

Complementary feeding

Report of the global consultation

Summary of guiding principles



World Health
Organization



Complementary feeding

Report of the global consultation

convened jointly by
the Department of Child and Adolescent Health and Development and
the Department of Nutrition for Health and Development
and

Summary of guiding principles

for complementary feeding
of the breastfed child



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FOREWORD

Nutrition's importance as a foundation for healthy development is often underestimated. Poor nutrition leads to ill-health and ill-health contributes to further deterioration in nutritional status. These effects are most dramatically observed in infants and young children, who bear the brunt of the onset of malnutrition and suffer the highest risk of disability and death associated with it. In 2001, 50–70% of the burden of diarrhoeal diseases, measles, malaria and lower respiratory infections was attributable to malnutrition.

The children who die represent only a small part of the total health burden due to nutritional deficiencies. Maternal malnutrition and inappropriate breastfeeding and complementary feeding represent major risks to the health and development of those children who survive. Deficiencies in the diet of vitamin A, iodine, iron and zinc are still widespread and are a common cause of excess morbidity and mortality. Over 50 million children under age five are wasted, and in low-income countries one in every three children suffers from stunted growth. Indeed, many children never reach this age. The effects of poor nutrition and stunting continue throughout life, contributing to poor school performance, reduced productivity, and impaired intellectual and social development.

Inappropriate feeding practices are a major cause of the onset of malnutrition in young children. Children who are not breastfed appropriately have repeated infections, grow less well, and are almost six times more likely to die by the age of one month than children who receive at least some breast milk. From six months onwards, when breast milk alone is no longer sufficient to meet all nutritional requirements, infants enter a particularly vulnerable period of complementary feeding during which they make a gradual transition to eating family foods. The incidence of malnutrition rises sharply during the period from 6 to 18 months of age in most countries, and the deficits acquired at this age are difficult to compensate for later in childhood.

During the past decade, there has been considerable progress in the implementation of interventions to improve breastfeeding practices. Clear recommendations and guidelines, combined with political commitment and increased allocation of resources, enabled many governments to establish programmes that combined the necessary actions to protect, promote and support breastfeeding. Consequently, improvements in breastfeeding rates have been demonstrated in various settings.

However, similar progress has not been made in the area of complementary feeding. While research and development have contributed to an expanding evidence base for recommendations on appropriate feeding and effective interventions for children after six months of age, translation of new knowledge into action has lagged behind.

To consider this gap and what could be done to fill it, WHO convened a global consultation on complementary feeding (Geneva, 11–13 December 2001). A group of scientists and programme managers was invited to review and update recommendations for appropriate complementary feeding, and to identify actions needed to accelerate programmatic efforts, including priorities for research and development of tools to plan and

implement interventions. Discussing issues relating to foods and feeding, they also considered the intricate links between maternal nutrition and appropriate breastfeeding and complementary feeding practices.

This report presents the proceedings of the consultation; it is meant to guide policy-makers and programme planners at all levels in taking appropriate action to give effect to the Global Strategy for Infant and Young Child Feeding,¹ which the World Health Assembly adopted in May 2002. It is hoped that the information will motivate all concerned parties to make the investments required to ensure that the nutritional needs of infants and young children are met worldwide. At the same time, it is hoped that the results will stimulate research and development to broaden the range of interventions to improve infant and young child feeding.

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