



Position statement in April 2011

Support for the new paradigm in early feeding for European infants

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Good health requires good nutrition – even for infants. A healthy life is influenced by the availability and regular intake of a balanced, healthy diet. Increasingly this requirement has become apparent also for children, and more recently even for infants. A good diet from day 1 will set the necessary foundation for a healthy childhood, thereby providing a strong platform for continued development and a good start in life.

EPA is committed to support general paediatricians across Europe with actionable advice that could help them maintain, develop and improve their clinical practice standards. Recent research by EPA revealed pan-European demand for better paediatric practice support, particularly guidelines. There was also a significant cross-national support for EPA to collect and compare international practice guidelines in paediatrics. This position statement is the first of these new strategic initiatives. It focuses on ideal infant feeding practice in the first 6 months of life and is based on a literature evaluation complemented by nutritional expertise from guidelines and experts from the World Health Organisation (WHO), the European Food Safety Authority (EFSA) and The European Society of Paediatric Gastroenterology, Hepatology and Nutrition (ESPGHAN), the American Academy of Pediatrics (AAP). A small step in itself, the overall aim of this and all subsequent documents in EPA's early feeding initiative is to support and contribute towards healthier future generations in Europe.

Address obesity rates rather than malnutrition. Europe is fortunate not to have suffered from severe food shortage or increased mortality rates due to malnutrition since the two world wars over half a century ago. Instead, infants are much more likely to be overfed these days, and will therefore be at risk to become overweight or obese. Recent developments in child nutrition indicate that high early intake of particularly energy and protein is likely to result in obesity already at the age of school start. This is worrying, as earlier research has shown a correlation between childhood obesity and permanent adult life obesity. Increasing obesity rates are also recognised across Europe and in many other parts of the world as a public health issue.

EPAs values and position statements

Less is more. EPA believes in the values of preventive medicine, and as such also in helping parents develop and implement ever healthier lifestyles for their children. With this document, EPA wants use its expertise, experience and contact network for qualified and actionable recommendations on best infant feeding practice in Europe. EPA believes that, starting with an action platform such as the current position statement, it can address early overfeeding as one of many important steps to promote future healthier generations.

The position statements were developed following a clinical expert meeting in London in March 2011, with members from the EPA council and from invited relevant paediatric specialist organisations.

EPA supports the view, also called the new paradigm in early feeding, that a balanced regular intake of both energy and protein is required for ideal infant growth rates. EPAs support of this concept is the first principal step in a series of activities within EPA's early feeding initiative over the coming years, and we believe this long term commitment will gradually lead to leaner future generations.

EPA supports the view that a balanced regular intake of both energy and protein is best achieved via exclusive breastfeeding in or around the first 6 months of life, and that partial breastfeeding should continue afterwards for as long as mutually desired by mother and child. Infant growth rates are now considered ideal when based on infants who are exclusively breast-fed in their first 6 months, by a healthy mother on a normal unrestricted diet. Importantly, for normal term infants, exclusive breast feeding provides necessary energy and protein for the first six months. After this period breast feeding can continue partially up to 12 months, or even beyond, as preferred mutually by mother and child.

EPA recognises that exclusive breastfeeding is not always possible for a variety of reasons such as medical, practical, or personal. In such cases it is important to offer infants good alternatives to human milk. EPA believes that infant formulas, where applicable, should as closely as possible mimic human breast milk, however without any identified ingredients that may potentially cause adverse events in the infant who cannot be breastfed.

Implications for general paediatric practice

The practical aspect is the most important part of this document, although it will be kept short for clarity reasons. Based on the above reasoning, the following outcomes are recommended:

1. Exclusive breastfeeding for 4-6 months should be recommended for European infants. Any deviation from that should require advance consultation and prescription by a paediatrician.
2. EPA recognises that some medical conditions such as HIV infection or drug abuse are not compatible with breastfeeding. EPA also recognises that many women must return to work sooner than 6 months after delivery. Furthermore, some women would not breastfeed for personal reasons. All these women will need infant formulas to substitute breastfeeding. Infant formulas should:
 - Where possible be complemented by breastfeeding.
 - Mimic human breast milk as much as possible, meaning they should have total energy and protein levels at or near these corresponding levels in human milk.
 - In case of cow's milk allergies, the infant formula should be carefully selected with guidance from a paediatrician.

In the future, EPA will continue collect and compare European growth charts and other clinical guidelines for new position statements in support of optimal early feeding.

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