United States Department of Agriculture

Timing of Introduction of Complementary Foods and Beverages and Bone Health: A Systematic Review

The Pregnancy and Birth to 24 Months Project

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Nutrition Evidence Systematic Review
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This systematic review was conducted for the Pregnancy and Birth to 24 Months Project (P/B-24 Project) by the Nutrition Evidence Systematic Review (NESR) team at the Center for Nutrition Policy and Promotion, Food and Nutrition Service, USDA. All systematic reviews from the P/B-24 Project are available on the NESR website: <https://nesr.usda.gov>.

Conclusion statements drawn as part of this systematic review describe the state of science related to the specific question examined. Conclusion statements do not draw implications, and should not be interpreted as dietary guidance.

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Related citations are published in the *American Journal of Clinical Nutrition*:

- **P/B-24 Project overview:** Stoody EE, Spahn JM, Casavale KO. The Pregnancy and Birth to 24 Months Project: a series of systematic reviews on diet and health. *Am J Clin Nutr*. 2019;109(7):685S–97S. [doi: 10.1093/ajcn/nqy372](https://doi.org/10.1093/ajcn/nqy372).
- **P/B-24 systematic review methodology:** Obbagy JE, Spahn JM, Wong YP, Psota TL, Spill MK, Dreibelbis C, et al. Systematic review methodology used in the Pregnancy and Birth to 24 Months Project. *Am J Clin Nutr*. 2019;109(7):698S–704S. [doi: 10.1093/ajcn/nqy226](https://doi.org/10.1093/ajcn/nqy226).
- **Related systematic reviews from the P/B-24 Project:**
 - English LK, Obbagy JE, Wong YP, Butte NF, Dewey KG, Fox MK, et al. Timing of introduction of complementary foods and beverages and growth, size, and body composition: a systematic review. *Am J Clin Nutr*. 2019;109(7):935S–55S. [doi: 10.1093/ajcn/nqy267](https://doi.org/10.1093/ajcn/nqy267).

- English LK, Obbagy JE, Wong YP, Butte NF, Dewey KG, Fox MK, et al. Types and amounts of complementary foods and beverages consumed and growth, size, and body composition: a systematic review. *Am J Clin Nutr.* 2019;109(7):956S–77S. doi: [10.1093/ajcn/nqy281](https://doi.org/10.1093/ajcn/nqy281).
- English LK, Obbagy JE, Wong YP, Butte NF, Dewey KG, Fox MK, et al. Complementary feeding and developmental milestones: a systematic review. *Am J Clin Nutr.* 2019;109(7):879S–89S. doi: [10.1093/ajcn/nqy321](https://doi.org/10.1093/ajcn/nqy321).
- Obbagy JE, English LK, Psota TL, Wong YP, Butte NF, Dewey KG, et al. Complementary feeding and micronutrient status: a systematic review. *Am J Clin Nutr.* 2019;109(7):852S–71S. doi: [10.1093/ajcn/nqy266](https://doi.org/10.1093/ajcn/nqy266).
- Obbagy JE, English LK, Wong YP, Butte NF, Dewey KG, Fleischer DM, et al. Complementary feeding and food allergies, atopic dermatitis and eczema, asthma, and allergic rhinitis: a systematic review. *Am J Clin Nutr.* 2019;109(7):890S–934S. doi: [10.1093/ajcn/nqy220](https://doi.org/10.1093/ajcn/nqy220).
- Obbagy JE, English LK, Wong YP, Butte NF, Dewey KG, Fox MK, et al. Complementary feeding and bone health: a systematic review. *Am J Clin Nutr.* 2019:872S–8S. doi: [10.1093/ajcn/nqy227](https://doi.org/10.1093/ajcn/nqy227).

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and grade of the strength of the evidence. JEO prepared this report and EES provided oversight. All authors critically reviewed and approved the final report. The authors declare no conflicts of interest.

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INTRODUCTION

This document describes a systematic review conducted to answer the following question: What is the relationship between timing of introduction of complementary foods and beverages and bone health? This systematic review was conducted as part of the Pregnancy and Birth to 24 Months (P/B-24) Project by USDA's Nutrition Evidence Systematic Review (NESR).

The purpose of the P/B-24 Project was to conduct a series of systematic reviews on diet and health for women who are pregnant and for infants and toddlers from birth to 24 months of age. This project was a joint initiative led by USDA and HHS, and USDA's NESR carried out all of the systematic reviews. A Federal Expert Group (FEG), a broadly representative group of Federal researchers and program leaders, also provided input throughout the P/B-24 Project. More information about the P/B-24 Project has been publishedⁱⁱ and is available on the NESR website: <https://nesr.usda.gov/project-specific-overview-pb-24-0>.

NESR, formerly known as the Nutrition Evidence Library (NEL), specializes in conducting food- and nutrition-related systematic reviews using a rigorous, protocol-driven methodology. To conduct each P/B-24 systematic review, NESR's staff worked with a Technical Expert Collaborative (TEC), which is a group of 7–8 leading subject matter experts.

NESR's systematic review methodology involves developing and prioritizing systematic review questions, searching for and selecting studies, extracting and assessing the risk of bias of data from each included study, synthesizing the evidence, developing a conclusion statement, grading the evidence underlying the conclusion statement, and recommending future research. A detailed description of the methodology used in conducting systematic reviews for the P/B-24 Project has been publishedⁱⁱⁱ and is available on the NESR website: <https://nesr.usda.gov/pb-24-project-methodology-0>. In addition, starting on page 16, this document includes details about the methodology as it was applied to the systematic review described herein. An [analytic framework](#) that illustrates the overall scope of the question, including the population, the interventions and/or exposures, comparators, and outcomes of interest is found on page 16. In addition, the [literature search plan](#), that was used to identify studies included in this systematic review, is found on page 16.

ⁱⁱ Stoody EE, Spahn JM, Casavale KO. The Pregnancy and Birth to 24 Months Project: a series of systematic reviews on diet and health. *Am J Clin Nutr*. 2019;109(7):685S–97S. doi: [10.1093/ajcn/nqy372](https://doi.org/10.1093/ajcn/nqy372).

ⁱⁱⁱ Obbagy JE, Spahn JM, Wong YP, Psota TL, Spill MK, Dreibelbis C, et al. Systematic review methodology used in the Pregnancy and Birth to 24 Months Project. *Am J Clin Nutr*. 2019;109(7):698S–704S. doi: [10.1093/ajcn/nqy226](https://doi.org/10.1093/ajcn/nqy226).

List of abbreviations

Abbreviation	Full name
aBMC	Area-adjusted bone mineral content
BA	Bone area
BMC	Bone mineral content
BMD	Bone mineral density
CFB	Complementary food and beverages
FEG	Federal Expert Group
HHS	Department of Health and Human Services
NEL	Nutrition Evidence Library
NESR	Nutrition Evidence Systematic Review
NIH	National Institutes of Health
P/B-24	Pregnancy and Birth to 24 Months Project
PTH	Parathyroid hormone
TEC	Technical Expert Collaborative
USDA	United States Department of Agriculture

WHAT IS THE RELATIONSHIP BETWEEN TIMING OF INTRODUCTION OF COMPLEMENTARY FOODS/BEVERAGES AND BONE HEALTH?

PLAIN LANGUAGE SUMMARY

What is the question?

- The question is: What is the relationship between timing of introduction of complementary foods and beverages and bone health?

What is the answer to the question?

- Insufficient evidence is available to draw conclusions about the relationship between the timing of introduction of complementary foods and beverages and bone health.

Why was this question asked?

- This important public health question was identified and prioritized as part of the U.S. Department of Agriculture and Department of Health and Human Services Pregnancy and Birth to 24 Months Project.

How was this question answered?

- A team of Nutrition Evidence Systematic Review staff conducted a systematic review in collaboration with a group of experts called a Technical Expert Collaborative

What is the population of interest?

- Generally healthy infants and toddlers who were fed complementary foods and beverages from ages 0-24 months and had bone health examined through 18 years of age.

What evidence was found?

- This review includes 3 studies.
- These studies compared the age when complementary foods and beverages were first introduced and bone health.
- Complementary foods and beverages are foods and beverages other than human milk or infant formula provided to an infant or young child.
- There are limitations in the evidence as follows: only a few studies were done, and they varied too much to be able to answer the question.

How up-to-date is this review?

- This review includes literature from 1/1980 to 7/2016.

TECHNICAL ABSTRACT

Background

- Complementary feeding is the process that starts when human milk or infant formula is complemented by other foods and beverages, beginning during infancy and typically continuing to 24 months of age.
- This systematic review was conducted by the Nutrition Evidence Systematic Review (NESR) team as part of the U.S. Department of Agriculture and Department of Health and Human Services Pregnancy and Birth to 24 Months Project.
- The goal of this systematic review was to answer the following research question: What is the relationship between timing of introduction of complementary foods and beverages and bone health?

Conclusion Statement and Grades

- Insufficient evidence is available to draw conclusions about the relationship between the timing of introduction of complementary foods and beverages and bone health. **Grade:** [Grade Not Assignable]

Methods

- This systematic review was conducted by a team of staff from NESR in collaboration with a Technical Expert Collaborative.
- A literature search was conducted using 4 databases (CINAHL, Cochrane, Embase, and PubMed) to identify articles published from January 1980 to July 2016 that examined the age when complementary foods and beverages (CFB) were first introduced and bone health. CFB were defined as foods and beverages other than human milk or infant formula provided to an infant or young child. Bone health outcomes included bone, biomarkers of bone metabolism, and incidence and prevalence of osteoporosis, osteopenia, rickets, and fracture. A manual search was done to identify articles that may not have been included in the electronic databases searched. Articles were screened in a dual manner, independently by 2 NESR analysts, to determine which articles met predetermined criteria for inclusion.
- Data from each included article were extracted, risk of bias was assessed. The body of evidence was qualitatively synthesized, a conclusion statement was developed and the strength of the evidence (grade) was assessed using pre-established criteria including evaluation of the internal validity/risk of bias, adequacy, consistency, impact, and generalizability of available evidence. Research recommendations were identified.

Summary of Evidence

- Three studies met the inclusion criteria for this systematic review, one randomized controlled trial, one prospective cohort study, and one case-control study.
- The randomized controlled trial included a small sample of infants fed only vitamin D fortified infant formula, and did not follow infants long enough to assess the impact of timing of introduction to CFB and bone health, as outcomes were assessed when infants were 26 weeks (wk) of age.

- The observational studies did not measure and/or account for a number of confounding factors that could have impacted the relationship between timing of CFB introduction and bone health later in childhood.
- The ability to draw conclusions about the relationship between the timing of CFB introduction and bone health is limited by an overall lack of research, as well as heterogeneity in the three studies included in this systematic review with regards to methodology, subject populations, and results.

FULL REVIEW

Systematic review question

What is the relationship between timing of introduction of complementary foods and beverages and bone health?

Conclusion statement

Insufficient evidence is available to draw conclusions about the relationship between the timing of introduction of complementary foods and beverages and bone health.

Grade

Grade Not Assignable

Summary

- Complementary foods and beverages (CFB) were defined as foods and/or beverages (liquids, semisolids, and solids) other than human milk or infant formula provided to an infant or young child to provide nutrients and energy. Fluid cow's milk consumed before 12 mo of age was not considered a CFB. This systematic review includes studies that examined the relationship between the timing of CFB introduction and bone health during childhood.
- Three studies published since 1980 met the inclusion criteria for this systematic review, one randomized controlled trial, one prospective cohort study, and one case-control study.
- The randomized controlled trial included a small sample of infants fed only vitamin D fortified infant formula, and did not follow infants long enough to assess the impact of timing of introduction to CFB and bone health, as outcomes were assessed when infants were 26 weeks (wk) of age.
- The observational studies did not measure and/or account for a number of confounding factors that could have impacted the relationship between timing of CFB introduction and bone health later in childhood.
- The ability to draw conclusions about the relationship between the timing of CFB introduction and bone health is limited by an overall lack of research, as well as heterogeneity in the three studies included in this systematic review with regards to methodology, subject populations, and results.

Description of the evidence

This systematic review includes three articles that examined the relationship between timing of introduction of complementary foods and beverages (CFB) and bone health during childhood (through 18 years of age) (Table 2) (1-3).

Bainbridge et al. (1) randomly assigned infants from the U.S., fed vitamin D and iron-fortified formula, to receive CFB (rice cereal) at 16 weeks (wk) or 26 wk. Results showed that infants who received CFB at 16 wk vs. 26 wk had significantly higher parathyroid hormone (PTH) concentrations at 26 wk and greater increases in PTH concentrations from 16 wk to 26 wk. However, there were no differences between groups in serum calcium (total and ionized), magnesium, phosphorous, osteocalcin, or alkaline phosphatase, bone width or bone mineral content of the forearm radius (at 26

wk or change between 16 wk and 26 wk). The authors deemed the PTH finding clinically insignificant as serum calcium was similar between groups, and PTH levels were all within the normal reference range for infants.

van den Hooven et al. (2) grouped a cohort of infants from the Netherlands based on the age at first CFB ("solid foods") introduction: before 4 months (mo), 4 to 4.9 mo, 5 to 5.9 mo, or after 6 mo. Results showed that introduction of CFB before 4 vs. at 4 to 4.9 mo was significantly associated with higher BMD. In addition, introduction of CFB before 4 mo vs. at 4-4.9 mo was significantly associated with higher aBMC, but introduction of CFB between 5 and 5.9 vs. 4 to 4.9 mo was significantly associated with lower aBMC. Introduction of CFB between 5 and 5.9 vs. 4-4.9 mo was significantly associated with higher BA, while introduction of CFB after 6 mo vs. at 4 to 4.9 mo was significantly associated with lower BA. Finally, timing of CFB introduction was not associated with any significant differences in BMC.

Majid Molla et al. (3) examined children from Kuwait (~15 mo of age) diagnosed with rickets (cases) vs. healthy controls, matched for age and socioethnic characteristics, comparing the age at which they were introduced to CFB. Diagnosis of rickets was based on a clinical exam, not confirmed by x-ray. Children with rickets were more likely to be fully swaddled (vs. partially) by mothers and breastfed through 6mo, and had significantly lower serum vitamin D levels compared to controls. Results showed that significantly fewer rickets cases, compared to controls, received CFB before 6 mo compared to after 6 mo. However, confidence in these findings is limited due to lack of adjustment for key confounders (i.e., serum vitamin D, sunlight exposure, swaddling practices, or milk feeding practices).

Evidence synthesis

Only 3 studies published since 1980 examined the relationship between the timing of CFB introduction and bone health and met the criteria for inclusion in this systematic review. While the timing of CFB introduction compared in the studies was similar, there was considerable variation in outcome assessment, including the outcomes measured, the methods used to assess outcomes, the ages at which assessments were done (26 wk, 15 mo, and 6 y), and in findings reported.

In addition, a number of potential key confounders or effect modifiers were not consistently accounted for in the observational studies, such as: types and/or amount of CFB introduced and consumed, vitamin D supplementation, physical activity, socioeconomic status, and dietary intake that occurred between the time of CFB introduction and outcome assessment later in life. In particular, confidence in the findings reported by Majid Molla et al. (3) is severely limited as adjustments were not made for potential confounders that differed between cases and controls, including serum vitamin D levels, sunlight exposure, swaddling practices, or infant feeding practices.

Therefore, it is difficult to draw conclusions as to whether the age at which CFB is introduced impacts bone health.

Research recommendations

Given that evidence was insufficient to draw conclusions, additional research is needed to determine whether the age at which complementary feeding begins impacts bone health later in life. This includes research that addresses key gaps and limitations

in the evidence, such as:

- Well-conducted and adequately powered studies that focus on timing of introduction of CFB containing nutrients that are likely to impact bone health
- Accounting for whether infants were fed breastmilk and/or infant formula, and other aspects of the overall diet quality consumed from the time at which CFB are introduced to the time when bone health is assessed, including whether infants received vitamin D supplements.
- Adjusting for key confounding factors in observational studies, including: education, socioeconomic status, race/ethnicity, child sex, gestational age, birth weight, growth pattern (or status), diet quality and vitamin D and calcium intake, sunlight exposure, and physical activity.
- Including diverse populations with varying racial/ethnic and socioeconomic backgrounds.
- Including sufficient duration of follow-up, through the second year of life and into childhood, to assess the longer term effects of complementary feeding on bone health, including functional outcomes (i.e., risk of fracture).

Table 1. Description of evidence on timing of introduction of complementary foods and beverages (CFB) and bone health.

Reference; Study design; n; country	Intervention or exposure	Results
Bainbridge, 1996 (1) Randomized Controlled Trial; n = 41; United States	FF infants randomized to receive CFB (rice cereal) at 16 weeks (wk) vs. no CFB until 26wk of age	Parathyroid hormone at 26wk: 18.2±6.2 vs. 12.6±2.7pg/ml, P=0.04 Parathyroid hormone change from 16 to 26wk: 6.3±7.8 vs. -4.8±3.3pg/ml, P=0.03 Bone width radius (forearm), BMC (bone mineral content; forearm), serum calcium (total and ionized), magnesium, phosphorous, osteocalcin, alkaline phosphatase: No significant group differences
Majid Molla, 2000 (3) Case-Control Study; 103 Cases of rickets, 102 Controls; Kuwait	Age of CFB introduction: Mean age, mo Age of CFB introduction: >6mo, percentage of cases vs. controls	Rickets cases vs. controls: 8.12±3.32mo vs. 5.71±2.16mo, P<0.0001 Rickets cases vs. controls: 26% vs 69%; P<0.001
van den Hooven, 2016 (2) Prospective Cohort Study; n = 4,919; The Netherlands	Age of CFB introduction: <4mo, 4-4.9mo, 5-5.9mo, ≥6mo	Bone mineral density (BMD) at 6y: <4 vs. 4-4.9mo: β 4.10 mg/cm ² ; 95% CI: 0.46, 7.75; P<0.05 Bone area (BA) at 6y: 5-5.9 vs 4-4.9mo: β 5.60 cm ² ; 95% CI: 1.13, 10.07; P<0.05 BA at 6y: ≥6 vs. 4-4.9mo: β -8.70 cm ² ; 95% CI: -13.85, -3.55; P<0.01 BMC at 6y: No significant associations with CFB introduction Area-adjusted BMC (aBMC) at 6y: <4 vs. 4-4.9mo: β 4.06g; 95% CI: 0.18, 7.94; P<0.05 aBMC at 6y: 5-5.9 vs. 4-4.9mo: β -3.32; 95% CI: -6.50, -0.15; P<0.05

Included articles

1. Bainbridge RR, Mimouni FB, Landi T, Crossman M, Harris L, Tsang RC. Effect of rice cereal feedings on bone mineralization and calcium homeostasis in cow milk formula fed infants. *J Am Coll Nutr* 1996;15:383-8.
2. van den Hooven, E H, Gharsalli, M, Heppe, D H, Raat, H, Hofman, A, et al. Associations of breast-feeding patterns and introduction of solid foods with childhood bone mass: The Generation R Study. *Br J Nutr* 2016;115(6):1024-32.
3. Majid Molla, A, Badawi, M H, al Y, S, Sharma, P, el S, R S, et al. Risk factors for nutritional rickets among children in Kuwait. *Pediatr Int* 2000;42(3):280-4.

ANALYTIC FRAMEWORK

The analytic framework (Figure 1) illustrates the overall scope of the systematic review, including the population, the interventions and/or exposures, comparators, and outcomes of interest. It also includes definitions of key terms and identifies key confounders considered in the systematic review. This is the analytic framework for the systematic review conducted to examine the relationship between timing of introduction of complementary feeding and micronutrient status.

Figure 1: Analytic framework

SEARCH PLAN AND RESULTS

Inclusion and exclusion criteria

This table provides the inclusion and exclusion criteria for the systematic review question(s): What is the relationship between timing of introduction of complementary foods and beverages and bone health? The inclusion and exclusion criteria are a set of characteristics to determine which studies will be included or excluded in the systematic review.

Table 2. Inclusion and exclusion criteria

Category	Inclusion Criteria	Exclusion Criteria
Study design	Randomized controlled trials Non-randomized controlled trials Prospective cohort studies Retrospective cohort studies Case-control studies Pre/post studies with a control	Cross-sectional studies Uncontrolled studies Pre/post studies without a control Narrative reviews Systematic reviews Meta-analyses
Independent variable (intervention or exposure)	Timing of introduction to complementary foods and beverages (CFB) (i.e., foods and beverages (liquids, semisolids, and solids) other than human milk or infant formula provided to an infant or young child to provide nutrients and energy)	Consumption of fluid cow's milk before 12 months of age
Comparator	Different timing of introduction of CFB	
Dependent variables (outcomes)	Bone mass, including bone mineral density and bone mineral content Biomarkers of bone metabolism Incidence and prevalence of osteoporosis, osteopenia, rickets, and/or fracture	
Date range	January 1980 - July 2016	
Language	Studies published in English	Studies published in languages other than English
Publication status	Studies published in peer-reviewed journals	Grey literature, including unpublished data, manuscripts, reports, abstracts, conference proceedings
Country^{2, 3, 4}	Studies conducted in Very High or High Human Development Countries	Studies conducted in Medium or Low Human Development Countries

Category	Inclusion Criteria	Exclusion Criteria
Study participants	Human subjects	Hospitalized patients, not including birth and immediate post-partum hospitalization of healthy babies
	Males	
	Females	
Age of study participants	Age at intervention or exposure: Infants (0-12mo); Toddlers (12-24mo)	Age at intervention or exposure: Child (2-5 years (y)); Child (6-12y); Adolescents (13-18y); Adults (19y and older); Older adults (65 to 79y); Older adults (80+y)
	Age at outcome: Infants (0-12mo); Toddlers (12-24mo); Child (2-5 years (y)); Child (6-12y); Adolescents (13-18y)	Age at outcome: Adults (19y and older); Older adults (65 to 79y); Older adults (80+y)
Health status of study participants	Studies done in generally healthy populations	Studies that exclusively enroll subjects with a disease or with the health outcome of interest
	Studies done in populations where infants were full term (≥ 37 wk gestational age)	Studies done in hospitalized or malnourished subjects
	Studies done in populations with elevated chronic disease risk, or that enroll some participants with a disease or with the health outcome of interest	Studies of exclusively pre-term babies (gestational age < 37 wk) or babies that are small for gestational age (< 2500 g)
		Studies of subjects with infectious diseases (e.g. HIV/AIDS) (or with mothers diagnosed with an infectious disease)
Source of foods and beverages	Whole food sources	Human milk
	Fortified foods/beverages	Infant formulas (e.g., milk-based, soy, partially-hydrolyzed, extensive-hydrolyzed, amino acid-based)
	Enriched foods/beverages	Vitamin and mineral supplements (e.g., iron drops)

¹ Risk of bias was assessed using the Nutrition Evidence Library Bias Assessment Tool. Available at nesr.usda.gov.

² United Nations Development Programme. Human Development Report 2014: Reducing Vulnerabilities and Building Resilience. Available from: <http://hdr.undp.org/en/content/human-development-report-2014>.

³ Medium Development Countries were originally included, but due to concerns about generalizability to the U.S. of study participants (i.e., baseline health status) and CFB typically consumed, a decision was made to exclude "Medium" countries in October 2017.

Category	Inclusion Criteria	Exclusion Criteria
⁴ When a country was not included in the Human Development Report 2014, country classification from the World Bank was used instead (The World Bank. Internet: https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bank-country-and-lending-groups (accessed March 27, 2018)		

Search terms and electronic databases used

PubMed, US National Library of Medicine (1966 to 19 July 2016):

Date(s) Searched: 7/19/2016

Search Terms:

Complementary OR supplementary OR wean* OR transition* OR introduc* OR "Infant Nutritional Physiological Phenomena"[Mesh:noexp] OR weaning[mesh] OR ((bottle*) NOT (milk OR formula))

AND (feeding* OR food OR beverage*[tiab] OR beverages[mh] OR eating OR diet[tiab] OR diet[mh] OR meal*[tiab] OR meals[mh] OR "Food and Beverages"[Mesh] OR diets[tiab] OR cereal*[tiab] OR "Edible Grain"[Mesh] OR bread*[tiab] OR whole grain* OR juice*[tiab] OR milk[tiab] OR "Milk"[Mesh] OR dairy[tiab] OR "Dairy Products"[Mesh] OR meat[tiab] OR cheese[tiab] OR yogurt[tiab] OR yoghurt*[tiab] OR fruit*[tiab] OR "Fruit"[Mesh] OR vegetable*[tiab] OR "Vegetables"[Mesh] OR egg*[tiab] OR "Eggs"[Mesh] OR nut[tiab] OR nuts[tiab] OR peas[tiab] OR beans[tiab] OR legume*[tiab] OR snack*[tiab] OR bread[mh] OR honey[mh] OR vegetable*[tiab] OR "Vegetables"[Mesh] OR egg*[tiab] OR "Eggs"[Mesh:noexp] OR "egg white"[mh] OR "egg yolk"[mh] OR snack*[tiab] OR candy[mh] OR "Fast Foods"[Mesh] OR meat[mh] OR molasses[mh] OR nuts[mh] OR "Raw Foods"[Mesh] OR seeds[mh])

OR "infant food"[mesh]

OR infant feed*

OR

(breast feeding[mh] OR breastfeeding[tiab] OR breast feeding*[tiab] OR breast-feeding*[tiab] OR breastfed[tiab] OR breast-fed[tiab] OR breast-feed OR breast-feeds)

OR

(Bottle feeding[mh] OR bottle feeding*[tiab]s OR bottle feeding OR bottle-feeding*[tiab] OR bottle-feedings OR bottle-fed[tiab] OR "bottle fed"[tiab])

NOT (editorial[ptyp] OR comment[ptyp] OR news[ptyp] OR letter[ptyp] OR review[ptyp] OR systematic[sb])

OR ((Solid food*) OR solids));

AND

Growth[mh:noexp] OR "Child Development"[Mesh] OR "Growth Charts"[Mesh] OR "growth and development" [Subheading] OR "growth and development"[tiab] OR "Growth and Development"[Mesh:noexp] OR "Growth"[tiab] OR development*[tiab] OR "Child Development"[Mesh] OR child develop*[tiab] OR tooth[mh] OR tooth[tiab] OR

teeth[tiab] OR movement[mh] OR "Overnutrition"[Mesh] OR under-nutrition[tiab] OR undernutrition[tiab] OR "developmental delay"[tiab] OR "Motor Skills"[Mesh] OR "Nonverbal Communication"[Mesh]

Standing[tiab] OR sitting[tiab] OR walking[tiab] OR crawling[tiab] OR "Motor Skills"[Mesh] OR Ages and Stages Questionnaire* OR ASQ[tiab]

OR Cognitive[tiab] OR cognition[mh] OR cognition OR learning OR "Learning Disorders"[Mesh] OR "Intellectual Disability"[Mesh] OR intelligence[tiab] OR intelligence[mh] OR "Achievement"[Mesh] OR "Aptitude"[Mesh] OR "Executive Function"[Mesh] OR memory OR inhibitory control*[tiab] OR "problem solving"[tiab] OR "Social-emotional development"[tiab] OR "Neurological development"[tiab] OR "mental development"[tiab] OR "Motor development"[tiab] OR anxiety[tiab] OR anxiety[mh:noexp] OR "Anxiety, Separation"[Mesh] OR depression[tiab] OR depression[mh] OR "Depression, Postpartum"[Mesh] OR "Depressive Disorder"[Mesh] OR "Visual Acuity"[Mesh] OR "Auditory Perception"[Mesh] OR "Psychological Tests"[Mesh]

OR

("Bone Density"[Mesh] OR "bone density"[tiab] OR "Bone Development"[Mesh] OR "Bone Development"[tiab] OR "Fractures, Bone"[Mesh] OR "Bone Diseases"[Mesh] OR osteoporosis[tiab] OR (bone[tiab] AND fracture*[tiab]) OR "Rickets"[Mesh] OR ricket*[tiab] OR bone mineral*[tiab] OR "bone mass"[tiab] OR bone health*[tiab] OR "Bone Demineralization, Pathologic"[Mesh] OR bone demineral*[tiab])

OR

("body size"[tiab] OR body size[mh] OR obesity[tiab] OR obese[tiab] OR overweight[mh] OR obesity[mh] OR overweight [tiab] OR adipos*[tiab] OR adiposity[mh] OR "body composition"[mh] OR body fat distribution[mh] OR "body fat"[tiab] OR "body weight"[tiab] OR body weight[mh] OR birth weight*[tiab] OR weight gain[mh] OR weight loss[mh] OR "body-weight"[tiab] OR "weight gain"[tiab] OR weight-gain[tiab] OR weight loss[tiab] OR weight-loss[tiab] OR "Body Weights and Measures"[mh] OR weight[ti] OR "Anthropometry"[Mesh:noexp] OR body mass index[mh] OR "body mass index"[tiab] OR BMI[tiab] OR "weight status"[tiab] OR "adipose tissue"[mh] OR "healthy weight"[tiab] OR waist circumference[mh] OR "body mass"[ti] OR "fat mass"[tiab] OR body weight changes[mh] OR "waist circumference"[tiab] OR ideal body weight[mh] OR waist-hip ratio[mh] OR Waist Hip*[tiab] OR body height*[tiab] OR Crown-Rump Length*[tiab] OR head circumference*[tiab] OR arm circumference*[tiab] OR thigh circumference* OR limb circumference* OR fat free mass*[tiab] OR skinfold[tiab] OR skin fold*[tiab])

AND

infant* OR baby OR babies OR toddler* OR newborn*[tiab] OR "Child, Preschool"[Mesh] OR preschool*[tiab] OR pre-school*[tiab] OR "early childhood"[tiab] OR "early years"[tiab] OR pre-k[tiab] OR pre-primary[tiab] OR under five*[ti] OR young child*[ti] OR "head start"[tiab] OR prekindergarten[tiab] OR pre-kindergarten[tiab] OR

weanling*

OR limit to child, preschool

for child 0-18 all develop outcomes

for all; body wgt/comp/bone

NOT

nutritional status[mh] OR nutritional status*[tiab] OR Nutrition Status*[tiab] OR Iron[mh] OR iron[tiab] OR "Anemia"[Mesh] OR "Anemia"[tiab] OR iron deficien*[tiab] OR ferritin*[tiab] OR ferrous[tiab] OR "Transferrin"[Mesh] OR "Transferrin"[tiab] OR zinc OR "Vitamin D"[Mesh] OR "Vitamin D"[tiab] OR "Vitamin D Deficiency"[Mesh] OR "Vitamin B 12"[Mesh] OR "Vitamin B 12"[tiab] OR "Vitamin B12"[tiab] OR "Vitamin B 12 Deficiency"[Mesh] OR Cobamide*[tiab] OR Cobalamin*[tiab] OR Cyanocobalamin[tiab] OR Folate[tiab] OR "Folic Acid"[Mesh] OR folacin[tiab] OR vitamin b9*[tiab] OR Fatty acid*[tiab] OR "Fatty Acids"[Mesh:noexp] OR fatty acid*[tiab] OR "Fatty Acids, Unsaturated"[Mesh:noexp] OR Arachidonic acid*[tiab] OR linolenic acid*[tiab] OR linoleic acid*[tiab] OR Docosahexaenoic Acid*[tiab] OR Eicosapentaenoic Acid*[tiab] OR gamma-Linolenic Acid*[tiab] OR "Arachidonic Acids"[Mesh] OR "Fatty Acids, Essential"[Mesh] OR "Fatty Acids, Omega-3"[Mesh] OR "Fatty Acids, Omega-6"[Mesh] OR alpha-Linolenic Acid*[tiab] OR "Fatty Acids, Essential"[Mesh] OR "Linolenic Acids"[Mesh] OR "Trans Fatty Acids"[Mesh] OR "Fatty Acids, Monounsaturated"[Mesh]

for nonmedline[sb]: NOT animals by: NOT (sheep[ti] OR lamb[ti] OR lambs[ti] OR calving[ti] OR calves[ti] OR mice[ti] OR mouse[ti] OR pigs[ti] OR cows[ti] OR piglets[ti] OR cow[ti] OR piglet[ti] OR monkey[ti] OR rats[ti] OR rat[ti] OR animal*[ti])

Embase, Elsevier (1947 to 1 August 2016):

Date(s) Searched: 8/1/16

Search Terms:

(Complementary OR supplementa* OR wean* OR transition* OR introduc* OR family) NEAR/3 (feed* OR food* OR beverage* OR eating OR diet)

OR

(Complementary OR transition* OR introduct* OR wean*) AND (food/exp OR 'baby food'/exp OR 'cereal'/exp OR 'dairy product'/exp OR 'egg'/exp OR 'fruit'/exp OR 'meat'/exp OR 'sea food'/exp OR 'milk'/exp OR fish/exp OR 'poultry'/exp OR 'beverage'/exp OR 'vegetable'/exp OR nut/exp OR pea/exp OR meal/exp)

OR

(Complementary OR supplementa* OR wean* OR transition* OR introduc*) NEAR/5 ('whole grain' OR 'whole grains' OR dairy OR egg OR eggs OR meat OR poultry OR seafood OR fruit* OR milk OR fish* OR poultry OR beverage* OR vegetables* OR pea OR peas OR nut OR nuts OR cereal OR bread* OR yog*urt* OR cheese* OR juice* OR rice OR soup OR legume* OR snack* OR meal*) (for Embase)

OR 'baby food'/de OR (solid NEAR/2 food*):ab,ti

AND

(infant*:ti,ab OR infant/exp) OR (baby OR babies OR toddler* OR newborn* OR nurser*):ti,ab OR 'newborn'/exp OR 'newborn care'/exp OR preschool*:ti,ab OR pre-school:ti,ab OR 'preschool child'/exp OR 'infancy'/exp OR "early childhood":ti,ab OR "early years" OR pre-k:ti,ab OR 'nursery'/exp OR 'nursery school'/exp OR prekindergarten:ti,ab OR pre-kindergarten:ti,ab OR weanling*

AND ([in process]/lim OR [article]/lim OR [article in press]/lim) AND ([embase]/lim NOT [medline]/lim)

AND

Limit to humans:

AND

'executive function'/exp OR 'executive function':ti,ab OR 'learning'/exp OR 'intelligence'/exp OR 'mental development'/exp OR 'mental development':ti,ab OR intelligence:ti,ab OR cogniti*:ti,ab OR 'cognition'/exp OR 'cognition assessment'/exp OR aptitude:ti,ab OR 'memory'/exp OR memory:ti,ab OR 'anxiety'/exp OR 'anxiety':ti,ab OR 'depression'/exp OR depressi*:ti,ab OR 'visual acuity'/exp OR visual:ti OR 'hearing'/exp OR hearing:ti,ab OR auditory:ti,ab OR 'postnatal development'/exp OR 'postnatal development':ti,ab OR 'overnutrition'/exp OR 'overnutrition':ti,ab OR undernutrition:ti,ab OR "developmental delay":ti,ab OR 'nonverbal communication'/exp
OR

('metabolic bone disease'/exp OR osteoporosis:ti,ab OR (bone NEAR/2 (disease* OR fracture* OR injur* OR health* OR density OR mineralize* OR demineraliz*)):ti,ab OR ricket*:ti,ab OR 'bone injury'/exp OR 'bone density'/exp)

AND

'body size'/de OR 'body size':ti,ab OR 'obesity'/exp OR overweight:ab,ti OR 'macrosomia'/exp OR obese:ab,ti OR obesity:ab,ti OR 'weight gain':ab,ti OR adiposity:ab,ti OR adipose:ab,ti OR 'body weight'/exp OR 'body weight':ti,ab OR 'weight gain'/de OR 'body composition'/exp OR 'body composition':ti,ab OR 'body fat':ab,ti OR 'anthropometry'/de OR 'body mass'/de OR bmi:ab,ti OR 'body mass':ab,ti OR weight:ab,ti OR (waist NEXT/1 hip NEXT/1 ratio*) OR 'body fat'/de OR 'adipose tissue'/exp OR skinfold OR 'skin fold':ti,ab OR 'fat mass':ti,ab OR 'fat mass'/exp OR 'anthropometric parameters'/exp OR circumference OR length OR height

OR

'body growth'/exp 'body growth':ti,ab OR 'growth rate and growth regulation'/exp OR 'postnatal growth'/exp OR 'human development'/exp OR 'Bayley Scales of Infant Development'/exp OR 'cognition assessment'/exp OR 'mental function assessment'/de

Date(s) Searched: 8/9/16

Search Terms:

(feed* OR food* OR beverage* OR diet* OR 'whole grain' OR 'whole grains' OR dairy
OR egg OR meat OR poultry OR seafood OR fruit* OR milk OR fish* OR poultry OR
vegetables* OR pea OR beans OR legume* OR nut OR cereal OR beverage* OR
bread* OR seafood OR yog*urt* OR cheese OR juice OR snack OR yogurt OR
yoghurt OR nut OR nuts OR honey OR meal OR meals) NEAR/3 (Complementary OR
supplementa* OR wean* OR transition* OR introduct* OR family)

OR

[mh ^"Infant Nutritional Physiological Phenomena"] OR [mh weaning] OR ((bottle*)
NOT (milk OR formula))

AND ([mh beverages] OR [mh eating] OR [mh diet] OR [mh meals] OR [mh "Food and
Beverages"] OR [mh "Edible Grain"] OR [mh "Milk"] OR dairy[:ti,ab OR [mh "Dairy
Products"] OR [mh "Fruit"] OR [mh "Vegetables"] OR [mh "Eggs"] OR [mh bread] OR
[mh honey] OR [mh "Vegetables"] OR [mh ^"Eggs"] OR [mh "egg white"] OR [mh "egg
yolk"] OR [mh candy] OR [mh "Fast Foods"] OR [mh meat] OR [mh molasses] OR [mh
nuts] OR [mh "Raw Foods"] OR [mh seeds])

OR

((Infant* OR baby* OR babies) NEAR/2 food*):ti,ab OR [mh "infant food"]

AND

[mh ^Growth] OR [mh "Child Development"] OR [mh "Growth Charts"] OR "growth and
development" OR [mh ^"Growth and Development"] OR [mh "Child Development"] OR
(child NEAR/1 develop*):ti,ab OR [mh tooth] OR tooth:ti,ab OR teeth:ti,ab OR [mh
movement] OR [mh "Overnutrition"] OR "under-nutrition":ti,ab OR undernutrition:ti,ab
OR [mh "Motor Skills"] OR [mh "Nonverbal Communication"]

OR

'body growth':ti,ab OR 'growth rate and growth regulation' OR 'postnatal growth':ti,ab
OR 'human development':ti,ab OR 'Bayley Scales of Infant Development'

OR Standing:ti,ab OR sitting:ti,ab OR walking:ti,ab OR crawling:ti,ab OR "Ages and
Stages Questionnaire" OR ASQ:ti,ab

OR [mh cognition] OR [mh learning] OR [mh "Learning Disorders"] OR [mh "Intellectual
Disability"] OR intelligence:ti,ab OR [mh intelligence] OR [mh "Achievement"] OR [mh
"Aptitude"] OR [mh "Executive Function"] OR (inhibitory NEAR/1 control*):ti,ab OR
"problem solving":ti,ab OR "Social-emotional development":ti,ab OR "Neurological
development":ti,ab OR "mental development":ti,ab OR "Motor development":ti,ab OR
[mh ^anxiety] OR [mh "Anxiety, Separation"] OR [mh depression] OR [mh "Depression,
Postpartum"] OR [mh "Depressive Disorder"] OR [mh "Visual Acuity"] OR [mh
"Auditory Perception"] OR [mh "Psychological Tests"]

OR Stunt*:ti,ab OR wasting:ti,ab
OR

cogniti*:ti,ab OR aptitude:ti,ab OR memory:ti,ab OR [mh memory] OR 'anxiety':ti,ab
OR depressi*:ti,ab OR visual:ti,ab OR vision:ti,ab OR hearing:ti,ab OR auditory:ti,ab
OR 'postnatal development':ti,ab OR 'overnutrition':ti,ab OR "developmental
delay":ti,ab OR 'nonverbal communication'

OR

[mh "Bone Density"] OR [mh "Bone Development"] OR [mh "Fractures, Bone"] OR
[mh "Bone Diseases"] OR [mh "Rickets"] OR [mh "Bone Demineralization, Pathologic"]
OR osteoporosis:ti,ab OR (bone NEAR/2 (disease* OR fracture* OR injur* OR health*
OR density OR mineral* OR demineral* OR develop* OR mass)):ti,ab OR ricket*:ti,ab

OR

'body size':ti,ab OR overweight:ab,ti OR 'macrosomia':ti,ab OR obese:ab,ti OR
obesity:ab,ti OR adipos*:ab,ti OR 'body weight':ti,ab OR 'weight gain':ti,ab OR 'body
composition':ti,ab OR 'body fat':ab,ti OR 'anthropometr*':ti,ab OR bmi:ab,ti OR 'body
mass':ab,ti OR (waist NEXT/1 hip NEXT/1 ratio*) OR 'body fat':ti,ab OR 'adipose
tissue':ti,ab OR skinfold:ti,ab OR 'skin fold':ti,ab OR 'fat mass':ti,ab OR
circumference:ti,ab OR length:ti,ab OR height:ti,ab

([mh "body size"] OR [mh overweight] OR [mh obesity] OR [mh adiposity] OR [mh
"body composition"] OR [mh "body fat distribution"] OR [mh "body weight"] OR [mh
"weight gain"] OR [mh "weight loss"] OR "weight gain":ti,ab OR "weight loss":ti,ab OR
"weight-loss":ti,ab OR [mh "Body Weights and Measures"] OR weight:ti OR [mh
^"Anthropometry"] OR [mh "body mass index"] OR "weight status":ti,ab OR [mh
"adipose tissue"] OR "healthy weight":ti,ab OR [mh "waist circumference"] OR [mh
"body weight changes"] OR [mh "ideal body weight"] OR [mh "waist-hip ratio"] OR
"Waist Hip":ti,ab OR "waist-hip":ti,ab OR "Crown-Rump":ti,ab OR "fat free mass":ti,ab)

NOT (pubmed OR embase)

**[CINAHL Plus with Full Text, EBSCO](#) (Cumulative Index to Nursing and Allied
Health Literature; 1937 to 22 August 2016):**

Date(s) Searched: 8/22/2016

Search Terms:

(MH "Food and Beverages+") OR (MH "Food") OR (MH "Diet") OR (MH "Eating") OR
(MH "Eating Behavior") OR (MH "Taste") OR (MH "Taste Buds") OR (MH "Cereals")
OR (MH "Dairy Products") OR (MH "Yogurt") OR (MH "Cheese") OR (MH "Milk") OR
(MH "Eggs") OR (MH "Fruit") OR (MH "Fruit Juices") OR (MH "Meat") OR (MH
"Seafood") OR (MH "Fish") OR (MH "Poultry") OR (MH "Vegetables") OR (MH "Nuts")
OR (MH "Legumes") OR (MH "Bread") **AND** (Complementary OR supplementa* OR
wean* OR transition* OR introduc*)

OR

('whole grain' OR 'whole grains' OR dairy OR egg OR eggs OR meat OR poultry OR seafood OR fruit* OR milk OR fish* OR poultry OR vegetables* OR pea OR peas OR nut OR nuts OR cereal OR beverage* OR bread* OR seafood OR yog*urt* OR cheese* OR juice*) **N5** (Complementary OR supplementa* OR wean* OR transition* OR introduc* OR family)

OR (Infant* OR baby OR babies) N2 food*

NOT

(MH "Nutritional Status") OR "nutritional status" OR (MH "Nutritional Requirements") OR (MH "Vitamin D") OR (MH "Vitamin D Deficiency") OR (MH "Vitamin B12 Deficiency") OR (MH "Anemia") OR "anemia" OR (MH "Anemia, Iron Deficiency") OR (MH "Iron") OR (MH "Zinc") OR (MH "Vitamin B12") OR (MH "Vitamin B12 Deficiency") OR (MH "Folic Acid") OR (MH "Niacin") OR (MH "Folic Acid Deficiency") OR "folate" OR "folacin" OR cyanocobalamin* OR cobalamin* OR cobamamide* OR (MH "Fatty Acids") OR "fatty acids" OR (MH "Fatty Acids, Omega-6") OR (MH "Fatty Acids, Omega-3") OR (MH "Fatty Acids, Unsaturated") OR (MH "Trans Fatty Acids") OR (MH "Fatty Acids, Monounsaturated") OR (MH "Fatty Acids, Saturated") OR (MH "Fatty Acids, Essential") OR (MH "Arachidonic Acids") OR (MH "Docosahexaenoic Acids") OR (MH "Linolenic Acids") OR (MH "Linoleic Acids")

AND

osteoporosis OR (bone n2 (disease* OR fracture* OR injur* OR health* OR density OR mineralize* OR demineraliz*)) OR ricket* OR (MH "Osteoporosis") OR (MH "Bone Density") OR (MH "Bone Diseases+") OR (MH "Bone Diseases, Developmental+") OR (MH "Rickets+")

OR

(MH "Executive Function") OR (MH "Learning+") OR (MH "Intelligence+") OR "intelligence" OR (MH "Intelligence Tests") OR (MH "Cognition+") OR "cognition" OR "mental development" OR (MH "Aptitude") OR "aptitude" OR (MH "Aptitude Tests+") OR (MH "Memory+") OR "memory" OR (MH "Anxiety+") OR "anxiety" OR (MH "Depression+") OR "depression" OR (MH "Visual Acuity") OR (MH "Visual Perception+") OR (MH "Hearing+") OR "auditory" OR "overnutrition" OR "undernutrition" OR (MH "Nonverbal Communication+") OR "postnatal development" OR OR "developmental delay"

OR

(MH "Anthropometry+") OR (MH "Body Weights and Measures+") OR (MH "Body Weight+") OR (MH "Bone Development+") OR (MH "Growth+") OR (MH "Human Development+") OR "bayley scales" OR "mental function" OR (MH "Body Size") OR (MH "Obesity+") OR "overweight" OR "macrosomia" OR (MH "Weight Gain+") OR (MH "Waist-Hip Ratio") OR (MH "Body Composition+") OR (MH "Adipose Tissue+") OR (MH "Abdominal Fat")

OR (MH "Fat Free Mass") OR (MH "Body Mass Index") OR (MH "Skinfold Thickness")
 OR (MH "Head Circumference") OR (MH "Arm Circumference") OR (MH "Waist
 Circumference") OR (MH "Growth and Development (Omaha)") OR (MH "Body
 Height") OR (MH "Crown-Rump Length") OR (MH "Leg Length Inequality") OR (MH
 "Mean Length of Utterance")

Figure 2: Flow chart of literature search and screening results

This flow chart illustrates the literature search results for articles examining the relationship between complementary feeding and bone health. The results of an electronic database search were screened independently by two NESR analysts in a dual, step-wise manner by reviewing titles, abstracts, and full text articles to determine which articles met the criteria for inclusion. A manual search was done to ascertain articles not identified through the electronic database search. The systematic review on timing of introduction of CFB included three articles, and the systematic review on types and amounts of CFB consumed included two articles. The literature search was conducted for multiple systematic reviews that addressed complementary feeding and

various health outcomes; the systematic reviews on developmental milestones and growth, size, and body composition are described in separate reports.

Excluded articles

The table below lists the excluded articles with at least one reason for exclusion, but may not reflect all possible reasons.

Table 3. Excluded articles

	Citation	Rationale
1	Complementary feeding in the WHO Multicentre Growth Reference Study. <i>Acta Paediatr Suppl.</i> 2006;450:27-37.	DV
2	Weaning and the weaning diet. Report of the Working Group on the Weaning Diet of the Committee on Medical Aspects of Food Policy. <i>Rep Health Soc Subj (Lond)</i> .1994;45:1-113.	Design
3	Aarts, C.,Kylberg, E.,Hofvander, Y.,Gebre-Medhin, M. Growth under privileged conditions of healthy Swedish infants exclusively breastfed from birth to 4-6 months: a longitudinal prospective study based on daily records of feeding. <i>Acta Paediatr.</i> 2003;92:145-51.	IV
4	Abarin, T.,Yan Wu, Y.,Warrington, N.,Lye, S.,Pennell, C.,Briollais, L. The impact of breastfeeding on FTO-related BMI growth trajectories: an application to the Raine pregnancy cohort study. <i>Int J Epidemiol.</i> 2012;41:1650-60.	IV
5	Abou Samra, H.,Stevens, D.,Binkley, T.,Specker, B. Determinants of bone mass and size in 7-year-old former term, late-preterm, and preterm boys. <i>Osteoporos Int.</i> 2009;20:1903-10.	Design, IV
6	Aboud, F. E.,Akhter, S. A cluster-randomized evaluation of a responsive stimulation and feeding intervention in bangladesh. <i>Pediatrics.</i> 2011;127:e1191-7.	IV
7	Aboud, F. E.,Shafique, S.,Akhter, S. A responsive feeding intervention increases children's self-feeding and maternal responsiveness but not weight gain. <i>J Nutr.</i> 2009;139:1738-43.	IV
8	Adu-Afarwuah, S.,Lartey, A.,Brown, K. H.,Zlotkin, S.,Briend, A.,Dewey, K. G. Randomized comparison of 3 types of micronutrient supplements for home fortification of complementary foods in Ghana: effects on growth and motor development. <i>Am J Clin Nutr.</i> 2007;86:412-20.	IV
9	Agarwal, K. N.,Agarwal, D. K.,Gupta, A.,Bansal, A. K. Relationship of exclusive breast feeding for 6 mo to linear growth up to 18 mo of age. <i>Indian J Pediatr.</i> 2013;80:11-5.	Country
10	Aggarwal, A.,Arora, S.,Patwari, A. K. Breastfeeding among urban women of low-socioeconomic status: factors influencing introduction of supplemental feeds before four months of age. <i>Indian Pediatr.</i> 1998;35:269-73.	Design, IV, DV
11	Agostoni, C.,Fiocchi, A.,Riva, E.,Terracciano, L.,Serratud, T.,Martelli, A.,Lodi, F.,D'Auria, E.,Zuccotti, G.,Giovannini, M. Growth of infants with IgE-mediated cow's milk allergy fed different formulas in the complementary feeding period. <i>Pediatr Allergy Immunol.</i> 2007;18:599-606.	IV
12	Agostoni, C.,Grandi, F.,Gianni, M. L.,Silano, M.,Torcoletti, M.,Giovannini, M.,Riva, E. Growth patterns of breast fed and formula fed infants in the first 12 months of life: an Italian study. <i>Arch Dis Child.</i> 1999;81:395-9.	IV

13	Agostoni, C.,Grandi, F.,Scaglioni, S.,Gianni, M. L.,Torcoletti, M.,Radaelli, G.,Fiocchi, A.,Riva, E. Growth pattern of breastfed and nonbreastfed infants with atopic dermatitis in the first year of life. <i>Pediatrics</i> .2000;106:E73.	IV
14	Agostoni,C.,Marangoni,F.,Lammardo,A. M.,Giovannini,M.,Riva,E.,Galli,C. Breastfeeding duration, milk fat composition and developmental indices at 1 year of life among breastfed infants. <i>Prostaglandins Leukot Essent Fatty Acids</i> .2001;64:105-9.	IV
15	Agostoni,C.,Zuccotti,G. V.,Radaelli,G.,Besana,R.,Podesta,A.,Sterpa,A.,Rottoli,A.,Riva,E.,Giovannini,M. Docosahexaenoic acid supplementation and time at achievement of gross motor milestones in healthy infants: a randomized, prospective, double-blind, placebo-controlled trial. <i>Am J Clin Nutr</i> .2009;89:64-70.	IV
16	Allen, L.,Shrimpton, R. The International Research on Infant Supplementation study: implications for programs and further research. <i>J Nutr</i> .2005;135:666s-669s.	Design
17	Alm,B.,Aberg,N.,Erdes,L.,Mollborg,P.,Pettersson,R.,Norvenius,S. G.,Goksor,E.,Wennergren,G. Early introduction of fish decreases the risk of eczema in infants. <i>Arch Dis Child</i> .2009;94:11-5.	DV
18	Almqvist,C.,Garden,F.,Xuan,W.,Mihirshahi,S.,Leeder,S. R.,Oddy,W.,Webb,K.,Marks,G. B. Omega-3 and omega-6 fatty acid exposure from early life does not affect atopy and asthma at age 5 years. <i>J Allergy Clin Immunol</i> .2007;119:1438-44.	IV, DV
19	Alvarez-Uria, G.,Midde, M.,Pakam, R.,Bachu, L.,Naik, P. K. Effect of Formula Feeding and Breastfeeding on Child Growth, Infant Mortality, and HIV Transmission in Children Born to HIV-Infected Pregnant Women Who Received Triple Antiretroviral Therapy in a Resource-Limited Setting: Data from an HIV Cohort Study in India. <i>ISRN Pediatr</i> .2012;2012:763591.	Health status
20	Andersen, L. B.,Molgaard, C.,Michaelsen, K. F.,Carlsen, E. M.,Bro, R.,Pipper, C. B. Indicators of dietary patterns in Danish infants at 9 months of age. <i>Food Nutr Res</i> .2015;59:27665.	Design
21	Andersen,A. D.,Michaelsen,K. F.,Hellgren,L. I.,Trolle,E.,Lauritzen,L. A randomized controlled intervention with fish oil versus sunflower oil from 9 to 18 months of age: exploring changes in growth and skinfold thicknesses. <i>Pediatr Res</i> .2011;70:368-74.	IV
22	Andersen,L. B.,Pipper,C. B.,Trolle,E.,Bro,R.,Larnkjaer,A.,Carlsen,E. M.,Molgaard,C.,Michaelsen,K. F. Maternal obesity and offspring dietary patterns at 9 months of age. <i>Eur J Clin Nutr</i> .2015;69:668-75.	DV
23	Anderson, G. H.,Morson-Pasut, L. A.,Bryan, H.,Cleghorn, G.,Tanaka, P.,Yeung, D.,Zimmerman, B. Age of introduction of cow's milk to infants. <i>J Pediatr Gastroenterol Nutr</i> .1985;4:692-8.	Design
24	Anderson, V. P.,Cornwall, J.,Jack, S.,Gibson, R. S. Intakes from non-breastmilk foods for stunted toddlers living in poor urban villages of Phnom Penh, Cambodia, are inadequate. <i>Matern Child Nutr</i> .2008;4:146-59.	Design, Health status
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