

# ESPGHAN INFANT FEEDING

## CONTEXT CONSIDERATIONS

The **complementary feeding period is a critical stage of rapid growth and increasing nutritional needs**. The quality and timing of complementary foods are important for healthy development, as **inappropriate practices may have lasting adverse effects**. Introduction should be guided by both nutritional needs and the infant's developmental readiness.

### UNIVERSAL PRINCIPLES

Certain principles apply to all infants, regardless of setting



**Start complementary feeding** between **17-26 weeks**, ideally alongside continued breastfeeding.



Offer **iron- and zinc-rich foods** (or fortified products) early, **progress textures** in line with **neurodevelopmental readiness**.



**Free sugars and added salt** should be avoided.



In populations with food allergies, **allergenic foods** should be **introduced early** in the complementary feeding period, in safe, age-appropriate forms.



Use **responsive feeding**: hunger and fullness cues should underpin all feeding interactions.

### UNIVERSAL PRINCIPLES must be adapted to local realities

Healthcare professionals should consider factors that will determine what guidance is feasible, safe, and sustainable for families.



#### KEY FACTORS TO ASSESS



**Food availability:** Are animal-source foods, fortified staples, and safe infant formula readily accessible?



**Health risks:** Is undernutrition or overnutrition more prevalent? Are specific nutrient deficiencies common in the population? What is the local prevalence of food allergy?



**Affordability:** Can families reasonably afford recommended foods or formula?



**Water and sanitation:** Is water safe for preparing formula and complementary foods?



**Acceptability:** Do cultural, religious, or social practices influence feeding choices?



**Access to services:** Do families have access to growth monitoring, supplementation, and nutrition support programmes?



### If breast milk is not available

In settings where infant formula is safe, affordable, and available, formula should be used alongside complementary foods from 6-12 months. Lower-protein formulas are preferred to reduce the risk of excess weight gain.



### If formula is not safe / available / affordable

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



### If obesity is a concern

In contexts where overweight and obesity are a concern, advice should particularly emphasise limiting free sugars, especially in drinks, and excess protein. Promote water and breastmilk or formula as the main drinks, and reinforce responsive feeding.



### If undernutrition or micronutrient deficiency is common

In settings where undernutrition and micronutrient deficiencies are prevalent, strategies should prioritise energy and nutrient-dense foods, including high-quality protein sources. Where plant-based diets are consumed, avoid giving too much fibre as this may cause the infant to feel full before they have consumed sufficient energy and nutrients.



### If animal-source foods are limited

When animal-source foods are unavailable or unacceptable, plant-based foods, including peas, beans, lentils, tofu, and fortified foods, can contribute to protein and micronutrient intake, and supplements can be used according to local policy.



### Allergens: follow local patterns

Allergen introduction should reflect local patterns. Common major allergens include nuts, eggs, fish and shellfish, and animal milks.

## COMMUNICATION TIPS

- **Respect parental preferences and involve key family influencers**, such as grandparents and community leaders.
- When recommending changes to established practices, **provide clear, evidence-based explanations**.
- Use growth monitoring and developmental readiness cues to individualise advice, support shared decision making, and build trust with families.

