

Appendix E: Nutrition Guidelines

Pediatric Nutrition Guidelines for Primary Health Care Providers (birth to 6 years)

The 2011 version of this guideline is currently available through this web-link:

From, “Pediatric Nutrition Guidelines for Primary Health Care Providers.” Ontario Society of Nutrition Professionals in Public Health – Family Health Nutrition Advisory Group, 2011. Retrieved from

http://www.osnp-ph.on.ca/resources/YORK-Pediatric_Nutrition_Guidelines_for_Primary_Health_Care_Providers-2011.pdf

This guideline will be revised in Spring/Summer 2014. It will be titled, “Evidence-based Pediatric Nutrition Guidelines for Health Professionals: Birth – 6 Years.” To gain access to the latest version of the guideline, please refer to the Ontario Society of Nutrition Professionals for Public Health website at: <http://www.osnp-ph.on.ca/>

Summary: Nutrition for Healthy Term Infants Recommendations from Birth to six Months

PRINCIPLES	RECOMMENDATIONS
Breastfeeding is normal and unequalled method of feeding infants.	Recommend exclusive breastfeeding for the first six months.
Breastfeeding initiation and duration rates increase with active protection, support, and promotion.	Implement the policies and practices of the Baby-Friendly Initiative (BFI) for hospitals and community health services.
Supplemental Vitamin D is recommended for breastfeed infants.	Recommend a daily vitamin D supplement of 10 µg (400 IU) for breastfed infants.
First complementary foods should be iron-rich.	Recommend meat, meat alternatives, and iron-fortified cereal as an infant’s first complementary foods.
Routine growth and monitoring is important to assess infant health and nutrition.	Use the World Health Organization (WHO) Growth Charts for Canada for optimal monitoring of infant growth.

PRINCIPLES	RECOMMENDATIONS
<p>Feeding changes are unnecessary for most common health conditions in infancy.</p>	<p>Explain that feeding changes do little to manage infantile colic.</p> <p>Educate about the wide variation in normal bowel function, noting that true constipation is rare.</p> <p>Reassure that reflux or ‘regurgitation’ is common and rarely needs treatment.</p> <p>Manage mild to moderate dehydration from acute gastroenteritis with continued breastfeeding and oral rehydration therapy.</p>
<p>Breastfeeding is rarely contraindicated.</p>	<p>Recommend an acceptable alternative to breastfeeding for mothers who are HIV-infected.</p> <p>Advise that most medications are compatible with breastfeeding. Take a case-by-case approach when a mother is using medications or drugs.</p> <p>Some infants may not be exclusively breastfed for personal, medical, or social reasons. Their families need support to optimize the infant’s nutritional well-being. The International Code of Marketing of Breast-milk Substitutes (WHO, 1981) advises health professionals to inform parents about the importance of breastfeeding, the personal, social, and economic costs of formula feeding, and the difficulty of reversing the decision not to breastfeed. Individually counsel those families who have made a fully informed choice not to breastfeed on the use of breastmilk substitutes.</p>

From, “Nutrition for Healthy Term Infants: Recommendations from Birth to Six Months,” by Health Canada, 2014a. Copyright 2014 by the Minister of Health. Adapted with permission.