Public Consultation on the draft scientific opinion on appropriate age for introduction of complementary feeding into an infant’s diet

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Public consultation on a draft opinion on appropriate age for introduction of complementary feeding into an infant’s diet

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1. Introduction

1.1. Background and Terms of Reference as provided by the requestor - not for comment
1.2. Previous assessments
1.3. Definitions
1.4. Need for complementary foods for infants
1.5. Interpretation of the Terms of Reference
1.6. General considerations on the outcomes assessed

1.3. Definitions

Lines 722-724. "CF in this opinion comprises, therefore, all liquid, semisolid and solid foods other than breast-milk and formula, water and vitamins which are fed to infants. CFs can be beverages, spoon-fed foods, or finger-foods". This definition covers virtually any food and beverage an infant can be given. As such, it contrasts, in my opinion, with the obvious aim of the document: to provide evidence for labelling of "processed cereal-based foods and baby foods for infants and young children" (lines 596-597), i.e. industrial products (as nobody ever proposed to label eggs, peanuts, fish etc. available in shops and markets). In addition to the fact that I would call these industrial products ultra-processed (instead of simply processed), for the well-known implications that ultra-processing has, the definition implies deviating the attention of the reader from the real target (ultra-processed industrial baby foods) and complicating unnecessarily the document (it imposes a literature search on all foods). Finally, the definition may hide a non-written objective: to provide "prescribers of CFs" (mainly paediatricians) with evidence for anticipating their introduction, as largely occurring after the dissemination of previous EFSA and ESPGHAN reviews.

1.5. Interpretation of the Terms of Reference

In this section, and in fact throughout the document, the age of introduction of CFs and the duration of breastfeeding (or of formula feeding or, as it’s often the case, of mixed breast and formula feeding) are treated as two separate entities. They are not; the earlier CFs are introduced, the shorter is the duration of exclusive breastfeeding and the total amount of breastmilk given to an infant. If, as shown by a large body of research worldwide, the benefits of breastmilk are proportional to its duration (total amount), shortening it unnecessarily may cause harms. It is probably true that if an infant is given his or her first CFs when he or she is developmentally ready, probably there will be no harm (and this is true if developmental readiness occurs at 4 or 5 months, but also at 7 or 8). But the problem is that by labelling industrial products "from 4 months" will tend to anticipate CFs before developmental readiness, both by direct effect of marketing and by indirect effect through prescribers.

2. Data and Methodologies

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More than 20 complex pages on data and methodologies are hard to digest even for a (retired) epidemiologist as I am. It probably took the 21 members of the panel many months (a couple of years?) of hard work to go through the thousands of available papers to select and analyse the hundreds of selected ones. How can someone repeat the search and the analysis in the few weeks of the public consultation? One has to blindly rely on the work done by the panel; but, having spotted some badly or inappropriately reported results (e.g. on neuromuscular coordination and neurodevelopment, or on infections associated with the early introduction of CFs), I am led to suspect that I could find other problems, should I have the time (and the resources) to fact check every reported result from the huge amount of studies revised. It would have been easier to carry out a check if the scope was restricted to the real target, i.e. industrial cereal-based and baby foods.

3. Assessment of the developmental readiness of the term infant to receive CFs

3.3. Neuromuscular coordination and neurodevelopment

Here, and in other sections of chapter 3, I noticed a tendency to emphasize the lower side of the range. The range for sitting without support, for example, an essential developmental milestone for readiness to CFs, is rightly reported between 3.8 to 9.2 months; but the members of the panel seem to privilege the lower side of the range, omitting the fact that at 6 months many infants would not be ready for CFs on this parameter. This is probably a consequence of the decision to restrict the question of positive and negative outcomes to CFs before 6 months. What if the literature showed that those infants who introduce CFs at 7 or 8 months, because that's the age at which they can sit without support, would have better outcomes?

3.4. Developmental readiness of the term infant to receive CFs: conclusions

Lines 1825-26. Consequent to the preference for the lower side of the range, the panel "concludes from the available developmental data that most term infants are ready to be introduced to CFs between about 3-4 months of age and around 6 months of age", thus leaving out all the infants who reach developmental readiness over 6 months. The panel seems to contradict in its conclusions the ones provided by Naylor and Morrow in their review of 2001, despite citing it often in section 3. The panel should perhaps explain the divergence, given the fact that many studies were used in both reviews (EFSA and Naylor and Morrow).
19. Integration of results

Lines 4956-57. “The Panel wishes to clarify that, in this opinion, introduction of CFs was defined as ‘early’ or ‘delayed’ when it occurred before or after 6 months of age, respectively’. Yet, in the data and methodologies section one reads that studies in which CFs were introduced only after 6 months were excluded. The rationale for this exclusion, while studies in which infants were introduced to CFs before and after 6 months were included, is unclear. As a consequence of this decision, the number of comparisons in Table 7 in which late introduction means over 6 months is low.

20. Conclusions

Lines 5259-60. It is true that "this opinion should not be interpreted as providing public health recommendations for the introduction of CFs", but it will inevitably, contributing to the low rate of exclusive breastfeeding recorded in European countries (see Lancet series on breastfeeding, 2016). Line 5277 “Most infants do not need CFs for nutritional reasons up to around 6 months of age” is a fair statement, but labelling ultra-processed industrial CFs "from 4 months" will inevitably shorten the duration of exclusive breastfeeding. Even worse, should they be labelled "from 3-4 months". Lines 5320-24 “The available data do not allow the determination of a precise age at which CFs should be introduced to all infants living in Europe. The appropriate age depends on the individual’s characteristics and development ... In most infants, this age is between about 3-4 months and around 6 months”. In my opinion, this is a dangerous conclusive statement. Why does the Panel state that the appropriate age is between 3-4 and 6 months, if “the available data do not allow the determination of a precise age” and this “depends on the individual’s characteristics and development”?

Other comments

I was unable to find in the document and through a rapid search in the EFSA website the declarations of potential conflicts of interests of the members of the panel. Yet I know, through familiarity with some of the literature on infant and young child feeding, that some of the members of the panel declared potential conflicts of interests in other circumstances. Readers should be informed within the document about potential conflicts of interests.
Do you need to upload file(s)?

- YES
- NO

**Background Documents**

00_Draft Opinion_Age of introduction of Complementary Feeding_no appendix A

01_Appendix A - Age of introduction of Complementary Feeding

1_Annex A - Outcome of the data extraction from the included studies

2_Annex B - Result of the assessment of the risk of bias

3_Annex C - List of papers excluded at full text screening

4_Annex D - Funnel plots for the assessment of the publication bias

5_Annex E - Sensitivity analysis

6_Privacy statement EFSA Public Consultation

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