

COMPLEMENTARY FOODS

Complementary foods refer to foods, whether commercially manufactured or locally prepared, suitable as a complement to breast milk or infant formula when either becomes insufficient to satisfy the nutritional requirements of the infant.

Complementary feeding is an important process of introducing complementary foods when there is an increasing dependence on these foods to provide energy and essential nutrients during the transition to the family diet. The target range for complementary feeding is generally taken to be 6-23 months.

The transition to complementary foods *happens in tandem with breastfeeding*, which the World Health Organization (WHO) recommends continuing up to the age of two and beyond.



To meet the evolving nutritional needs of infants and young children, *the amount and frequency adequate and safe complementary foods is managed through appropriate serving sizes to avoid undue displacement of breast milk or infant formula.*

INFANTS AND YOUNG CHILDREN LACK ESSENTIAL NUTRIENTS

Around 6 months of age, an infant begins to need more energy and nutrients than those provided by breast milk, and complementary foods are necessary to meet those needs.^{1,2}

Nutrients often lacking include:

- Vitamin A
- Iron
- Zinc
- and more...
- Calcium
- Iodine
- DHA



ROOM FOR IMPROVEMENT

Often, complementary feeding guidelines are not followed. Educating parents and caregivers can help them provide adequate nutrition to their children.³

COMPLEMENTARY FOODS HELP FILL THE GAPS

When transitioning to the family diet, there is increased need for complementary foods to provide the energy and essential nutrients for optimal growth and development.¹

THE WORLD HEALTH ORGANIZATION RECOMMENDS¹

Introducing
complementary foods
by 6 months of age



Feeding complementary foods:

2-3 times per day

6-8 months



3-4 times per day
9-24 months



Scientific evidence suggests commercial complementary foods help achieve adequate nutrition.³

THE ROLE OF COMMERCIAL FORTIFIED COMPLEMENTARY FOODS

Many complementary foods contain added micronutrients to improve nutrient intakes.

Fortified commercial complementary foods:^{3 4}

- Help **increase intakes of nutrients** commonly lacking in infants and young children
- Are **scientifically-formulated**, safe and manufactured according to strict international product quality standards
- Have **high nutrient bioavailability**
- Contain **higher levels of vitamin A and iron** in countries where these nutrients are deficient
- Are **in line with diet recommendations** for sugar, fat and salt
- Promote **increased diet diversity**

THE IMPORTANCE OF COMPLEMENTARY FEEDING



NUTRITION

The first 1,000 days of life is a period of rapid growth and development, requiring adequate nutrition.⁵ The complementary feeding period is critically important as it is a time when appropriate, safe and diversified complementary foods are introduced into the infant's diet. The transition starts at the age of 6 months, when breast milk alone is no longer sufficient to meet the nutritional needs of infants and young children.¹



ADEQUACY

The macro- and micronutrient profile of complementary foods is regulated to be in line with the nutritional needs of a growing child.⁴



VARIETY

Feeding skills and long term healthy eating habits are developed early in life. Children learn to experience new tastes and textures, gradually increasing food consistency and variety. A diversified diet ensures a balanced diet meeting the nutritional needs of the growing child.⁴



SAFETY

Complementary foods must be hygienically stored and prepared, and fed with clean hands using clean utensils and not bottles and teats.⁴ Complementary foods must also comply with much stricter requirements than other foods, such as:

- ✓ A restricted list of food additives specifically approved for use in foods for infants and young children, which prohibits the use of colours and sweeteners, and restricts the use of flavourings
- ✓ A restricted application of the 'carry-over principle' to ensure that prohibited additives are not present through ingredients used in producing these foods
- ✓ Stricter limits on certain contaminants
- ✓ The necessity to justify the safety and suitability of optional ingredients
- ✓ Mandatory heat treatment to deactivate spores of *Clostridium* in case honey is used

1. World Health Organization. Complementary feeding.

http://www.who.int/nutrition/topics/complementary_feeding/en/

2. European Food Safety Authority (EFSA): Scientific Opinion on nutrient requirements and dietary intakes of infants and young children in the European Union. EFSA Journal 2013; 11: 3408

3. Wallingford, J. (2015). Commercial Complementary Foods in Nine Countries. The FASEB Journal, 29: 901.3. doi:10.1096/fasebj.29.1_supplement.901.3

4. World Health Organization. Complementary Feeding, Report of the global consultation. <https://apps.who.int/iris/bitstream/handle/10665/42739/924154614X.pdf?ua=1>

5. UNICEF. Improving breastfeeding, complementary foods and feeding practices. https://www.unicef.org/nutrition/index_breastfeeding.html

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