

EDITORIAL

Appropriate Infant and Yung Child Feeding

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Optimal infant and young child feeding practices rank among the most effective interventions to improve child health. Suboptimal infant and young child feeding leads to various forms of undernutrition including underweight, stunting, wasting and micronutrient deficiencies. Undernutrition is a major public health problem in low- and middle-income countries contributing to 45% of deaths among children under 5 years of age. Undernutrition puts children at greater risk of dying from common infections, increases the frequency and severity of such infections, and delays recovery (1,2,3). It is also a major condition that prevents surviving children from reaching their full developmental potential.

To prevent undernutrition, mothers and family members need to be supported by healthcare professionals to initiate and sustain appropriate infant and young child feeding practices. In doing so, it is critical for health professionals to have basic knowledge and skills to give appropriate education to help child feeding difficulties.

Adequate nutrition during infancy and early childhood is essential to ensure the growth and development of children to full potential; it also promotes their health. Adequate nutrition includes appropriate breastfeeding followed by complementary feedings. Breastfeeding provides short-term and long-term benefits on both the child and the mother (4), including protecting children against a variety of acute and chronic disorders. Exclusive breastfeeding for the first six months is thus imperative. The advantages of exclusive breastfeeding compared to non-exclusive breastfeeding were acknowledged in 1984, when a review of available studies showed that the risk of death from diarrhea of non-exclusive breastfed infants of age 0–6 months was 8.6 times more compared to the exclusively breastfed children. For those who were not breastfed at all, the risk was 25 times more than that of those who were exclusively breastfed (5). It is evidenced that if the breastfeeding technique is satisfactory, exclusive

breastfeeding for the first 6 months of life meets the energy and nutrient needs of the vast majority of infants (6). As breast milk itself is 88% water, healthy infants do not need additional water during the first 6 months if they are exclusively breastfed, even in hot climate (7). Even after complementary foods have been introduced, breastfeeding remains a critical source of nutrients for the young infant and child. It provides about one half of an infant's energy needs up to the age of one year, and up to one third during the second year of life. Breast milk continues to supply higher quality nutrients than complementary foods, and also protects the child from various forms infections. It is therefore recommended that breastfeeding on demand continues with adequate complementary feeding up to 2 years or beyond (8).

Complementary feeding is defined as the process of starting additional foods when breast milk is no longer sufficient to meet the nutritional requirements of infants, and therefore, other foods and liquids are needed, along with breast milk. Complementary foods need to be nutritionally adequate, safe, and appropriately fed in order to meet the young child's energy and nutrient needs. The target range for complementary feeding is generally taken to be 6 to 23 months of age, even though breastfeeding may continue beyond two years (8). From the age of 6 months on, an infant's need for energy and nutrients starts to exceed what is provided by breast milk, and complementary feeding becomes necessary to fill the energy and nutrient gap (57). If complementary foods are not introduced at this age or if they are given inappropriately, the infant's growth and development may falter.

The current issue of the journal, the second regular issue for the year 2019, contains an editorial, eleven original articles, three reviews and three case reports focusing on various topics. Two of the articles in this issue deal with child nutrition and malnutrition.

I invite readers to read through these articles and appreciate or utilize the contents. I also urge readers to forward comments and suggestions to the editor or the corresponding authors.

REFERENCES

1. UNICEF. Malnutrition. May 2018. Available at <https://data.unicef.org/topic/nutrition/malnutrition/>
2. World Health Organization. *The global burden of disease: 2004 update*. Geneva, World Health Organization, 2008.
3. Black RE et al. Maternal and child undernutrition: global and regional exposures and health consequences. *Lancet*, 2008, 371:243–60.
4. Leon-Cava N et al. *Quantifying the benefits of breast-feeding: a summary of the evidence*. Washington DC, Pan American Health Organization, 2002.
5. Feachem R, Koblinsky M. Interventions for the control of diarrhoeal disease among young children: promotion of breastfeeding. *Bulletin of the World Health Organization*, 1984, 62:271–291.
6. Butte N, Lopez-Alarcon MG, Garza C. *Nutrient adequacy of exclusive breastfeeding for the term infant during the first six months of life*. Geneva, World Health Organization, 2002.
7. LINKAGES. *Exclusive breastfeeding: The only water source young infants need. FAQ Sheet 5 Frequently Asked Questions*. Washington DC, Academy for Educational Development, 2002.
8. PAHO/WHO. *Guiding principles for complementary feeding of the breastfed child*. Washington DC, Pan American Health Organization/World Health Organization, 2002.
9. Dewey K and Brown K. Update on technical issues concerning complementary feeding of young children in developing countries and implications for intervention programs. *Food and Nutrition Bulletin*, 2003, 24:5–28.