

ESPGHAN INFANT FEEDING AHP POCKET GUIDE



COMPLEMENTARY FEEDING BASICS



Complementary feeding should begin between 17 and 26 weeks, with breastfeeding continued wherever possible.



Food textures should progress without delay: **infants should be consuming lumpy foods by 8–10 months** and drinking mainly from a cup by around 12 months.



Allergenic foods should be introduced early in the complementary feeding period **in safe forms** and should not be delayed.



Introduce finger foods and self-feeding when developmental readiness is observed.

Diet Patterns and Sugars

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**, and **close attention to iron, zinc, folate, omega-3 fatty acids, calcium, and adequate protein**. 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 develop and grow, they have particularly high nutrient requirements. If these needs are not met due to a poorly planned vegan diet, the adverse health consequences are greater and more long-term than those for older children or adults.



NO added sugars should be included in infant diets.



Fruit juice and **sugar-sweetened beverages should be avoided**.



Clean water and breastmilk are the recommended drinks. Formula may be used, but animal milk should not be the main drink until after 12 months, unless no other options are available.

Key Nutrients During This Period



Iron is a priority during complementary feeding.

Key sources include meat, eggs, pulses, leafy greens, iron-fortified cereals, and supplements where clinically indicated.

Delayed cord clamping at birth supports improved iron stores in early infancy, and vitamin C supplements can be given to improve absorption.



Zinc is also essential.

Animal-source foods provide the most bioavailable zinc, where available, but **multi-micronutrient supplements** may be used in lower-access settings.



Vitamin D supplementation is required for all infants, in line with national guidance on dosage and duration.



Iodine deficiency is an emerging concern which many countries are addressing with **fortified foods and supplements**. However, these are not accessible in all settings.

Practical Tips



Healthcare professionals should **always refer to national guidelines** when providing advice (e.g., regarding avoiding honey or nitrate-rich foods).



Evidence on portion size guidance for infants under 12 months is limited; **responsive feeding should be prioritised**. For children aged ≥ 1 year, evidence-based portion guidance is available, and responsive feeding should always be practised.



Infants may require repeated exposure to accept new foods, particularly those with bitter flavours. As infants have an innate preference for sweet and salty tastes, parents should be encouraged to persist in offering a wide range of flavours and not to exclude foods based on initial rejection. Offering foods that are less sweet first at meals may help.

RED FLAGS AND REFERRAL

Refer infants for specialist assessment if any of the following are identified:



Faltering growth or feeding aversion.



Clinical signs of **micronutrient deficiency**.



Severe **eczema** or high risk of **food allergy**.