



Consultation on the draft report:

Feeding young children aged 1 to 5 years

Comments form

| | |
|--|---|
| Organisation | First Steps Nutrition Trust |
| Name of commentator and contact details | Dr Vicky Sibson, vicky@firststepsnutrition.org |

- Do not PDF the form.
- Do not amend the formatting of this form.
- Do not embed attachments into this form.
List any references in full that you wish the committee to consider.
- Email this form to sacn@dhsc.gov.uk.
- Closing date: 5pm on 16 September 2022.

| General comments | Comments |
|---|---|
| Thanks | <p>Please insert each new comment in a new row</p> <p>We would like to thank the committee for this much needed evidence review and recommendations which we have found in the most part systematic, thorough, clear and transparent. The analysis of children’s diets is extremely useful and we hope will garner appropriate action from those implicated to enable urgent improvements in young children’s diets.</p> |
| Contextualisation of children’s diets | <p>The report overly focuses on contextualising children’s diets and their determinants at household level. We feel it is vital to systematically contextualise the analysis and recommendations in the wider food environment rather than focusing in on parents and carers. In our opinion this only serves, inappropriately, to emphasise the priority for individual behaviour change to improve children’s diets when society level changes, such as measures to tackle inappropriate marketing of foods and drinks to children, are essential.</p> |
| Methods | <p>We think it is important to highlight that the methods used for the SACN feeding in the first year of life were different to this review, as they utilised primary studies as well as SR +/- MA, and to explain why this review did not take that approach given that it would have yielded a greater body of evidence to make fuller and clearer recommendations.</p> |
| Presentation of ‘insufficient evidence’ | <p>We would like to request that it is clarified where results are summarised that the evidence base considered was systematic reviews and where it is noted that there is ‘insufficient evidence’ that this relates to evidence from systematic reviews, as there are relevant primary studies in some areas that have not been considered (and as above, this seems to be different to the methodological approach taken for SACN’s report on feeding in the first year of life).</p> |
| Food processing | <p>The contribution of commercial toddler foods and drinks (a large proportion of which are likely to be ultra-processed (Grammatikaki et al 2021)) to total dietary energy intake among 12-18 month olds (as shown in table 3.5) and to free sugars intakes among 12-60 month olds (as shown in table 3.13) is a concern which we feel that the committee’s recommendations should address more explicitly. Specifically, we would like to request that the committee takes a more systematic approach to considering the extent of processing of foods and drinks, and to consider clarifying recommendations which we perceive are meant to apply primarily to whole or unprocessed/minimally processed foods. This is most pertinent to recommendations relating to fruits and vegetables, partly because of the high free sugars in highly processed fruit-based products (and</p> |

| | |
|--|---|
| | <p>lower fibre), but also because there is ample evidence that the food industry is misusing the ‘five a day’ messaging and the concept of fruit and veg portions to inappropriately market commercially-produced and often ultra-processed foods for children. As stated below, we also feel that an explicit recommendation to limit the consumption of commercial toddler foods would be appropriate given the presented evidence.</p> |
| <p>Content on sugars and implications for non-nutritive sweeteners</p> | <p>We would like to request that the analysis and recommendations related to sugars are thought through with respect to possible unintended implications for the use of non-nutritive sweeteners, especially given that the committee has chosen in this draft report not to make more explicit recommendations about the avoidance of NNS in young children’s diets, and also given the inclusion of data (e.g. Table 3.12: food group contributors to total carbohydrate intake for children aged 12-60) showing that young children are consuming non-nutritive sweeteners. As stated below we recommend additional recommendations on foods and drinks containing NNS.</p> |
| <p>Salt</p> | <p>We were puzzled as to why there was not more analysis of salt consumption and a review of the evidence on risks of dietary salt, followed by review of existing recommendations. We think it would be appropriate to include this and if it is not, to defend its exclusion.</p> |
| <p>Recommendations</p> | <p>In our opinion, clarified and fuller recommendations would be more likely to elicit much needed action across Government. Please see specific comments on the recommendation below.</p> |
| <p>Intended audience for recommendations</p> | <p>Paragraph rightly 6.12 acknowledges that childcare settings may shape child eating behaviours but then 6.14 states that evidence to reduce obesity in children in childcare settings was excluded. We believe it is important to acknowledge at the start of the recommendations that the recommendations that are made are meant to be applicable to a range of settings and stakeholders involved in feeding children or providing food for children aged 1-5 years, including but not limited to: parents/cares in the home, to early years settings, to settings involving public food procurement, to food manufacturers and retailers and to out of home food provision.</p> |
| <p>An additional recommendation to tackle unnecessary formula use among children aged 1 year +</p> | <p>In the context of excess energy intakes among many children aged 1-5, and related to that the high intakes of protein, total and saturated fat, and free sugars, we were concerned (but unsurprised) to see that ‘infant formula’ (which table footnotes state includes follow on formula and growing up milks) is a key contributor to these intakes among 12-18 month olds, and features in the contributing categories for the children older than 18 months despite an existing dietary recommendation that formulas are unnecessary beyond one year. It is important context that the composition and marketing of infant milks marketed for use from 1 year and</p> |

| | |
|--|---|
| | up are not subject to any specific regulations and we have not been able to get a clear answer from the DSHC on whether they will be considered in the promised consultation on the marketing and labelling of baby foods. We would like to request that the final report includes a specific recommendation to government to take action to address the high level of consumption of these poorly regulated, high sugar, discretionary products. For further information please see the FSNT briefing paper on these products here . |
| Headings and subheadings pages 240-256 | In our opinion, the headings from pages 240 to 256 are unclear as they have been abbreviated too much (e.g. “Evidence identified on caregiver feeding practices and styles on children’s food acceptance, dietary intake and body composition or weight status” would be clearer if it was “Evidence identified on the effect of caregiver feeding practices and styles on children’s food acceptance, dietary intake and body composition or weight status”). |

Please add extra rows as needed

| Comments by paragraph | Comments |
|-----------------------|---|
| | Please insert each new comment in a new row |
| 1.26 | Considering that any updates of these guidelines may not be undertaken for years, if the timeline permits we feel it would be important to take in to account the WHO’s guidelines on non-nutritive sweeteners which are currently being finalised following a period of public consultation. |
| 1.34 | This paragraph focuses on how parents and carers shape their child’s diets. As per our general comment above, we feel it is vital to acknowledge the role of the wider food environment and how this affects diets at household level but also in other contexts such as early years settings. In particular we feel the role of inappropriate marketing needs to be explicitly stated. |
| 3.128 | Please check if there is a typo as the 45% figure given does not appear in the Table 3.20 to which the paragraph relates. |
| 4.34 | We would like to request that this paragraph clarifies that existing dietary recommendations include that formulas are not needed after 12 months of age. |

| | |
|------------|---|
| 4.144 | This paragraph states that diet quality (with respect to iron) may be more closely linked with affordability of foods than other aspects of an individual's living environment, and iron is a typo as the paragraph is about zinc. |
| 4.181 | Would it be appropriate for this paragraph on vitamin A include the same comment on diet quality and food affordability as for iron (4.68) , zinc (4.144) and vitamin D (para 4.230), for consistency? |
| 4.166 | Please could this paragraph mention Healthy Start, as is the case for paragraph 4.254 |
| 4.225 | Please could this paragraph mention Healthy Start, as is the case for paragraph 4.254 |
| Table 4.27 | Given that there is no evidence of vitamin C deficiency among children aged 1-5, we would like to ask of the committee could include in the report a comment on the appropriateness of vitamin C being included in Healthy Start vitamins for children. |
| 5.8 | We would like to suggest that this paragraph clarifies that whole (or unprocessed/minimally processed) vegetables and fruit are better sources of dietary fibre than highly processed commercial foods based on fruits and vegetables. |
| Table 5.1 | We would like to suggest that presentation of the non-disaggregated data on mean vegetable and fruit consumption (i.e. not including commercial infant foods and other manufactured products) from the DNSIYC for 12-18 month olds is relevant and important to include given that there are large differences (44g for veg vs 74g in Table 5.1 and 76g for fruit vs 96g in Table 5.1) which highlight the important contribution of commercially produced foods to dietary intakes of fruits and vegetables. This is a concern because of the implications for free sugars intake (and low fibre intakes). |
| Table 5.3 | As the evidence summarised in table 5.3 pertains to whole fruits and vegetables and fruit juice, it would be appropriated to clarify in paragraphs 5.8-5.13 where the content is about whole fruits and vegetables and to present available data as whole fruit and vegetables or to explain the implications where this data are unavailable. |
| Table 5.4 | Given that the data in this table show that some children consume large amounts of milk and milk and cream make a large contribution to protein intakes, which are excessive for many children and positively associated with BMI, we would like to request the committee to comment on the appropriateness of the current dietary recommendation that children aged 1-5 years drink at least 350ml of milk a day . |

| | |
|-------|--|
| 5.121 | This paragraph suggests that the terms HFSS, processed foods and ultra-processed foods are currently used synonymously and are poorly defined and the reference given is from 2011. In our opinion this is not an appropriately up to date representation of the academic discourse on ultra-processed foods, and is misleading. We strongly feel that this paragraph needs to be updated. A recent review of prospective cohort studies examining the consumption of UPFs (Dicken and Batterham 2022) concluded that the adverse health consequences of UPFs are independent of dietary quality or pattern. This paper states the following about classifications of UPFs: “Several classification systems have been developed to categorise food and drink based on levels of processing, including the International Food Information Council, International Agency for Research on Cancer and NOVA classifications [25]. The most commonly used is the NOVA classification, which considers the nature, extent and purpose of processing, not the act of processing itself, to be important [26]”. |
| 5.124 | Following on from our comments on 5.121 and in light of the evidence included in this section where one of the two SR is explicitly focused on ultra-processed foods (Costa et al (2018) ‘Consumption of ultra-processed foods and body fat during childhood and adolescence: a systematic review’), we would like to request that the extent of processing of foods is mentioned as an important element of the diet. |
| 5.133 | We would like to request that it is clarified in the body of the report that the SR by Costa et al 2018 was looking at the level of processing of foods. It is not made clear in this section that one element of unhealthy diets is the extent to which foods are processed. |
| 5.137 | As for the comment on 5.133, we believe that for transparency this paragraph ought to make clear that the primary studies in the Costa et al 2018 were assessing diets with respect to processing and that one of the studies (as summarised in 5.140) was on diets rich in ultra-processed foods. |
| 5.139 | In our opinion it would be clearer and more transparent if this paragraph stated that the ‘unhealthy’ diet patterns being examined were judged to be unhealthy due to the extent of processing of the foods. |
| 5.145 | In our opinion this paragraph would be clearer if it stated how the studied diets in each of the PCS were judged to be ‘unhealthy’: PCS summarised in 5.140 ‘diets that contained mostly ultra-processed foods’, 5.141 ‘convenience food consumption’ and 5.142 ‘junk food dietary pattern’. (This is relevant to the recommendation in the second bullet of 11.6, see below). |
| 5.186 | We think it is essential that where the evidence around safety concerns related to infant and young child formula supplemented with probiotics is mentioned, that it be stated that these products may pose a risk to |

| | |
|---------------|---|
| | child health if they are reconstituted with water at a temperature less than 70 degrees Celsius, as any bacteria in the powder would not be killed. This is relevant because such products commonly have on their labels (and are legally allowed to do so) instructions to use water less than 70 degrees Celsius to avoid killing the probiotics. |
| 5.198 | We would like to request that a correction is made as whilst 'LNCS' can be used <i>in place of</i> sugars and syrups it is commonplace that they are used <i>as well as</i> sugars and syrups. |
| 5.201 | We would like to request that the SR/MA on Non-Nutritive Sweeteners by Rios-Leyvraz and Montez (2022) is used in place of Karalexi et al 2018 and that the evidence review and relevant recommendations are updated accordingly, in line with the WHO's latest recommendations. |
| 6.12 | We think it is important that the wider (societal) food environment is mentioned, as highlighted above. We believe this is vital to contextualise the home food environment and to counter any undue focus being placed on the need for individual behaviour change to improve diets and nutritional status above other measures, such as improved regulatory controls on inappropriate food marketing. |
| 7.10 and 7.11 | As above, we think it is important to acknowledge the wider environment. Modifying the home environment in order to enable improvements in diets may be important, but without stressing that changes are needed at societal level we believe this creates undue focus on the need for individual behaviour change. We would like to request that one particular sentence is revisited and put in to context because at present we find it misleading and unhelpful: 'interventions which are home based and that include parents or families may be the most effective at preventing obesity'. |
| 7.35 | We would like to request that this paragraph gives a summary of what the committee's report on the first year of life concluded about rapid growth in infancy in order to better enable contextualisation of the evidence for children from 1 to 5 years of age. |
| 7.77 | We request that the evidence presented in this paragraph is given alongside the existing dietary guidance that infants and young children on drinks which includes to avoid giving them 'diet drinks and no added sugar drinks', i.e. drinks containing non-nutritive sweeteners. |

| | |
|------|--|
| 7.77 | With respect to the sentence reporting that consumption of SSBs, compared with non-calorically sweetened beverages, results in greater weight gain and increases in BMI in children aged 5 years and older, we would like to request that SACN acknowledge available evidence comparing SSB consumption with water as summarised in the recent SR/MA on Non-Nutritive Sweeteners by Rios-Leyvraz and Montez (2022) . This review concludes: “The results of this review suggest that, in shorter-term RCTs, those consuming NSS had lower body weight and BMI at the end of the trials than those not consuming NSS, particularly when compared with sugars (including when NSS were explicitly used as replacements for sugars), but not when compared with water”. |
| 8.2 | We would like to request the committee to revisit this paragraph as it suggests that dietary sugars are always required for dental decay, when our understanding is that foods and drinks with a low pH can also cause erosion even if they do not contain sugars. |
| 8.9 | Given that this section on breastfeeding, bottle feeding and oral health highlights that the WHO recommendation is for breastfeeding to continue up to 2 years and beyond (and the committee make a recommendation in 11.2 to support breastfeeding in to the second year), we would like to suggest that it would be appropriate to include a paragraph (or to include in 8.10) comment on the nutrient composition of infant milks marketed for 12-24 month olds (growing up and toddler milks), particularly that they are high in free sugars . |
| 8.10 | We would like to suggest that this paragraph mentions infant formulas containing cariogenic sugars, some of which are available for sale on supermarket and pharmacy shelves and marketed in a way in which consumers are not made aware of the risks to dental health. Such products include lactose-free infant formula (which the infant formula and follow on formula law now permits to be marketed as infant formula and not as a food for special medical purpose), soya infant milks and some ‘comfort milks’ which contain glucose syrup and maltodextrin. |
| 8.13 | We would like to draw your attention to a relevant SR and MA on UPF consumption and dental caries in children and adolescents , which we would request you include as it fits your criteria for evidence. The study concludes: “The findings suggest that higher UPF consumption is associated with greater dental caries in children and adolescents. Public health efforts to reduce UPF consumption are needed to improve the oral health of children and adolescents”. |

| | |
|------|---|
| 11.1 | We would like to suggest that it would be clearer if the committee highlighted which existing recommendations they supported and which would no longer be relevant if the new recommendations presented are included in the final report. At the moment it is a little confusing, e.g. table 11.1 on page 331 includes the recommendation on whole milk which has now been superseded by the committee's recommendation to give semi skimmed milk from 12 months of age (11.9) |
| 11.2 | With respect to the first bullet point, we agree with the sentiment but would like to suggest that the focus on 'support' is too limited, especially as the recommendation is to a range of UK Government organisations and not just to the OHID. The 2003 WHO/UNICEF Global Strategy for Infant and Young Child Feeding highlighted the need "[to] foster an environment that protects, promotes and supports appropriate infant and young child feeding practices". Support is just one element that is needed to enable women to meet their breastfeeding goals. Alternative wording for the recommendation in bullet 1 could be 'it is recommended that government gives consideration to strategies that enable women who choose to breastfeed...' or 'it is recommended that government gives consideration to actions to address the reasons why women who breastfeed do so for suboptimal durations' (noting that we also recommend a change in the word 'parents' to 'women' here). The rewording of this recommendation is important if consideration is to be given to actions such as strengthening regulations against the inappropriate marketing of breastmilk substitutes, which is well documented to contribute to low prevailing rates of breastfeeding. |
| 11.2 | With respect to the second bullet point, we agree with the sentiment but would like to suggest that the focus on 'helping to improve the uptake of advice' is too limited given that the recommendation is to a range of UK Government organisations and not just to OHID. As well as improving the uptake of advice there is a need to address the barriers which stand in the way of parents/carers etc doing so, which include e.g. inappropriate marketing and e.g. the lack of mandatory food and drink standards for early years settings. Alternative wording for the recommendation in bullet 2 could be 'it is recommended that government gives consideration to strategies that enable children aged 1 to 5 years to be fed an appropriate and diverse diet' or 'it is recommended that government gives consideration to actions to address the reasons why children aged 1-5 years are not fed an appropriate and diverse diet'. |
| 11.2 | With respect to the third bullet, we presume that the monitoring for overweight and obesity uses NCMP data collected at age 4/5 years but would like to ask if the committee might consider making a recommendation about the use of height and weight data collected at the age 2-2.5 year health visitor review. We believe this |

| | |
|------|---|
| | would help draw attention to the actions needed to prevent overweight and obesity before children arrive at primary school. |
| 11.3 | We would welcome clarification on the relevance of the EatWell guide and plate in this paragraph, which we understand to be applicable from 2 years of age. |
| 11.4 | In our opinion, and given the evidence presented in Table 5.16 (in which 1 of the 3 PCS studied ultra-processed foods) along with the evidence on free sugars (Table 3.13 highlighting the contribution of commercial toddler foods and Table 8.1 the association between free sugars and dental caries) we feel that it would be appropriate and is important to enable the public to fully understand, to make explicit that optimally diverse diets are based on unprocessed and minimally processed foods. It is well documented how the baby food industry market their products in a way which suggests that they are healthier than they really are, including with reference to flavours and textures and how they aid child development. This is important given that some companies have recently extended their product lines from products aimed at babies during their first year of life and 12 months + to products labelled as suitable for older ages such as 3 years +. |
| 11.5 | In our opinion making it explicit that this recommendation relates to whole vegetables would be beneficial to public understanding given the baby food industry's marketing tactics which include highlighting 'one of your five a day' and listing a vegetable(s) in the product name when they constitute only a small proportion of the ingredients, etc. |
| 11.6 | In relation to the first bullet, in our opinion making it explicit that this recommendation relates to whole vegetables and fruit would be beneficial to public understanding for reasons outlined above with respect to 11.4 and 11.5 |
| 11.6 | In relation to the first bullet, we suggest that this recommendation makes explicit who the age appropriate portion sizes should be communicated to. As well as parents/carers, food/drink manufacturers and retailers and early years settings need to better understand and offer appropriate portion sizes, and be mandated to do so via appropriate policies and regulations. |
| 11.6 | In relation to the second bullet, we would like to see the category 'discretionary/snack foods' clarified. We would also like to see this recommendation advising the limitation on consumption of commercial toddler foods and drinks (which are often high in sugar and marketed inappropriately) as well as ultra-processed foods and drinks (given the evidence presented in Table 5.16 HFSS and 'junk' could also be mentioned). |

| | |
|------------|--|
| | <p>Lastly, we would like to see this recommendation reiterate existing dietary recommendations on foods/drinks to avoid which include infant milks marketed for 12 months + and diet drinks and no added sugar drinks, i.e. drinks containing non-nutritive sweeteners.</p> |
| 11.8 | <p>With respect to the second bullet, and as per the comment on 11.2 above, we agree with the sentiment but would like to suggest that the focus on ‘support’ is too limited, especially as the recommendation is to a range of UK Government organisations and not just to the OHID. The 2003 WHO/UNICEF Global Strategy for Infant and Young Child Feeding highlighted the need “ [to] foster an environment that protects, promotes and supports appropriate infant and young child feeding practices”. Support is just one element that is needed to enable children to eat healthily. Alternative wording for the recommendation in bullet 2 could be ‘it is recommended that government consider approaches to enable children aged 1 to 5 years to consume a diet that does not exceed energy requirements’.</p> |
| 11.10 | <p>We would like to request that this recommendation is given alongside reiterating the existing dietary recommendation that diet drinks and no added sugar drinks i.e. drinks containing non-nutritive sweeteners, should also not be given. In our opinion this is very important given the ongoing promotion of such products as ‘healthier’ in public health initiatives aiming to improve family diets (most notably the NHS Food Scanner app) and evidence that young children are being given drinks which contain non-nutritive sweeteners (Table 3.12). The findings of the SR/MA on Non-Nutritive Sweeteners by Rios-Leyvraz and Montez (2022) supports a public health recommendation to avoid giving babies and young children ultra-processed foods and drinks containing non-nutritive sweeteners, as reflected in the WHO’s latest recommendations.</p> |
| Table 11.1 | <p>We would like to request that existing dietary recommendations promoting dietary diversity and fruit and veg consumption, make explicit that whole (or unprocessed/minimally processed) fruits and vegetables are preferred.</p> |
| Table 11.1 | <p>We would like to request that the existing dietary recommendation which states that infant milks are not necessary beyond 1 year of age also highlights for the public the risks of these products, many of which contain high amounts of free sugars</p> |
| Table 11.1 | <p>We would like to request that the existing dietary recommendation that diet drinks and no added sugar drinks should not be given to babies and young clarifies for the public that the reason is to avoid non-nutritive sweeteners.</p> |

| | |
|------------------------------|--|
| Table 11.1 | We would like to request that the existing dietary recommendation that diet drinks and no added sugar drinks should not be given to babies and young children is extended to cover all foods and drinks containing non-nutritive sweeteners in light of the latest recommendations from the WHO. |
| Table 11.1 | We would like to see the recommendation that children aged 6 months to 5 years are given vitamin supplements containing vitamins A, C and D every day be reconciled with the recommendation that Healthy Start vitamins be used from birth. |
| 12. research recommendations | As per para 4.9, we would like to request that the committee highlight the urgent need for research to fill the data gap on plant based dietary patterns and nutritional status and intake in young children. |
| 12. research recommendations | We would like to request the committee to recommend to Government to collect data on non-nutritive sweetener intakes in babies and young children, beyond the data on consumption of drinks which contain non-nutritive sweeteners. |

Please add extra rows as needed.