



FIRST FOCUS

MAKING CHILDREN & FAMILIES THE PRIORITY

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March 30, 2018

Administrator of FNS Brandon Lipps
U.S. Department of Agriculture
1400 Independence Ave., S.W.
Washington, DC 20250

Re: Proposed topics and questions for the 2020 Dietary Guidelines for Americans

Dear Administrator Lipps,

Thank you for this opportunity to comment on the topics and questions to be addressed in the 2020 Dietary Guidelines for Americans (DGAs). As a bipartisan advocacy organization dedicated to making children and families the priority in federal policy decisions, First Focus strongly supports the creation of Dietary Guidelines for pregnant women and children under two – as the 2020 DGAs propose to do for the very first time. Expanding the 2020 DGAs to this demographic is a crucial opportunity to bolster the long-term health and nutrition of infants and toddlers, especially those who rely on federal nutrition programs for access to consistent, healthy meals.

The 2020 DGAs – and specifically the guidelines for pregnant and lactating women and children under two – will provide critically important guidance that underpins programs and policies that serve moms and babies. In particular, these guidelines will inform the dietary standards for critically important federal nutrition programs that serve young children and their families such as the Special Supplemental Nutrition Program for Women, Infants and Children (WIC), the Supplemental Nutrition Assistance Program (SNAP) and the Child and Adult Care Food Program (CACFP). These programs are foundational to the health and nutrition of low-income, food-insecure children, including infants and toddlers. In 2016, 17.5 percent of children (nearly 13 million) in the United States were food insecure, meaning they lacked consistent access to enough healthy food to lead a productive life. Hunger and food insecurity can increase the risk for lower diet quality and undernutrition, which in turn can impact children's overall health, cognitive development, and school performance, making it especially important that the dietary standards undergirding federal nutrition programs are robust and science-driven.

Good nutrition is foundational for a child's future health well into adulthood. Evidence shows that good nutrition during pregnancy and the first years of a child's life provides the essential building blocks for brain development, healthy growth and a strong immune system. A growing body of scientific research indicates that the foundations for lifelong health—including predispositions to

obesity and certain chronic diseases—are largely determined during pregnancy and the first two years. Emerging research also indicates that the effects of poor nutrition early in life impact not only a child’s health but also that of the child’s offspring. In this way, the damaging effects caused by poor nutrition in early life have the potential to cascade down through generations of children and lock families into a cycle of poor health.

Given the importance of proper nutrition during pregnancy and the first two years of a child’s life, as well as the role that the 2020 DGAs may play in informing critical federal nutrition programs that combat child food insecurity, First Focus makes the following recommendations, which we explain in more detail below:

- 1) **Revise the life stages within both topics and questions to more accurately reflect the key transitional periods for pregnant and post-partum women as well as infants and toddlers and be as comprehensive as possible for each subgroup**
- 2) **Add food insecurity as an additional topic for pregnant and postpartum women and infants and toddlers**

Revised Life Stages:

First Focus recommends reframing the life stages as follows:

- Pregnancy
- Postpartum period
- 0-6 months (the period of sole nutrient source feeding):
- 6-24 months (which includes the periods of complementary [6-12] and transitional feeding [12-24]).

We encourage you to either a) create these new life stages: 0-6 months; 6-24 months; pregnancy; and postpartum; or b) maintain the current life stages but evaluate the topics and questions separately for each of the four aforementioned groups.

Pregnancy and Post-Partum: The nutritional and dietary needs of pregnant women differ from those of postpartum women. For example, pregnant women are advised against consuming certain foods that are acceptable for postpartum women, even if they are breastfeeding. Further, pregnant women need different nutrient supplements than postpartum breastfeeding and non-breastfeeding women.

In reframing its questions and topics around pregnant women and post-partum, the Dietary Guidelines Advisory Committee (DGAC) should not only address risk of gestational diabetes, risk of hypertensive disorders during pregnancy; gestational age at birth; birth weight, but also implications for short-and-long-term maternal health, including the micronutrient status of the mother.

Infants and Toddlers: There are many differences in the nutritional and dietary needs of infants younger than six months and those between the ages of 6 months and 2 years. In particular, infants younger than six months should be exclusively fed breastmilk and/or infant formula. In reframing the questions and topics to adequately reflect these differing life stages, First Focus further recommends that you amend the questions to address both short- and long-term health and

developmental outcomes, and related issues such as neurocognitive development, taste preference formation, self-regulation, childhood origins of adult disease, and infection risk and immunity.

First Focus also recommends that the Dietary Guidelines explore the differences in nutritional needs and health outcomes among infants fed breastmilk, those fed infant formula, and those fed a combination of the two in order to create recommendations that acknowledge the realities of infant feeding and help parents make the best choices for their families. We know that families experience uncertainty around infant feeding experiences and are faced with conflicting information from many sources, impacting infant nutrition and health. The Dietary Guidelines provides an opportunity to address this public health concern by offering clear guidance on the differences between breastmilk, infant formula, and other infant feeding practices.

Food Insecurity in Pregnant and Post-Partum Women, Infants and Toddlers:

The DGAC should consider the relationship between food insecurity and 1) dietary intake; 2) pregnancy outcomes (e.g., pregnancy weight gain); and 3) breastfeeding initiation and duration in pregnant and post-partum women. Of particular concern is the risk for food-insecure mothers who enter pregnancy with insufficient iron stores and with low-folate diets. Poor iron and folate status are linked to preterm births and fetal growth retardation, respectively.ⁱⁱⁱ Prematurity and intrauterine growth retardation are critical indicators of medical and developmental risks that affect not only children's short-term well-being, but also extend into adulthood.ⁱⁱⁱ

Children born to mothers who were food-insecure during pregnancy may also be at increased risk of birth defects.^{iv} Finally, research suggests that women who were marginally food insecure and had restricted their eating in an unhealthy way prior to becoming pregnant are more likely to gain excessive weight during pregnancy, which puts the mother at risk for gestational diabetes and obesity postpartum and can predispose the baby to chronic disease through prenatal nutritional programming.^v

The DGAC should also consider the relationship between food insecurity and 1) dietary intake; 2) nutritional risk or deficiency; 3) cognitive development; 4) short- and long-term health; 5) obesity risk; and 6) growth, size, and body composition in infants and toddlers. Food insecurity during pregnancy and the critical first years of a child's life can impair child development in both the short- and long-term, hindering adult achievement, health, and productivity. Adequate prenatal nutrition is critical to ensure normal development of children's bodies and brains.^{vi} Inadequate dietary intake during pregnancy and early childhood—which may be a consequence of food insecurity—can increase the risk of birth defects, anemia, low birth weight, preterm birth, and developmental problems.^{vii,viii,ix}

Conclusion

Thank you for the opportunity to provide comment on this critical process. In summary, First Focus recommends that in order to ensure the most robust nutrition recommendations for positive short- and long-term health outcomes in children, you reframe the life stages to include 0-6 months, 6-24 months, pregnant women, and post-partum women, including amendments to the questions and topics to be more comprehensive. We also recommend that you add food insecurity as an additional topic for each of these four groups.

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- ⁱ Scholl TO, Johnson WG. Folic acid: influence on the outcome of pregnancy. *American Journal of Clinical Nutrition*. 2000;71 Suppl 5, 1295S–1303S.
- ⁱⁱ Haider, *op. cit.*
- ⁱⁱⁱ Abu-Saad K, Fraser D. Maternal nutrition and birth outcomes. *Epidemiological Reviews*. 2010;32(1):5–25.
- ^{iv} Carmichael SL, Yang W, Herring A, Abrams B, Shaw GM. Maternal food insecurity is associated with increased risk of certain birth defects. *Journal of Nutrition*. 2007; 137(9): 2087-2092.
- ^v Laraia B, Epel E, Siega-Riz AM. Food insecurity with past experience of restrained eating is a recipe for increased gestational weight gain. *Appetite*. 2013;65, 178-184.
- ^{vi} Kind K. Diet around conception and during pregnancy – effects on fetal and neonatal outcomes. *Reproductive BioMedicine Online*. 2006;12(5): 532-541.
- ^{vii} Black, MM, Quigg AM, Hurley KM, Pepper MR. Iron deficiency and iron-deficiency anemia in the first two years of life: strategies to prevent loss of developmental potential. *Nutrition Reviews*. 2011;69 (Supplement 1), S64-S70.
- ^{viii} Dietary Guidelines Advisory Committee. Scientific Report of the 2015 Dietary Guidelines Advisory Committee. Washington, DC: U.S. Department of Agriculture & U.S. Department of Health and Human Services. 2015.
- ^{ix} Haider BA, Olofin I, Wang M, Spiegelman D, Ezzati M, Fawzi W W; Nutrition Impact Model Study Group (anemia). Anemia, prenatal iron use, and risk of adverse pregnancy outcomes: systematic review and meta-analysis. *BMJ*. 2013;346, f3443.