Feeding during Late Infancy and Early Childhood: Impact on Health
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Preface

Three years ago, in May 2001, the World Health Assembly came to the conclusion that it was safe for the majority of infants to be exclusively breastfed for the first 6 months of life, and extending the period of exclusive breastfeeding to that age would also be beneficial. This conclusion was translated into a recommendation of exclusive breastfeeding for 6 months, and while complementary feeding of high-quality should be introduced at that age, breastfeeding should preferentially be continued beyond the second year of life. Although some beneficial effects, particularly the prevention of infections, will be more pronounced in low-income than in high-income societies, other impacts on mental development and immune functions, for example, are likely to be important also in high-income societies. It is therefore clear that the new recommendations will affect the infant feeding mode on a global level. Moreover, during the last decades it has become evident that infant nutrition has developmental and health effects which may last beyond infancy, even into adulthood.

Although, there is a consensus that breastfeeding is the optimal nutrition for most infants during the first 6 months of life, there is less agreement on the optimal feeding practices during the second half of infancy and early childhood. For these reasons it was felt timely to review current practices in complementary feeding, particularly with respect to similarities and differences within countries in Europe. What are these practices based on? Is there any evidence that different practices are related to differences in long-term outcome? More importantly, what is the scientific foundation on which current recommendations are based? Has recent understanding of the possible long-term consequences of early nutrition had an impact on the recommendations? Those were questions that were brought up prior to the workshop. The organizers strongly felt that let alone in early infancy there are still many more ‘beliefs’ than ‘knowns’, or simply tradition, rather than physiological or other scientific reasons behind current feeding practices.

It was therefore thought that an alternative and more realistic way to approach this problem and offer guidance to pediatricians was to review what do we know about the major health problems related to the introduction of
new solid foods in a child between 6 months and 3 years of age, and what could be done to avoid these problems.

A few major health problems were pinpointed. It was estimated that food allergy and celiac disease, constipation, chronic diarrhea, and the long-term consequences of weaning habits were relatively frequent and often serious enough reasons for parents to seek professional advice, and that each problem warranted special attention. Hence, the workshop was devoted to these topics, and each topic was covered by three or four invited speakers. Typically the first lecture set the physiological or psychosocial ground for the two following lectures dealing with important clinical aspects of the particular thematic topic. Recognized specialists were gathered and shared their up-to-date knowledge with a concerned audience.

The last session was meant to extract from the current knowledge, as presented by the various lecturers, possible guidelines for an ‘optimal’ nutrition for children from 6 months to 3 years. In the course of this difficult exercise it appeared clearly that such a valid goal was difficult to reach because of important obstacles, some of which are: (1) the poor interest in general of pediatricians in preventive health care and particularly in nutrition; (2) the often inappropriate way claims and guidelines are expressed by professionals which explains why they are not understood by parents and thus of low efficiency, and (3) the difficulty of the industry to substantiate claims on strong scientific evidence.

In concluding the Workshop, the participants unanimously expressed their wish that these difficulties be overcome by in-depth actions to promote nutrition in the pediatric curriculum, in favor of improving communication between professionals and parents, and finally by gathering the scientific knowledge that in many aspects is still missing on the impact on health of the mode of feeding normal young children.

O. Hernell and J. Schmitz
Foreword

For this 56th Nestlé Pediatric Nutrition Workshop, which took place in November 2004 in Noordwijk, The Netherlands, the topic ‘Feeding during Late Infancy and Early Childhood: Impact on Health’ was chosen. Moreover, it is the first time that a Nestlé Nutrition Workshop has been organized in the Netherlands, a market that recently opened to the infant nutrition business.

In its resolution WHA54.2 (2001) the WHO recommends the promotion and support of exclusive breastfeeding for 6 months, and then the provision of safe and appropriate complementary foods whilst continuing breastfeeding until 2 years of age or beyond.

This resolution naturally challenges most of the prior feeding recommendations and probably also parental habits; moreover, all recently published studies demonstrate that most infants receive their first complementary solid food before 6 months of age. On the other hand, until recently it was strongly recommended to not introduce complementary food containing gluten before the age of 6 months; this has also been challenged by data showing that a too late introduction may be problematic in terms of gluten tolerance.

It must be acknowledged that this topic of feeding during late infancy has not been investigated as systematically as that concerning feeding during the 6 first months of life; therefore, a lot of work remains to be done.

Since 1984 (Nestlé Nutrition Workshop 10: Infant Nutrition), these aspects relating to the introduction of weaning foods (baby food, cereals, etc.) have not been reviewed systematically during a Nestlé Nutrition Workshop.

This 56th Nestlé Nutrition Workshop has been specifically developed to review the medical and scientific aspects of these topics and to sustain the Nestlé Development Nutrition Program (NDNP).

I would like to thank the two chairmen, Prof. Olle Hernell and Prof. Jacques Schmitz, who are recognized experts in this field, for putting the program together and inviting the opinion leaders in these fields as speakers.

I would also like to thank Mrs. Marjan Skotnicki-Hoogland, Mrs. Mieke Beemsterboer and their team from Nestlé Nederland, who provided all logistic support, enabling the participants to enjoy the Dutch hospitality.

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