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Dear Dr. Stoody, Dr. Klurfeld, Ms. de Jesus, Dr. Olson, and other federal officials tasked with updating the *Dietary Guidelines for Americans*:

1,000 Days respectfully submits these comments to the U.S. Departments of Agriculture and Health and Human Services (the Departments) on the Scientific Report prepared for the 2020-2025 *Dietary Guidelines for Americans* (DGA) by the 2020 Dietary Guidelines Advisory Committee (DGAC).

1,000 Days is the leading nonprofit organization working to ensure women and children in the United States and around the world have the healthiest first 1,000 days. The 1,000-day window between a woman's pregnancy and a child's 2nd birthday is a time of tremendous potential and enormous vulnerability. Research in the fields of neuroscience, biology, and early childhood development provides powerful insights into how nutrition, relationships and environments in this window shape future outcomes. It is why we advocate on behalf of moms and babies for the (1) Strengthening and improvement of nutrition programs that support families in the U.S. and around



the world, (2) Adequate support for all moms to meet their breastfeeding goals, (3) Enactment of a federal paid family and medical leave policy and (4) Increased access to quality, comprehensive health care.

Overall, we strongly support the conclusions and recommendations in the report. The following comments provide additional explanations and recommendations for those tasked with finalizing the DGA.

Dietary Patterns Across the Lifespan

We welcome the DGAC's attention to dietary patterns within and across life stages to support health and wellness. As in the 2015-2020 DGA, following a healthful dietary pattern across the lifespan should be the foundation of the advice in the 2020-2025 DGA.

Expanding the scope of the DGA to include infants and toddlers is an important step toward more comprehensive and consistent efforts to promote nutritional health across the lifespan, including education, research, and policies.

Pregnancy and Lactation

We commend the DGAC for synthesizing the growing evidence that consuming a healthy dietary pattern before and during pregnancy helps to support a healthy pregnancy and optimal birth outcomes.

We support the DGAC's recommendation: "Encourage women before and during pregnancy to choose dietary patterns that are higher in vegetables, fruits, whole grains, nuts, legumes, seafood, and vegetable oils, and lower in added sugars, refined grains, and red and processed meats. These dietary patterns protect against poor maternal-fetal outcomes in pregnancy and are consistent with general healthy dietary advice that is given on a population-level to achieve a healthy weight and prevent chronic disease risk." The DGAC's recommendation to provide similar advice to lactating women is also appropriate.

Birth to 24 Months

We strongly support the DGAC's recommendations to:

- **Encourage exclusive breastfeeding for the first 6 months of life, with continued breastfeeding through the first year of life or longer as desired by the mother and infant.**
- **Encourage the broader implementation of policies and programs that promote, protect, and support breastfeeding to benefit both the health of the mother and the infant.**

The DGA should include strategies to promote, protect, and support breastfeeding that are evidence-based and free from industry influence. Breastmilk provides the perfect nutrition for



infants' brain development and health. Numerous studies have shown that babies who are breastfed perform better in intelligence tests and have higher IQs scores as children and teens. Because it involves mother-to-child touch and nurturing, breastfeeding also strengthens a baby's sensory and emotional circuitry, which are critical for both cognitive and socio-emotional development. Additionally, breastmilk helps protect babies from infections, conditions such as sudden infant death syndrome (SIDS) and diseases like diarrhea and pneumonia. Finally, it lowers a child's risk of obesity and type 2 diabetes later in life¹.

Breastfeeding also has powerful benefits for maternal health. It helps women's bodies recover from childbirth and decreases the risk of postpartum bleeding. It also reduces a woman's risk of heart disease, breast cancer, ovarian cancer, type 2 diabetes and depression.

These recommendations are supported by broad consensus among public health organizations and experts and evidence demonstrating health benefits for the child and the mother. The American Academy of Pediatrics recommend that infants be exclusively breastfed for the first six months of life and then continue to be breastfed with the introduction of appropriate complementary feeding until at least age one².

Many practical barriers, including the lack of appropriate policy supports for mothers and infants, may encroach upon the desire or ability of mothers to initiate or continue breastfeeding. To support mothers and babies, the DGA should identify strategies to support breastfeeding (we recommend several under "Incorporating Policy, Systems, and Environmental Strategies to Support Healthy Eating Patterns").

We agree with the DGAC's recommendation that complementary foods and beverages should not be introduced to infants before 6 months of age.

We urge the Departments to state in the DGA that complementary foods and beverages be introduced when the infant is developmentally ready, usually at six months of age; ideally, introduction of complementary foods and beverages will coincide with about six months of exclusive breastfeeding. There is consensus among the European Society for Pediatric Gastroenterology, Hepatology, and Nutrition, the American Academy of Pediatrics, and Healthy Eating Research infant feeding guidelines that complementary foods and beverages should be introduced when the infant is developmentally ready, with the acknowledgment that this varies from infant to infant.³ The introduction of complementary foods also should not occur later than

¹ 1,000 Days. The First 1,000 Days: Nourishing America's Future. 2016. 9-12. <https://thousanddays.org/>.

² American Academy of Pediatrics. Breastfeeding and the Use of Human Milk. *Pediatrics*. 2012;129:e827-41.

³ Fewtrell M, et al. Complementary Feeding: A Position Paper by the European Society for Pediatric Gastroenterology, Hepatology, and Nutrition (ESPGHAN) Committee on Nutrition. *J Pediatric Gastroenterol Nutr.* 2017;64:119-132; American Academy of Pediatrics. Complementary Feeding. In: Kleinman R, Greer F, eds. *Pediatric Nutrition* 2019: 163-188.; Perez-Escamilla R, Segura-Perez S, Lott M. *Feeding Guidelines for Infants and Young Toddlers: A Responsive Approach*. Healthy Eating Research. 2017. <http://healthyeatingresearch.org>



seven months of age. After 7 months of age, breast milk alone will not meet the growth and developmental needs of infants, and delayed introduction may also result in feeding difficulties.⁴

We concur with the DGAC that nutrient-dense complementary foods and beverages from all food groups, including meats, eggs, fish, fruits, vegetables, dairy, and whole grains, should be introduced in the second six months of life “to provide key nutrients, foster acceptance of a variety of nutritious foods, and build healthy dietary habits.”

This is aligned with authoritative recommendations from the European Society for Pediatric Gastroenterology, Hepatology, and Nutrition, the American Academy of Pediatrics, Healthy Eating Research, and Health Canada.⁵

We strongly support the DGAC’s recommendation that children avoid foods and beverages with added sugars during the first 2 years of life.

This is consistent with the guidance of several leading health authorities.⁶ The American Heart Association has concluded that there is strong evidence that sugar-sweetened beverage (SSB) intake in childhood leads to excess weight gain.⁷ Consuming SSBs and foods with added sugars in the first two years of life is also likely to displace nutrient-dense foods.⁸ Further, at least one study in U.S. children showed that frequent consumption of SSBs (≥ 3 times per week) in infancy was associated with a significantly increased risk of dental caries at age six years.⁹

Advice in the DGA should explicitly label flavored milks and so-called toddler milks as beverages to avoid for young children. The recent consensus statement published by Healthy Eating Research recommends that young children avoid flavored milks, toddler milks, and plant-based/non-dairy milks (e.g., almond, rice, oat).¹⁰ Flavored milks are sources of added sugars and excess calories,

⁴ Northstone K, et al. The Effect of Age of Introduction to Lumpy Solid Foods Eaten and Reported Feeding Difficulties at 6 and 15 Months. *J Hum Nutr Diet*. 2001;14:43-54.

⁵ Perez-Escamilla, 2017: 36-37; Fewtrell, 2017; American Academy of Pediatrics, 2019; Health Canada, Canadian Pediatric Society, Dietitians of Canada, Breastfeeding Committee for Canada. *Nutrition for Healthy Term Infants: Recommendations from Six to 24 Months*. 2014. <https://www.canada.ca/en/health-canada/services/canada-food-guide/resources/infant-feeding/nutrition-healthy-term-infants-recommendations-birth-six-months/6-24-months.html>

⁶ Perez-Escamilla, 2017; Lott M, et al. *Healthy Beverage Consumption in Early Childhood: Recommendations from Key National Health and Nutrition Organizations. Technical Scientific Report*. Healthy Eating Research. 2019; Vos MB, et. al. Added Sugars and Cardiovascular Disease Risk in Children. A Scientific Statement from the American Heart Association. *Circulation*. 2017; 135:e1017-34; Fidler N, et al. Sugar in Infants, Children and Adolescents: A Position Paper of the European Society for Pediatric Gastroenterology, Hepatology, and Nutrition Committee on Nutrition. *J Pediatr Gastroenterol Nutr*. 2017;65:681-696.

⁷ Vos, 2017; Fidler, 2017.

⁸ Fidler, 2017; Vos, 2017.

⁹ Park S, et al. Association of Sugar-Sweetened Beverage Intake during Infancy with Dental Caries in 6-year olds. *Clin Nutr Res*. 2015;4:49-17.

¹⁰ Lott, 2019; Defined as “Milk drink supplemented with nutrients and often containing added sugars. These products are marketed as appropriate for children ages 9 to 36 months, and may be marketed as ‘transition formulas,’ ‘follow-on formulas,’ or ‘weaning formulas’ for children 9 to 24 months and ‘toddler milk,’ ‘growing-up milk’ or ‘young child milk’ for children 12 to 26 months.”



while toddler milks offer no unique nutritional value and may contribute added sugars to the diet. Plant-based, non-dairy milks – with the exception of fortified soy milk – are not adequate as the nutrient content of these milks vary widely.

The DGA should adopt authoritative guidance about other dietary components that should be limited in the first two years of life:

- 100 percent fruit juices should not be introduced into the diet before 12 months of age and should be limited to no more than four ounces per day in toddlers one to three years of age.¹¹ Any juice should be 100 percent fruit juice.
- Complementary foods with added salt, whether homemade or commercially prepared, should be avoided in the first year of life and limited thereafter to prevent children from developing preferences for salty foods.¹²
- Children aged 0 to 5 should avoid beverages with no- or low-calorie sweeteners and beverages with caffeine, based on the rationale that there is too little evidence to determine safe levels of consumption of these additives during this critical period of development.¹³

Incorporating Policy, Systems, and Environmental Strategies to Support Healthy Eating Patterns

The 2020-2025 DGA should build on the 2015-2020 DGA’s policy, systems, and environmental strategies to support healthy eating patterns.

The DGAC astutely points out that “the typical American dietary pattern is not currently nor has it ever been aligned with recommendations issued by the Dietary Guidelines for Americans since their inception in 1980.” There are many environmental and structural factors that influence Americans’ ability to follow the DGA. The 2015-2020 DGA reflects this need, with the key recommendation to “Support healthy eating patterns for all.” We urge the Departments to expand upon the strategies listed in the 2015-2020 DGA¹⁴ with the following policy and environmental change recommendations:

- Make healthy foods accessible and affordable through federal nutrition programs like the Supplemental Nutrition Assistance Program (SNAP) and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC);
- Increase access to paid family and medical leave to support mothers in establishing and maintaining breastfeeding in accordance with public health recommendations, specifically because children whose mothers are able to take longer leaves from work are more likely to breastfeed and able to do so for longer;

¹¹ Lott, 2019; Fidler, 2017; Heyman MB, et al. Fruit Juice in Infants, Children, and Adolescents: Current Recommendations. *Pediatrics*. 2017;139:e20170967.

¹² Fewtrell, 2017; American Academy of Pediatrics, 2019; Health Canada, 2014; Fidler, 2017; Perez-Escamilla, 2017.

¹³ Lott, 2019.

¹⁴ Chapter 3: Everyone Has a Role in Supporting Healthy Eating Patterns



- Increase access to federal programs that promote and support breastfeeding, including CDC's Hospitals Promoting Breastfeeding Program, which helps hospitals promote breastfeeding, and WIC's breastfeeding peer counselor program, which works to ensure pregnant women and new mothers receive the necessary breastfeeding support;
- Protect access to supports like breast pumps and breastfeeding counseling provided by the Affordable Care Act;
- Align nutrition policies, agriculture policies, and food assistance programs – specifically SNAP and WIC – with the DGA and transform the food system to promote population health;

Future Directions

We urge the Departments to take steps to strengthen the federal government nutrition research agenda and coordination to address needs for future updates of the DGA.

Similar to previous committees, the 2020 DGAC put forth valuable research recommendations that could lead to a more robust evidence base to inform future updates of the DGA. We encourage the Departments to work with relevant agencies, including the National Institutes of Health, towards addressing these research needs. Specifically, we support recent calls for strengthened authority, investment, and coordination for nutrition research from the federal government.¹⁵

Thank you for your consideration of our comments. For more information, please contact Blythe Thomas, Chief Strategy Officer, at Blythe@ThousandDays.org.

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¹⁵ Fleischhacker SE, et al. Strengthening National Nutrition Research: Rationale and Options for a New Coordinated Federal Research Effort and Authority. *Am J Clin Nutr.* 2020; nqaa179.