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Literature Review

Current Situation of Early Food Introduction and Early Weaning in Childhood: Literature Review

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Content specifications

This work is an integrative review of the literature that seeks to investigate the current situation of early food introduction on adolescents. The research was based on the results found, carried out in February 2024.

Education Gap(s) (or Practice Gap(s)

Health professionals must work together with families to ensure that guidelines are followed, promoting healthy development and preventing future complications. Education and ongoing support are crucial for children to have a healthy and nutritious start in life.

Objectives

After completing this article, readers should be able to:

- Investigate the current situation of early food introduction and early weaning in childhood.
- Analyze the consequences of inconvenient food introduction and early weaning on child health.
- Identify risk factors associated with the practice of early food introduction and weaning before six months.
- Review the scientific literature on the topic, focusing on available evidence and recommendations from health organizations.
- Propose improvements in food introduction and weaning practices, promoting healthy and appropriate nutrition for children.
- Contribute to the training of health professionals and educators on the importance of breast milk and correct dietary introduction.

Abstract

This work is an integrative review of the literature that seeks to investigate the current situation of early food introduction in adolescents. The research was based on the results found, carried out in February 2024. Properly introduced food influences nutritional status and leads to a better quality of life.

Summary

This work is an integrative review of the literature that seeks to investigate the impact of early food introduction and early weaning in childhood. The research was based on the results found, carried out in February 2024. Properly introduced food influences nutritional status and leads to a better quality of life. Due to the early introduction of food, an "obesity pandemic" began in children and adolescents, suggesting changes as soon as possible, so that the world is not made up of adolescents and adults with multiple comorbidities.

Keywords: Early Food; Early Weaning; Childhood

Introduction

The World Health Organization (WHO) and the Ministry of Health (MS) recommend exclusive breastfeeding (EBF) until the first six months of life, which is the period in which exclusive milk is capable of nourishing the infant. However, after this period it is necessary to associate breastfeeding with the introduction of food, providing satisfactory amounts of food with nutritional and health quality to meet nutritional needs [1].

According to the WHO, breastfeeding is classified as: breastfeeding when the child consumes breast milk, regardless of whether it is complementary or not; EBF in which the only source of nutrition is breast milk directly from the breast or expressed, which includes human milk from another source, with the exception of vitamin drops or syrups, oral rehydration salts, mineral supplements or medications; Predominant breastfeeding where, in addition to breast milk, the child consumes water or water-based drinks, fruit juices and ritual fluids; Complementary breastfeeding when solid or semi-solid food is consumed to complement breast milk, but without the purpose of replacing it; and Mixed or partial breastfeeding, where the infant receives breast milk and other types of milk. A study carried out by Vieira et al reports that babies on EBF up to six months of age have better nutritional status and an appropriate BMI for their age than those who received other foods [2,3].

It is not necessary to introduce foods before six months, which can cause damage to the child's health, such as: respiratory disease, risk of malnutrition, reduced absorption of nutrients, among others. According to a risk assessment study, if the AM recommendation were followed, 1.47 million deaths could be avoided per year worldwide [4].

In recent decades, a nutritional transition has been seen expanding across the globe, in which the diet of most individuals began to have its highest concentration of ultra-processed foods (with low nutritional value and rich in fats, sodium and sugars), concomitantly observed there is a reduction in physical activity and an increase in sedentary lifestyle. With the increase in consumption of these "modern diets", children are ingesting very little of the nutrients they need and eating many foods with low nutritional value that they do not need. This scenario generates negative effects, such as the development of an "obesity pandemic", being responsible for the largest number of chronic non-communicable diseases, such as hypertension and diabetes, which plague today's society. Globalization and industrialization are major contributors to the change in the lifestyle of these individuals. Therefore, a portion of this social body suffers a direct impact on their quality of life: children. There is a greater number of overweight and obese children; cavities; a greater risk of developing diseases such as type 2 diabetes, hypertension and cardiovascular diseases; a large number of episodes of diarrhea; malnutrition; allergies and susceptibility to various infectious diseases; in addition to losses in physical growth and cognitive development [5].

Objective

Despite the sizeable impact on quality of life, scientific work and medical knowledge regarding the impact of early food introduction and early weaning before six months of age in the child population are still scarce, and it is necessary to study the peculiarities so that we can provide an better care for our patients. To this end, this article aimed to carry out a literature review, focusing on the current situation of early food introduction and early weaning in childhood and how it affects the child population.

Methodology

A broad search was carried out in the medical literature, extracting information from national and international literature, between the years 2019 and 2024. The databases used for this systematic review were: Electronic Library Online (SciELO), Latin American and Caribbean Literature in health sciences (LILACS), PubMed and Google Scholar. The following descriptors were used: "early food introduction; early food introduction risks, consequences early food introduction adolescence". Data collection began with the pre-selection of articles, according to the descriptors. After that, articles that dealt with the topic of interest were selected. We excluded those that dealt with the period of pregnancy and adults or those that did not emphasize the impacts in relation to early food introduction in childhood.

Results

After searching the databases on the topic, 19 articles were used to compose this literature review.

Discussion

According to the WHO, breastfeeding is classified as: breastfeeding when the child consumes breast milk, regardless of whether it is complementary or not; EBF in which the only source of nutrition is breast milk directly from the breast or expressed, which includes human milk from another source, with the exception of vitamin drops or syrups, oral rehydration salts, mineral supplements or medications; Predominant breastfeeding where, in addition to breast milk, the child consumes water or water-based drinks, fruit juices and ritual fluids; Complementary breastfeeding when solid or semi-solid food is consumed to complement breast milk, but without the purpose of replacing it; and Mixed or partial breastfeeding, where the infant receives breast milk and other types of milk. A study carried out by Vieira et al reports that babies on EBF up to

six months of age have better nutritional status and an appropriate BMI for their age than those who received other foods [2,3].

The WHO recommends breastfeeding for up to two years or more and exclusive breastfeeding for the first six months of life. Introducing foods, waters, juices or teas before six months is considered a dietary error. Since, from the sixth month onwards, the child needs to receive other healthy foods. Bombarding the child with hypercaloric and ultra-processed foods after six months is also a dietary error, that is, there must be a selection of foods that can be offered after this age, consisting of fruits, vegetables, rice, beans , meat, eggs and roots. It is recommended not to offer sugar to children before the age of two, as those who try sugar in the first two years have a greater preference for sweets and unhealthy foods throughout their lives [4,5].

Even though in recent years, there have been several advances towards the implementation of public policies aimed at promoting, protecting and supporting EBF and healthy and adequate complementary feeding, still, in Brazil, the practice of breastfeeding is lower than recommended, with considering that two out of every three children under six months already receive another type of food, mainly teas, cow's milk with the addition of some flour and sugar, while only one in every three children has received exclusive breast milk until the sixth month. Considering that, in the first years of a child's life, they have consumed little variety of healthy foods, such as fresh or minimally processed foods, being exposed to ultra-processed foods from an early age. Since, also from the sixth month onwards, the child must know foods, during this period appropriate eating practices must be adopted, as it is at this moment that the eating habits that the child will carry for life will be formed. Introducing food into the child's diet is a difficult stage that must be well structured by the family, because given the scenario we live in in a modernized world and overexposure in the media, and also due to the large supply of ready-to-eat industrialized foods, this has greatly influenced the child's eating habits, in this scenario it is necessary to understand and understand the importance of EBF accompanied by the introduction of food for the child's formation and development [5,6].

Complementary feeding (CA) is defined as the set of foods that are offered to infants, from the sixth month of life onwards, in addition to breastfeeding and/or infant formulas. It is known that nutritional and metabolic factors, in early stages of human development, have a long-term effect on health programming in adult life. The period between birth and two years of life is particularly critical for promoting physical development, health and behavior. An important example is the relationship between poor feeding practices in the first years of life and the future development of obesity. Inadequate food introduction is mainly due to a lack of information and incorrect beliefs on the subject on the part of family members and caregivers, as well as health professionals. Early food introduction is influenced by economic factors, education, mother's age and mother's time with the baby, with early weaning being one of the factors that is directly related to this fact. Some studies show that exclusive breastfeeding during the first six months of life is essential as a way of protecting against food allergies and for proper development of the baby [6-8].

The initial stages of life are extremely important for human development, which are influenced by nutritional and metabolic factors that determine healthy growth and development. These acquired eating habits have repercussions into adulthood and have implications for health status. The introduction of other foods to the infant's diet is a critical phase due to the high susceptibility of leading the child to nutritional deficit and the development of infectious diseases and food allergies. The first and most frequent food introduced early into the baby's diet are preparations based on cow's milk, which bring to light the scenario of food allergies, in particular, allergy to cow's milk protein (CMPA). The reasons for stopping feedings are diverse. Increasingly, women enter the job market and seek to pursue a career, something that was previously impossible and, until a few years ago, was still highly discriminated against by society, as the concept of feminism and women's right to work is on the agenda. a little while ago. Low-income women end up breastfeeding for a shorter time than others, as the need to work and ensure their livelihood is more urgent than exclusively breastfeeding the child. The lack of information about industrialized products, such as ready-made baby food, various porridges and infant formulas, also continues to be a reason for early weaning, popularly still considered to have nutritional value equal to or often better than breast milk, a fact that It has already been denied in several researches and scientific works. Family influence has also been identified as an important factor in the choice of whether or not to breastfeed a child. Women, due to inexperience, end up resorting to help from mothers, grandmothers, colleagues who have

already had children, to know how to deal with motherhood. Another aspect of immense importance, which is still a reason for a mother not to breastfeed her child, is the breastfeeding technique. If done incorrectly, it leads to an uncomfortable situation for the mother and the baby, and can even become painful, as the child has difficulty sucking the milk, and ends up becoming irritated and, consequently, crying, which causes despair and feelings. of incapacity in the mother, who ends up no longer wanting to offer the breast to her child, resorting to other methods such as: pacifiers and bottles, which are also agents that influence early weaning, as they cause confusion in babies as they are different from sucking the nipple [8,9].

In contrast, an observational and descriptive study, a sample group consisting of (n = 150) university mothers, 131 in a private institution and 19 in a community institution. It was confirmed that 26 mothers believe that new foods can be offered before the indicated time, while 124 waited for the baby to be six months old. Regarding the beginning of food introduction occurring only in the sixth month, most mothers responded that yes, this would be the most correct conduct. A lot of information is provided by mothers through the Unified Health System or even through the media on this subject, in addition to reinforcing that there is the right time and the correct order for the gradual presentation of complementary foods [9].

The transition between exclusive breastfeeding and the introduction of a variety of foods into the child's diet can bring complications, especially when the offer is made before complete physiological development. Starting complementary feeding early, that is, before the child's sixth month of life, is related to an increased risk and frequency of gastrointestinal infections, due to the decrease in protective factors in breast milk and the introduction of contaminated water and food. . During this period, diarrhea increases in frequency and can lead to malnutrition, compromising the immune system. Malnourished infants become more susceptible to acquiring other illnesses, establishing a cycle of malnutrition and infection that increases infant mortality. Data from the 'II Breastfeeding Prevalence Survey in Brazilian Capitals and the Federal District' revealed positive changes in the prevalence of EBF in children under four months of age: in the Central-West macro-region, from 40.8 to 55.1%, and in the municipality of Goiânia, capital of the state of Goiás, from 23.7 to 41.2%, in the period from 1999 to 2008. This condition, however, it falls far short of the recommendations of official bodies. Adding to this, there is also the early introduction of water, teas, juices and salty foods, in the first month of life [10,11].

Different guidelines were observed regarding the introduction of juice into AC, perhaps because this is a more recent recommendation. Previously, juice was recommended by pediatricians as a source of vitamins and hydration. A 2017 position by the American Academy of Pediatrics made official the recommendation not to offer juices to children until one year of age, and then limit consumption to a maximum of 100mL/day until three years of age. The consumption of the whole fruit should be encouraged, as the juice alone does not offer nutritional benefits in a healthy and balanced diet. Aware of this importance, the Ministry of Health published in 2002, the first version of the Food Guide for Children Under Two Years, revised in 2010 and 2018. This document contains recommendations on how and in what way to feed the child, from birth. up to the first two years of age, supporting, protecting, promoting health and food security. The MS synthesized the dietary guide, creating the ten steps to healthy eating. Early complementary feeding has no nutritional advantages and can also trigger gastrointestinal hypersensitivity, causing infections, diarrhea, risk of dehydration and even increasing the risk of morbidity and mortality.

Therefore, when the introduction is started correctly after the sixth month of life, the infant has great benefits, such as adequate development and growth and also contributes to healthy eating habits. However, there are few studies related to errors in complementary feeding. This type of research can help health professionals create new intervention methods suitable for mothers, avoiding errors in this introduction [1,11].

It is considered that until the sixth month of life, in both breastfed and formula-fed infants, there is no need to introduce other types of food into the diet to meet their nutritional needs. After the sixth month, foods should be introduced gradually, with special attention to hygiene in preparation and the presence of micronutrients, not using ultra-processed foods.

The benefits of adequate AC in the first two years of life are indisputable. While parents or caregivers are responsible for preparing and offering AC, pediatricians must guide feeding practices ba-

sed on scientific evidence. The period when AC is introduced, from six months of age onwards, is a high risk period for the development of micronutrient deficiencies, especially iron. Iron deficiency is associated with 60% of anemia cases. In addition to the guidance on offering a varied diet, which includes inputs of animal origin, fruits and vegetables, avoiding drinks with low nutritional value and which reduce the absorption of iron and food fortification, iron supplementation is also part of the prevention strategy for anemia in this age group. The WHO recommends iron supplementation as a public health measure to prevent iron deficiency and anemia in children aged six to twenty-three months, in places where the prevalence of anemia is greater than or equal to 40%. In Brazil, the reported prevalence of anemia varies between 40% and 50% of the children studied. A recent consensus from the Brazilian Society of Pediatrics suggests a review of the prophylactic supplementation criteria currently adopted, recommending initiation from the third month of life for full-term newborns, of appropriate weight for gestational age, regardless of whether they are on EBF or not.

The ideal period for supplementing foods in infants is from the sixth month onwards, as according to Cruz's work, during this period the baby has already developed the reflexes necessary for swallowing, such as the tongue reflex, and has visual stimulation in relation to food. , stability of the head to receive food offered on a spoon, the appearance of the first teeth that will help with chewing and, in turn, will help stimulate the jaws. This period also helps to bring the baby's eating habits closer to that of the family, in addition to allowing the infant to learn about new flavors, aromas, textures and colors of food. It is a process that involves the whole family and not just the mother, as happened with breastfeeding [6,12-14].

The first two years of life are fundamental for encouraging and adopting healthy eating habits and preventing chronic diseases in later stages of life, as eating habits established at this stage of life tend to be maintained into adulthood. In this context, the strong influence of family characteristics on the formation of eating habits stands out, as mothers with inadequate eating habits are unlikely to establish an adequate diet for their children. There is evidence for some specific ultra-processed foods: sugary drinks are a major contributor to lipid changes, childhood obesity, weight gain, cardiovascular disease (CVD) and type 2 diabetes; the trans fats present in ultra-processed foods negatively affect cardiovascular health; and processed meats are associated with an increased risk of mortality from CVD and some types of cancer. Furthermore, observational studies have shown that fast food consumption is positively associated with higher energy intake, weight gain, insulin resistance and high triglyceride levels [14,15].

Studies carried out in several developing countries, including Brazil, as well as industrialized countries, revealed that early food introduction increases child morbidity and mortality due to the small amount of protective factors contained in breast milk ingested, as well as food being an important source of contamination. Early food supplementation can lead to a reduction in breastfeeding, interfering with the absorption of nutrients present in breast milk, such as iron and zinc and the risk of allergies, as well as reducing the effectiveness of lactation as a prevention of new pregnancies, in addition to favoring the development of atopic diseases. The introduction of food early before six months can interfere with adequate oral motor development, as this development occurs during the breastfeeding period, where the phonoarticular organs will develop, in relation to mobility and posture and the functions of breathing, chewing, swallowing and articulation of speech sounds [5,14].

Regarding the psychological aspect, breastfeeding helps in the development of the child's personality, when babies are fed exclusively with breast milk at the breast, children tend to be calmer children, taking into account that it is during childhood that children will have their first experiences and this will be a major determinant in the formation of the child's character in adult life. The period of food supplementation must be at the appropriate time, as when done early, it can cause some problems for the child, when introducing foods ahead of time, this favors an increase in child morbidity and mortality due to a lower intake of bioactives from protection present in breast milk and taking into account that food is a source of contamination, and considering that early supplementation reduces the duration of breastfeeding, and interferes with the absorption of nutrients that are very important in breast milk, in addition to being associated with the development of atopic diseases [6,14].

One study analyzed women's behavior in relation to early weaning, and observed that 42.5% of cases of early weaning occurred between the second and third months after birth and 22.5% between the third and fourth months. 17.5% of children did not complete the second month of life with EBF, being exposed to extremely early weaning. Another study observed that the weaning period, which encompasses the time of EBF and the introduction of BF, occurred between the second and fourth month of the infant's life, with a median of two months, which indicates that the interruption of breastfeeding occurs shortly after the introduction of food, early, before that recommended by the Ministry of Health. Another study observed early exposure to food, being characterized in 32.6% by the introduction of teas, 19.1% of water and 18% of milk. From the fourth month onwards, water consumption increased to 54.1%, teas to 31.5%, other milks to 18% and juices to 11.5%. In the sixth month, there was an increase in these percentages mentioned above, the main ones being: water with 77.5%, fruits with 62.7%, juices with 57.2% and salty foods with 55.1%.

Such foods are offered to the baby with the argument that they are food complements, however, it is clarified that breast milk has a sufficient amount of water to meet the baby's water needs, and teas should not be offered in order to calm the infant, as They can confuse the patient's satiety, reduce the number of feedings and consequently interfere with milk production. The child should only be exposed to other foods and liquids after reaching six months, when the immune and gastrointestinal systems are able to receive such foods, in addition to showing signs of readiness for the introduction of food, which aims to complement the nutrients present in breast milk to in order to meet nutritional needs as the child develops [14,15].

According to the Brazilian Consensus on Food Allergy, EBF is the only efficient measure to reduce the chances of developing diseases or food intolerances and there is little evidence that offers other interventions to minimize the appearance of these conditions. In view of this, the WHO's argument that breastfeeding should be exclusive until the child's sixth month of life is reinforced, given its protective effects on health and the infant's intestinal immaturity [14,15].

Food allergies in childhood constitute a nutritional problem that is increasingly increasing, possibly due to the greater exposure of individuals to a greater number of available food allergens. However, the highest incidence of allergies under study is in children, as they have a sensitive immune system in the first phase of life, however, before adulthood, allergies may develop caused by foods such as milk, eggs, nuts, among other allergens resolve spontaneously. Preventing food allergies is very important to avoid the occurrence of this problem, by breastfeeding children until the sixth month of life, as the components of breast milk are essential for good child development, and restricting the consumption of allergenic foods due to immaturity of the child's organism. Furthermore, guidance on reading labels and taking care when obtaining food in restaurants and establishments must be constantly provided in a clear manner for better understanding by patients and families [11,15-17].

For many years, it was understood that complications arising from obesity occurred exclusively in adults, even though its effect on children was understood. There are studies that prove the negative consequences of weight gain in children and its consequent harm to health, and the responsibility for this is inadequate nutrition, mainly linked to lack of physical activity, and a growing number of chronic diseases, in addition of the exclusion that these children suffer as a result of bullying. The child is the reflection of the parents, therefore, if they do not have a healthy lifestyle practice, the child will follow suit, so it is important to carry out physical activities on a daily basis and change eating habits. A study on the treatment of childhood obesity highlights two factors: family participation and the environment. The family serves as a model in the learning process, and the environment contributes to this educational practice, considering that the family is the main influencing factor in this environment. The time and type of breastfeeding received by the child, if insufficient, can also be factors that favor the genesis of obesity. The protective mechanisms present in breast milk are related to metabolic imprinting and the infant's exposure to components of human milk, reducing the future chances of becoming obese, even in childhood or adulthood. One of the main concerns surrounding childhood overweight and obesity is the influence it generates on the future development of degenerative diseases and chronic non-communicable diseases, such as: diabetes, high blood pressure, cardiovascular problems, dyslipidemia and fungal infections. Furthermore, there are many repercussions during childhood, from social ones, in which peers can make physical characteristics a reason for humiliation (bullying), which can trigger psy-

chological and eating disorders, to problems such as: joint wear, postural changes. , respiratory problems, tiredness, pain, appearance of pimples and stretch marks. The early introduction of food can be a trigger for obesity, with nutrition in the first months of life being essential for adequate body growth and brain development. Studies have analyzed differences in the growth pattern of children on EBF and breastfed with artificial milk and a higher incidence of obesity has been observed in children who have suffered early weaning and incorrect food introduction. Another study, carried out in public daycare centers in the city of São Paulo, observed that the majority of children participating in the sample group were exposed before completing their first year of life to foods with obesogenic potential, such as: instant noodles, snacks, stuffed biscuits, juice artificial, soda and sweets in general. Most of the children were children of young, low-income mothers with low education, which seems to define the population most susceptible to incorrectly introducing food. An inspection carried out by The Lancet magazine compared the number of obese children between 1975 and 2016 and an increase of more than 11 times in the incidence of the pathology was observed.Among the causes of the disorder, it was possible to mention early weaning and incorrect initiation of complementary feeding with the introduction of ultra-processed foods in the first years of life [16-18].

Conclusion

Early food introduction and early weaning are topics of great relevance in child health and have generated significant discussions among health professionals, parents and educators. Early food introduction, which refers to starting complementary foods before six months of age, can carry risks, such as exposure to allergens, infections and gastrointestinal problems. The World Health Organization (WHO) recommends that exclusive breastfeeding occur until six months, complemented by healthy foods from that age onwards.

On the other hand, early weaning, which occurs before six months or even before the first year of life, can compromise the child's nutritional development. Breast milk is an essential source of nutrients and antibodies, contributing to immunity and healthy growth.

Currently, there is growing awareness about the importance of adequate nutrition and breastfeeding, but there are still challenges, such as misinformation and social pressure to introduce solid foods early. Education and support campaigns for mothers are essential to promote healthy practices.

In conclusion, it is essential that there is an evidence-based approach to food introduction and weaning, prioritizing children's health and well-being. Health professionals must work together with families to ensure that guidelines are followed, promoting healthy development and preventing future complications. Education and ongoing support are crucial for children to have a healthy and nutritious start in life [11].

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