***Supplementary material***

**National recommendations for infant and young child feeding   
in the WHO European Region**

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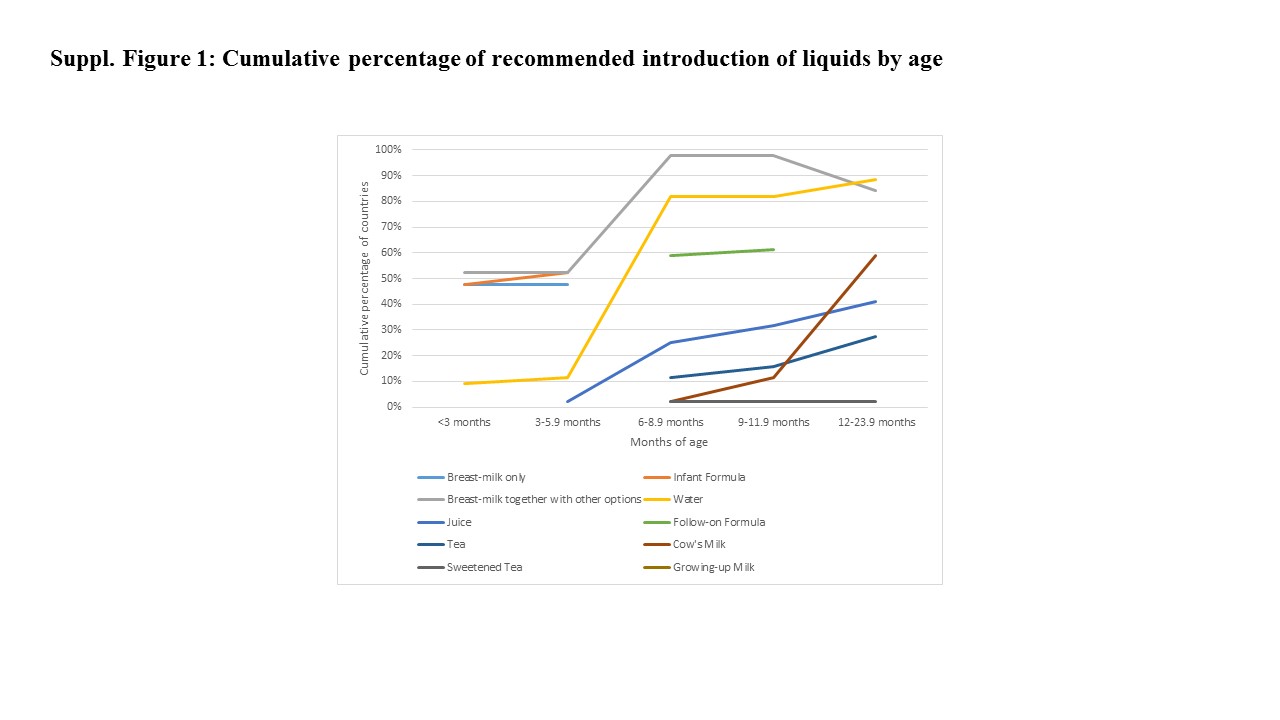
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**Suppl. Figure 1: Cumulative percentage of recommended introduction of liquids by age**

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\*Data reported by 44 countries

Annex 1

Survey on the Existing Guidelines on Complementary Feeding within the WHO European Region

WHO-EURO-EN-B

|  |  |
| --- | --- |
| Survey on the Existing Guidelines on Complementary Feeding within the WHO European Region |  |

SECTION 1: RESPONDENT INFORMATION

|  |  |
| --- | --- |
| Q 1. Please provide the name of your country: | |
| Country: |  |

|  |  |
| --- | --- |
| Q 2. Please provide the name of the professional society: | |
| Paediatric society: |  |

|  |  |
| --- | --- |
| Q 3. Please provide your name and contact details: | |
| Name: |  |
| E-mail: |  |
| Phone no.: |  |

SECTION 2: GUIDELINES ON INFANT AND YOUNG CHILD NUTRITION

|  |  |  |
| --- | --- | --- |
| Q 4. Does your country or society have a document providing recommendation(s) on nutrition and/or food-based dietary guidelines for infant and young child feeding for [SINGLE ANSWER OPTION] | | |
| Yes | | No |
| *If yes, please provide the following:* | | *If no, please continue to question 26.* |
| Name of the document: |  |
| Year of publication: |  |
| Issuing body: |  |
| Web link to the document: |  |

|  |  |
| --- | --- |
| Q 5. Is the document providing recommendation(s) on nutrition and/or food-based dietary guidelines for infant and young child feeding endorsed by the government for [SINGLE ANSWER OPTION] | |
| Yes | No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Q 6. Is there a planned revision for the document providing recommendation(s) on nutrition and/or food-based dietary guidelines for infant and young child feeding for former Soviet countries. | | | | |
| Yes | No | | No information available | The person answering this questionnaire does not know |
| *If yes, please provide the following:* | | | | |
| When: | |  | | |

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| --- |
| Q 7. Which bodies are responsible for the implementation of the recommendation(s) on nutrition and/or food-based dietary guidelines for infant and young child feeding [SINGLE ANSWER OPTION] |
| Governmental  *Please specify the type:* |
| Professional  *Please specify the type:* |
| Both, governmental and professional  *Please specify the type:* |
| No information available |
| The person answering this questionnaire does not know |

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| --- |
| Q 8. Which bodies are responsible for the review of the recommendation(s) on nutrition and/or food-based dietary guidelines for infant and young child feeding [SINGLE ANSWER OPTION] |
| Governmental  *Please specify the type:* |
| Professional  *Please specify the type:* |
| Both, governmental and professional  *Please specify the type:* |
| No information available |
| The person answering this questionnaire does not know |

SECTION 3: PROMOTION AND SUPPORT OF BREASTFEEDING

|  |  |
| --- | --- |
| Q 9. Do the recommendation(s) on nutrition and/or food-based dietary guidelines for infant and young child feeding promote and support exclusive breastfeeding for…?  [SINGLE ANSWER OPTION] | |
| The first 3 months of life | |
| The first 4 months of life | |
| The first 6 months of life | |
| *If other, please specify:* |  |
| No information available | |
| The person answering this questionnaire does not know | |

|  |  |
| --- | --- |
| Q 10. Do the recommendation(s) on nutrition and/or food-based dietary guidelines for infant and young child feeding promote and support partial breastfeeding until the age of…?  [SINGLE ANSWER OPTION] | |
| 12 months | |
| 18 months | |
| 24 months | |
| *If other, please specify:* |  |
| No information available | |
| The person answering this questionnaire does not know | |

SECTION 4: INTRODUCTION TO COMPLEMENTARY FEEDING

|  |  |
| --- | --- |
| Q 11. According to the recommendation(s) on nutrition and/or food-based dietary guidelines for infant and young child feeding at what age is it recommended to introduce complementary foods? [SINGLE ANSWER OPTION] | |
| Earliest age for introduction to complementary foods: | No. of months OR       No. of weeks  Not specified |
| Ideal age for introduction to complementary foods: | No. of months OR       No. of weeks  Not specified |
| Latest age for introduction to complementary foods: | No. of months OR       No. of weeks  Not specified |
| *If other, please specify:* |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Q 12. Are there different recommendations on the age of introducing complementary feeding for breastfed versus formula fed infants? [SINGLE ANSWER OPTION] | | | |
| Yes | No | No information available | The person answering this questionnaire does not know |
| *If yes, please state the details:* | | | |

|  |  |
| --- | --- |
| Q 13. According to the recommendation(s) on nutrition and/or food-based dietary guidelines for infant and young child feeding what is the first food group(s) introduced to infants  [MULTIPLE ANSWERS OPTION] | |
| First food group(s): | Cereals  *Please specify the type:*  Vegetables  *Please specify the type:*  Fruits  *Please specify the type:*  Meat  *Please specify the type:*  Fish  *Please specify the type:*  Egg  *Please specify the type:*  Dairy products  *Please specify the type:*  Bread  *Please specify the type:*  Pasta  *Please specify the type:*  Rice  *Please specify the type:* |
| *If other, please specify:* |  |
| No information available | |
| The person answering this questionnaire does not know | |

|  |  |
| --- | --- |
| Q 14. According to the recommendation(s) on nutrition and/or food-based dietary guidelines for infant and young child feeding, what is the second food group(s) introduced to infants [MULTIPLE ANSWERS OPTION] | |
| Second food group(s): | Cereals  *Please specify the type:*  Vegetables  *Please specify the type:*  Fruits  *Please specify the type:*  Meat  *Please specify the type:*  Fish  *Please specify the type:*  Egg  *Please specify the type:*  Diary products  *Please specify the type:*  Bread  *Please specify the type:*  Pasta  *Please specify the type:*  Rice  *Please specify the type:* |
| *If other, please specify:* |  |
| No information available | |
| The person answering this questionnaire does not know | |

|  |  |
| --- | --- |
| Q 15. According to the recommendation(s) on nutrition and/or food-based dietary guidelines for infant and young child feeding, what is the third food group(s) introduced to infants [MULTIPLE ANSWERS OPTION] | |
| Third food group(s): | Cereals  *Please specify the type:*  Vegetables  *Please specify the type:*  Fruits  *Please specify the type:*  Meat  *Please specify the type:*  Fish  *Please specify the type:*  Egg  *Please specify the type:*  Diary products  *Please specify the type:*  Bread  *Please specify the type:*  Pasta  *Please specify the type:*  Rice  *Please specify the type:* |
| *If other, please specify:* |  |
| No information available | |
| The person answering this questionnaire does not know | |

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| Q 16. According to the recommendation(s) on nutrition and/or food-based dietary guidelines for infant and young child feeding, at what age should meat or other iron-rich sources be introduced to infants [SINGLE ANSWER OPTION] | |
| 3 months  4 months  5 months  6 months  7 months  8 months  9 months  10 months | |
| *If other, please specify:* |  |
| No information available | |
| The person answering this questionnaire does not know | |

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| --- | --- | --- |
| Q 17. According to the recommendation(s) on nutrition and/or food-based dietary guidelines for infant and young child feeding are there any foods, which should not be given to infants [SINGLE ANSWER OPTION] | | |
| Yes | | No |
| *If yes, please provide the following:* | |  |
| Please specify the food, which should not be given infants under 9 months: |  |
| Please specify the food, which should not be given young children between 9 and 12 months: |  |
| If other, please specify: |  |

|  |  |
| --- | --- |
| Q 18. According to the recommendation(s) on nutrition and/or food-based dietary guidelines for infant and young child feeding, what is recommended for the infant and young child to drink…?  [MULTIPLE ANSWERS OPTION] | |
| Below 3 months | breast-milk only  breast-milk and together with other options  infant formula (breast-milk substitute formula)  follow-on formula  young child formula  cow’s milk  water  flavoured water  tea  sweetened tea  juice  *If other, please specify:* |
| 3.0 – 5.9 months | breast-milk only  breast-milk and together with other options  infant formula (breast-milk substitute formula)  follow-on formula  young child formula  water  flavoured water  tea  sweetened tea  juice  *If other, please specify:* |
| 6.0 – 8.9 months | breast-milk only  breast-milk and together with other options  infant formula (breast-milk substitute formula)  follow-on formula  young child formula  cow’s milk  water  flavoured water  tea  sweetened tea  juice  *If other, please specify:* |
| 9.0 – 11.9 months | breast-milk only  breast-milk and together with other options  infant formula (breast-milk substitute formula)  follow-on formula  young child formula  cow’s milk  water  flavoured water  tea  sweetened tea  juice  *If other, please specify:* |
| 12.0 – 23.9 months | breast-milk only  breast-milk and together with other options  infant formula (breast-milk substitute formula)  follow-on formula  young child formula  cow’s milk  water  flavoured water  tea  sweetened tea  juice  *If other, please specify:* |
| No information available | |
| The person answering this questionnaire does not know | |

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| Q 19. According to the recommendation(s) on nutrition and/or food-based dietary guidelines for infant and young child feeding, what is the frequency of meals consisting of solid foods (other than milk or other liquids) recommended per day…? [SINGLE ANSWER OPTION] | |
| 3.0 – 5.9 months | 0 meals consisting of solid foods per day  1 - 2 meals consisting of solid foods per day  2 - 3 meals consisting of solid foods per day  3 - 4 meals consisting of solid foods per day  4 - 5 meals consisting of solid foods per day  5 - 6 meals consisting of solid foods per day  *If other, please specify:* |
| 6.0 – 8.9 months | 0 meals consisting of solid foods per day  1 - 2 meals consisting of solid foods per day  2 - 3 meals consisting of solid foods per day  3 - 4 meals consisting of solid foods per day  4 - 5 meals consisting of solid foods per day  5 - 6 meals consisting of solid foods per day  *If other, please specify:* |
| 9.0 – 11.9 months | 0 meals consisting of solid foods per day  1 - 2 meals consisting of solid foods per day  2 - 3 meals consisting of solid foods per day  3 - 4 meals consisting of solid foods per day  4 - 5 meals consisting of solid foods per day  5 - 6 meals consisting of solid foods per day  *If other, please specify:* |
| 12.0 – 23.9 months | 0 meals consisting of solid foods per day  1 - 2 meals consisting of solid foods per day  2 - 3 meals consisting of solid foods per day  3 - 4 meals consisting of solid foods per day  4 - 5 meals consisting of solid foods per day  5 - 6 meals consisting of solid foods per day  *If other, please specify:* |
| No information available | |
| The person answering this questionnaire does not know | |

|  |  |
| --- | --- |
| Q 20. Do the recommendation(s) on nutrition and/or food-based dietary guidelines for infant and young child feeding include information on the dietary reference intakes…?  [SINGLE ANSWERS OPTION] | |
| Yes | No |
|  | *If no, please continue to question 25.* |

|  |  |
| --- | --- |
| Q 21. According to the recommendation(s) on nutrition and/or food-based dietary guidelines for infant and young child feeding, what is the total amount of kcal per day for the breastfed child? | |
| 3.0 – 5.9 months | kcal per day |
| 6.0 – 8.9 months | kcal per day |
| 9.0 – 11.9 months | kcal per day |
| 12.0 – 23.9 months | kcal per day |
| No information available | |
| The person answering this questionnaire does not know | |

|  |  |
| --- | --- |
| Q 22. According to the recommendation(s) on nutrition and/or food-based dietary guidelines for infant and young child feeding, what is the total amount of kcal per day for the non-breastfed child? | |
| 3.0 – 5.9 months | kcal per day |
| 6.0 – 8.9 months | kcal per day |
| 9.0 – 11.9 months | kcal per day |
| 12.0 – 23.9 months | kcal per day |
| No information available | |
| The person answering this questionnaire does not know | |

|  |  |
| --- | --- |
| Q 23. According to the recommendation(s) on nutrition and/or food-based dietary guidelines for infant and young child feeding, what is the dietary reference intakes for energy for infants at 6.0 months of age? | |
| Carbohydrates | g/day OR       g/kg/day OR       E% |
| Protein | g/day OR       g/kg/day OR       E% |
| Fat | g/day OR       g/kg/day OR       E% |
| *Trans* Fat | g/day OR       g/kg/day OR       E% |
| *Saturated* Fat | g/day OR       g/kg/day OR       E% |
| Sugar | g/day OR       g/kg/day OR       E% |
| Salt | g/day OR       g/kg/day OR       E% |
| Please list if other nutrients are included: |  |
| No information available | |
| The person answering this questionnaire does not know | |

|  |  |
| --- | --- |
| Q 24. According to the recommendation(s) on nutrition and/or food-based dietary guidelines for infant and young child feeding, what is the dietary reference intakes for energy for young children at 12.0 months of age? | |
| Carbohydrates | g/day OR       g/kg/day OR       E% |
| Protein | g/day OR       g/kg/day OR       E% |
| Fat | g/day OR       g/kg/day OR       E% |
| *Trans* Fat | g/day OR       g/kg/day OR       E% |
| *Saturated* Fat | g/day OR       g/kg/day OR       E% |
| Sugar | g/day OR       g/kg/day OR       E% |
| Salt | g/day OR       g/kg/day OR       E% |
| *Please list if other nutrients are included:* |  |
| No information available | |
| The person answering this questionnaire does not know | |

|  |  |
| --- | --- |
| Q 25. Do the recommendation(s) on nutrition and/or food-based dietary guidelines for infant and young child feeding provide specific information on homemade food? [SINGLE ANSWER OPTION] | |
| Yes | No |
| *If yes, please provide information on what is emphasized:* |  |

SECTION 5: COMMERCIALLY PRODUCED COMPLEMENTARY FOOD PRODUCTS

|  |  |
| --- | --- |
| Q 26. In your country, where in the market place is it possible to buy complementary food products for infants and young children? [MULTIPLE ANSWERS OPTION] | |
| supermarket  corner shop or convenience store or local grocery store  pharmacy | |
| *If other, please specify:* |  |

|  |  |
| --- | --- |
| Q 27. Please list 10 popular (perhaps most popular/sold) complementary food products (other than infant or follow-on formula) available your country for infants below 12 months of age. | |
| *1.* | |
| Brand name: | Product name: |
| *2.* | |
| Brand name: | Product name: |
| *3.* | |
| Brand name: | Product name: |
| *4.* | |
| Brand name: | Product name: |
| *5.* | |
| Brand name: | Product name: |
| *6.* | |
| Brand name: | Product name: |
| *7.* | |
| Brand name: | Product name: |
| *8.* | |
| Brand name: | Product name: |
| *9.* | |
| Brand name: | Product name: |
| *10.* | |
| Brand name: | Product name: |

|  |  |
| --- | --- |
| Q 28. Please list 10 popular (perhaps most popular/sold) complementary food products (other than infant or follow-on formula) available your country for young children between 12 and 23 months of age. | |
| *1.* | |
| Brand name: | Product name: |
| *2.* | |
| Brand name: | Product name: |
| *3.* | |
| Brand name: | Product name: |
| *4.* | |
| Brand name: | Product name: |
| *5.* | |
| Brand name: | Product name: |
| *6.* | |
| Brand name: | Product name: |
| *7.* | |
| Brand name: | Product name: |
| *8.* | |
| Brand name: | Product name: |
| *9.* | |
| Brand name: | Product name: |
| *10.* | |
| Brand name: | Product name: |

SECTION 6: NATIONAL PUBLICATIONS RELATED TO INFANT AND YOUNG CHILD NUTRITION

|  |  |
| --- | --- |
| Q 29. Please list important publications related to infant and young child feeding published in the country | |
| *Topic:* | |
| Name of document: |  |
| Year of publication: |  |
| Name of authors: |  |
| Web link to the document: |  |
| *Topic:* | |
| Name of document: |  |
| Year of publication: |  |
| Name of authors: |  |
| Web link to the document: |  |
| *Topic:* | |
| Name of document: |  |
| Year of publication: |  |
| Name of authors: |  |
| Web link to the document: |  |
| *Topic:* | |
| Name of document: |  |
| Year of publication: |  |
| Name of authors: |  |
| Web link to the document: |  |
| *Topic:* | |
| Name of document: |  |
| Year of publication: |  |
| Name of authors: |  |
| Web link to the document: |  |
| *Topic:* | |
| Name of document: |  |
| Year of publication: |  |
| Name of authors: |  |
| Web link to the document: |  |
| *Topic:* | |
| Name of document: |  |
| Year of publication: |  |
| Name of authors: |  |
| Web link to the document: |  |
| *Topic:* | |
| Name of document: |  |
| Year of publication: |  |
| Name of authors: |  |
| Web link to the document: |  |
| *Topic:* | |
| Name of document: |  |
| Year of publication: |  |
| Name of authors: |  |
| Web link to the document: |  |
| *Topic:* | |
| Name of document: |  |
| Year of publication: |  |
| Name of authors: |  |
| Web link to the document: |  |
| Web link to the document: |  |

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| --- | --- |
| Q 30. Please list national publications related to the use or sales of commercially produced complementary food products published within the last five years: | |
| *Topic:* | |
| Name of document: |  |
| Year of publication: |  |
| Name of authors: |  |
| Web link to the document: |  |
| *Topic:* | |
| Name of document: |  |
| Year of publication: |  |
| Name of authors: |  |
| Web link to the document: |  |
| *Topic:* | |
| Name of document: |  |
| Year of publication: |  |
| Name of authors: |  |
| Web link to the document: |  |
| *Topic:* | |
| Name of document: |  |
| Year of publication: |  |
| Name of authors: |  |
| Web link to the document: |  |
| *Topic:* | |
| Name of document: |  |
| Year of publication: |  |
| Name of authors: |  |
| Web link to the document: |  |

SECTION 7: AVAILABILIY OF COMMERCIALLY PRODUCED COMPLEMENTARY FOOD PRODUCTS

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| --- | --- |
| Q 31. Would you be interested in helping to collect data on commercially produced complementary food products in your capital city? [SINGLE ANSWER OPTION] | |
| Yes | No |

|  |  |  |
| --- | --- | --- |
| Q 32. Do you know someone who would be interested to help with supermarket scans of commercially produced complementary food products in your capital city? [SINGLE ANSWER OPTION] | | |
| Yes | | No |
| *If yes, please provide the following:* | |  |
| Name: |  |
| Email: |  |
| *If other information is needed, please specify:* |  |

*Thank you very much for your collaboration. Your response is important to us.*

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Annex 2

WHO European Member States and survey respondents

*\*Signifies Member States where no information was available.*

*\*\* Signifies a survey response from ESPGHAN and not by the WHO Country Office.*

*Albania\*\**

*Andorra*

*Armenia*

*Austria\*\**

*Azerbaijan\**

*Belarus*

*Belgium*

*Bosnia and Herzegovina*

*Bulgaria*

*Croatia\*\**

*Cyprus\*\**

*Czech Republic*

*Denmark*

*Estonia*

*Finland*

*France\*\**

*Georgia*

*Germany\*\**

*Greece*

*Hungary\*\**

*Iceland*

*Ireland*

*Israel*

*Italy*

*Kazakhstan\**

*Kyrgyzstan*

*Latvia*

*Lithuania\*\**

*Luxembourg*

*Malta*

*Monaco\**

*Montenegro\**

*Netherlands\*\**

*Norway*

*Poland\*\**

*Portugal\*\**

*Republic of Moldova*

*Romania*

*Russian Federation\*\**

*San Marino\**

*Serbia*

*Slovakia\*\**

*Slovenia\*\**

*Spain\*\**

*Sweden*

*Switzerland*

*Tajikistan*

*The former Yugoslav Republic of Macedonia*

*Turkey\*\**

*Turkmenistan*

*Ukraine\*\**

*United Kingdom of Great Britain and Northern Ireland\*\**

*Uzbekistan*