

Literatur zum DAIS-Faltblatt „Stillen und Beikost“ 2017  
zusammengestellt von Utta Reich-Schottky

**Ausschließlich stillen für sechs Monate**

- American Academy of Pediatrics: Breastfeeding and the Use of Human Milk 2012  
*“The AAP reaffirms its recommendation of exclusive breastfeeding for about 6 months”*  
<http://pediatrics.aappublications.org/content/early/2012/02/22/peds.2011-3552>
- ESPGHAN: Complementary Feeding: A Position Paper 2017  
*“Exclusive or full breast-feeding should be promoted for at least 4 months (17 weeks, beginning of the 5th month of life) and exclusive or predominant breast-feeding for approximately 6 months is considered a desirable goal.”*  
<http://www.espghan.org/guidelines/nutrition/>
- Kramer MS, Kakuma R. Optimal duration of exclusive breastfeeding (Review). The Cochrane Library 2012  
*“the available evidence demonstrates no apparent risks in recommending, as a general policy, exclusive breastfeeding for the first six months of life in both developing and developed-country settings.”*  
<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD003517.pub2/epdf/standard>

**Weiter stillen bis zwei Jahre oder darüber hinaus**

- EU Project on Promotion of Breastfeeding in Europe. Protection, promotion and support of breastfeeding in Europe: a blueprint for action. European Commission, Directorate Public Health and Risk Assessment, Luxembourg 2004, revised 2008.  
*“Breastfeeding is the normal and optimal way to feed and nurture infants and young children, and should be portrayed universally as such by presenting exclusive breastfeeding for six months and continued breastfeeding up to two years and beyond as achievable and desirable in all written and visual materials.”*  
<http://www.aeped.es/sites/default/files/6-newblueprintprinter.pdf>
- Sankar MJ, Sinha B, Chowdhury R, et al. Optimal breastfeeding practices and infant and child mortality. A systematic review and meta-analysis. *Acta Paediatr* 2015; published online Aug 7. DOI:10.1111/apa.13147.  
*“Children aged 6–23 months who were not breastfed had higher risk of all-cause and infection-related mortality than children who were continued on breastfeeding. The better the breastfeeding practice, the higher the protection.”*

**Beikostreife mit etwa sechs Monaten**

- Naylor A, Morrow A. (edit). Developmental Readiness of Normal Full Term Infants to Progress from Exclusive Breastfeeding to the Introduction of Complementary Foods. 2001  
*“the expert review team concluded that the probable age of readiness for most full term infants to discontinue exclusive breastfeeding and begin complementary foods appears to be near six months or perhaps a little beyond.”*  
[http://pdf.usaid.gov/pdf\\_docs/PNACS461.pdf](http://pdf.usaid.gov/pdf_docs/PNACS461.pdf)

### **Blick über den Tellerrand**

- Palmer G. (2009) What is complementary feeding? A philosophical reflection to help a policy process. IBFAN GIFA, Genf  
*“This paper is designed to stimulate thinking and discussion and is not prescriptive. ... Throughout human existence families have successfully fed children without expert advice. ... Successful human diets vary widely. ...”*  
[http://www.ibfan.org/art/IBFAN\\_CF\\_FINAL\\_document.pdf](http://www.ibfan.org/art/IBFAN_CF_FINAL_document.pdf)

### **Babygeleitete Beikosteinführung (Baby-led weaning)**

- Brown A, Jones S, Rowan H: Baby-Led Weaning: The Evidence to Date. Curr Nutr Rep (2017) 6:148–156 DOI 10.1007/s13668-017-0201-2  
*“Ultimately, we know that many of the key tenets of a baby-led approach, e.g. delayed weaning, responsive feeding and exposure to a range of foods, are important building blocks of healthy eating behaviour and weight gain trajectories. Indeed, responsive feeding is one of the key approaches to developing a healthy eating behaviour in later life and is recognised as a critical element of the introduction of solid foods by the World Health Organisation. However, at present, it is unclear as to whether a baby-led approach affects outcomes independently of these factors.”*  
[https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5438437/pdf/13668\\_2017\\_Article\\_201.pdf](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5438437/pdf/13668_2017_Article_201.pdf)
- Fangupo L, Heath A, Williams S, Erickson Williams L, Morison B, Fleming E, Taylor B, Wheeler B, Taylor R: Baby-Led Approach to Eating Solids and Risk of Choking Pediatrics 2016; 138(4): e2 0160772  
*“Infants following a baby-led approach to feeding that includes advice on minimizing choking risk do not appear more likely to choke than infants following more traditional feeding practices. However, the large number of children in both groups offered foods that pose a choking risk is concerning.”*  
<http://pediatrics.aappublications.org/content/pediatrics/138/4/e20160772.full.pdf>
- Rapley, G., Forste, R., Cameron, S., Brown, A. and Wright, C. (2015) ‘Baby-Led Weaning: A New Frontier?’, Infant, Child, & Adolescent Nutrition, 7(2): 77-85.  
*“Baby-led weaning (BLW) is an approach to introducing solid food that is based on the infant’s developmental readiness to ingest foods other than breast milk or formula. It allows the infant to decide when to begin eating other foods, what to eat (from a selection of healthy foods), how quickly to eat, and how much to consume at a sitting. It also allows him to control the pace at which he expands his diet and relinquishes milk feeds. It is a continuation of the self-feeding and control that characterises effective breastfeeding. Correctly defined and implemented, BLW involves the inclusion of the infant in family mealtimes, where food that is suitable for the infant to eat is made available to all.”*  
<http://journals.sagepub.com/doi/pdf/10.1177/1941406415575931>

### **Aromen und Allergene in Muttermilch**

- Hausner H, Bredie WL, Mølgaard C, Petersen MA, Møller P. Differential transfer of dietary flavour compounds into human breast milk. *Physiol Behav.* 2008 Sep 3;95(1-2):118-24. doi: 10.1016/j.physbeh.2008.05.007  
*“The results imply that human milk provides a reservoir for time-dependent chemosensory experiences to the infant; however, volatiles from the diet are transferred selectively and in relatively low amounts.”*
- Kilshaw PJ, Cant AJ. The Passage of Maternal Dietary Proteins into Human Breast Milk. *Int Arch Allergy Immunol* 1984;75:8–15 <https://doi.org/10.1159/000233582>  
*“Samples of breast milk and serum were taken from 29 women at various stages of lactation before and after they had ingested 1 raw egg and half a pint of cow’s milk. The samples were analysed for cow’s milk and egg proteins using a solid-phase radioimmunoassay.  $\beta$ -Lactoglobulin, ovalbumin (OA) and ovomucoid were detected in breast milk from 10 out of 19, 13 out of 22 and 7 out of 9 women, respectively, in concentrations ranging from 110 pg/ml to 6.4 ng/ml. Maximum levels in breast milk were attained 4 or 6 h after ingestion and in serum 1–2 h earlier.”*
- Troncone R, Scarcella A, Donatiello A, Cannataro I, Tarabuso A, Auricchio S. Passage of Gliadin into Human Breast Milk. *Acta Paediatrica* 1987; 76(3):453-456 DOI: 10.1111/j.1651-2227.1987.tb10498.x  
*“Samples of breast milk were taken from 53 women following the ingestion of 20 g of gluten. The samples were analysed for the presence of gliadin by a double-antibody sandwich enzyme immunoassay. Gliadin (5–95 ng/ml) was detected in 54/80 samples collected at various stages of lactation. Maximum levels in milk were found 2–4 hours after ingestion; gliadin could not be detected in serum.”*

### **Mikrobiom**

- Blaser M. *Missing Microbes. How the overuse of antibiotics is fueling our modern plagues.* Henry Holt & Company, New York 2014

### **Zeitpunkt Beikostbeginn und Allergien**

- Pitt TJ, Becker AB, Chan-Yeung M, Chan ES, Watson WTA, Chooniedass R, Azad MB. Reduced risk of peanut sensitization following exposure through breast-feeding and early peanut introduction. *J Allergy Clin Immunol.* 2017 Aug 22. pii: S0091-6749(17)31104-1. doi: 10.1016/j.jaci.2017.06.024.  
*“In this secondary analysis, maternal peanut consumption while breast-feeding paired with direct introduction of peanuts in the first year of life was associated with the lowest risk of peanut sensitization, compared with all other combinations of maternal and infant peanut consumption.”*
- SACN Scientific Advisory Committee on Nutrition UK 2017  
*“The benefit-risk assessment indicated that there were insufficient data to demonstrate that the introduction of peanut or hen’s egg into the infant diet between four and six months of age reduced the risk of developing food allergy to any greater extent than introduction from around six months.”*  
<https://cot.food.gov.uk/sites/default/files/jointsacncotallergystatementfinal2.pdf>

- Silano M, Agostoni C, Sanz Y, et al. Infant feeding and risk of developing celiac disease: a systematic review. *BMJ Open* 2016;6:e009163. doi:10.1136/bmjopen-2015-009163  
*“Currently, there is no evidence on the optimal breastfeeding duration or the effects of avoiding early (<4 months of age) or late (≥6 or even at 12 months) gluten introduction in children at risk of CD.”*  
<http://bmjopen.bmj.com/content/bmjopen/6/1/e009163.full.pdf>
- Vajpayee S, Dayal Sharma S, Gupta R, Goyal A, Sharma A: Early Infant Feeding Practices May Influence the Onset of Symptomatic Celiac Disease. *Pediatr Gastroenterol Hepatol Nutr* 2016 December 19(4):229-235  
*“Delayed gluten introduction to infant's diet [> 6 months] along with continuing breastfeeding, delays symptomatic CD. However, it is not clear from our study that these infant feeding practices provide permanent protection against the disease or merely delays the symptoms.”*  
<http://pdf.medrang.co.kr/paper/pdf/Kjpgn/Kjpgn019-04-02.pdf>