exposure in settings where overweight and obesity are concerns and where such products are available and affordable.

Double and Triple Burden Malnutrition

Healthcare professionals should recognise the **double-burden of malnutrition**, where undernutrition and overweight coexist within populations, households, or individuals. The **triple-burden**, including micronutrient deficiencies ("hidden hunger"), is associated with an increased risk of stunting and long-term adverse outcomes.

Interventions for double- and triple-burden malnutrition should be tailored to **local needs** and may include:

Fortified foods

Supplementation programs

Micronutrient powders

Summary

- Introduce complementary feeding between **17 and 26 weeks**; continue breastfeeding.
- Progress textures promptly: **lumpy foods by 8–10 months**, finger foods when ready, **cup use by 12 months**.
- Introduce **allergenic foods early in the complementary feeding period in safe forms**; do not delay.
- Prioritise **iron-rich foods**; avoid free sugars and salt; water and breastmilk or formula are the main drinks
- Adapt guidance to context, including formula availability, allergy prevalence, and risks of undernutrition or obesity.
- Promote responsive feeding and avoid pressure or food-based rewards

References

ESPGHAN Committee on Nutrition (2017). Complementary Feeding – A Position Paper. ESPGHAN Multisociety Response to WHO Complementary Feeding Guideline (2024/25 commentary). WHO (2023). Guideline for Complementary feeding of infants and young children 6–23 months. EFSA Panel on Nutrition, Novel Foods and Food Allergens (2019). Appropriate age range for introduction of complementary feeding. ESPGHAN Committee on Nutrition (2018). Young Child Formula Position Paper. EAACI Guideline (2021). Preventing the development of food allergy in infants and young children. EAACI Interest Group Report (2025). Guidance for healthy complementary feeding practices for allergy prevention in developed countries. ESPGHAN Position: Vegan diet and nutritional status in infants, children and adolescents (2024/25). UNICEF/Responsive Feeding resources; peer-reviewed RF review. ESPGHAN guidance on sugars; national resources such as First Steps Nutrition and NHS Start4Life. ESPGHAN position paper on early diet and the risk of coeliac disease (2024).