

Supplementary files

Table S1. Detailed timing of CF¹ introduction and its associated factors across continents

| Con- tinent | Setting (country, n, sample characteristics) | Timing of CF introduction | Factors Associated with Very Early or Early CF introduction |
|----------------|--|--|---|
| North America | Canada, n = 22, Middle Eastern mothers, low socio-economic status [1] | < 4 months: 7/22 ² < 6 months: 19/22 | - Fear of judgement when BF ³ in public - Price of FF |
| | Canada, n = 392, representative of mothers from Southeastern Quebec [2] | < 4 months: 28% | - |
| | Hawaii, n = 70, Native Hawaiian, Filipino and Pacific Islander parents [3] | < 4 months: 6% < 6 months: 53% | - |
| | United States, n = 115, mostly middle-class, Caucasian, married mothers with multiple children [4] | < 16 weeks: 26% Mean: 4 months | - Younger maternal age - Higher maternal pre-pregnancy BMI - Lower maternal education - FF at 4 months |
| | United States, n = 3777, nationally representative sample of mothers enrolled in the WIC federal program ⁴ (low-income) [5] | < 4 months: 20% | - |
| | United States, n = 3235, slightly higher proportion of White non-Hispanic vs Hispanic parents and education than US population [6] | < 4 months: 17% ⁵ | - FF |
| | United States, n = 449, mostly low-income mothers of non-Hispanic Black race/ethnicity [7] | < 4 months: 32% | - |
| | United States, n = 23 927, nationally representative sample [8] | < 4 months: 32% 4-6 months: 51% Mean: 4.7 months | - Non-Hispanic Black race/ethnicity - EFF at 4 months - Lower socio-economic status |
| | United States, n = 2839, nationally representative sample of mothers enrolled in the WIC federal program [9] | Mean: 4.6-5.2 months | - FF |
| | United States, n = 443, low income and education, mostly of non-Hispanic White and Black race/ethnicity [10] | < 4 months: 48% < 6 months: 83% | - Maternal smoking - Working from home |
| | United States, n = 141, highly educated families of Caucasian/race ethnicity [11] | < 4 months: 4% < 6 months: 48% | - FF |
| | United States, n = 217, mostly mothers of non-Hispanic White race/ethnicity with high education levels and income [12] | < 4 months: 7% Mean: 4.9 months | - Lower infant "enjoyment" of BF |
| | United States, n = 328, mothers from the Grand Rapids metropolitan area [13] | Mean: 5.4 months | - |
| South America | Brazil, n = 1567, low education, 1/3 having ≤ minimum wage [14] | < 4 months: 48% (inappropriate CF) ⁶ | - |
| | Brazil, n = 79, low income and education [15] | < 6 months: 40/79 6 months: 29/79 Mean: 5.3 months | - |

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| Europe | Brazil, n = 3823 (2004); n = 3689 (2015), mostly low-middle education ⁷ , equally distributed wealth levels [16] | < 6 months: 93% (2004); 87% (2015) | - Shorter BF duration - Younger maternal age - Lower maternal education - Lower income |
| | Chile, n = 261, highly educated mothers [17] | Median: 6.4 months | - |
| | Chile, n = 85, highly educated Chilean mothers, mostly > 30 years old [18] | 6 months: 85% | - |
| | Mexico, n = 377, highly educated [19] | Mean: 6.1 months | - |
| | Mexico, n = 143, Mexican mothers with low socio-economic status and beneficiaries of governmental social security [20] | < 4 months: 29% < 6 months: 78% | - Younger maternal age - Lack of prenatal advice on the timing of CF and lower infant size |
| | Belgium, Bulgaria, Germany, Greece, Poland and Spain, n = 6800 [21] | < 4 months: 1-18% 4-6 months: 56-84% > 6 months: 8-42% Median: 6 months | - Low socioeconomic status/ maternal education ⁸ - Smoking during pregnancy (CF < 4 or > 6 months) |
| | Denmark, n = 4503 [22] | < 4 months: 7% 4-6 months: 65% > 6 months: 28% | - Primiparity - Not fully BF at 5 weeks - Lower maternal education - Maternal smoking - Higher gestational age at birth and infant birth weight - Younger maternal age |
| | England, n = 1327, multi-ethnic cohort (White British, Pakistani, Other South Asian, and Other race/ethnicities) [23] | < 4 months: 27% | - White British race/ethnicity (as compared to Pakistani and Other South Asian) |
| | France, n = 10931, 72% ≥ 12 years of education, predominantly born in France [24] | < 4 months: 26% 4-6 months: 62% > 6 months: 12% Mean: 5.2 months | - Maternal smoking - Higher maternal weight - Younger maternal age - Lower maternal education - Born outside of France - Shorter BF duration - Not attending prenatal information classes - Longer BF duration and 2 nd infant (associated with CF > 6 months) |
| | France, n = 1184, comparable with the population of France (mainland)[25] | < 4 months: 6% 4-6 months: 85% > 7 months: 10% Mean: 5.4 months | - |
| | France, n = 2999, highly educated mothers born in France [26] | Mean: 4.9 months | - |
| | France, n = 181, highly educated [27] | Mean: 5.3 months | - |
| | Italy, n = 360, ~ half of mothers with higher education [28] | < 4 months: 3% 4-6 months: 49% > 6 months: 49% | - |
| | Italy, n = 1245, high level of maternal education, mostly married/partnered [29] | ≥ 6 months: 65.1% Mean: 5.7 months | - |

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| Italy, n = 2023 (Northern Italy: n = 584; Central: 1230; Southern: 209) [30] | < 5 months: 13% 5-6 months: 77% > 6 months: 10% | - |
| Norway, n = 715, highly educated mothers, slightly more than half of them primiparous [31] | < 4 months: 5% 4-5.5 months: 81% | - EFF at 3 months - Younger maternal age - Not married/cohabiting - Maternal smoking - Lower maternal education - Economic difficulties - Not EBF \leq 1 st month |
| Poland n = 4065 and Austria n = 1750, highly educated mothers [32] | < 4 months: 2-4% 4-6 months: 61-75% > 6 months: 20-37% | - Younger maternal age - Lower maternal education - Shorter pregnancy duration - FF |
| Poland, n = 289, mothers predominantly having a university degree, most with 1-2 children and "medium" knowledge about appropriate CF practices [33] | < 4 months: 34% 4-6 months: 63% > 6 months: 4% | - EFF, multiparity, lower maternal education and CF knowledge, maternal age < 35 years - EBF, higher CF knowledge, maternal age > 35 years (associated with delayed CF) |
| Poland, n= 251, ~ 3/4 with a university degree and ~ half of them vegetarian [34] | Mean: 3.7-4.2 months | - Low knowledge on CF - Adhering to a traditional (omnivore) diet - Younger maternal age (< 25 years) |
| United Kingdom, n = 604, mothers with ~ 14 years of education, mostly primiparous [35] | < 4 months: 22% < 6 months: 66% Mean: 4.8 months | - Higher maternal anxiety and symptoms of obsessive-compulsive disorder - Higher restrained and emotional eating behaviors - Higher maternal BMI - Higher infant weight |
| United Kingdom, n = 2747, national survey conducted in Scotland [36] | < 4 months: 3% 4-6 months: 51% \geq 6 months: 46% | - Younger maternal age - Living in a deprived area |
| United Kingdom, n = 134, predominantly mothers of White race/ethnicity with > 80% having a university degree [37] | Mean: 5.5-5.8 months | - |
| United Kingdom, n = 64, mostly highly educated although ~ half living in deprived areas [38] | < 4 months: 3% 6 months: 34% Mean: 5 months | - Residing a more socio-economically deprived area |
| United Kingdom, n = 565, more than half occupying managerial positions [39] | Mean: 5.7 months | - |
| United Kingdom, n = 72, mostly White British race/ethnicity and ~ half having a university degree [40] | < 4 months: 11% (n = 8) \geq 6 months: 8% (n = 6) Mean: 4.7 months | - Higher infant birth weight - Shorter BF duration - Happier infant temperament - Less maternal "verbal involvement" during meals - Less restricting behaviors during BF |

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| Oceania | United Kingdom, n = 110, parents of Bangladeshi, Pakistani, White British, Polish, Black African and Caribbean race/ethnicity residing a deprived area [41] | Pakistani, Bangladeshi, and Polish: 3-5 months White British: 4-5 months Black African and Caribbean: 6 months | - |
| | United Kingdom, n = 60, household income primarily ~ 40-60K, ~ 43% with an undergraduate degree [42] | < 4 months: 0-3% 4-6 months: 30% 6 months: 67-70% | - |
| | United Kingdom, n = 131, majority of White British race/ethnicity [43] | Mean: 5.6 months | - |
| | United Kingdom, n = 96, highly educated, mostly occupying managerial work positions [44] | Mean: ~ 5.5 months | - |
| | Australia, n = 206, highly educated, predominantly partnered, and most not working full time[45] | < 4 months: 5% 4-6 months: 47% ≥ 6 months: 48% Mean: 5.6 months | - |
| | Australia, n = 828, comparable to the maternal population of South Australia; mostly born in Australia/New Zealand and more than half highly educated [46] | < 4 months: 24% 4-5 months: 66% ≥ 6 months: 9% | - |
| | Australia, n = 934 [47] | < 4 months: 14% < 6 months: 77% Median: ~ 5 months | - Younger maternal age - Lower maternal education - Non-married/partnered - Maternal smoking - Maternal country of birth (born in Australia) - Maternal occupation (stay-at-home/students) - FF at 4 weeks + shorter BF |
| | Australia, n = 4981, high maternal education level [48] | 4 months: 21% 5 months: 24% 6 months: 46% | - |
| | Australia, n = ~11 000 children aged 0-3 years included in the 2020-21 National Health Survey [49] | < 4 months: 5% 4-5 months: 41% ≥ 6 months: 54% | - |
| | Australia, n = 1140, comparable to the Australian population although more highly educated and with a higher economic status [50] | Median: 5 months < 4 months: 1 % > 6 months: 3% | - |
| Asia | New Zealand, n = 876, highly educated [51] | Mean: 5.2 months ⁹ | - |
| | Bangladesh, n = 400, mostly young mothers with low education levels, predominantly identifying as housewives and Islamic. Mild to moderate food insecurity was prevalent among the families [52] | 76% of infants aged 6-8 months received CF | - |
| | Bangladesh, n = 2167 (2017-2018), nationally representative [53] | 75% of infants aged 6-8 months received CF | - |
| | China, n = 18446, Jiaxing Birth Cohort [54] | < 6 months: 13% ≥ 6 months: 87% | - Lower maternal education - Farming (occupation) |

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| | China, n = 21, mostly highly educated, primiparous mothers [55] | 4 months: 5% 5 months: 14% 6 months: 71% 8 months: 10% | - |
| | China, n = 760, mostly highly educated employed mothers (around 50% intended to come back to work ≤ 6 months post-partum) [56] | < 4 months: 7% < 6 months: 94% Median: 5 months | - Higher maternal education |
| | China, n = 408, mostly ≤ senior middle school education level, around half of them unemployed [57] | < 6 months: 15% 6-8 months: 81% > 8 months: 3% | - |
| | China, n = 2251, predominantly mothers of Han Chinese ethnicity, > half with ≥ 16 years of education [58] | Mean: 5.5 months 5-6 months: > 80% | - |
| | India, n = 297, married mothers from the Santal tribe with low education levels [59] | < 4 months: 1% 6-8 months: 82% 9-12 months: 10% Mean: 6.8 months | - |
| | India, n = 902, mostly stay-at-home mothers with secondary education ¹⁰ [60] | Median: 5.5 months 6 months: 36% | - |
| | Lebanon, n = 1051, representative of Lebanese children enrolled in daycare centers, mostly highly educated married parents [61] | < 4 months: 8% 4-5 months: 45% ≥ 6 months: 46% ¹¹ | - |
| | Nepal, n = unspecified, nationally representative [62] | In 2016, 77% of infants aged 6-8 months received CF | - |
| | Pakistan, n = 202, mostly low-middle class stay-at-home mothers with low education living in an urban area [63] | < 6 months: 10% 6 months: 44% > 6 months: 42% | - Lower education level - Living in a rural area (for CF < or > 6 months) |
| | South India, n = 95, highly educated, mostly middle-class mothers identifying as housewives [64] | 6 months: 91% | - |
| | Sri Lanka, n = 515, mostly residing in rural areas, identifying as housewives [65] | 4 months: 12% 6 months: 49% | - |
| | Taiwan, n = 272 [66] | 4-6 months: 85% Mean: 5.4 months Median: 6 months | - |
| | Thailand, n = 108, mostly middle-class, highly educated participants (mother or family member) [67] | < 6 months: 11% 6 months: 60% > 6 months: 28% | - |
| | United Arab Emirates, n = 1822, predominantly married, highly educated mothers [68] | < 6 months: 28% ≥ 6 months: 72% | - |
| | United Arab Emirates, n = 276, more than half of parents highly educated [69] | < 4 months: 7% < 6 months: 12% 6-8 months: 79% | - |
| Africa | Cape Town, n = 1185 (urban) + 398 (rural) [70] | < 4 months: 15-20% 4-6 months: 55-69% > 6 months: 11-30% Median: 6 months | - Residing in an urban area |

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| Ethiopia, n = 3433, very low education, mostly married, identifying as housewives and living in a rural area [71] | < 6 months: 6% 6 months: 60% > 6 months: 35% | - |
| Ethiopia, n = 323, mothers of Oromo ethnicity, mostly married, living in rural area and with low education [72] | < 6 months: 21% 6 months: 60% > 6 months: 18% | - |
| Ethiopia, n = 520, mostly multiparous, Islamic, married mothers with low education, 22% with food insecurity [73] | < 6 months: 6% 6 months: 68% > 6 months: 26% | - |
| Nigeria, n = 135, mostly married Christian mothers of Yoruba ethnicity with education \geq secondary level [74] | 1 month: 3% 3-5 months: 63% \geq 6 months: 31% ¹² | - Lack of knowledge on appropriate timing of CF |
| Zanzibar, Tanzania, n = 200 [75] | Mean: 4 months | - |

¹ CF: Complementary feeding

² Represents the introduction of table foods (excluding drinks). Moreover, 3 / 22 mothers with children < 6 months had not yet introduced table foods.

³ BF: Breastfeeding, EBF: Exclusive Breastfeeding, FF: Formula-feeding, EFF: Exclusive Formula-feeding

⁴ WIC: Special Supplemental Nutrition Program for Women, Infants, and Children.

⁵ On the day of the recall.

⁶ Introduction of "inappropriate" CF based on the Brazilian food guide and including chocolate flavored milk, candies, snacks and other ultra-processed foods.

⁷ The proportion of mothers with \geq 12 years of education increased in the 2015 cohort as compared to 2004 (31 vs 10%).

⁸ In this study, low socioeconomic status was defined as low maternal level of education.

⁹ 26 children were not introduced to CF by the age of 6-7 months and were excluded from the study.

¹⁰ Participants had already undergone a RCT during pregnancy and postpartum which assessed the effect of DHA supplementation on child neurodevelopment.

¹¹ Data only represents the introduction of solid foods (excluding liquids).

¹² Age at introduction of solid foods including "formulated foods" but excluding water. More than 3/4 of infants were introduced to water before the age of 6 months.

Table S2. Detailed age at introduction of different food allergens across continents

| Con- tinent | Setting (country, n, sample characteristics) | Timing of Introduction of Peanuts and Eggs | Associated Factors |
|----------------|--|---|--|
| North America | Canada, n = 22, Middle Eastern mothers with a low socio-economic status [1] | Peanuts and others nuts: median of ~ 25 weeks | - |
| | Canada, n = 2124, predominantly Caucasian parents with a high socio-economic status [76] | Introduction of Eggs > 12 months: 21% Peanuts > 12 months: 63% | - |
| | United States, n = 2839, nationally representative sample of mothers enrolled in the WIC federal program ¹ [9] | Eggs: 9.6-10.5 months Peanut butter: 12.2-13 months | - EFF ² among girls (associated with later introduction of peanut butter) |
| South America | Chile, n = 85, highly educated Chilean mothers [18] | Eggs: 46% introduced eggs at 11 months | - |
| | Mexico, n = 377, highly educated mothers [19] | Introduction of eggs: ~ half ≥ 12 months | - |
| Europe | Italy, n = 360, More than half of mothers with higher education [28] | 2% of infants consumed a vegan diet (no eggs) during the CF ³ period | - |
| | Latvia, n = 266, mothers with secondary-university degree [77] | Consumption of eggs: 5% of infants aged 4-6 months and 61% of 7-12 months infants (median of 1 egg/week) | - |
| | Poland, n = 289, predominantly mothers with a university degree, most with 1 or 2 children and “medium” knowledge in appropriate CF practices [33] | Mean age at introduction of eggs, fish and nuts: 8-12 months | - Lower maternal education and nutrition knowledge (associated with introduction of nuts > 6 months) |
| | Poland, n= 251, predominantly mothers with a university degree and a high proportion adhering to vegetarianism (44%) [34] | Eggs: > 50% around 8-9 months in vegetarian mothers. In omnivore mothers, eggs were introduced ~ 4.6 months | - |
| | Spain, n = 630, predominantly married/partnered mothers with a university degree, 60% working full time [78] | Median age of introduction: Eggs: 10 months (offered ≤ 2 times per week in 87% of infants aged 7-11 months) | - |
| | United Kingdom, n = 2747, national survey conducted in Scotland [36] | 27% of infants aged 8-12 months never consumed eggs, 42% ≤ once/week and 23% 2-4 times/ week | - |
| | Australia, n = 1140, comparable to the Australian population although more highly educated and with a higher income [50] | Median age of introduction: Eggs: 6 months Peanuts: 7 months 87% introduced eggs ≤ 9 months and 83% for peanuts | - |
| Asia | China, n = 21, mostly highly educated, primiparous mothers [55] | Eggs were among the first common foods during CF | - |

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| Africa | China, n = 89006 (2015), nationally representative [79] | Mean age of introduction (for $\geq 50\%$ of children) for eggs: 6 months | - |
| | China, n = 760, mostly highly educated employed mothers (~ half of them intending to go back to work ≤ 6 months post-partum) [56] | 53% introduced eggs (and/or meat) ≤ 6 months | - |
| | China, n = 2251, predominantly mothers of Han Chinese ethnicity, more than half of them with ≥ 16 years of education [58] | Egg yolks: 40% ≤ 6 months Eggs: 91% ≤ 12 months Peanuts: 14% ≤ 12 months | - |
| | Lebanon, n = 1051, representative of Lebanese children enrolled in daycare centers, mostly highly educated married parents [61] | % of infants not introduced to whole eggs < 12 months: 72% (60% for egg yolks) | - |
| | Malaysia, n = 119, Malay mothers residing in an urban area [80] | Eggs: 0% of 6-11 months infants consumed eggs, and 39% of 12-17 months infants during a 2-day assessment | - |
| | Taiwan, n = 272 [66] | % of infants not introduced to peanut/eggs ≤ 12 months: Peanuts: 85% Egg yolk: 21% / whites: 37% | - |
| | Thailand, n = 108, mostly middle-class, highly educated mother or family member [67] | Egg yolk: first animal protein to be introduced | - |
| | Ethiopia, n = 323, mothers of Oromo ethnicity, mostly married, living in rural areas and with low education levels [72] | Among children aged 6-11 months, 35% consumed eggs and 54% legumes/nuts during a 24h recall | - |
| | Cambodia (n = 222), Nepal (n = 228), Senegal (n = 218) and Tanzania (n = 229) predominantly married mothers with varying socio-economic status [81] | In a 24h recall, egg consumption was low among infants aged < 12 months, especially in Tanzania and Senegal | - |
| | Cape Town, n = 1185 (urban) + 398 (rural) [70] | Median age at introduction of eggs and peanuts: 12 months. 53% of rural infants were never exposed to peanuts (6% in urban infants) | - Residing in a rural area (lower exposure to allergenic foods) |
| | Senegal, n = 98, low education, high prevalence of food insecurity [82] | Low consumption of eggs (9%) and legumes/nuts (15%) in infants < 24 months (24h recall) | - |

¹ WIC: Special Supplemental Nutrition Program for Women, Infants, and Children

² EFF: Exclusive Formula-Feeding

³ CF: Complementary Feeding

Table S3. Detailed progression of food texture during the CF ¹ period across continents

| Con- tinent | Setting (country, n, sample characteristics) | Progression of Textures | Associated Factors |
|----------------|---|---|---|
| North America | United States, n = 1261, nationally representative of mothers enrolled in the WIC federal program ² [83] | 51% of infants were introduced to lumpy foods by 9 months. | - |
| | United States, n = 3777, nationally representative of mothers enrolled in the WIC federal program [84] | Consumption of pureed foods at 9 months: 52% 11 months: 47% 13 months: 36% | - African American parents offer less purees but pre-masticate more; parents of Hispanic ethnicity offer more purees |
| | United States, n = 328 [13] | 63% introduced lumpy textures < 9 months. | - |
| Europe | France, n = 1184, comparable to the mainland France population [25] | ~ 90% of infants aged < 8 months consumed purees and ~ 50% of 8-11 months infants were introduced to lumpy textures | - |
| | France, n = 2999, highly educated mothers, predominantly born in France [26] | Only purees were offered to infants aged 4-7 months; cooked and soft pieces of foods were offered ≥ 8 months and large cooked/hard pieces, double textures from 10 months. Infants aged 2-3 years still consumed purees. Only 10% knew about BLW ³ and 2% reported using this approach | <i>Factors associated with lower exposure to multi-textured foods:</i> - Older maternal age - Later CF introduction - Higher consumption of commercial baby foods (at 12-15 months) - Eating with a caregiver (as opposed to with the whole family) - Lower perception of infant's readiness and higher apprehension towards the introduction of food textures |
| | France, n = 181, predominantly highly educated mothers [27] | Age at introduction of semi-liquid purees: 5.5 months, mashed: 9.1 months, small soft pieces: 11.4 months and hard pieces of food: 14.4 months. Infants aged ≥ 24 months still largely consumed semi-liquid purees (70%) | - |
| | Italy, n = 1245, highly educated, mostly married/partnered [29] | 29% of infants aged 6-12 months were fed purees ≥ 90% of the time and 33% ≤ 10% of the time. 40% were fed family foods ≥ 90% of the time, and 18% ≤ 10% of the time. 7% followed all 3 components of BLW. | - <i>Low puree-feeding:</i> high infant birth weight, longer maternity leave - <i>High family foods:</i> longer maternity leave, lower maternal income |

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| | | | - BLW: longer BF duration, timely CF introduction |
| | Italy, n = 2023 (Northern Italy: 584; Central Italy: 1230; Southern Italy: 209) [30] | 77% of families used the TSF ⁴ method and 9% BLW | - BLW more prevalent in Northern Italy than in the other regions |
| | Poland, n = 4110 and Austria, n = 1783, highly educated (more so in Poland than in Austria) [85] | Most mothers used a mixed approach to CF (spoon + self-feeding). 13-19% used BLW. | - |
| | Spain, n = 630, predominantly married/partnered mothers with a university degree, most working full time [78] | 66% of infants aged 12-18 months still consumed pureed fruits \geq 5 days/week and 37% for pureed vegetables | - |
| | United Kingdom, n = 2747, national survey conducted in Scotland [36] | 55% of children aged 8-12 months were self-feeding finger foods and 72% were fed "mashed, lumpy or pureed foods" > once/day | - |
| Oceania | New Zealand, n = 876, highly educated [51] | Partial BLW: 11% Full BLW: 18% Parents who tried BLW did so ~ 6.4 months (5.8 months for full BLW) | - |
| Asia | India, n = 297, married mothers from the Santal tribe with low education [59] | Family foods were offered at the beginning of CF | - |
| | Nepal, n = 309, predominantly married [86] | 25% of infants aged < 6 months had consumed a soft to solid food the day of the recall (53% between 4-5 months) | - |
| | Thailand, n = 108, mostly middle-class, highly educated (mother or family member) [67] | Infants aged 6-8 months consumed mostly pureed or mashed foods and self-feeding was not prevalent | - |

¹ CF: Complementary Feeding

² WIC: Special Supplemental Nutrition Program for Women, Infants, and Children.

³ BLW: Baby-led Weaning

⁴ TSF: Traditional spoon-feeding

Table S4. Detailed consumption of iron-rich foods, cow's milk and tea during the CF ¹ period and their associated factors across continents

| Con- tinent | Setting (country, n, sample characteristics) | Consumption of Iron-Rich Foods, Cow's Milk and Tea | Associated Factors |
|----------------|---|---|--|
| North America | Hawaii, n = 70, Native Hawaiian, Filipino and Pacific Islander [3] | 28% started CF with iron-fortified cereals (other 29%: traditional tuber-based dish) | - |
| | United States, n = 3777, nationally representative sample of mothers enrolled in the WIC federal program ² (low-income) [5,84] | 82% started CF with iron-fortified cereals (median age of introduction: 4.5 months) Cow's milk: 37% ≤ 11 months (median age: 11.7 months) Median iron intake at 7 months: 12.9mg/day ³ (20% had inadequate iron intakes) | <i>Earlier introduction of:</i> - <i>Iron-fortified cereals:</i> Non-Hispanic ethnicity, US born, unmarried mothers, primiparity breast + formula-feeding - <i>Meats:</i> Non-Hispanic/ Non-Latino ethnicity, US born, higher income |
| | United States, n = 1261, nationally representative sample of mothers enrolled in the WIC federal program [83] | 15% of infants were exposed to tea by 7 months | - |
| | United States, n = 3235, slightly higher education levels and proportion of Non-Hispanic white parents than US population [6] | ~ 50% of infants aged 4-12 were fed iron-fortified cereals and only 25% of those in the 6-8 months group consumed meats & other sources of proteins (excluding dairy) in a 24h recall | - |
| | United States, n = 2839, nationally representative sample of mothers enrolled in the WIC federal program [9] | Mean age at introduction of: Iron-fortified cereals: 5-6.7 months, meat: 7.6-8.5 months, cow's milk: 10.6-11.5 months | <i>Earlier introduction of:</i> - <i>Iron-fortified cereals:</i> EFF - <i>Meat:</i> EBF ⁴ |
| South America | Brazil, n = 700 [87] | Among children aged ≤ 7.7 months, 10 % had been introduced to tea and/or cow's milk | - |
| | Brazil, n = 79, low income and education [15] | Meat was usually introduced last during CF at ~ 8 months | - |
| | Brazil, n = 3823 (2004); n = 3689 (2015), mostly low-middle education ⁵ , equally distributed wealth levels [16] | Tea was introduced < 12 months in 74% of children in 2004 and 60% in 2015. | - |
| | Brazil, n = 847, mostly mothers with low education levels, of black or brown race/ethnicity [88] | 49% of infants (6-12 months) consumed iron-rich foods (undefined; based on 24h recall) | - |
| | Chile, n = 261, ~ half with > 16 years of education [17] | Among children aged ≤ 24 months, only 3% had been introduced to tea/coffee | - |
| | Mexico, n = 377, highly educated mothers [19] | 29% started CF with cereals (unspecified if fortified) and 26% animal-based foods, ~ 40% had introduced tea < 12 months | - |

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| Europe, Belgium, Bulgaria, Germany, Greece, Poland and Spain, n = 6800 [21] | Tea was commonly offered at the beginning of CF (median age: 3 months) | - |
| France, n = 1184, comparable with the population of France (mainland) [25] | Mean age at introduction of: Iron-fortified cereals: 5.6 months, meat/fish: 7.3 months. Consumption of cow's milk < 12 months: ~ 11-55g/day | - |
| France, n = 600 [89] | At inclusion, 54% of infants aged 5-6 months consumed cow's milk (24h recall) | - |
| Italy, n = 360, > half of mothers with higher education [28] | 9% of infants did not consume meat and/or animal-based products during CF | - <i>Non-omnivore diet</i> : Longer BF duration |
| Latvia, n = 266, mothers with secondary-university degree [77] | Meats were consumed by 10% of infants aged 4-6 months and 85% of 7-12 months' infants. Between 6-12 months, the median quantity was 46g x 1.7 times/day) | - |
| Poland, n = 289, predominantly mothers with a university degree, most having 1 or 2 children and "medium" knowledge in appropriate CF practices [33] | Vegetables and fruit purees were the first CF introduced (not iron-rich foods). According to the authors, cow's milk was introduced earlier than recommended (age unspecified) | <i>Introduction of cow's milk < 12 months</i> : - Lower maternal education and knowledge in appropriate CF practices, multiparity, not having food allergies/ family history of atopies |
| Poland, n = 251, predominantly mothers with a university degree, and ~ half adhering to vegetarianism [34] | 10% of infants whose mothers were vegetarian were also vegetarian. Vegetarian mothers started CF with vegetables and fruits. Meats were introduced at ~ 5.3 months in omnivore mothers (later in vegetarians) | <i>Earlier introduction of cow's milk</i> : - Maternal diet being omnivore <i>Later introduction of meat</i> : - Maternal diet being vegetarian |
| Spain, n = 630, predominantly married/partnered mothers with a university degree [78] | 78% started CF with iron-fortified cereals (median: 5 months), 46% of 7-11 months' infants consumed them every day. Meats were introduced ~ 7 months (median) and offered ~ 3-4 times/week in 7-11 months infants. | - |
| United Kingdom, n = 2747, national survey conducted in Scotland [36] | At 8-12 months, 3% reported giving tea and 4% cow's milk to their infants | - |
| United Kingdom, n = 134, predominantly mothers of White ethnicity with a university degree [37] | Iron-fortified cereals and meat/fish were offered < once/day at 6-8 months. Total daily iron intake was 6.3mg (TSF) and 4.2mg (BLW) ⁶ . | - <i>Higher consumption of iron-fortified cereals at 6-8 months</i> : TSF |
| United Kingdom, n = 64, mostly highly educated although ~ half living in deprived areas [38] | 94% of 4-12 months infants did not consume cow's milk. 44% offered meat, fish or eggs ≤ once/week, | - <i>Offering meat, fish or eggs ≥ once/week</i> : Living in a less deprived area |

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| | | although 23% offered them ≥ 7 times/week | |
| | United Kingdom, n = 565, > half of the sample occupying managerial positions [39] | 110 parents (on 567) started CF with iron-fortified cereals and 12 parents with meat | - Higher consumption of iron-fortified cereals at the beginning of CF: TSF |
| | United Kingdom, n = 96, highly educated with high proportion having managerial work positions [44] | 44 % (TSF) and 63% (BLW) of infants aged 6-8 months consumed < 4.2mg of iron/day in a 24h recall | - Lower consumption of iron-fortified cereals at 6-8 months: BLW |
| Oceania | Australia, n = 828, comparable to the maternal population of South Australia; mostly born in Australia/New Zealand and more than half highly educated [90] | Major food sources of iron in infants aged 12-14 months: cereal-based and commercial infant foods (such as iron-fortified cereals). Meat only contributed to ~ 6% of daily iron intake. Daily iron intake was ~ 7mg (24% were ≥ 9 mg (RDI) and 21% < 4mg (EAR)) | - Lower iron intake: Breastfeeding |
| | Australia, n = 4981, high maternal education level [48] | 75% started CF with cereals (not specified whether iron-fortified or not) | - |
| | New Zealand, n = 876, highly educated [51] | 48% consumed iron-fortified cereals at 6 months and 56% red meats | - Lower consumption of iron-fortified cereals: BLW - Higher consumption of red meat: BLW |
| | Bangladesh, n = 2167 (2017-2018), nationally representative [53] | In a 24h recall, 67% of infants aged 6-23 months consumed meat, fish or eggs (increase as compared to past national surveys) and 22% legumes and nuts (decrease as compared to 2007). | - |
| Asia | Cambodia (n = 222), Nepal (n=228), Senegal (n = 218) and Tanzania (n = 229) predominantly married mothers with varying socio-economic status [81] | In a 24h recall, 22% of 6-11 months' Tanzanian infants drank tea/coffee and 15% of Nepali infants. Iron-fortified cereals were not consumed often (highest: ~ 30% in Senegal and Nepal). Meat and seafood consumption < 12 months was only high in Cambodia (74%) | - |
| | China, n = 760, mostly highly educated employed mothers (~ half of them intending to come back to work ≤ 6 months post-partum) [56] | 78% introduced iron-fortified cereals ≤ 6 months and 53% introduced meat/eggs ≤ 6 months | - |
| | China, n = 89006 (2015), nationally representative [79] | Meat introduction: 8.7 months (urban), 9.3 months (suburban) | - |
| | China, n = 2251, predominantly mothers of Han Chinese ethnicity, > half with ≥ 16 years of education [58] | At 6 months, 94% introduced cereals ⁷ and 2% meats | - |
| | India, n = 902, mostly stay-at-home mothers with secondary education ⁸ [60] | 22% of infants aged 12 months consumed eggs/flesh foods (24h recall) | - |

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| | Lebanon, n = 1051, representative of Lebanese children enrolled in daycare centers, mostly highly educated married parents [61] | 54% started CF with iron-fortified cereals. 57% consumed tea < 4 months. Meats were introduced ~ 9 months (median = 8 months) | - |
| | Malaysia, n = 119, Malay mothers residing in an urban area [80] | 62% of infants aged 6-11 months consumed commercial baby foods (including iron-fortified cereals) and 27% meats. Daily iron intake from foods was 6.2 mg (69% RNI) | - |
| | Nepal, n = unspecified (2016), nationally representative [62] | 39% of infants aged 6-23 months consumed iron-rich foods (undefined) and 42% animal products (dairy, eggs and flesh foods) (increased compared to past surveys) | - |
| | Sri Lanka, n = 515, mostly residing in rural areas, predominantly identifying as housewives [65] | Infant cereals were not commonly used as a first CF (3%) and 31% of 6-12 months infants had consumed tea | - |
| | Thailand, n = 108, mostly middle-class, highly educated mother or family member [67] | Parents started CF with porridge and mashed fruits; ~13% introduced cow's milk < 12 months | - |
| | United Arab Emirates, n = 276, ~ half of parents with university degrees [69] | Daily iron intake was 10.3mg (total) in infants aged 6-11 months, although 47% had intakes < 6.9mg/day (EAR) in a 24h recall | - |
| Africa | Ethiopia, n = 323, mothers of Oromo ethnicity, mostly married, living in rural areas and with low education levels [72] | Flesh foods were not common during the CF period; most children consumed legumes and nuts, but grains, roots and tubers were predominant | - |
| | Senegal, n = 98, low education, high prevalence of food insecurity [82] | 49% of children aged 6-11 months consumed iron-rich foods (fish, eggs, meat and iron-fortified foods) (24h recall) | - <i>Lower consumption of iron-rich foods: Household food insecurity</i> |
| | Zanzibar, Tanzania, n = 200 [75] | 65% of 6-23 months infants consumed sweetened tea. Daily iron intake from foods (24h recall) in 6-11 months infants was 1.74 mg | - |

¹ CF: Complementary Feeding

² WIC: Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

³ Including infant formulas and breastmilk

⁴ EFF: Exclusive formula-feeding; EBF: Exclusive breastfeeding

⁵ The proportion of mothers with ≥ 12 years of education increased in the 2015 cohort as compared to 2004 (31 vs 10%)

⁶ TSF: Traditional spoon-feeding; BLW: Baby-led weaning. In this study, the Lower Reference Nutrient Intake for iron was 4.2mg/day

⁷ Not specified if this includes iron-fortified infant cereals

⁸ Participants had already undergone a RCT during pregnancy and postpartum which assessed the effect of DHA supplementation on child neurodevelopment

Table S5. Detailed consumption of added sugars, juice, and honey during the CF ¹ period across continents.

| Con- tinent | Setting (country, n, sample characteristics) | Consumption of Sugar during the CF Period | Factors Associated with Added Sugar Consumption |
|----------------|---|---|---|
| North America | Canada, n = 22, Middle Eastern mothers, low socio-economic status [1] | Sweetened water was among the first complementary foods even < 4 months | - |
| | United States, n = 3777, nationally representative sample of mothers enrolled in the WIC federal program ² [5] | ~25% consumed sweet foods ≤ 8 months and ~ 60% < 12 months (decrease compared to the first WIC cohort). SSB's ³ : 11% < 6 months (median: 12.6 months). 100% fruit juice: 50% < 7 months (median: 6.9 months). | - Non-Hispanic/Latino race/ethnicity - Born in the United States - Younger maternal age - Mother unmarried |
| | United States, n = 1261, nationally representative sample of mothers enrolled in the WIC federal program [83] | 31% of children were exposed to sweet drinks (including 100% juice) ≤ 7 months, only 14% waited > 12 months. | - |
| | United States, n = 3235, more educated and higher proportion of White Non-Hispanic parents than US population [6] | 6-12 months: 27% offered 100% fruit juice and 34% UPF ⁴ including 8.5% SSBs (24h recall) | - Non-Hispanic black race/ethnicity (in toddlers) |
| | United States, n = 449, mostly low-income, non-Hispanic Black mothers [7] | 71% consumed > 1 UPF/day < 12 months (including sweets) although not < 4 months | - |
| | United States, n = 1211, nationally representative sample [91] | 61% of 6-11 months infants consumed added sugars (24h recall) (~ 1 tsp/day), mainly from yogurt, commercial infant snacks/sweets and bakery products | - Non-Hispanic Black race/ethnicity |
| | United States, n = 443, low income/education, mostly of Non-Hispanic White and Black ethnicity/race [10] | 20% consumed juice and other beverages ≤ 6 months, none reported SSB's | - |
| | United States, n = 217, highly educated, high income, mostly non-Hispanic White mothers. [12] | Introduction of sweet foods/beverages ~ 8 months and 93% < 12 months | - |
| South America | Brazil, n = 1567, low education, 1/3 having ≤ minimum wage [14] | 36% introduced sugar < 4 months and 8% honey | - Lower maternal education - Lower family income |
| | Brazil, n = 700, high prevalence of FF ⁵ [87] | Median age for juice introduction was 4 months (68%) | - |
| | Brazil, n = 79, low income and education [15] | 14% started CF with fruit juice and 13% offered it < 6 months. Almost all children aged 6-24 months consumed sugar rich UPF | - |
| | Brazil, n = 545, mostly of White or Multiracial/Asian ethnicity, low education [92] | 74% of 6-12 months infants consumed breakfast cereals, 46% sweetened cheese/yogurt, 28% candies/chocolate milk, 17% SSBs | - Having < 4 people in the household - FF |
| | Brazil, n = 3823 (2004); n = 3689 (2015) [16] | Decrease in the consumption of juice < 6 months (68% in 2004 vs 43% in 2015). | - |

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| | ~ 20% consumed soft drinks < 12 months in 2015 | |
| Brazil, n = 847, mostly mothers of Black or Brown race/ethnicity, low education [88] | 18% of infants aged < 6 months consumed foods containing added sugars, 17% cookies or crackers and 5% juices (24h recall) | - Lower BF ⁶ |
| Brazil, n = 599, mothers with low levels of education [93] | 79% of children aged 6-24 months consumed UPF including 35% aged 6-12 months. | - Beneficiation of social government programs - Living with 4+ people |
| Brazil, n = 231, mostly educated low-middle class mothers [94] | 94% consumed processed and UPF during CF | - FF |
| Brazil, n = 538, mothers of Black or Brown race/ethnicity [95] | Between 6-12 months, 30% of daily energy intake came from UPF | - |
| Brazil, n = 300, mostly multiparous mothers with low-middle education and average income [96] | ≤ 6 months, 27% of children consumed jello, 24% sweetened cheese/yogurt and 20% to cookies | - Lower maternal education - Lower income - Multiparity - Older maternal age |
| Chile, n = 261, ~ half with > 16 years of education [17] | Among infants aged < 24 months, 9% consumed added sugars in their food, 8% honey, 20% were introduced to juices (~ 1.6 serving/day) and 56% cookies | - |
| Haiti, n = 310, low education and income [97] | ~ ¼ of infants consumed liquids including <i>maje kaan</i> , a sweetened traditional drink, in the first days | - |
| Mexico, n = 949, nationally representative survey [98] | 35% of 6-12 months consumed sweetened milks, 13% fruit juice, 9% fruit flavored drinks, 7% sodas, 10% sweetened tea/coffee and 17% traditional drinks (sweetened) (24h recall) | - Lower education |
| Mexico, n = 143, low socio-economic status [20] | 55% of infants consumed juice at 6 months. | - |
| Europe | Europe (Belgium, Bulgaria, Germany, Greece, Poland and Spain) n = 6800 [21] | - Fruit juices were introduced at a median age of 6 months (Bulgaria most early) |
| | France, n = 10907, predominantly born in France, and a little less than half having ≥ 15 years of education [99] | - BF - Very early CF (< 4 months) - Relying on personal experience/family for information |
| | Poland, n = 4110 and Austria, n = 1783, mothers of children aged 12-36 months, highly educated (more so in Poland than in Austria) [85] | - Multiparity - Younger maternal age - Living in rural areas - Lower maternal income (in Poland) |

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| | | | - Not currently BF (in Austria) and lower BF duration (in Poland) |
| | United Kingdom, n = 1327, multi-ethnic cohort [23] | 50% started CF with a sweetened food and 10% consumed sweetened drinks < 4 months | - Pakistani and Other South Asian race/ethnicity |
| | United Kingdom, n = 2747, national survey conducted in Scotland [36] | 29% of parents offered UPF (chocolate, ice cream, snacks, etc.) to 8-12 months infants | - Younger maternal age - Living in a more deprived area |
| | United Kingdom, n = 134, predominantly mothers of White race/ethnicity with university degrees [37] | Sugary foods were offered < than once per day at 6-12 months. | - TSF (in 6-8 months infants) ⁷ |
| | United Kingdom, n = 64, most highly educated although ~ half living in deprived areas [38] | 64% of parents did not offer sweet foods (< 12 months), although 20% offered them 2-4 times per week | - Living in a less deprived area |
| | United Kingdom, n = 110, multi-ethnic cohort living in a more deprived town [41] | Consumption of <i>gutti</i> (containing honey) during CF in Pakistani/Bangladeshi culture | - |
| | United Kingdom, n = 30 mothers + 30 fathers, ~ half with an undergraduate degree [42] | 67% fathers and 77% mothers avoided sweet drinks during CF, 48-60% offered confectionaries (sweets) once-thrice weekly | - |
| Oceania | Australia, n = 828, comparable to the maternal population of South Australia [46] | 96% of infants aged ≤ 24 months were offered UPF during the 3 days recalled (including 37% cookies, 15% pastries and 16% sugar/honey/syrups) | - Younger maternal age - Primiparity - Maternal country of birth (Australia and the UK as compared to Asian countries) |
| | Cambodia (n = 222), Nepal (n=228), Senegal (218) and Tanzania (229) predominantly married mothers with varying socio-economic status [81] | In a 24h recall, 27-31% of 12-23 months infants from Senegal and Tanzania consumed juice. 70% of 6-11 months Tanzanian infants consumed sugar or honey. 58% (6-11 months) and 83% (12-23 months) of Nepali infants had consumed UPF such as pastries, candies and salty snacks. | - Lower maternal education (in Senegal) - Lower economic status (in Cambodia) - Not offering breastmilk substitute (in Senegal) |
| Asia | China, n = 408, mostly ≤ senior middle school education level, around half of them unemployed [57] | 74% of children aged 6-24 months consumed UPF (55% pastries, 15% confectioneries, 13% SSB's, etc.) | - Parental/caregiver emotional and instrumental feeding |
| | China, n = 2251, predominantly mothers of Han Chinese ethnicity, > half of them with ≥ 16 years of education [58] | At 12 months, 88% of children had been introduced to sweets | - |
| | India, n = 297, married mothers from the Santal tribe with low education [59] | 31% started CF with "biscuits" | - |
| | India, n = 902, mostly stay-at-home mothers with a secondary education level ⁷ [60] | Prevalence of pre-lacteal feed (sweetened water, honey, etc.): 9%. 5% | - |

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| | | of 12 months infants consumed SSB's and 86% UPF | |
| | Indonesia, n = 495, most mothers had a secondary education level and were wealthier as compared to the 2012 national survey [100] | 47% of infants aged 6-11 months consumed UPF, and 85% of 12-17 months' infants. Almost no infants consumed SSB's (sweetened milk and tea) < 12 months but 50% at 18-23 months. | - Lower maternal education - No offering of commercial infant foods - No offering of breastmilk substitute |
| | Lebanon, n = 1051, representative of Lebanese children enrolled in daycare centers, mostly highly educated married parents [61] | 50% introduced cookies and 25% milk-based desserts at the beginning of CF. | - |
| | Malaysia, n = 119, Malay mothers residing in an urban area [80] | 34% of infants aged < 24 months consumed sweetened desserts, 6% SSB's, 24% <i>Kuih</i> (traditional cake) | - |
| | Nepal, n = 309, predominantly married [86] | 52% of infants aged < 24 months consumed added sweeteners in their foods/drinks (24h recall). 85% consumed cookies and 64% candies/chocolate the last week. | - |
| | South India, n = 95, highly educated, mostly middle-class mothers identifying as housewives [64] | 81% mentioned adding sugar to complementary foods (infants aged 12-24 months) | - |
| | Sri Lanka, n = 515, mostly identifying as housewives and residing in rural areas [65] | Salt and sugar were introduced at a mean age of 7.6 months, 38% of children aged 6-12 months had been introduced to chocolate. | - |
| | Thailand, n = 108, mostly middle-class, highly educated mother or family member [67] | 26% of infants aged 6-8 months consumed 1-2 oz of fruit juice/day. 13% added salt and sugar at 6-8 months, and 48% at 13-18 months. | - |
| | United Arab Emirates, n = 1822, mostly married, highly educated [68] | 52% of infants aged 6-24 months drank SSB's or tea once-twice daily | - |
| | United Arab Emirates, n = 276, slightly more than half of parents highly educated [69] | In a 24h recall, infants aged 6-12 months consumed ~ 5g of added sugars/day. This increased to ~ 14g in the 12-24 months' group. 57% of 12-23 months children consumed > 5% of their daily energy in sugar | - |
| Africa | Zanzibar, Tanzania, n = 200 [75] | 65% of infants aged 6-23 months consumed sweetened tea | - |

¹ CF: Complementary Feeding.

² WIC: Special Supplemental Nutrition Program for Women, Infants, and Children (WIC).

³ SSB's: Sugar-sweetened beverages.

⁴ UPF: Ultra-processed foods, typically high in added sugars, salt and fat.

⁵ FF: Formula-feeding.

⁶ BF: Breastfeeding.

⁶ TSF: Traditional spoon-feeding method to CF.

⁷ Participants had already undergone a RCT during pregnancy and postpartum which assessed the effect of DHA supplementation on child neurodevelopment.

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