

FEEDING THE NON-BREASTFED CHILD 6-24 MONTHS OF AGE

Geneva, 8-10 March 2004

MEETING REPORT

For further information please contact:

**Department of Child and Adolescent Health and Development (CAH)
World Health Organization**

20 Avenue Appia
1211 Geneva 27
Switzerland

tel + 41 22 791 32 81
fax + 41 22 791 48 53
website <http://www.who.int/child-adolescent-health>

**Department of Nutrition for Health and Development (NHD)
World Health Organization**

20 Avenue Appia
1211 Geneva 27
Switzerland

tel + 41 22 791 33 26
fax + 41 22 791 41 59
website <http://www.who.int/nut>



**Department of Child and Adolescent Health and Development
Department of Nutrition for Health and Development**

World Health Organization

FEEDING THE NON-BREASTFED CHILD 6-24 MONTHS OF AGE

Geneva, 8-10 March 2004

MEETING REPORT



**Department of Child and Adolescent Health and Development
Department of Nutrition for Health and Development
World Health Organization**



© **World Health Organization 2004**

All rights reserved. Publications of the World Health Organization can be obtained from Marketing and Dissemination, World Health Organization, 20 Avenue Appia, 1211 Geneva 27, Switzerland (tel: +41 22 791 2476; fax: +41 22 791 4857; email: bookorders@who.int). Requests for permission to reproduce or translate WHO publications – whether for sale or for noncommercial distribution – should be addressed to Publications, at the above address (fax: +41 22 791 4806; email: permissions@who.int).

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

The World Health Organization does not warrant that the information contained in this publication is complete and correct and shall not be liable for any damages incurred as a result of its use.



Contents

Introduction	1
Objectives of the meeting	2
Discussion themes	3
Conclusions	4
Amount of foods needed	4
Meal frequency and energy density	4
Nutrient content of foods	4
Use of fortified products or vitamin-mineral supplements	5
Fluid needs	5
Feeding during and after illness	5
Responsive feeding	5
Safe preparation and storage of foods	6
Duration of exclusive breastfeeding in the context of HIV	6
Publications following the meeting	6
Annex 1. List of participants	7
Annex 2. Agenda	10
Annex 3. Summary of presentations	13
Annex 4. Reports of the working groups	23



Introduction

According to current UN recommendations, infants should be exclusively breastfed for the first six months of life, and thereafter should receive appropriate complementary feeding with continued breastfeeding up to two years or beyond. However, there are a number of infants who will not enjoy the benefits of breastfeeding in the early months of life or for whom breastfeeding will not occur or will stop before the recommended duration of two years or beyond. A group that calls for particular attention is the infants of mothers who are known to be HIV positive. To reduce the risk of transmission, it is recommended that, when acceptable, feasible, affordable, sustainable and safe, these mothers give replacement feeding from birth. Otherwise, they should breastfeed exclusively and stop as soon as alternative feeding options become feasible. Another group includes those infants whose mothers have died, or who for some reason do not breastfeed.

Recommendations for appropriate feeding of breastfed infants from six months onwards have been summarized by PAHO in the publication *Guiding Principles for Complementary Feeding of the Breastfed Child*. Some of these guiding principles are not applicable to non breast fed children, others need adaptation. WHO convened this informal meeting to identify an analogous set of guiding principles for feeding of non-breastfed children after six months of age. For infants less than six months, guidelines for decision makers and a guide for health care manager are already available.

¹ PAHO. *Guiding Principles for Complementary Feeding of the Breastfed Child*. Washington: Pan American Health Organization, World Health Organization, 2003

² WHO/UNICEF/UNFPA/UNAIDS. HIV and infant feeding: Guidelines for decision-makers. WHO, 2003. and WHO/UNICEF/UNFPA/UNAIDS. HIV and infant feeding: A guide for health-care managers and supervisors. WHO, 2003.



Objectives of the meeting

Feeding the non-breastfed child is difficult, especially in a context of poverty, because the risk of illness and mortality associated with not breastfeeding is exacerbated. With the present epidemic of HIV/AIDS striking particularly resource constrained countries, especially in sub Saharan Africa, how to feed the non-breastfed infant and young child needs to be urgently addressed. With this in mind, participants were asked to:

- develop feeding recommendations for infants and young children 6-24 months of age who are not breastfed;
- discuss programme guidelines and tools for translating generic recommendations into locally appropriate feeding guidelines;
- discuss sustainable options for increasing access to nutritious foods and/or micronutrients in resource-poor settings.



Discussion themes

The meeting brought together about 20 experts from a variety of disciplines and agencies (List of Participants, Annex 1). In preparation for the meeting, a background paper used available information from five countries (Bangladesh, Ghana, Guatemala, Honduras and Peru) to identify appropriate and affordable feeding options for similar settings considering various scenarios:

- where infant formula is available;
- where animal milk products are available;
- where no animal milk products are available.

In each of these scenarios, analysis was carried out using linear programming to determine what dietary recommendations should be formulated assuming the availability or not of other animal source foods.

During the meeting, the current recommendations for feeding the breast fed child were first examined to determine which guiding principles needed adaptation to be applicable to the non breast fed child. Current recommendations for feeding HIV-positive infants and young children were also reviewed. Participants then reviewed up-to-date information on:

- scientific basis for guidelines on feeding non-breastfed children 6-24 months of age;
- caring for non-breastfed infants and young children;
- programmatic implications of feeding and taking care of non-breastfed infant and young children.

The agenda and a summary of the presentations are attached as Annex 2 and 3.

Working groups considered these inputs together with practical experiences of promoting appropriate feeding on a population basis and for children living in exceptionally difficult circumstances. The reports of the working groups are attached as Annex 4.