United States Department of Agriculture

Types and Amounts of Complementary Foods and Beverages Consumed and Developmental Milestones: A Systematic review

The Pregnancy and Birth to 24 Months Project

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Nutrition Evidence Systematic Review
Center for Nutrition Policy and Promotion
Food and Nutrition Service
U.S. Department of Agriculture
3101 Park Center Drive
Alexandria, Virginia

This systematic review was conducted by the Nutrition Evidence Systematic Review (NESR) team at the Center for Nutrition Policy and Promotion, Food and Nutrition Service, USDA. This systematic review was completed for the Pregnancy and Birth to 24 Months Project (P/B-24 Project). 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 describes the state of science related to the specific question examined. Conclusion statements do not draw implications, nor should they be interpreted to be dietary guidance.

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This systematic review has also been published in the *American Journal of Clinical Nutrition*:
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Related citations:

- **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-697S. doi: 10.1093/ajcn/nqy372
- **P/B-24 systematic review methodology:** Obbagy JE, Spahn JS, Psota TL, Spill MK, Dreibelbis C, Gungor DE, Nadaud PN, Raghavan R, Callahan EH, English LK, Kingshipp BJ, Lapergola CC, Shapiro MJ, Stoody EE. 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

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Technical Expert Collaborative (TEC) members:

- Nancy F. Butte, PhD, RD, USDA/ARS Children's Nutrition Research Center, Baylor College of Medicine, Department of Pediatrics, Emeritus
- Kathryn G. Dewey, PhD, University of California, Davis, Department of Nutrition
- David M. Fleischer, MD, Children's Hospital Colorado, University of Colorado School of Medicine, Department of Pediatrics, Section of Allergy and Immunology
- Mary Kay Fox, Med, Mathematic Policy Research
- Frank R. Greer, MD, University of Wisconsin School of Medicine and Public Health, Department of Pediatrics, Emeritus
- Nancy F. Krebs, MD, MS, University of Colorado School of Medicine, Department of Pediatrics
- Kelley S. Scanlon, PhD, RD, USDA Food and Nutrition Service; formerly of the Centers for Disease Control and Prevention, Division of Nutrition, Physical Activity, and Obesity

Nutrition Evidence Systematic Review (NESR) team:

- Laural K. English[i], PhD, Panum Group, Lead Analyst (11/2016-project completion)
- Julie E. Obbagy, PhD, RD, USDA, Analyst (05/2016-project completion)
- Yat Ping Wong, MLS, MPH, USDA, Librarian
- Tricia Psota, PhD, USDA, Analyst (07/2015-06/2016)
- Perrine Naudad[i], PhD, Panum Group, Analyst (07/2015-05/2016)
- Kirsten Johns[i], MS, Panum Group, Analyst (07/2015-05/2016)

Project Lead:

- Eve Essery Stoody, PhD, USDA

Federal Expert Group (FEG)-Technical Expert Collaborative (TEC) Liaisons:

- Kelley Scanlon, PhD, RD, USDA Food and Nutrition Service; formerly of the Centers for Disease Control and Prevention, Division of Nutrition, Physical Activity, and Obesity

All TEC and NESR team members, Project leads, and FEG-TEC liaisons participated in establishing the research questions, analytic framework, and study inclusion and exclusion criteria. LKE, JEO, YPW, TLP, PN, KJ, and NT developed and conducted the literature search, screened search results, and identified studies for inclusion. LKE and JEO extracted data and assessed risk of bias for included studies. NFC, KGD, DMF, MKF, FRG, NFK, and KSS reviewed and provided substantive feedback on all systematic review materials, including the synthesis of the body of evidence, conclusion statement, and grade of the strength of the evidence. LKE prepared this report and

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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 types and amounts of complementary foods and beverages consumed and developmental milestones?. This systematic review was conducted as part of the Pregnancy and Birth to 24 Months Project (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 published[ii] and is available on the NESR website: https://nesr.usda.gov/project-specific-overview-pb-24-0.

NESR, formerly 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 published[iii] and is available on the NESR website: https://nesr.usda.gov/pb-24-project-methodology-0. In addition, starting on page 27, 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 27. In addition, the literature search plan, that was used to identify studies included in this systematic review is found on page 27.

[ii] Stoody EE, Spahn JM, Cassavale 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-697S. doi:10.1093/ajcn/nqy372

[iii] Obbagy JE, Spahn JS, Psota TL, Spill MK, Dreibelbis C, Gungor DE, Nadaud PN, Raghavan R, Callahan EH, English LK, Kingshipp BJ, Lapergola CC, Shapiro MJ, Stoody EE. 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

List of abbreviations

Abbreviation	Full description
BF	Breast fed
BSID	Bayley Scale of Infant Development
CFB	Complementary Food and Beverage
CFUI	Complementary feeding utility index
EBF	Exclusively breast-fed
FEG	Federal Expert Group
HHS	Department of Health and Human Services
IQ	Intelligence quotient
MDI	Mental development index
NEL	Nutrition Evidence Library
NESR	Nutrition Evidence Systematic Review
NIH	National Institutes of Health
PDI	Psychomotor development index
P/B-24	Pregnancy and Birth to 24 Months Project
TEC	Technical Expert Collaborative
U.K.	United Kingdom
U.S.	United States
USDA	United States Department of Agriculture
WISC	Wechsler Intelligence Scale for Children

PLAIN LANGUAGE SUMMARY

What is the question?

- What is the relationship between the types and amounts of complementary foods and beverages consumed and developmental milestones?

What is the answer to the question?

- There is insufficent evidence to draw a conclusion about the relationships between types and amounts of complementary foods and beverages consumed and developmental milestones.

Why was this question asked?

- This important public question was identified 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 staff from the Nutrition Evidence Systematic Review 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 developmental milestone outcomes examined through 18 years of age.

What evidence was found?

- This review includes eight studies published since 1980
- The studies varied in terms of the types and/or amounts of complementary foods and beverages examined, which included dietary patterns consumed during the complementary feeding period, meat and/or fortified-cereal intake, and foods with differing levels of DHA or phytate
- Different types of developmental milestone outcomes were measured between 4 months and 8.5 years of age, including:
    - communication development such as sentence repetition
    - cognitive development such as mental development index scores
    - motor development such as psychomotor development index scores
    - neurological development such as cortical processing

- There are limitations in the evidence as follows: an inadequate number of studies that were comparable in terms of design, and variation in the types of complementary foods and beverages examined, how and when developmental milestones outcomes were assessed, and reported results

How up-to-date is this review?

- This review includes literature from 01/1980 to 07/2016

TECHNICAL ABSTRACT

Background

- Systematic reviews were conducted 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 examine the following question: What is the relationship between types and amounts of complementary foods and beverages (CFB) consumed and developmental milestones?
- 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. CFB were defined as foods and/or beverages other than human milk or infant formula (liquids, semisolids, and solids) provided to an infant or young child to provide nutrients and energy.

Conclusion Statement

- There was insufficient evidence to draw a conclusion about the relationships between types and amounts of CFB consumed and developmental milestones.
- **Grade: Grade Not Assignable**

Methods

- This systematic review was conducted by a team of staff from the Nutrition Evidence Systematic Review in collaboration with a Technical Expert Collaborative.
- Literature search was conducted using 4 databases (PubMed, Cochrane, Embase, and CINAHL) to identify articles that evaluated the intervention or exposure of timing of CFB introduction and the outcomes of developmental milestones. A manual search was conducted to identify articles that may not have been included in the electronic databases searched. Articles were screened by two analysts independently for inclusion based on pre-determined criteria.
- Data extraction and risk of bias assessment were conducted for each included study, and both were checked for accuracy. The body of evidence was qualitatively synthesized to inform development of a conclusion statement(s), and the strength of evidence was graded using pre-established criteria evaluating the body of evidence on risk of bias, adequacy, consistency, impact, and generalizability.

Summary of the Evidence

- This review includes eight studies published since 1980 that examined the relationship between consuming different types and/or amounts of CFB and developmental milestones during childhood through 18 years of age, including three randomized controlled trials and five prospective cohort studies.
- The studies varied in terms of the types and/or amounts of CFB examined, which included dietary patterns consumed during the complementary feeding period, meat and/or fortified-cereal intake, and foods with differing levels of DHA or phytate

- Different types of developmental milestone outcomes were measured between 4 months and 8.5 years of age, including:
    - Communication (e.g., sentence repetition)
    - Cognitive (e.g., mental development index)
    - Motor (e.g., psychomotor development index)
    - Neurological (e.g., cortical processing)
- Three articles from two observational studies identified positive associations between dietary patterns emphasizing vegetables and meats during the complementary feeding period, and intelligence quotient (IQ) between ages 4-8.5y. However, a conclusion could not be drawn due to low generalizability and heterogeneity in exposures, observed effects, and potential confounding
- Because there was substantial variation in how studies were designed, it is difficult to compare and contrast the reported results.
- No conclusion regarding the relationship between types and/or amounts of CFB and developmental milestones could be drawn due to an inadequate number of studies that were comparable in terms of design, the types of CFB examined, how and when developmental milestones outcomes were assessed, and reported results.

FULL REVIEW

Systematic review question

What is the relationship between the types and amounts of complementary foods and beverages consumed and developmental milestones?

Conclusion statement

There is insufficient evidence to draw a conclusion about the relationship between the types or amounts of complementary foods and beverages (CFB) consumed and developmental milestones.

Grade

Grade Not Assignable

Summary

- This review includes eight studies published since 1980 that examined the relationship between consuming different types and/or amounts of complementary foods or beverages (CFB) and developmental milestones during childhood through 18 years of age, including three randomized controlled trials and five prospective cohort studies.
    - CFB were defined as foods and/or beverages other than human milk or infant formula (liquids, semisolids, and solids) provided to an infant or young child to provide nutrients and energy.
- The studies varied in terms of the types and/or amounts of CFB examined, which included dietary patterns consumed during the complementary feeding period, meat and/or fortified-cereal intake, and foods with differing levels of DHA or phytate
- Different types of developmental milestone outcomes were measured between 4 months and 8.5 years of age, including:
    - Communication (e.g., sentence repetition)
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- Three articles from two observational studies identified positive associations between dietary patterns emphasizing vegetables and meats during the complementary feeding period, and intelligence quotient (IQ) between ages 4-8.5y. However, a conclusion could not be drawn due to low generalizability and heterogeneity in exposures, observed effects, and potential confounding
- Because there was substantial variation in how studies were designed, it is difficult to compare and contrast the reported results.
- No conclusion regarding the relationship between types and/or amounts of CFB and developmental milestones could be drawn due to an inadequate number of studies that were comparable in terms of design, the types of CFB examined, how and when developmental milestones outcomes were assessed, and reported results

Description of the evidence

This systematic review includes eight studies that examined the association between types or amounts of CFB and developmental milestones, including three RCTs (1-3) and five prospective cohort studies (4-8).

According to the Human Development Index (9), all of the included studies were conducted in countries that were identified as “very high” (U.K., U.S., Sweden, and Netherlands). Most of the studies included participants who were full term (gestational age >37 wk) and excluded participants with illnesses or conditions that could impact complementary feeding or development. All of the prospective cohort studies included subjects who had a normal birth weight (>2.5kg). Two studies specified that their samples were majority white (4, 8), and the remaining studies did not specify the racial/ethnic make-up of subjects.

The studies in this review examined the following interventions/exposures: dietary patterns (4-6, 8) meat compared to cereal (2); amount of meat consumed (7); phytate-reduced milk-cereal-drink and porridge (3); and DHA-enriched compared to control baby-food (1). A variety of validated, developmental indices/scales were used to examine outcomes ranging in age from birth to 11.5y, including the Bayley Scales of Infant Development (BSID), the Wechsler Intelligence Scale for Children (WISC), The Denver Developmental Screening Test, and the Developmental Neuropsychological Assessment (NEPSY). Developmental milestone outcomes that were reported by these studies fit within one or more of the following domains (10): communication (4, 5), cognitive (2, 3, 5-8), motor (2-5, 7), or other neurological (1), or behavioral (15) development. No studies were identified that reported the association between types or amounts of CFB introduced and social/emotional development outcomes, executive function, or incidence and prevalence of anxiety or depression. **Table 1** describes the studies and reported results from included studies that examined dietary patterns and developmental milestone outcomes. **Table 2** describes the studies and reported results from included studies that examined specific types or amounts of CFB and developmental milestone outcomes.

Evidence synthesis

Dietary patterns and developmental milestones

Dietary patterns and communication development

Dagnelie and van Staveren (4) reported that infants who consumed a ‘Macrobiotic’ dietary pattern from ~4-18 mo of age had significantly slower language development, though age of assessment was not reported. Gale et al. (5) reported no significant associations between dietary pattern scores at either 6 or 12 mo of age and language development at 4 y in adjusted models, though analyses did not adjust for education or race/ethnicity of participants. Gale et al. (5) adjusted for several baseline characteristics but Dagnelie and van Staveren (4) did not account for differences between groups in birth weight and BF duration. Notably in that study (4), there were also several concurrent factors, such as relatively high rates of wasting and rickets in the ‘Macrobiotic’ relative to ‘Omnivorous’ groups and may have impacted development. The magnitude of differences in that study was notable and macrobiotic diets tend to be deficient in several nutrients that could affect development. However, prenatal differences and human milk nutrient content cannot be ruled out as factors. Therefore, differences in outcome assessment, lack of adjustment for confounding factors, limited generalizability, and inconsistency in findings limit the ability to

draw a conclusion about the relationship between dietary patterns during the complementary feeding period and communication development.

Dietary patterns and motor development

Dagnelie and van Staveren (4) found slower gross-motor development in infants with a 'Macrobiotic' compared to 'Omnivorous' diet pattern (see Table 1), but no differences in terms of fine-motor development. Gale et al. (5) reported no significant associations between dietary pattern scores at either 6 or 12 mo and visuomotor precision at 4 y. These studies were difficult to summarize because of the variation in dietary patterns and types of motor development outcomes examined.

Dietary patterns and cognitive development

Three prospective cohort studies examined the relationship between dietary patterns and cognitive milestones (5, 6, 8). Table 2 describes information regarding CFB included in each dietary pattern and study results in more detail. All three studies reported that dietary patterns emphasizing vegetables and meat at 6 mo of age were associated with better verbal IQ scores in childhood at ~4-8.5 y, compared to other dietary patterns (Table 2). Gale et al. (5) reported that scores on the U.K. 'Infant guidelines' pattern scores at age 6 mo (i.e., higher scores reflect higher adherence to complementary feeding guidelines in the U.K.) were positively associated with full-scale and verbal IQ scores at 4 y, and at age 12 mo were positively associated with full-scale IQ scores at 4 y. No significant associations were reported between 'Adult Foods' pattern scores at age 6 or 12 mo and IQ at 4 y. In terms of cognitive outcomes aside from IQ, Gale et al. (5) reported no significant associations between either dietary pattern and visual form constancy or visual attention at 4 y. Golley et al. (6) reported that scores on the complementary feeding utility index (CFUI) at age 6 mo (i.e., higher scores reflect healthier patterns based on complementary feeding recommendations in the U.K.) were positively associated with full-scale, verbal, and performance IQ scores at age 8.5 y.
Smithers et al. (8) reported significant positive associations between the following dietary pattern scores and IQ scores at 8 y (see Table 1 for full results):

- 'Homemade traditional' (e.g., potatoes/vegetables, meat) at age 6 mo and full-scale, verbal, and performance IQ;
- 'Contemporary foods' (e.g., legumes, fruits, and/or vegetables, nuts, egg) at age 15 and 24 mo and full-scale and verbal IQ;
- 'Ready-to-eat foods' (e.g., biscuits, bread/toast, breakfast cereal, yogurt, milk pudding, cola) at age 24 mo and full-scale and verbal IQ.

Significant negative associations were identified between the following dietary pattern scores and IQ scores at 8y (see Table 1 for full results):

- 'Discretionary foods' (e.g., biscuits, crisps, sweets, chocolate, cola) at ages 6 mo and full-scale, verbal, and performance IQ, 'Discretionary foods' at 15 mo and full-scale and verbal IQ, and 'Discretionary Foods' at 24 mo and full-scale IQ.
- 'Ready-made' (e.g., commercial manufactured foods including rice/baby cereal, meat from a tin/jar, vegetables, fruit puddings, milk puddings, and fish) at 6 mo and full-scale and verbal IQ.
- 'Ready-made' (e.g., commercial manufactured foods) at 15 mo and full-scale, verbal, and performance IQ.

Smithers et al. (8) acknowledged that all observed, significant differences were less than

one IQ point and results were primarily driven by the verbal IQ subscale.

Although all three studies analyzed scores on dietary patterns that were related to higher intake of vegetables and meat/meat products at 6 mo, dietary patterns were analyzed heterogeneously across studies and may be less generalizable to U.S. patterns. For example, Golley et al. (6) analyzed CFUI scores, which were reflective of better adherence to broad complementary feeding recommendations in Australia, New Zealand, North America, and the U.K. from 2003-2010. Gale et al. (5) analyzed scores on the Infant Guidelines pattern, which was reflective of better adherence to the infant feeding manual from the U.K. Department of Health in 2006. However, the patterns analyzed in Smithers et al. (8) have previously shown both similarity and discordance with U.S. patterns, see (11). Some of the patterns identified in Smithers et al. (8) included foods such as gravy/soy sauce, were only observed at 15 or 24 mo, or were not well described. In addition, the dietary patterns from Smithers et al. (8) did not clearly align with the three dietary patterns that were used to obtain CFUI scores in Golley et al. (6), despite data being from the same cohort. Among the three studies, dietary patterns characterized by foods and/or food groups divergent from complementary feeding recommendations, such as bread, biscuits, and fizzy drinks/cola, had either negative or null associations with IQ in early-mid childhood. All three cohort studies controlled for the majority, if not all, potential key confounders. However, the interval between assessment of dietary patterns during the complementary feeding period and outcome assessment of IQ varied across studies, with dietary patterns as early as 6 mo of age and outcome assessments from 4-8.5 y of age. It is plausible that uncontrolled factors during this interval may confound the relationship between dietary patterns consumed during the complementary feeding period and developmental milestones.

Table 1. Studies that examined dietary patterns during the complementary feeding period and developmental milestones.

Reference, design, country, sample size	Outcome assessment[1]	Independent variable or Exposure[2]	Cognitive results	Motor results	Communication results
Dagnelie and van Staveren, 1994 (4) Prospective Cohort Study, Netherlands N: 106	Observation and maternal-report via Denver Developmental Screening Test at ages 14-18mo	'Macrobiotic' pattern (at ~4-10mo: unpolished rice, pulses, vegetables, seaweeds, fermented foods, nuts, seeds, and seasoned foods; no vitamin D supplements, animal products, fats/oils, and fish) vs. 'Omnivorous' pattern (not described)		Sitting/head balance: SDS=-0.48, 95% CI: -0.94, -0.02, *P*=0.04; Locomotion: SDS=-0.60, 95% CI: -0.97, -0.24; P=0.001; Gross motor: SDS=-0.63, 95% CI: -1.00, -0.26; P<0.001 Fine motor (NSA)	Speech: SDS=-0.42, 95% CI: -0.84, -0.05; *P*=0.03
Gale et al., 2009 (5) Prospective Cohort Study, U.K. N: 241	IQ via WISC; Developmental Neuropsychological Assessment and Test of Visual-Perceptual Skills at age 4y	'Infant guidelines' pattern at 6mo: high fruit, vegetables, meat and fish, home-prepared foods, breast milk; low commercial baby foods, and formula	Full-scale *β*=0.18; 95% CI: 0.04, 0.31, P<0.01; Verbal *β*=0.14; 95% CI: 0.01, 0.27, P<0.05; Performance (NSA) IQ at 4y Visual form constancy or visual attention at 4y (NSA)	Visuomotor precision at 4y (NSA)	Sentence repetition or verbal fluency at 4y (NSA)
		'Infant guidelines' pattern at 12mo: high vegetables, fruit, and home-prepared foods	Full-scale: *β*=0.18; 95% CI: 0.04, 0.31, P<0.01; Verbal (NSA); Performance (NSA) IQ at 4y Visual form constancy	Visuomotor precision at 4y (NSA)	Sentence repetition or verbal fluency at 4y (NSA)

			or visual attention at 4y (NSA)		
		‘Adult foods’ pattern at 6mo: high bread, savory snacks, biscuits, chips, squash, cereals; low breast milk and baby rice	Full-scale, Verbal, Performance IQ at 4y (NSA) Visual form constancy or visual attention at 4y (NSA)	Visuomotor precision at 4y (NSA)	Sentence repetition or verbal fluency at 4y (NSA)
		‘Adult foods’ pattern at 12mo: high crisps, savory snacks, processed meat, squash and chips	Full-scale, Verbal, Performance IQ at 4y (NSA) Visual form constancy or visual attention at 4y (NSA)	Visuomotor precision at 4y (NSA)	Sentence repetition or verbal fluency at 4y (NSA)
Golley et al., 2013 (6) Prospective Cohort Study, U.K. N: 7170	IQ via WISC-III at age ~8.5y	CFUI scores at age 6mo: derived and analyzed as a continuous variable from 14 components: BF duration, age of introduction to solids, textured foods, and minimizing ready-made infant foods	Full-scale β=1.92; 95% CI: 1.38, 2.47, *P*<0.001; Verbal β=1.92; 95% CI: 1.37, 2.48, *P*<0.001; Performance IQ β=1.33; 95% CI: 0.74, 1.92, *P*<0.001 at ~8.5y		
Smithers et al., 2012 (8) Prospective Cohort Study, U.K. N: 7097	IQ via WISC-III at age ~8.5y	‘Homemade traditional’ pattern at 6mo: home-prepared meats, vegetables, potato, fish, fruit puddings, and milk puddings	Full-Scale β=0.69; 95% CI:0.18,1.21, *P* =0.009; Verbal *β*=0.59; 95% CI: 0.04,1.15, *P* =0.037; Performance IQ *β*=0.63; 95% CI: 0.13,1.13, *P* =0.014; at ~8.5y		
		‘Homemade traditional’ pattern at 15mo: home-prepared meats,	Full-Scale, Verbal, or Performance IQ at		

vegetables, potato, fish, fruit puddings, and milk puddings	~8.5y (NSA)
'Homemade traditional' pattern at 24mo: potatoes, other vegetables, meat products, gravy/soy sauce, green beans	Full-Scale, Verbal, or Performance IQ at ~8.5y (NSA)
'Discretionary foods' pattern at 6mo: crisps, sweets, chocolate, cola, biscuits	Full-Scale *β*=-1.15, 95% CI: -1.80, -0.50, *P*=0.001; Verbal *β*=-1.23, 95% CI: -1.93, -0.54, *P* =0.001; Performance IQ *β*=-0.77, 95% CI: -1.42, -0.12, *P*=0.021 at ~8.5y
'Discretionary foods' pattern at 15mo: crisps, sweets, chocolate, cola, biscuits	Full-Scale *β*=-0.86; 95% CI:-1.52, -0.20, *P*=0.012; Verbal *β*=-1.20; 95% CI: -1.90, -0.50, *P*=0.001; Performance IQ (NSA) at ~ 8.5y
'Discretionary foods' pattern at 24mo: crisps, sweets, fizzy drink, chocolate, cola, tomato ketchup, savory snacks, baked beans, biscuits	Full-Scale *β*=-0.68; 95% CI:-1.36, -0.01, *P*=0.046; Verbal and Performance IQ (NSA) at ~8.5y
'Ready-made' pattern at 6mo: not described; commercial manufactured foods including rice/baby cereal, tinned/jar meat, fruit puddings, vegetable, milk puddings, and fish	Full-Scale *β*=-0.63; 95% CI:-1.06,-0.19, *P*=0.005; Verbal *β*=-0.84; 95% CI: -1.28, -0.39, *P*<0.001; Performance IQ (NSA) at ~8.5y

'Ready-made' pattern at 15mo: not described; commercial baby foods that required little cooking or preparation	Full-Scale *β*=-1.11; 95% CI:-1.71,-0.50; *P*<0.01; Verbal *β*=-1.18; 95% CI: -1.78, -0.59, *P*<0.001; Performance IQ at ~8.5y *β*=-0.71; 95% CI: -1.34, -0.09, *P*=0.026
'Ready-to-eat foods' pattern at 24mo: biscuits, bread/toast, breakfast cereal, yogurt, milk pudding, cola	Full-Scale *β*=0.76; 95% CI: 0.23,1.29, *P*=0.005; Verbal *β*=0.90; 95%CI: CI=0.36,1.44, *P* =0.001; Performance IQ (NSA) at ~8.5y
'Contemporary foods' pattern at 15mo: herbs, legumes, nuts, raw fruits and vegetables	Full-Scale *β*=0.67; 95% CI:0.07,1.26, *P*=0.029; Verbal *β*=0.63; 95% CI: 0.004,1.25, *P*=0.049; Performance IQ (NSA) at ~8.5y
'Contemporary foods' pattern at 24mo: legumes, raw apple, other raw fruit, herbs, cheese, apple juice, other fruit juice, egg	Full-Scale *β*=0.09; 95%CI: 0.13,1.66, *P*=0.023; Verbal *β*=0.80; 95% CI: 0.08,1.52, *P*=0.029; Performance IQ (NSA) at ~8.5y
'BF' pattern at 6mo: not described; strong correlation with breastfeeding and negative loadings for infant formula	Full-Scale *β*=0.97; 95% CI: 0.49, 1.45, *P*<0.001; Verbal *β*=1.13, 95% CI: 0.65, 1.61, *P*<0.001;

											Performance IQ (NSA) at ~8.5y

1. Developmental milestone outcomes were categorized in accordance with the analytic framework, and for these studies included the following domains: cognitive, motor, and communication development. No studies examined social/emotional development or incidence of anxiety/depression in relation to complementary feeding (also see Figure 1).
2. The independent variables/exposures included in this systematic review were types and amounts of CFB, which included studies that examined dietary patterns during the complementary feeding period described in this table.
Abbreviations: BF, breast-fed; CFB, complementary food/beverage; CFUI: Complementary feeding utility index; FF, formula-fed; acid; IQ, intelligence quotient; PCA, principal component analysis; NSA, non-significant association; NSGD, no significant group differences; RCT, randomized controlled trial; WISC, Wechsler Intelligence Scale for Children

Specific types and amounts of CFB consumed and developmental milestones

Meat with or without cereal and cognitive and/or motor development

Two studies (2, 7) reported no significant association between meat consumption, starting at either 4 or 5 mo of age, and BSID scores for cognitive and motor development (i.e., MDI or PDI scores on the BSID) (Table 2). Krebs et al. (2) additionally reported no difference between the meat relative to cereal groups in terms of behavior developmental index (BDI) scores at 7 or 12 mo. Estimated iron content of meat intake was not reported in Morgan (7). The meat (beef) in Krebs et al. (2) contained 15µg of iron per gram relative to iron-fortified, dry cereal, which contained 740µg of iron per gram. Although the cereal group had higher intake of iron, both groups in Krebs (2) had similar iron status and similar energy intakes from CFB. Morgan et al. (7) found significant positive associations, such that greater meat intake from age 4-12 mo or 4-16 mo was related to higher PDI scores at 22 mo. However, whether groups in that study were similar in baseline characteristics could not be determined and analyses were not adjusted for potential key confounding factors.

Phytate-reduced CFB and cognitive and motor development

Lind et al. (3) reported no significant differences between groups receiving reduced-phytate compared to regular-phytate CFB with regard to MDI or PDI scores at ages 7, 13, or 18 mo (Table 2).

DHA-enriched CFB and neurological development

Infants who received DHA-enriched baby food compared to control CFB from ages 6-12 mo had significantly better visual acuity at 9 and 12 mo of age, suggesting improved visual cortex development that corresponds to ~1.5 lines on an eye chart (1) (Table 2). Notably, the infants fed DHA-enriched baby food vs. control baby food had an 83% increase in DHA blood-levels, which was associated with a 2-fold greater intake of DHA from both CFB and human milk combined.

Table 2. Studies that examined types and amounts of CFB consumed and developmental milestones

Reference, study design, country, sample size	Outcome assessment[1]	Independent variable or Exposure[2]	Cognitive results	Motor results	Other results
Hoffman et al., 2004 (1) RCT, U.S. N: 51	VEP swept parameter protocol (visual acuity) and Infant Randot Stereocards (stereoacuity) at age 9 and 12mo	DHA group (CFB enriched with DHA from egg-yolk for 6mo , age 6-12mo) vs. Control group (Unenriched CFB for 6mo, age 6-12mo)			Increase in VEP acuity at 9mo by 0.14 logMAR and at 12mo by 0.16 logMAR, P<0.002; Stereoacuity at 12mo (NSGD)
Krebs et al., 2006 (2) RCT, U.S. N: 72	BSID-II at ages 7 and 12mo	Meat group (pureed beef ad libitum for 2mo, age 5-7mo) vs. Cereal group (Fe-fortified infant rice cereal ad libitum for 2mo, age 5-7mo)	MDI at 7 or 12mo (NSGD)	PDI at 7 or 12mo (NSGD)	BDI at 7 or 12mo (NSGD)
Lind et al., 2004 (3) RCT, Sweden N: 194	BSID at ages 7, 13, and 18mo	Commercial phytate group (MCD and porridge with regular phytate levels for 6mo, age 6-12mo) vs. Reduced phytate group (MCD and porridge with reduced phytate levels for 6mo, age 6-12mo) vs, Infant formula group (milk-based infant formula and porridge for 6mo, age 6-12mo)	MDI at 7, 13, or 18mo (NSGD)	PDI at 7, 13, or 18mo (NSGD)	
Morgan et al., 2004 (7) Prospective Cohort Study, U.K. N: 144	BSID-II at ages 22mo	Amount of meat at 4-12mo (total grams of red [beef, pork and lamb] and white [chicken, turkey, fish] meat consumed)	MDI at 22mo (NSA)	PDI at 22mo, β=6.6, 95% CI: 2.0, 11.1, *P*=0.005	
		Amount of meat at 4-16mo (total grams of red [beef, pork and lamb] and white [chicken, turkey, fish] meat	MDI at 22mo (NSA)	PDI at 22mo, β=0.73,	

	consumed)	95% CI: 0.07, 1.4, *P*=0.03

1. Developmental milestone outcomes were categorized in accordance with the analytic framework, and for these studies included the following domains: cognitive, motor, and/or other development (neurological or behavioral). No studies examined social/emotional development or incidence of anxiety/depression in relation to complementary feeding (also see Figure 1).
2. The independent variables/exposures of interest were types and amounts of CFB at the age noted.
Abbreviations: BDI, behavioral development index; BF, breast-fed; BSID, Bayley Scale of Infant Development; CFB, complementary food/beverage; CFUI: Complementary feeding utility index; DHA, docosahexaenoic acid; FF, formula-fed; IQ, intelligence quotient; MCD, milk cereal drink; MDI, mental development index; NSA, non-significant association; NSGD, no significant group differences; PDI, psychomotor development index; VEP, visual-evoked potential

Discussion

There was insufficient evidence to draw a conclusion about the relationship between types and/or amounts of CFB consumed and developmental milestones. A grade could not be assigned due to an inadequate number of studies that were comparable in terms of design, the types of CFB that were examined, how and when developmental milestones outcomes were assessed, and the results that were reported. In addition, no conclusion could be drawn due to low generalizability, heterogeneity in exposures, observed effects, and potential confounding.

Limitations

Eight articles published since 1980 were included from three RCTs and five prospective cohort studies that examined the relationship between consuming different types and/or amounts of CFB and developmental milestones during childhood through 18 y of age. The studies varied in terms of the types and/or amounts of CFB examined, which included dietary patterns during the complementary feeding period, meat and/or fortified-cereal intake, and foods with differing levels of DHA or phytate. Different types of outcomes were measured between 4 mo and 8.5 y of age, which involved communication (e.g., sentence repetition, reading skills), cognitive (e.g., IQ, MDI), motor (e.g., age of walking, PDI), and neurological (e.g., cortical processing) development. Two of the three RCTs noted they were slightly underpowered (1, 3). The direction of findings varied across the evidence. The directness with which studies examined the link between different types of CFB and developmental milestones also varied across the evidence.

Three articles (5, 6, 8) from two observational studies identified positive associations between dietary patterns emphasizing vegetables and meats during the complementary feeding period, and IQ between ages 4-8.5 y. However, the observational nature of the studies, potential confounding, low generalizability of dietary patterns to the U.S. population, and the relatively small magnitude of the observed effects in two of the studies restrict the ability to draw a conclusion regarding the relationship between dietary patterns during the complementary feeding period and cognitive development.

Three studies (two RCTs; one observational) examined the relationship between types of CFB that may influence micronutrient absorption and developmental indices but varied in how exposures were analyzed, what types of CFB were examined, and the directness with which the studies examined the relationship between different CFB consumed and developmental milestones. Due to inconsistency in study design and results, the relationship between types and/or amounts of CFB that may influence micronutrient absorption and developmental indices remains unclear.

One high-quality study examined DHA-enriched baby food in relation to neurological development, showing positive effects of DHA-enriched baby food on visual acuity (i.e., cortical processing) (1). With only one study, however, it is not possible to draw a conclusion regarding the relationship between DHA-enriched CFB and neurological development

Research recommendations

In order to better assess the relationship between the types and/or amounts of CFB introduced and developmental milestones, additional research may be warranted. Should research in this area be conducted, the following recommendations should be considered:

- Conduct RCTs examining how dietary patterns that are more generalizable to the U.S. population and comparable across studies are related to cognitive development
- Examine DHA-enriched CFB in relation to neurological development and other developmental milestones
- Determine whether assessment tests have predictability for longer term neurodevelopmental outcomes; it remains unclear whether achievement of developmental milestones predicts enduring effects on developmental outcomes later in childhood.
- Account for the following factors that could impact the relationship between types and/or amounts of CFB introduced and developmental milestones: the amount of human milk or formula consumed, birth weight of the infant, weight status of the infant at the time CFB and outcome assessment, age of children when assessed, and the developmental readiness of the infant.
- Explore mechanisms that could account for the relationship between types or amounts of CFB introduced and developmental outcomes

Included articles

1. Hoffman, D R, Theuer, R C, Castaneda, Y S, et al. Maturation of visual acuity is accelerated in breast-fed term infants fed baby food containing DHA-enriched egg yolk. The Journal of nutrition. 2004;134(9):2307-13.
2. Krebs, N F, Westcott, J E, Butler, N, et al. Meat as a first complementary food for breastfed infants: feasibility and impact on zinc intake and status. Journal of pediatric gastroenterology and nutrition. 2006;42(2):207-14.
3. Lind T, Persson L, Lonnerdal B, Stenlund H, Hernell O. Effects of weaning cereals with different phytate content on growth, development and morbidity: a randomized intervention trial in infants from 6 to 12 months of age. Acta paediatrica (Oslo, Norway : 1992). 2004;93(12):1575-82.
4. Dagnelie, P C, van S, W A. Macrobiotic nutrition and child health: results of a population-based, mixed-longitudinal cohort study in The Netherlands. The American journal of clinical nutrition. 1994;59(5 Suppl):1187s-96s.
5. Gale, C R, Martyn, C N, Marriott, L D, et al. Dietary patterns in infancy and cognitive and neuropsychological function in childhood. Journal of child psychology and psychiatry, and allied disciplines. 2009;50(7):816-23.
6. Golley, R K, Smithers, L G, Mittinty, M N, et al. Diet quality of U.K. infants is associated with dietary, adiposity, cardiovascular, and cognitive outcomes measured at 7-8 years of age. The Journal of nutrition. 2013;143(10):1611-7.
7. Morgan, J, Taylor, A, Fewtrell, M. Meat consumption is positively associated with psychomotor outcome in children up to 24 months of age. Journal of pediatric gastroenterology and nutrition. 2004;39(5):493-8.

8. Smithers LG, Golley RK, Mittinty MN, Brazionis L, Northstone K, Emmett P, et al. Dietary patterns at 6, 15 and 24 months of age are associated with IQ at 8 years of age. European journal of epidemiology. 2012;27(7):525-35.

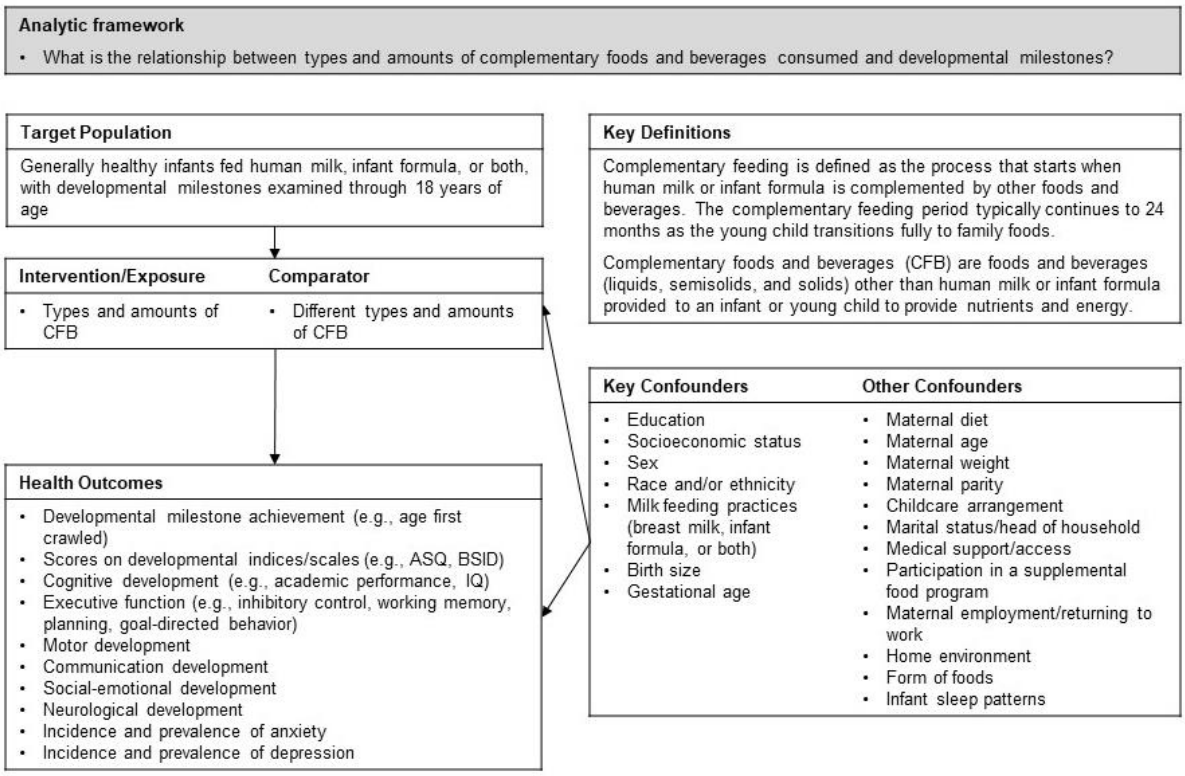
Other references

9. United Nations Development Programme. Human Development Report 2014. Sustaining Human Progress: Reducing Vulnerabilities and Building Resilience. New York; 2014.
10. Centers for Disease Control and Prevention. Developmental Milestones [16 October 2017:[Available from: https://www.cdc.gov/ncbddd/actearly/milestones/index.html.
11. Briefel RR, Reidy K, Karwe V, Jankowski L, Hendricks K. Toddlers' transition to table foods: Impact on nutrient intakes and food patterns. Journal of the American Dietetic Association. 2004;104(1 Suppl 1):s38-44.
12. World Bank. The Little Data Book 2016 Washington, DC2016 [Available from: https://openknowledge.worldbank.org/handle/10986/23968.

ANALYTIC FRAMEWORK

The analytic framework illustrates the overall scope of the 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 reviews conducted to examine the relationship between types and amounts of complementary foods and beverages consumed and developmental milestones.

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) on the types and amounts of CFB consumed and developmental milestones. The inclusion and exclusion criteria are a set of characteristics to determine which studies will be included or excluded in the systematic review.

Table 3. Inclusion and exclusion criteria

Category	Inclusion Criteria	Exclusion Criteria
Study design	• RCTs • Non-RCTs • 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)	1. Timing of introduction to complementary foods and beverages (i.e., foods and beverages other than human milk or infant formula (liquids, semisolids, and solids) provided to an infant or young child to provide nutrients and energy) 2. Types or amounts of complementary foods and beverages	Isolated consumption of: human milk; infant formulas (e.g., milk-based, soy, partially-hydrolyzed, extensive-hydrolyzed, amino acid-based); fluid cow's milk before 12 months of age; vitamin and mineral supplements (e.g., iron drops)
Comparator	1. Different timing of introduction of CFB 2. Different types and amounts of CFB	N/A
Dependent variables (outcomes)	• Developmental milestone achievement (e.g., age first crawled) • Scores on developmental indices/scales (e.g., ASQ, BSID) • Cognitive development (e.g., academic performance, IQ) • Executive function (e.g., inhibitory control, working memory, planning, goal-directed behavior) • Social-emotional development • Neurological development • Motor development • Communication development • Incidence and prevalence of anxiety	N/A

	• Incidence and prevalence of depression	
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 [1]	• Studies conducted in Very High or High Human Development Countries	• Studies conducted in Medium or Low Human Development Countries
Study participants	• Human subjects • Males • Females	• Hospitalized patients, not including birth and immediate post-partum hospitalization of healthy babies

Age of study participants	• Age at intervention or exposure:
	  ○ Infants (0-12 mo)
	  ○ Toddlers (12-24 mo)
	• Age at outcome:
	  ○ Infants (0-12 mo)
	  ○ Toddlers (12-24 mo)
	  ○ Child (2-5 y)
	  ○ Child (6-12 y)
	  ○ Adolescents (13-18 y)
		• Age at intervention or exposure:
		  ○ Child (2-5 y)
		  ○ Child (6-12 y)
		  ○ Adolescents (13-18 y)
		  ○ Adults (19 and older)
		  ○ Older adults (65 to 79 y)
		  ○ Older adults (80+ y)
		• Age at outcome:
		  ○ Adults (19 and older)
		  ○ Older adults (65 to 79 y)
		  ○ Older adults (80+ y)

Health status of study participants	• Studies done in generally healthy populations • Studies done in populations where infants were full term (≥37 weeks gestational age) • Studies done in populations with elevated chronic disease risk, or that enroll some participants with a	• Studies that exclusively enroll subjects with a disease or with the health outcome of interest • Studies done in hospitalized or malnourished subjects

	disease or with the health outcome of interest	• Studies of exclusively pre-term babies (gestational age <37 weeks) or babies that are small for gestational age (<2500g) • Studies of subjects with infectious diseases (e.g. HIV/AIDS) (or with mothers diagnosed with an infectious disease)

[1] The ratings of country development (e.g., high, medium, low, very low) were based on the Human Development Report 2014 (9). When a country was not included in the Human Development Report 2014 ranking, country classification from the World Bank was used instead (12). 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 complementary foods and beverages typically consumed, a decision was made to exclude “Medium” countries in October 2017

Search terms and electronic databases used

PubMed:

Date(s) Searched: 7/19/2016
Search Terms:

Final:

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:

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

Cochrane:

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

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+")

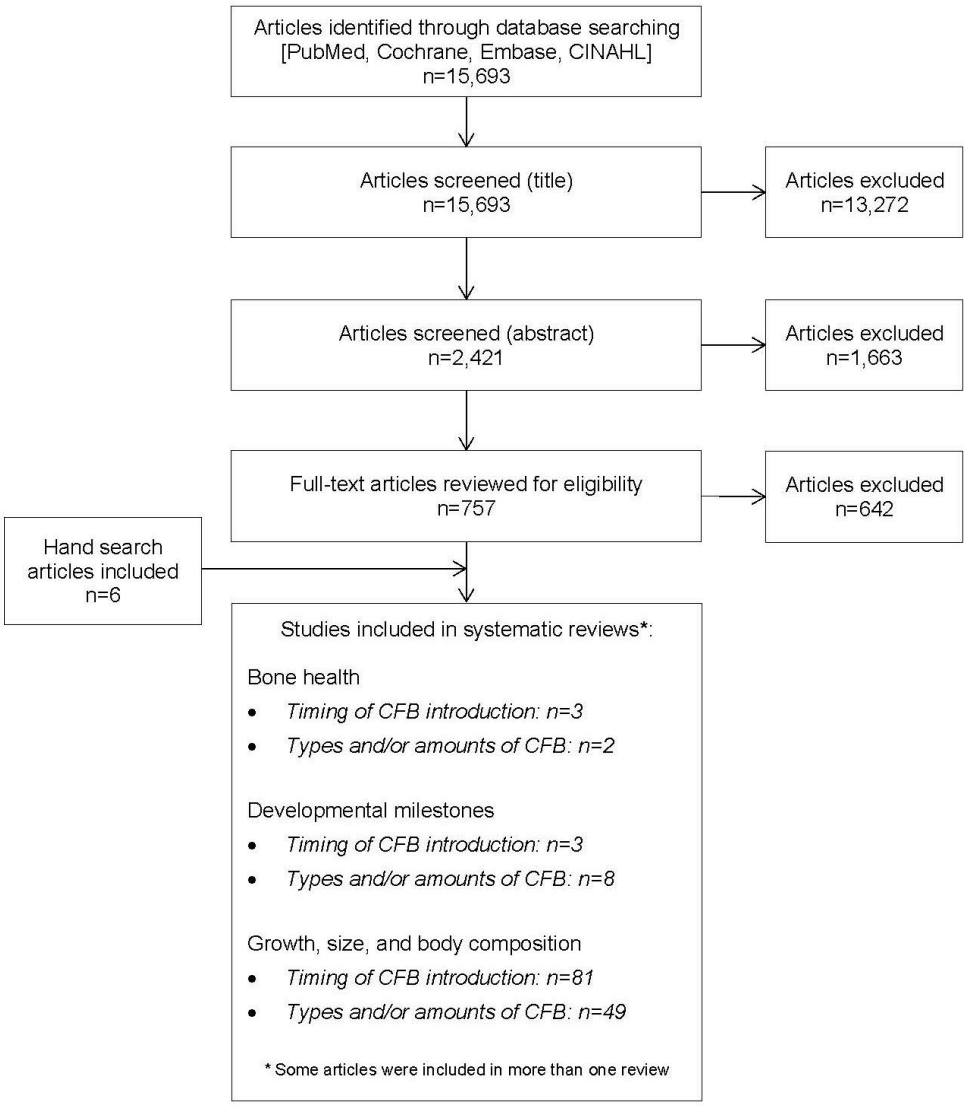
OR
(MH "Executive Function") OR (MH "Learning+") OR (MH "Intelligence+") OR "intelligence" OR (MH "Intelligence Tests") OR (MH "Cognition+") OR "cognition" OR "mental development" OR (MH "Aptitude") OR "aptitude" OR (MH "Aptitude Tests+") OR (MH "Memory+") OR "memory" OR (MH "Anxiety+") OR "anxiety" 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 developmental milestones. The results of an electronic database search were screened independently by two NESR analysts 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 3 articles, and the systematic review on types and amounts of CFB consumed included 8 articles. The literature search was conducted for multiple systematic reviews that addressed complementary feeding and various health outcomes.

Excluded articles

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

Table 4. Excluded articles

	Citation	Rationale[1]
1	Complementary feeding in the WHO Multicentre Growth Reference Study. Acta Paediatr Suppl.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. Rep Health Soc Subj (Lond).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. Acta Paediatr.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. Int J Epidemiol.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. Osteoporos Int.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. Pediatrics.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. J Nutr.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. Am J Clin Nutr.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. Indian J Pediatr.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. Indian Pediatr.1998;35:269-73.	Design, IV,DV
11	Agostoni, C.,Fiocchi, A.,Riva, E.,Terracciano, L.,Sarratud, 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. Pediatr Allergy Immunol.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. Arch Dis Child.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	IV

	nonbreastfed infants with atopic dermatitis in the first year of life. Pediatrics.2000;106:E73.	
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. Prostaglandins Leukot Essent Fatty Acids.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. Am J Clin Nutr.2009;89:64-70.	IV
16	Allen, L.,Shrimpton, R. The International Research on Infant Supplementation study: implications for programs and further research. J Nutr.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. Arch Dis Child.2009;94:11-5.	DV
18	Almqvist,C.,Garden,F.,Xuan,W.,Mihrshahi,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. J Allergy Clin Immunol.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. ISRN Pediatr.2012;2012:763591.	Health statu
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. Food Nutr Res.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. Pediatr Res.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. Eur J Clin Nutr.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. J Pediatr Gastroenterol Nutr.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. Matern Child Nutr.2008;4:146-59.	Design,Health status
25	Andres, A.,Casey, P. H.,Cleves, M. A.,Badger, T. M. Body fat and bone mineral content of infants fed breast milk, cow's milk formula, or soy formula during the first year of life. J Pediatr.2013;163:49-54.	IV
26	Andres, A.,Cleves, M. A.,Bellando, J. B.,Pivik, R. T.,Casey, P. H.,Badger, T. M. Developmental status of 1-year-old infants fed breast milk, cow's milk formula, or soy formula. Pediatrics.2012;129:1134-40.	IV
27	Andrissi, L.,Mottini, G.,Sebastiani, V.,Boldrini, L.,Giuliani, A. Dietary habits and growth: an urban/rural comparison in the Andean region of Apurimac, Peru. Ann Ist Super Sanita.2013;49:340-6.	IV
28	Anfield,L. Nutrition in the first year. Midwife Health Visit Community Nurse.1985;21:161-4.	Design

29	Anzman-Frasca, S.,Liu, S.,Gates, K. M.,Paul, I. M.,Rovine, M. J.,Birch, L. L. Infants' Transitions out of a Fussing/Crying State Are Modifiable and Are Related to Weight Status. Infancy.2013;18:662-686.	IV
30	Armstrong, J.,Reilly, J. J. Breastfeeding and lowering the risk of childhood obesity. Lancet.2002;359:2003-4.	IV
31	Arsenault,J. E.,Havel,P. J.,Lopez de Romana,D.,Penny,M. E.,Van Loan,M. D.,Brown,K. H. Longitudinal measures of circulating leptin and ghrelin concentrations are associated with the growth of young Peruvian children but are not affected by zinc supplementation. Am J Clin Nutr.2007;86:1111-9.	Health status
32	Arvas, A.,Elgormus, Y.,Gur, E.,Alikasifoglu, M.,Celebi, A. Iron status in breast-fed full-term infants. Turk J Pediatr.2000;42:22-6.	IV
33	Asha Bai, P. V.,Leela, M.,Subramaniam, V. R. Adequacy of breast milk for optimal growth of infants. Trop Geogr Med.1980;32:158-62.	IV
34	Assuncao, M. L.,Ferreira, H. S.,Coutinho, S. B.,Santos, L. M.,Horta, B. L. Protective effect of breastfeeding against overweight can be detected as early as the second year of life: a study of children from one of the most socially-deprived areas of Brazil. J Health Popul Nutr.2015;33:85-91.	Design, Health status, IV
35	Atladottir, H.,Thorsdottir, I. Energy intake and growth of infants in Iceland-a population with high frequency of breast-feeding and high birth weight. Eur J Clin Nutr.2000;54:695-701.	IV
36	Auestad,N. Infant nutrition--brain development--disease in later life. An introduction. Dev Neurosci.2000;22:472-3.	Design
37	Augusto,R. A.,Souza,J. M. Effectiveness of a supplementary feeding program in child weight gain. Rev Saude Publica.2010;44:793-801.	Design, IV
38	Axelsson,I. E.,Jakobsson,I.,Raiha,N. C. Formula with reduced protein content: effects on growth and protein metabolism during weaning. Pediatr Res.1988;24:297-301.	IV
39	Azad, M. B.,Konya, T.,Maughan, H.,Guttman, D. S.,Field, C. J.,Chari, R. S.,Sears, M. R.,Becker, A. B.,Scott, J. A.,Kozyrskyj, A. L. Gut microbiota of healthy Canadian infants: profiles by mode of delivery and infant diet at 4 months. Cmaj.2013;185:385-94.	DV
40	Badger, T. Effects of soy infant formula on growth and development in the first year of life. Food Nutr Bull.2013;34:252-3.	Design, IV
41	Bahamondes L,Bahamondes MV,Modesto W,Tilley IB,Magalhaes A,Pinto e Silva JL,Amaral E, Jr. Mishell DR. Effect of hormonal contraceptives during breastfeeding on infant's milk ingestion and growth. Fertil Steril.2013;100:445-50.	IV
42	Bai, K. I.,Sastry, V. N.,Reddy, C. C. A comparative study of feeding pattern of infants in rural and urban areas. Indian J Pediatr.1981;48:277-80.	Design, IV
43	Balaban, G.,Motta, M. E.,Silva, G. A. Early weaning and other potential risk factors for overweight among preschool children. Clinics (Sao Paulo).2010;65:181-7.	IV, Age
44	Balogun,T. A.,Lombard,M. J.,McLachlan,M. The nutrient intake of children aged 12-36 months living in two communities in the Breede Valley, Western Cape province, South Africa. South African Family Practice.2015;57:1-7 7p.	Design
45	Baranowski, T.,Bryan, G. T.,Harrison, J. A.,Rassin, D. K.,Greaves, K. A.,Baranowski, J. H. Height, infant-feeding practices and cardiovascular functioning among 3 or 4 year old children in three ethnic groups. J Clin Epidemiol.1992;45:513-8.	DV

46	Bartok, C. J.,Schaefer, E. W.,Beiler, J. S.,Paul, I. M. Role of body mass index and gestational weight gain in breastfeeding outcomes. Breastfeed Med.2012;7:448-56.	IV, DV
47	Beal, V. A. Nutrition and growth-patterns of young children. ASDC J Dent Child.1983;50:139-41.	Design
48	Begum, H. A.,Mascie-Taylor, C.,Nahar, S. The impact of food supplementation on infant weight gain in rural Bangladesh; an assessment of the Bangladesh Integrated Nutritional Program (BINP). Public Health Nutr.2007;10:49-54.	IV
49	Beinner,M. A.,Velasquez-Melendez,G.,Pessoa,M. C.,Greiner,T. Iron-fortified rice is as efficacious as supplemental iron drops in infants and young children. J Nutr.2010;140:49-53.	IV, DV
50	Ben,X. M.,Zhou,X. Y.,Zhao,W. H.,Yu,W. L.,Pan,W.,Zhang,W. L.,Wu,S. M.,Van Beusekom,C. M.,Schaafsma,A. Growth and development of term infants fed with milk with long-chain polyunsaturated fatty acid supplementation. Chin Med J (Engl).2004;117:1268-70.	IV
51	Bennett,W. E.,Jr.,Hendrix,K. S.,Thompson-Fleming,R. T.,Downs,S. M.,Carroll,A. E. Early cow's milk introduction is associated with failed personal-social milestones after 1 year of age. Eur J Pediatr.2014;173:887-92.	IV
52	Bergmann, K. E.,Bergmann, R. L.,Von Kries, R.,Bohm, O.,Richter, R.,Dudenhausen, J. W.,Wahn, U. Early determinants of childhood overweight and adiposity in a birth cohort study: role of breast-feeding. Int J Obes Relat Metab Disord.2003;27:162-72.	IV
53	Bernal, M. J.,Periago, M. J.,Martinez, R.,Ortuno, I.,Sanchez-Solis, M.,Ros, G.,Romero, F.,Abellan, P. Effects of infant cereals with different carbohydrate profiles on colonic function--randomised and double-blind clinical trial in infants aged between 6 and 12 months--pilot study. Eur J Pediatr.2013;172:1535-42.	IV
54	Berni Canani R,Nocerino R,Terrin G,Frediani T,Lucarelli S,Cosenza L,Passariello A,Leone L,Granata V,Di Costanzo M,Pezzella V,Troncone R. Formula selection for management of children with cow's milk allergy influences the rate of acquisition of tolerance: a prospective multicenter study. J Pediatr.2013;163:771-7.e1.	IV, DV
55	Betoko, A.,Charles, M. A.,Hankard, R.,Forhan, A.,Bonet, M.,Regnault, N.,Botton, J.,Saurel-Cubizolles, M. J.,de Lauzon-Guillain, B. Determinants of infant formula use and relation with growth in the first 4 months. Matern Child Nutr.2014;10:267-79.	IV
56	Betoko, A.,Charles, M. A.,Hankard, R.,Forhan, A.,Bonet, M.,Saurel-Cubizolles, M. J.,Heude, B.,de Lauzon-Guillain, B. Infant feeding patterns over the first year of life: influence of family characteristics. Eur J Clin Nutr.2013;67:631-7.	DV
57	Bhandari, N.,Bahl, R.,Nayyar, B.,Khokhar, P.,Rohde, J. E.,Bhan, M. K. Food supplementation with encouragement to feed it to infants from 4 to 12 months of age has a small impact on weight gain. J Nutr.2001;131:1946-51.	Country
58	Bhandari, N.,Mazumder, S.,Bahl, R.,Martines, J.,Black, R. E.,Bhan, M. K. An educational intervention to promote appropriate complementary feeding practices and physical growth in infants and young children in rural Haryana, India. J Nutr.2004;134:2342-8.	IV
59	Bhatia, B. D.,Banerjee, D.,Agarwal, D. K.,Agarwal, K. N. Exterogestate growth: relationship with maternal body size and dietary intakes. Indian J Pediatr.1983;50:241-6.	Health status, IV
60	Bindon, J. R.,Cabrera, C. Infant feeding patterns and growth of infants in American Samoa during the first year of life. Hum Biol.1988;60:81-92.	Design, IV, DV

61	Bindon, J. R. The body build and composition of Samoan children: relationships to infant feeding patterns and infant weight-for-length status. Am J Phys Anthropol.1984;63:379-88.	IV
62	Bindon, J. R. The influence of infant feeding patterns on growth of children in American Samoa. Med Anthropol.1985;9:183-95.	Country
63	Birch,E. E.,Garfield,S.,Castaneda,Y.,Hughbanks-Wheaton,D.,Uauy,R.,Hoffman,D. Visual acuity and cognitive outcomes at 4 years of age in a double-blind, randomized trial of long-chain polyunsaturated fatty acid-supplemented infant formula. Early Hum Dev.2007;83:279-84.	IV
64	Bisimwa, G.,Owino, V. O.,Bahwere, P.,Dramaix, M.,Donnen, P.,Dibari, F.,Collins, S. Randomized controlled trial of the effectiveness of a soybean-maize-sorghum-based ready-to-use complementary food paste on infant growth in South Kivu, Democratic Republic of Congo. Am J Clin Nutr.2012;95:1157-64.	IV
65	Bjorke-Monsen, A. L. Is exclusive breastfeeding ensuring an optimal micronutrient status and psychomotor development in infants?. Clin Biochem.2014;47:714.	Design
66	Block,S. L. Delayed introduction of solid foods to infants: not so fast!. Pediatr Ann.2013;42:143-7.	Design
67	Bogen, D. L.,Hanusa, B. H.,Whitaker, R. C. The effect of breast-feeding with and without formula use on the risk of obesity at 4 years of age. Obes Res.2004;12:1527-35.	IV
68	Bonuck, K.,Avraham, S. B.,Lo, Y.,Kahn, R.,Hyden, C. Bottle-weaning intervention and toddler overweight. J Pediatr.2014;164:306-12.e1-2.	IV
69	Borschel, M. W.,Baggs, G. E.,Barrett-Reis, B. Growth of healthy term infants fed ready-to-feed and powdered forms of an extensively hydrolyzed casein-based infant formula: a randomized, blinded, controlled trial. Clin Pediatr (Phila).2014;53:585-92.	IV
70	Boulton J. Nutrition in childhood and its relationships to early somatic growth, body fat, blood pressure, and physical fitness. Acta Paediatr Scand Suppl.1981;284:1-85.	Design,DV
71	Brakohiapa, L. A.,Yartey, J.,Bille, A.,Harrison, E.,Quansah, E.,Armar, M. A.,Kishi, K.,Yamamoto, S. Does prolonged breastfeeding adversely affect a child's nutritional status?. Lancet.1988;2:416-8.	IV, DV
72	Brazionis, L.,Golley, R. K.,Mittinty, M. N.,Smithers, L. G.,Emmett, P.,Northstone, K.,Lynch, J. W. Diet spanning infancy and toddlerhood is associated with child blood pressure at age 7.5 y. Am J Clin Nutr.2013;97:1375-86.	DV
73	Breij, L. M.,Mulder, M. T.,van Vark-van der Zee, L. C.,Hokken-Koelega, A. C. Appetite-regulating hormones in early life and relationships with type of feeding and body composition in healthy term infants. Eur J Nutr.2016.	IV
74	Brekke, H. K.,van Odijk, J.,Ludvigsson, J. Predictors and dietary consequences of frequent intake of high-sugar, low-nutrient foods in 1-year-old children participating in the ABIS study. Br J Nutr.2007;97:176-81.	DV
75	Brew,B. K.,Toelle,B. G.,Webb,K. L.,Almqvist,C.,Marks,G. B. Omega-3 supplementation during the first 5 years of life and later academic performance: a randomised controlled trial. Eur J Clin Nutr.2015;69:419-24.	IV
76	Briend,A.,Bari,A. Breastfeeding improves survival, but not nutritional status, of 12-35 months old children in rural Bangladesh. Eur J Clin Nutr.1989;43:603-8.	Health status, IV

77	Briend,A.,Darmon,N. Determining limiting nutrients by linear programming: A new approach to predict insufficient intakes from complementary foods. Pediatrics.2000;106:1288-9.	Design
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154	Donma, M. M.,Donma, O. The influence of feeding patterns on head circumference among Turkish infants during the first 6 months of life. Brain Dev.1997;19:393-7.	IV
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183	Fawcett, J. N. Feeding from birth to 18 months. Nursing (Lond).1981:956-8.	Design
184	Feldens CA,Vitolo MR,Rauber F,Cruz LN,Hilgert JB. Risk factors for discontinuing breastfeeding in southern Brazil: a survival analysis. Matern Child Health J.2012;16:1257-65.	IV, DV
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[1] Abbreviations: DV- Dependent variable; IV- Independent variable/exposure/intervention