Nutrition for healthy term infants, birth to six months: An overview

This document provides health care professionals with evidence-based information to give accurate and consistent advice to Canadian parents and caregivers about nutrition for healthy term infants. For information about nutrition from six to 24 months, see the PedsCases summary for these guidelines here. This statement is organized into eight key principles:

1) Breastfeeding is the normal and unequalled method of feeding infants:

Health care professionals should recommend exclusive breastfeeding for the first six months. Infants should be given no other food or liquid, not even water.

Some of the benefits of exclusive breastfeeding include:

- Breastmilk has the correct quantity and quality of nutrients that changes over time as the infant matures.
- Breastmilk includes anti-infective immunoglobulins and white bloods cells and has been shown to reduce rates of GI infections, acute otitis media and respiratory tract infections.
- Breastmilk has been shown to reduce rates of Sudden Infant Death Syndrome (SIDS).
- Breastmilk contains factors that stimulate the maturation of the small intestine and promote digestion and absorption of nutrients.
- Breastmilk is associated with enhanced cognitive development.
- Breastfeeding has been shown to be protective against obesity later in life.
- Breastfeeding mothers have more rapid weight loss and delayed return to menses.

2) Breastfeeding initiation and duration rates increase with active protection, support and promotion:

Programs such as the Baby-Friendly initiative for hospitals and community health services can support mothers in breastfeeding. Recommendations include placing babies in skin-to-skin contact with mothers immediately following birth and giving mothers support and education around breastfeeding.
3) Supplemental vitamin D is recommended for breastfed infants:

Breastfed infants should receive 400 units/day of supplemental vitamin D. Without supplementation infants are at higher risk for vitamin D-deficiency rickets. Commercial infant formulas contain vitamin D so supplementation is not necessary in formula-fed infants.

4) First complementary foods should be iron-rich:

Complementary foods should be introduced around the age of six months based on signs of infant readiness. Most term infants are born with sufficient iron stores to meet iron needs until six months of age. The first foods introduced should be semi-solid in texture and rich in iron. Delayed introduction or insufficient amount of iron-containing foods increases the risk of iron deficiency.

Iron-rich foods include:

- Meat
- Meat alternatives (eg. Eggs, tofu or legumes)
- Iron-fortified cereals

5) Routine growth monitoring is important for monitoring infant health and nutrition:

Monitoring growth using growth charts helps to identify nutrition or health problems in their early stages. For more information see the PedsCases guide to the WHO Growth Charts.

6) Feeding changes are unnecessary for most common health conditions in infancy:

Breastfeeding should not be stopped due to infantile colic, constipation, reflux or acute gastroenteritis. Oral rehydration therapy may be given to prevent dehydration if needed.

7) Breastfeeding is rarely contraindicated:

There are few contraindications to breastfeeding. Contraindications include:

- Galactosemia (A condition where an infant cannot tolerate breastmilk.)
- Maternal HIV Infection, even on antiretroviral therapy.
- Herpes lesions on both breasts.
- Untreated, infectious TB.
- Severe maternal illness preventing her from caring for her infant.
- Use of certain medications or medical treatments.
- Use of illicit drugs.

Transmission of Hepatitis B through breastfeeding has never been reported, and these mothers can safely breastfeed.
8) Recommendations on the use of breastmilk substitutes:

The statement recognizes that some infants may not be exclusively breastfed for personal, medical or social reasons. Health care professionals should inform parents about the importance of breastfeeding, the personal/social/economic costs of formula feeding and the difficulty of reversing the decision not to breastfeed.

For infants who are not exclusively breastfed, the following substitutes are recommended:

- Pasteurized donor breastmilk from a Human Milk Bank.
- Cow milk-based infant formula.
- Soy-based formula - Only for infants with galactosemia or who cannot have dairy for cultural or religious reasons.

Caregivers should be discouraged from using home-made formula, cow milk or other beverages as they are low in iron, essential fatty acids and may have a high renal solute load. Caregivers should be warned about the risk of choking if infants are left alone while formula feeding.