

# Feeding young children aged 1 to 5 years – briefing report

## July 2023



### Background:

The Committee on Medical Aspects of Food and Nutrition Policy (COMA) published a series of reports on infant feeding practices in the UK and made various recommendations for infant and young child feeding. The latest report was published in 1994 which was 'Weaning and the weaning diet'. This report has been the basis for much of the advice on feeding young children in the UK.

This new report has been launched on 4<sup>th</sup> July 2023 by the Government and covers new guidance from 1 to 5 years of age and supports the 'Feeding in the first year of life', which was published in 2018.

### The key dietary factors in this report that are considered are:

- Energy Requirements
- Macronutrients
- Micronutrients (vit A, C, D, iron & zinc)
- Drinks
- Eating & feeding behaviours
- Chemical contaminants
- Foods & dietary patterns including vegetarian and vegan diets

### The key child health outcomes considered in this report are:

- Growth & body composition
- Body composition (BMI)
- Excess weight (overweight & obesity)
- Neurodevelopment and cognitive development
- Bone or skeletal outcomes
- Oral health
- Morbidities (including respiratory diseases)

**This report has been created using a variety of methods:**

- Focusing on systematic reviews (SR's) and randomised controlled trials, studies, and non-randomised studies of interventions
- Using evidence on young child feeding from larger national surveys such as 'Diet and nutrition survey of infants and young children' 2011
- Using data on the prevalence of overweight and obesity in children entering primary school (aged 4 & 5) from the 'National Child Measurement Programme for England'.

**The evidence collected was then graded into categories:**

- Adequate
- Moderate
- Limited
- Inconsistent
- Insufficient

'Adequate' & 'Moderate' gradings were used to inform recommendations of this report.

The table below sets out some of the recommendations as per the gradings:

Topic Area	Review findings	Evidence grading
Energy	Larger portion sizes of snacks and meals provided in preschool settings are associated with higher food and energy intakes (in the short term, less than 6 months)	<b>Moderate</b>
Macronutrients	Higher total protein intake in children aged 1 to 5 years is associated with higher body mass index (BMI) in childhood	<b>Moderate</b>
Macronutrients	Higher free sugars intake is associated with increase development of dental caries in childhood and adolescence	<b>Adequate</b>
Drinks	Higher sugar-sweetened beverage (SSB) consumption in children aged 1 to 5 years is associated with greater odds of overweight or obesity in childhood	<b>Adequate</b>
Drinks	Higher sugar-sweetened beverage in children aged 1 to 5 years is associated with a greater increase in BMI in childhood and adolescence	<b>Moderate</b>

Eating and feeding behaviours	Feeding practices (including repeated taste exposure, pairing with positive stimuli such as liked foods, modelling of vegetable consumption and offering the child non-food rewards) increase vegetable consumption in children aged 1 to 5 years (in the short term, up to 8 months)	<b>Moderate</b>
Eating and feeding behaviours	Repeated taste exposure to vegetables increases vegetable consumption in children aged 1 to 5 years (in the short term, up to 8 months)	<b>Moderate</b>
Excess weight & obesity	Higher child BMI or weight status at age 1 to 5 years is associated with higher adult BMI or risk of overweight or obesity	<b>Adequate</b>
Excess weight & obesity	Child BMI at age 6 years and under is not associated with incidence of coronary heart disease in adulthood	<b>Moderate</b>
Excess weight & obesity	Child BMI at age 6 years and under is not associated with incidence of stroke in adulthood	<b>Moderate</b>
Oral health	Breastfeeding beyond 12 months is associated	<b>Moderate</b>

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	with lower odds of malocclusion (teeth that are not aligned correctly)	
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### Conclusions of this report:

The current diet of young children in the UK does NOT meet current dietary recommendation for several nutrients

Please refer to the full report to view these main findings:

<https://www.gov.uk/government/publications/sacn-report-feeding-young-children-aged-1-to-5-years/feeding-young-children-aged-1-to-5-years-summary-report#recommendations>

'Feeding in the first year of life report (SACN 2018) considered findings on the timing of introducing peanut and hens' egg into the infant diet, and the risk of developing allergy to these foods.

The evidence indicates that exclusion or delayed introduction of peanut or hen's egg beyond 6-12 months of age may increase the risk of allergy to the same foods. These findings will have a bearing on children in the older age group (1 to 5 years).

## Recommendations following this report:

These recommendations are suitable for children aged 1 to 5 who can consume a varied diet and are growing well for their age.

- Children between 1 to 2 years of age should be introduced to several foods, flavours and textures
- Follow the Eatwell Guide from 2 years with the following exceptions:
  1. Milk or water, in addition to breast milk, should make up most drinks given to children aged 1 to 5
  2. Pasteurised whole or semi skimmed cows, sheep or goats milk can be given as a main drink from age 1 year
  3. Pasteurised skimmed milk and 1% cows milk should not be given as a main drink until 5 years of age
  4. Children aged 1 to 5 should not be given rice drinks (contain too much arsenic)
  5. Children aged 1 to 5 should not be given sugar-sweetened drinks
  6. Dairy products (yogurts and fromage frais) given to children aged 1 to 5 should be unsweetened
- Formula milks are not required by children aged 1 to 5 years. This includes low-allergy formula and specialized formula
- Foods (including snacks) that are energy dense and high in saturated fat, salt or free sugars should be limited in children aged 1 to 5 years
- Commercially manufactured foods and drinks marketed specifically for adults and young children are not needed to meet nutritional requirements
- Salt should not be added to foods given to children aged 1 to 5 years. Children aged 1 to 3 years no more than 2g of salt a day. Children aged 4 to 6 years no more than 3g per day
- Children aged 1 to 5 years should be presented with unfamiliar vegetables on multiple occasions (as many as 8 to 10 times or more for each vegetable) to help develop and support their regular consumption
- Exclusion of peanut or hen's egg (and foods containing these) beyond 12 months of age may increase the risk of allergy to the same foods. Once introduced, these foods should be continued as part of the child's usual diet
- Children aged 1 to 5 years should continue to be offered a wide range of foods that contain good sources of iron. Iron supplements are not advised
- Children aged 1 to 5 years should be given a daily supplement of 10ug Vitamin D and 233ug Vitamin A unless, contrary to recommendations, they

are consuming more than 500ml of formula milk per day. This is because formula milk is already fortified with vitamin D and other nutrients.

- Vitamin C supplements are not necessary for the general population

### Strategies to support & promote:

- Continuation of breastfeeding into the second year of life
- Current UK dietary recommendations to children aged 1 to 5 years
- Feeding an appropriate and diverse diet to children aged 1 to 5 that meets the nutritional requirements but does not exceed energy requirements
- Awareness and advice on Vitamin D and A supplements
- Good oral health in children aged 1 to 5 years

### Strategies to reduce consumption of:

- Free sugars and excess protein in children aged 1 to 5 years
- Foods (including snacks) that are energy dense, high in saturated fat, salt or free sugars in children aged 1 to 5 years, while encouraging uptake of healthier snacks
- Sugar-sweetened beverages in children aged 1 to 5

### Actions for consideration:

- Develop and communicate age-appropriate portion sizes for food and drinks, including vegetables, fruit, fruit juice and milk for children aged 1 to 5 years.
- Review the advice on the need for Vitamin C supplements for children aged 1 to 5 years.
- Support parents and carers of children aged 1 to 5 years who follow vegetarian, vegan and plant-based diets to ensure the nutritional requirements (including iron, iodine, calcium and Vitamin B12) of their children are met.