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August 13, 2020

Filed electronically at: <https://regulations.gov/comment/FNS-2020-0015-0001>

Docket FNS-2020-0015

Dear Dr. Stoody,

Following the publication of the Scientific Report of the 2020 Dietary Guidelines Advisory Committee (DGAC)¹, The Infant Nutrition Council of America (INCA) appreciates the opportunity to provide these comments to the United States Department of Agriculture and the United States Department of Health and Human Services as the agencies develop the 2020-2025 Dietary Guidelines for Americans (DGAs). The Infant Nutrition Council of America is an association representing companies that research, develop, and market formulated nutrition products for infants, children and adults. INCA membersⁱ produce over 95% of the infant formula consumed in the US, and we take our responsibility of providing optimal nutrition to infants very seriously. INCA supports the American Academy of Pediatrics' position² that breast milk is the preferred infant feeding method. We also agree with AAP and other leading nutrition, health, and regulatory bodies that commercial infant formula that has been submitted to, reviewed by, cleared by, and registered with the FDA is the only safe, nutritious and recommended alternative for infants who are not exclusively breastfed.

ⁱINCA members are Abbott Nutrition, Gerber Products Company, Perrigo Nutritionals, and Reckitt Benckiser.

INCA would like to acknowledge the increased transparency that has guided the process of managing the 2020 Dietary Guidelines Advisory Committee. INCA supports such transparency in the development of the final 2020-2025 DGAs as well as future Dietary Guidelines for Americans. Most importantly, INCA supports recommendations that are grounded in high quality science and do not overstate the existing scientific evidence, and thus can help families and caregivers make the best infant feeding decisions for their situation. The B-24 Guidelines should reinforce existing infant and young child guidance from the government (including WIC, and FDA guidance), as the DGAC report did not find scientific evidence of need to change from existing government guidance.

Below, please find comments from INCA, which have been organized into the following parts:

- **PART A – Recommendations for communicating the final B-24 Guidelines**
- **PART B – Results and learnings from the 2019 Infant Feeding Survey**
- **PART C – The role of formulated products for young children [12-24 months]**
- **PART D – The role of oral nutrition supplements for children**
- **PART E - INCA response to the Scientific Report of the 2020 Dietary Guidelines Advisory Committee**
- **PART F – Future research and innovation**
- **PART G – Concluding remarks**
- **APPENDIX A – INCA proposal for visually communicating infant feeding recommendations**
- **APPENDIX B – Tables and figures from the 2019 Infant Feeding Survey**

The 2020-2025 Dietary Guidelines for Americans will break ground in providing nutrition recommendations for the first time on infant and young child feeding. The DGAC Scientific Report recognizes the first two years of life as a critical phase of human growth and development as well as an area where families and caregivers are seeking guidance on how best to feed their infants and young children.

INCA hopes that the 2020-2025 DGAs for the B-24 population will be the first of many future DGAs that make infant feeding decisions easier for mothers, fathers, and all caregivers.

INCA believes these DGAs are a critical opportunity to communicate clearly to mothers, fathers, and caregivers, the best ways to support their infants' growth and development. The DGAs should provide informative and clear recommendations that reflect safe and nutritious infant feeding options while taking into account the variety of settings and family structures in which infants and young children are cared for. These recommendations should empower families and caregivers to make infant feeding decisions that make the most sense for the health of their babies and their families.

PART A – Communicating to Parents, Families and Caregivers

As confirmed by the Scientific Report of the DGAC, there continue to be significant gaps in the scientific literature on infant feeding and nutrition and health outcomes.^{1,3} Therefore, it is necessary to communicate that breastmilk and infant formula are the only safe and recommended infant feeding options, along with other messages that we know are substantiated by scientific evidence. Based on the current state of the science, these messages include:

- **Breast milk is the preferred infant feeding method; however, in cases where breast milk is not used, commercial infant formula is the only recommended alternative to breast milk and homemade infant formula can result in adverse health consequences and is not recommended.**

The 2020-2025 DGAs should communicate what infant feeding options are safe and why. For example, the Quality Growth Factors⁴ set by the U.S. Food and Drug Administration (FDA) serve to ensure that commercial infant formulas are effective in promoting proper growth and development in infants. Specifically, the FDA Quality Growth Factors require an infant formula to satisfy two elements: 1) the infant formula supports normal physical growth in infants when fed as a sole source of nutrition and 2) the infant formula demonstrates sufficient biological quality of its protein component. These requirements are applicable to all routine infant formulas marketed in the U.S. The 2020-2025 DGAs should ensure that if a family or caregiver chooses infant formula, they are assured that the commercial infant formula on which they rely, meets the requirements to ensure safe and nutritious growth and development.

Appropriately identifying breastfeeding and infant formulas in the 2020-2025 DGAs as the only options for infant feeding will help to prevent families and caregivers from considering homemade infant formula as a viable option to feed their babies. The internet offers access to a plethora of infant formula “recipes” but often the risks and harm to a baby’s health from using these recipes are not identified. Important nutrients can be overfed or underfed when using homemade infant formula, whereas infant formula, which complies with the Federal Food, Drug and Cosmetic Act (FD&C Act), ensures babies receive the proper amount of protein, iron, and

other nutrients necessary for optimal growth and health. There is also a safety risk with homemade infant formula and the possible exposure to contaminants when preparing the mixture. The FDA advises, “potential problems associated with errors in selecting and combining the ingredients for the [homemade] infant formula are very serious and range from severe nutritional imbalances to unsafe products that can harm infants. Because of these potentially very serious health concerns, FDA does not recommend that consumers make infant formulas at home.”⁵ The DGAs should align with current federal guidance alerting parents and caregivers to the dangers of homemade infant formula.

➤ **Families and caregivers should have access to accurate information about recommended feeding methods.**

It is vital to ensure families and caregivers have access to information about recommended infant feeding options. Statistics from the 2018 CDC Breastfeeding Report Card⁶ indicate that breastfeeding rates continue to increase. CDC data have also indicated that mixed feeding is prevalent in the first year of life; well over half of U.S. mothers are breastfeeding infants at six months of age, and 25% are exclusively breastfeeding through six months.⁶

Organizations such as WIC, FDA, and CDC recognize the importance of education on safe infant formula preparation, storage, and feeding, and that families or caregivers who cannot or choose not to breastfeed, or practice mix-feeding, need information about safe preparation, storage, and feeding of formula.^{5,7,8} Thus, with the frequency of mixed feeding practices, the DGAs should give families and caregivers access to all relevant information regarding safe infant feeding practices, including recommendations on proper infant formula preparation, storage, and feeding. If not all appropriate methods of infant feeding are discussed, issues such as hazardous infant formula preparation could lead to adverse infant health outcomes.

➤ **The B-24 Guidelines should recommend families and caregivers consult their healthcare provider to identify appropriate feeding methods, foods and dietary patterns for infants and children.**

The DGAs are recommendations for healthy populations and are not meant to be prescriptive for all individuals. A similar approach should be taken for B-24 Guidelines; the recommendations should stress the importance of families and caregivers discussing infant feeding options with their healthcare provider. Each infant and family unit is unique, and different approaches may be needed to ensure healthy growth and development. There are often nutrient gaps in infants and children under two years of age that should be addressed with dietary interventions. For example, infants who are exclusively breastfed should receive vitamin D as a supplement to prevent serious health and developmental consequences.^{3,9-17} Vitamin E, iron and fiber can often be nutrients of concern at various points in the first two years of life.^{9,18,19} Therefore, as complementary foods are introduced, products that contain these key nutrients, such as toddler milks, can help children meet nutrient requirements. The DGAs should encourage families and caregivers to discuss what is appropriate for their infant and young child with healthcare professionals.

Suggestion: Provide an easy-to-understand visual to communicate the B-24 guidelines

INCA believes a very simple visual will be helpful in communicating the key infant feeding messages of the B-24 Guidelines. Appendix A offers a suggested format that could help the agencies communicate, in a clear and concise manner, about safe infant feeding methods and ensuring healthy growth and development for the B-24 population. Such an example can be used to complement materials related to the 2020-2025 final DGAs. We ask the agencies to consider summarizing their final messages in a similar fashion.

PART B –Results and Learnings from the 2019 Infant Feeding Survey

To further help inform the development of the 2020-2025 Dietary Guidelines, INCA is sharing the findings from the 2019 Infant Feeding Survey²⁰ (or Survey), which was initiated as an update to previous surveys conducted in 2009, 2012, and 2015, in order to gain current insights into infant feeding practices.

Family structures have changed over time and one of the unique features of the 2019 survey was the inclusion of fathers and caregivers (including grandparents, siblings and others) to give a more real-world perspective on today's infant feeding decisions. The bipartisan polling group of Greenberg Quinlan Rosner Research (GQRR) and Public Opinion Strategies (POS) conducted the online poll of 802 mothers who had given birth in the last 12 months, as well as an additional 400 caregivers (defined as individuals spending more than 30 hours per week caring for a baby under 12 months old). The survey was conducted between February 27 and March 11, 2019 and asked mothers, fathers, and caregivers a series of questions related to how they feed their infants, motivations behind their choices to feed, sentiments surrounding various feeding methods, and how they receive that information. To ensure accurate representation, demographic controls were based on the American Community Survey by the U.S. Census Bureau of mothers who had a birth in the last 12 months.

Today's mothers, fathers, and caregivers have access to more information on infant and young child feeding methods than previous generations; however, not all the information they may find is grounded in science or supported by the healthcare community. It is vital to understand the needs of mothers, fathers, and caregivers when developing the messaging for the DGAs. INCA is confident that the findings from this Survey can provide insight that will help ensure the B-24 Guidelines address the needs of mothers, fathers, and caregivers. Following are the relevant findings:

- Mothers, fathers, and caregivers understand the benefits of breastfeeding.

- 75% of mothers and 66% of fathers and caregivers believe that breastfeeding is the healthier option for their babies (Appendix B, Table 1).
- Yet, while we continue to see breastfeeding rates rise (Appendix B, Table 2), the reality of breastfeeding or having access to breast milk is challenging for some families.
 - 61% of mothers reported that they stopped feeding their baby breast milk because they were not producing enough milk (Appendix B, Table 3).
 - Other reported barriers to breastfeeding were physiological and included having problems breastfeeding and the baby not gaining enough weight.
- While exclusive breastfeeding and initiation of breastfeeding continues to increase, the DGAs must acknowledge that many mothers, fathers, and caregivers utilize mixed feeding practices.
 - According to the survey, 65% of infants receive at least some infant formula at some point in the first 6 months.
 - 42% of mothers feed a combination of breastmilk and infant formula [Appendix B, Table 4].

Participants in the 2019 Infant Feeding Survey made the following messages clear in their responses, and these messages should be considered in the development of the final B-24 Guidelines:

- 1. Greater awareness is needed around the dangers of homemade infant formula. The DGAs must ensure that mothers, fathers, and caregivers understand that the only safe alternative to breast milk is commercial infant formula that conforms to FDA's requirements.**

Of the respondents of the Survey, only 49% of mothers and 42% of fathers and caregivers viewed homemade infant formula as risky. Thus, the majority of those caring for infants do not recognize homemade infant formula as unsafe, which is of concern because the FDA clearly recommends against consumers making infant formula at home.⁵ Therefore, there is a need for the DGAs to communicate the dangers of feeding such unregulated

and potentially unsafe products to infants and young children. Such messaging will help promote safe infant feeding decisions that support infant growth and development.

2. Mothers and caregivers want access to evidence-based information about both breast milk and infant formula feeding in order to feel confident about their feeding choices.

To quote one survey respondent:

It is the mother's decision and nobody should feel pressured to feed how others think they should. [Mothers] should also be given all the information they need to make their decision on how to feed their baby.

According to the survey:

- 89% of mothers and 83% of fathers and caregivers assert that it is their decision on how to feed their baby.
- More than two-thirds of moms indicated they feel judged based on the method they choose to feed their infants, with mothers who do not exclusively breastfeed feeling the most judged.

Most mothers want to breastfeed, but some encounter barriers preventing them from initiating or continuing breastfeeding. Mothers, fathers, and caregivers report using at least some breast milk to feed their babies. Those who choose infant formula largely do so out of necessity, as the top three reasons reported for not breastfeeding were health related--including low breast milk production, problems breastfeeding, and/or mothers who felt their baby was not adequately gaining weight from breastfeeding alone. The DGAs are an opportunity to alleviate some of the anxiety associated with making infant feeding decisions.

Mothers, fathers, and caregivers view the government as an important source of information on infant feeding. In the Survey, mothers identified government sources, including WIC websites or clinics (66%), government websites (59%), and state

department of health websites (54%) as “somewhat” or “very important” sources for information on infant feeding.

- 67% of mothers and 67% of fathers and other caregivers believe government should provide information beyond just breastfeeding (Appendix B, Table 5).
- Sixty-one percent of mothers and 51% of fathers and caregivers oppose health care professionals or the government restricting infant feeding information to breastfeeding only.
- The majority of mothers, fathers, and caregivers oppose government or hospital restrictions on information about infant formula.
- 8 out of 10 mothers, fathers, and caregivers believe both breastfeeding and infant formula information should be provided in the hospital so mothers, fathers, and/or caregivers have all the information they need to make an informed choice.

The Survey clearly showed that mothers, fathers, and caregivers do not want to feel pressured to make a specific feeding choice; rather, they want to be supported in their infant feeding decisions. The survey also showed that mothers, fathers and caregivers look to government resources to provide information on feeding.

3. Mothers, fathers, and caregivers should feel empowered to discuss their infant feeding options with their healthcare provider.

The Dietary Guidelines for Americans are recommendations for healthy populations and are not meant to be prescriptive for all individuals regardless of their health status. This is important for B-24 Guidelines and the recommendations should stress the importance of mothers, fathers, and caregivers discussing infant feeding options with their healthcare provider. Each infant and family unit is unique and different approaches may be needed to ensure healthy growth and development.

- Pediatricians and OBGYNs were reported as the two most important sources of infant feeding information by the Survey respondents.

- Pediatricians were identified by 89% of mothers as “very” or “somewhat important” and OBGYNs by 81% of mothers as “very” or “somewhat important”.

Thus, the DGAs should continue to support families in speaking with their healthcare providers about the feeding and nutrition options that are best for their infant or young child.

It is our ask that the USDA and HHS take into consideration the key findings from this 2019 Infant Feeding Survey and use them in the development of the 2020-2025 Dietary Guidelines for Americans. If the DGAs appropriately identify breastfeeding and infant formula that conforms to FDA requirements as the safe options for infant feeding, it will help to ensure families and caregivers do not feed homemade infant formula. The 2020-2025 Dietary Guidelines should empower mothers, fathers, and caregivers to make informed decisions that support infant growth and development, by providing them accurate, easy-to-understand recommendations.

Additional information on the 2019 Infant Feeding Survey is posted on INCA’s website:

- [2019 Infant Feeding Survey Report](#)
- [2019 Infant Feeding Survey Presentation of Findings](#)
- [2019 Infant Feeding Survey Infographic](#)

PART C – The role of formulated products for young children [12-24 MONTHS]

Between one and two years of age (12-24 months), young children are transitioning to the family diet. This is a period of growth and development where both nutrient inadequacies and excesses may be a concern as the child may be consuming less breast milk and/or infant formula. This critical period for young children's growth and development results in special nutritional needs and a regular family diet may not always satisfy their requirements for iron, zinc, vitamin D, potassium, choline, calcium and essential fatty acids. There continues to be challenges for the 12-24 month old population in meeting nutrient recommendations as well as meeting recommendations related to dietary diversity.²¹ This is particularly true for vitamins D and E, iron, and fiber²² and—in certain cases--there may be limited foods in toddlers' diets that are high in these nutrients.

Consumption of supplemental nutritional products/fortified foods (such as toddler milks) can help alleviate the nutrient gaps in young children's diets and help provide families with age-appropriate feeding choices.²³⁻²⁵ INCA agrees with the findings in the Scientific Report concerning the important role of milk in a healthful diet and request clear communications to parents and caregivers encouraging the consumption of milk and/or fortified milk products by young children 12-24 months of age. Importantly, the Scientific Report noted that insufficient evidence is available to draw a conclusion about the relationship between the type of milk (i.e. milk fat content, flavor) and adiposity (obesity) in children.

As young children transition to the family diet, they may develop erratic eating patterns, which may require supplementation with nutrient dense options. Fortified toddler milks enhance the toddler diet by providing additional nutrients, reduce nutritional gaps and support healthy growth and development.^{18,26-29} Toddler milks are fortified to provide more of certain nutrients, such as iron, than regular dairy products. These fortified milk products are a practical vehicle for providing key nutrients that young children may not receive from other foods, as they are designed to complement their family food-based diet. Parents and caregivers should be

encouraged to talk to their healthcare provider to help ensure that their child's diet is adequate to support healthy growth and development.

PART D – The role of oral nutrition supplements for children

INCA agrees that the DGAs generally address the nutrient needs required by most healthy individuals. However, we recognize that because of inadequate food group consumption and/or health conditions, certain nutrients may be under consumed, particularly among certain age groups and populations.²¹

For individuals ages 2 years of age and older who are not meeting their nutrient needs, oral nutrition supplements (ONS) may be recommended to help supplement their diet and close nutrient gaps. One of the reasons ONS are developed is *because* nutrient needs can be difficult for some individuals to meet through recommended dietary patterns, even for those choosing fortified foods who have adequate appetites. We also recognize young children may not be eating the best food choices during this critical growth period,^{30,31} and ONS can supplement their diet to support their development. We ask that DGAs acknowledge that growth and development is a primary outcome for childhood and acknowledge that nutrition strategies may need to be adjusted to meet individual growth and development needs.

PART E – INCA response to the Scientific Report of the 2020 Dietary Guidelines Advisory Committee

Regarding the Scientific Report of the 2020 DGAC, INCA’s comments pertain to how the conclusions of the B-24 Subcommittee can help to form scientifically sound and clear guidance for mothers, families and caregivers. As noted in previous INCA comments, we support the expansion of the work of the DGAC to review the science as it relates to the health, nutrition, growth, and development of the U.S. population under two years of age.

INCA supports the recommendation to encourage exclusive breastfeeding as noted by the DGAC. In addition to this recommendation, and in order to support B-24 growth and development, the science supporting the final DGAs must be strong and well-founded evidence. Thus, INCA would note the following points while interpreting the Scientific Report.

1. Mixed feeding practices should be supported and parents should talk to their healthcare providers.

It is clear that many families use various proportions of breast milk and infant formula when feeding, and the Scientific Report notes that current infant feeding practices in the U.S. frequently include a mix of human milk and infant formula for differing durations, intensities, proportions and amounts. Based on the conclusions drawn by the DGAC regarding “ever vs never consuming human milk,” which indicate limited evidence of differences in health outcomes, the DGAs should not ignore a mixed feeding approach given such conclusions. Rather, the DGAs should recommend families and caregivers discuss the most appropriate feeding options with their pediatricians or healthcare provider.

2. Limited and Moderate Evidence should not drive messaging for B-24 Guidelines.

INCA notes that the DGAC reached a number of conclusions related to the feeding of human milk and the risk of type 1 diabetes. Three conclusions were reached related to the exposure to human milk (including duration) and type 1 diabetes:

- 1) Limited evidence from observational studies suggests that never versus ever being fed human milk is associated with higher risk of type 1 diabetes;*
- 2) Moderate evidence from observational studies suggests that, among infants fed some amount of human milk, shorter versus longer durations of any human milk feeding are associated with higher risk of type 1 diabetes;*
- 3) Limited evidence from observational studies suggests that shorter versus longer durations of exclusive human milk feeding are associated with higher risk of type 1 diabetes.*

However, in the summary section of chapter 4 of the Scientific Report, the DGAC goes on to say that, “exclusivity of breastfeeding was found to be associated with a lower risk of type 1 diabetes.” In reviewing the data above, INCA views this summarization as an overstatement of the evidence presented earlier in the chapter and recommends that it should not be communicated to families and caregivers as conclusive guidance given the lack of sufficient scientific evidence.

Similar to other conclusions drawn by the DGAC, because of the risk of confounding in observational studies, INCA believes it would not be appropriate for the final DGAs to indicate that there is a causal relationship between infants being fed human milk for longer duration and the development of type 1 diabetes. The current body of scientific literature does not substantiate the conclusion that lack of breastfeeding or different early infant feeding methods play causative roles in the development of chronic diseases, including type 1 diabetes.

Going beyond evaluating the quality of evidence, recommendations must take into account the method of feeding as well. Focusing solely on differences between human milk and infant formula without addressing feeding methods and other factors^{32–34} will not provide enough information to fully understand implications for growth, size, and body composition. For example, compared with breastfed infants, infants fed by bottle gained significantly more weight

per month, yet those who were provided breast milk in the bottle gained more weight than those provided formula³⁵. And frequent encouragement by mothers for their infant to empty a bottle during early infancy was significantly associated with the child's frequency of eating all the food on their plate 6 years later³⁶. Thus, there appear to be a number of factors that relate to eating patterns.

One thing all families have in common—whether they choose to breastfeed and/or bottle-feed (with breast milk and/or infant formula)—is the need for education on responsive infant feeding practices. We urge the final DGAs to provide this type of practical guidance. Such guidance will help parents and caregivers respond appropriately to infants' hunger and fullness cues, help avoid over- or under-feeding,^{37–40} and promote healthy weight gain. Indeed, one study documented that providing responsive feeding guidance to mothers to help them recognize and respond appropriately to a child's hunger and satiety cues, contributed to “normal” weight gain or “normal” weight status in children under two years of age compared with children whose mothers did not receive responsive feeding guidance.⁴¹

3. It is clear that there is limited evidence on feeding methods and the B-24 population and future research is needed.

It should be recognized that the majority of the DGAC's conclusion statements pertaining to the questions they attempted to answer for the B-24 population were graded as “limited” or “grade not assignable” (due to a lack of evidence). INCA agrees with many of the conclusions drawn by the DGAC that indicate there is a limited amount of evidence pointing to the long-term health implications of various infant feeding methods. In particular, INCA aligns with the committee's inability to draw stronger conclusions due to the potential for confounding in the body of evidence, which was made up of observational studies. INCA also has additional concerns about generalization and applicability of the evidence from the studies conducted outside the United States. For example, U.S. populations may have higher risk of overweight and obesity than do the populations sampled in the non-U.S. studies.

INCA agrees with the recommendation that future research studies on infant milk feeding practices and health outcomes should be designed to reduce bias from confounding factors as much as possible. While this is a challenging task, as it is for all nutrition research, it will provide better insight into long-term health implications of dietary patterns and lead to stronger, more directed recommendations in the future.

4. Future studies on infant milk feeding practices and health outcomes should be designed to reduce bias from confounding factors as much as possible.

INCA agrees that when observational studies are used to develop recommendations, the analytical framework for each review must take into account all of the key confounders, including multiple aspects related to the child's diet. As identified by the DGAC, such limitations, including various definitions of infant feeding methods, as well as the potential for self-reporting bias, problems related to study design, difficulties in conducting randomized controlled trials, and the misinformed reporting of weak associations could lead to misinformed or unsubstantiated DGAs. INCA had previously expressed support of the use of the existing [Nutrition Evidence Systematic Review](#) (NESR) studies conducted during the [Pregnancy and Birth to 24 Months Project](#). However, some studies considered were not conducted in the US. It is important to keep in mind that compositional requirements and nutrient levels for infant formula often vary by country. Thus, future DGA scientific reviews should give the highest priority to studies that included U.S. manufactured infant formula versus studies from outside the U.S as populations outside of the United States have even further confounding factors that must be considered.

5. The most appropriate dietary patterns for infants and young children should be identified with help from the healthcare provider.

As noted by the DGAC, their conclusions illustrate that the “findings are not intended to provide a combination of CFB or food pattern that is right for every infant or toddler, because children develop at different rates, and many different circumstances influence feeding needs and decisions.” This should be considered in addition to the fact that most of the conclusions on

infant feeding were either unable to be graded due to lack of evidence or were graded as “limited.” INCA supports B-24 Guidelines that empower families and caregivers to explore the best infant and young child feeding options with their healthcare provider.

PART F – Future Research and Innovation

INCA supports future research that is focused on not only what to feed, but also how to feed, infants and toddlers. Support for this type of future work was also identified by the DGAC. Such research would complement the Committee's current reviews about what to feed infants and toddlers. Future research looking at the impact of bottle-feeding as well as the impact of responsive feeding practices on outcomes will help to increase specificity of feeding recommendations in the future.

In order for parents and caregivers to receive the best possible infant feeding products, including infant formulas that most closely match the composition of human milk, it is critical that innovation is not hindered by the new Dietary Guidelines. Members of INCA are leaders in infant nutrition science, and their collective research has led to significant improvements in the health of infant formula-fed babies. Advancements and innovations are the result of decades of research and dedication to nutrition science and represent INCA members' commitment to providing safe and nutritious options that support healthy growth and development for babies whose parents cannot, or choose not to, use breastmilk. INCA member companies develop infant formula using the latest scientific research to meet the nutritional and growth and development needs of infants--from healthy term infants to those who are premature or may require specialized products. As scientific knowledge evolves regarding the role of nutrients in optimizing growth and development, refinements supported by research are made to infant formulas in order to provide infants with safest, highest quality nutrition when breast milk is not available. Industry-led research, including research that helps to progress understanding about infant feeding and the composition of human milk, may also be beneficial to the development of future B-24 Guidelines.

PART G – Concluding Remarks

INCA thanks the USDA and HHS for their work in the development of the 2020-2025 Dietary Guidelines for Americans. The task to develop the United States' first set of dietary recommendations for infants and children under two years of age is significant and uniquely challenging. INCA looks forward to helping communicate to mothers, fathers, families, caregivers, healthcare professionals and all other stakeholders recommendations that are grounded in science and that empower families and caregivers to make informed nutrition decisions for their infants and toddlers.

This is an opportunity to provide families and caregivers with accurate and easy-to-understand information about infant feeding and toddler diets for optimal nutritional outcomes and healthy growth.

In conclusion, the 2020-2025 B-24 Dietary Guidelines for Americans should make the following messages clear:

1. The only safe, recommended alternative to breastfeeding is commercial infant formula that conforms to FDA requirements and the final Guidelines should advise against the use of homemade infant formulas.
2. Families and caregivers should have access to accurate and science-based information about recommended feeding methods for their infants and toddlers, including safe infant feeding preparation.
3. B-24 Guidelines should recommend families and caregivers consult their healthcare provider as a resource to help answer questions for infants and young children.
4. B-24 Guidelines should acknowledge that to maintain a child's adequate growth and development, nutrition strategies may need to be adjusted based on individual growth and development needs.

INCA appreciates the opportunities to provide feedback throughout this entire process. We hope that future efforts will continue to expand upon the transparency that was used in this process and that scientific advancements will allow for more definitive B-24 guidelines in the future.

Sincerely,



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Appendix A – INCA proposal for visually communicating infant feeding recommendations

See next page.

Infant Feeding Facts: What to Feed and When?



0-6 MONTHS

Breast milk is preferred for
infant feeding

Infant formula* is the only
recommended alternative
to breast milk

*Complementary foods should
not be introduced before 4
months of age*

*Breast milk** & infant formula
provide the necessary nutrients
for optimal infant nutrition*



6-12 MONTHS

Breast milk and/or
Infant formula*
+
Complementary Foods

*From 6-12 months of age, babies
should gradually be introduced
to a variety of foods
and textures*



12-24 MONTHS

Continued breastfeeding
as desired
+
Nutrient dense foods and
beverages encouraged

*When transitioning to the
family diet, ensure children
12-24 months consume FDA
recommended daily allowances
of calcium, iron, potassium,
vitamin E, vitamin D, choline,
and omega-3 and omega-6
fatty acids*

*Toddler milks may help close
nutrient gaps*

Tips to Safely Feed Your Baby

1

Consult with your
healthcare provider
about the best feeding
option for your baby.

2

If bottle-feeding, use
responsive feeding. Let
baby indicate when s/he
is full or requires more
feeding.

3

Homemade infant formula
is not safe nor is it
nutritionally adequate for
healthy growth and
development of infants.

4

Follow manufacturer's
instructions when
preparing servings of
commercial infant
formula*.

* Commercially provided infant formulas are recommended to ensure food safety and adequate nutrient levels required for healthy growth and development.

** Breastfed babies also need vitamin D supplementation.

Appendix B - Tables and figures from the 2019 Infant Feeding Survey

Table 1 – From what you know, which is healthier for the baby? (Respondents: Mothers)

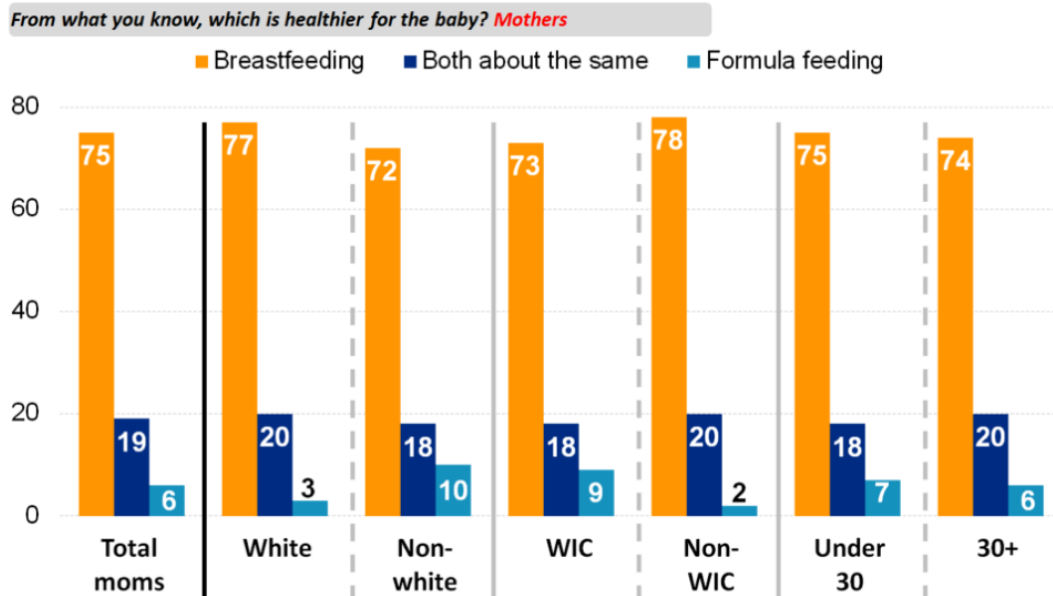


Table 2 – Which of the following describes what you currently feed your baby? (Respondents: mothers, first 6 months)

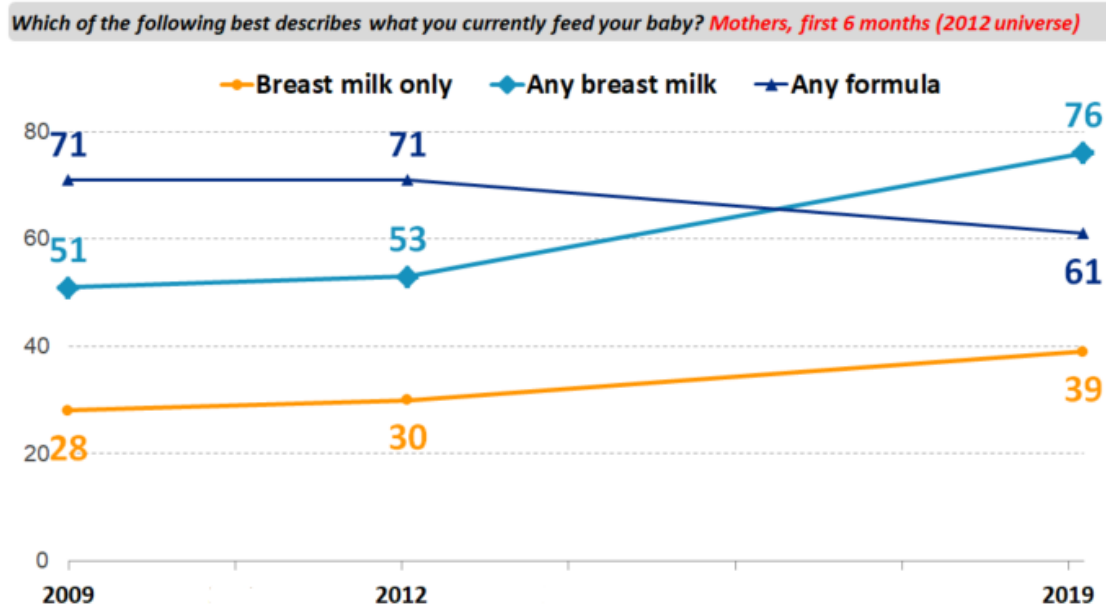


Table 3 – From the options below, what would you say is the primary reason you stopped feeding your baby breast-milk? Up to 3 responses allowed (Respondents: Mothers)

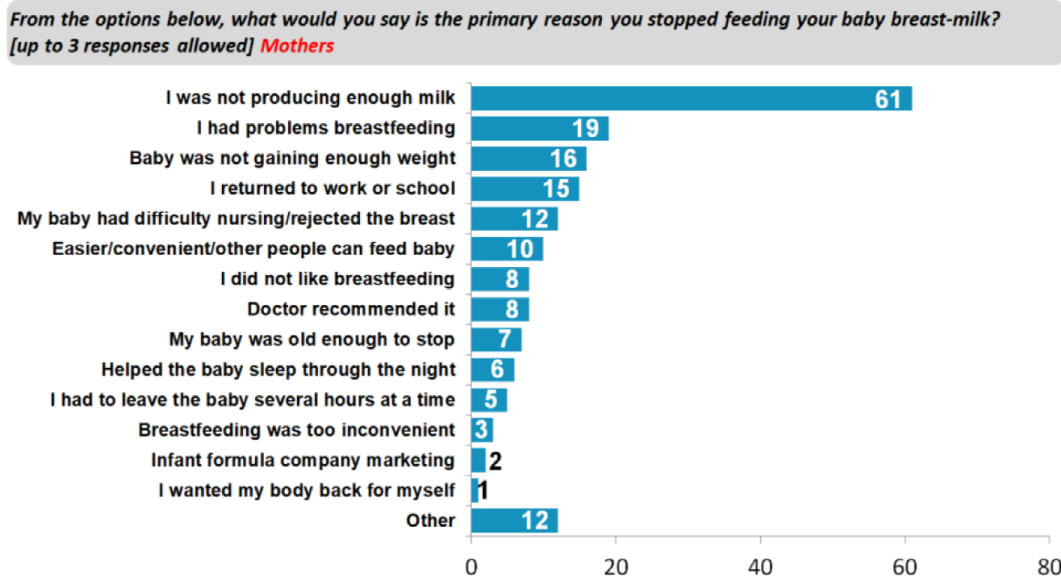


Table 4 – Which of the following best describes what you currently feed your baby? (Respondents: Mothers with babies under 6 months, 2019)

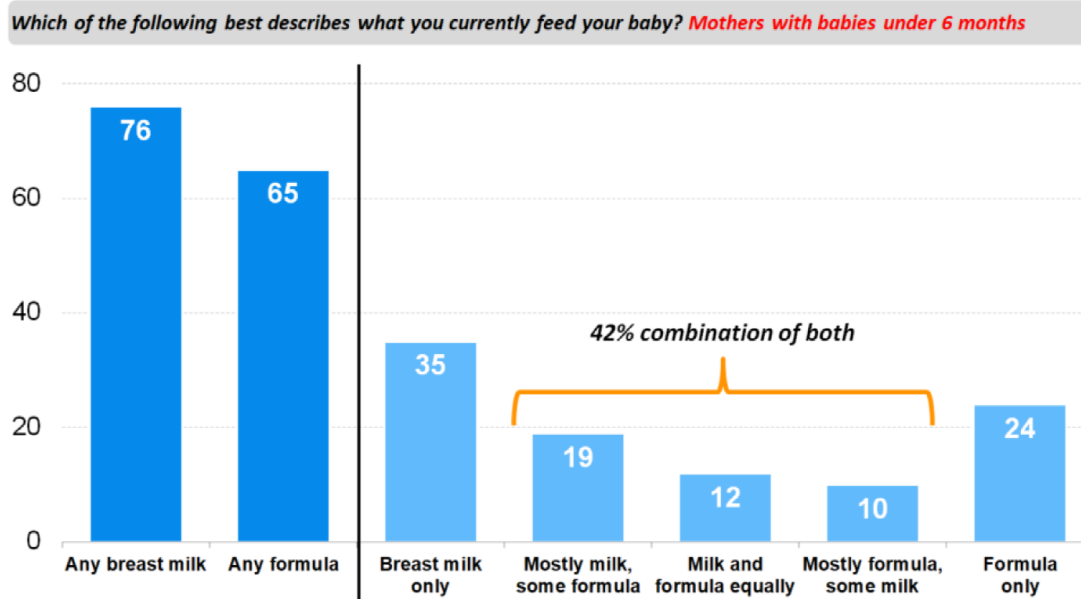


Table 5 – Respondents expectations of what type of information the government should provide on infant feeding.

