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Complementary Feeding Practices in Mexico Vary According to Medical Experience and Family History of Atopy

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Abstract

Background: Complementary feeding (CF) practices continue to be a topic of debate .This study aims to analyze pediatricians' CF practices for infants in Mexico based on their years of experience and family history of atopy.

Methods: Members of a pediatrics association completed an online survey regarding CF practices. Pediatricians were divided into two groups based on their years of medical practice (<10 and ≥10 years). Simple and multivariate correspondence analyses were conducted.

Results: A total of 133 pediatricians participated, with 60% being women, a mean age of 48.3 years, and an average medical practice experience of 19.8 years. The recommended first food for infants varied based on years of pediatric practice: "meat" or "no preference" (0–10 years), "fruits" (21–30 years), and "vegetables" (≥21 years) (p = 0.017). In terms of who should decide the order of food introduction responses were "the family" (0–10 years) or "the pediatrician" (≥21 years) (p = 0.004). Pediatricians in public healthcare primarily recommended introducing one new food every two days (p = 0.007). Multivariate analyses revealed that having ≥ 10 years of experience was positively associated with recommending fruits as the first food to introduce (OR = 3.5, 95% CI: 1.56–7.93, p = 0.002) and negatively associated with recommending meat as the first food (OR = 0.26, p = 0.014).

Conclusion: CF practices for infants are influenced by pediatricians' level of experience.

Key Words: Complementary feeding; Infant; Pediatrics; Weaning.

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1- INTRODUCTION

Complementary feeding (CF) involves introducing foods other than breast milk or formula when they no longer fully meet an infant's nutritional needs (1). CF marks the beginning of a critical transitional phase, presenting challenges related to physical and cognitive development, as well as the prevention of diseases in infants. International organizations recommend starting CF at six months of age (2). However, for over a decade, evidence has emerged supporting the early introduction of CF (at four months) as a preventive measure against allergic diseases. Foods such as eggs, peanuts (3-5), and even cow's milk (6) have been recommended for early introduction as a potential strategy to prevent allergies.

The choice of foods for initiating CF varies across regions. In Europe, fruits and dairy products are preferred, although some countries have no specific restrictions (7,8). In Asia, rice-based or vegetable-based foods are commonly used (9). Meanwhile, in Latin America, fruits and vegetables are the most frequently recommended introductory foods (10,11).

Pediatricians' medical experience can influence their CF practices and their application of current guidelines. Those with more years of experience may rely on earlier practices or updated recommendations. Additionally, a family history of atopic disease is a significant factor that can affect decisions regarding the introduction of potentially allergenic foods.

Thus, the purpose of this study is to analyze pediatricians' CF practices for infants in Mexico, focusing on their years of medical experience and the presence of a family history of atopic disease.

2- MATERIALS AND METHODS

2-1. Study Design

A cross-sectional study was conducted to collect data from an online survey administered between March 8th and March 27th, 2023. Pediatricians and neonatologists who were members of a pediatrics association were included, while general physicians and those not currently caring for children aged ≤12 months were excluded.

2-2. Instrument

The data collection instrument was adapted from the survey proposed by Samady et al., which evaluates recommendations regarding the introduction of solid foods into the diets of children under 12 months of age. The survey covered topics such as physicians' preferences for the first food introduced, the recommended waiting times between introducing new foods, the sources of information used for decision-making, and any modifications to recommendations in the presence of risk factors for food allergies (12).

2-3. Procedure

The study population consisted of 400 pediatricians who were members of a Pediatrics Association. The survey was distributed via the *WhatsApp* messaging platform (Meta, California, USA) and targeted specifically to pediatricians, who served as the unit of analysis. To reduce the non-response rate, five reminder messages were sent throughout the data collection period.

2-4. Analysis

Descriptive statistics were utilized to summarize the data. Proportions were compared using either the chi-squared test or Fisher's exact test. A simple correspondence analysis was conducted to assess the relationship between years of pediatric practice (grouped by decades) or type of medical practice (private, public, or both) with varius variables: the initial food recommended to parents, age, method, and

sequence of introducing solid foods (fruits, cereals, meat, vegetables), and the waiting period between introducing different types of solid foods. The chi-squared test was employed as the test statistic to measure the distance between the generated points, and the results were visually represented in biplot scatter diagrams. Two multivariate models were created: the first to identify factors associated with the type of food recommended as the first to introduce into the diet of children under 12 months and the second to identify factors associated with a lack of recommendations. In both models, the adjustment variables included sex (female or male), place of residence (state interior or metropolitan area), differing recommendations for infants with risk factors (yes or no), years of experience (<10 or ≥10 years), and type of medical practice (private, public, or both). Adjusted odds ratios (aOR) were calculated using logistic regression. Statistical significance was defined as $p \leq 0.05$. All statistical analyses were conducted using IBM SPSS Statistics for Windows, version 29 (Armonk, NY, USA).

2-5. Ethics

This research adhered to the ethical principles outlined in the Declaration of Helsinki for medical research involving human subjects. According to Mexican regulations on research, this study was classified as minimal risk. Approval for the study was granted by the *Colegio de Pediatria de Jalisco*. Participation was voluntary, and informed consent was assumed when participants completed and submitted the survey.

3- RESULTS

A total of 165 physicians participated in the study, resulting in a response rate of 41.2%. However, 32 surveys were excluded for the following reasons: 12 were not pediatricians, 6 did not treat children under 12 months, 9 had additional specialties not focused on infants under 12 months, and 5 surveys had inconsistent responses. The final sample consisted of 133 pediatricians.

Of the total sample, 60% were women. The mean age was 48.3 years, and the average years of pediatric experience was 19.8 years (Table 1). Among physicians with 10 or more years of experience, men predominated ($p = 0.005$). The mean age and years of pediatric practice were higher in this group ($p < 0.0001$). Additionally, more physicians in this group were actively involved in both public and private practice compared to those with less experience ($p = 0.001$). Interestingly, both groups (less than 10 years vs 10 or more years of experience) reported not providing care to infants with allergic conditions in 36.8% and 41.1% of cases respectively ($p = 0.782$).

Table 2 show that, pediatricians with ≥10 years of experience were more likely to recommend fruits as the first food for infants ($p = 0.002$), and their recommendations were primarily based on personal experience ($p = 0.004$). In contrast, the group with <10 years of experience tended to recommend introducing meats first ($p = 0.016$) or did not follow a specific order ($p = 0.001$). There were no statistically significant differences in recommendations for infants with and without exclusive breastfeeding, as both groups generally recommended introducing solid foods at 6 months of age ($p = 0.346$ and $p = 0.523$, respectively). Similarly, both groups acknowledged the need for more education regarding solid food introduction for infants ($p = 0.999$).

Table 3 demonstrates that more experienced pediatricians considered family history of allergic diseases ($p = 0.016$) and food allergies ($p = 0.005$) to be important factors for modifying solid food introduction recommendations compared to the group with less experience.

Table-1. Demographic characteristics of 133 pediatricians.

	Total n = 133	Graduated*		P value
		< 10 years n = 38	≥ 10 years n = 95	
Sex, n (%)				0.005
Female	80 (60.2)	30 (78.9)	50 (52.6)	
Male	53 (39.8)	8 (21.2)	45 (47.4)	
Age, years, mean ± SD	48.3 ± 12.8	31.4 ± 4.2	55.1 ± 7.7	< 0.0001
Pediatric practice, years, mean ± SD	19.8 ± 12.3	3.9 ± 3.0	26.2 ± 8.0	< 0.0001
Place of residence, n (%)				0.185
Guadalajara's metropolitan zone	113 (85.0)	35 (92.1)	78 (82.1)	
State interior of Jalisco	20 (15.0)	3 (7.9)	17 (17.9)	
Type of medical practice, n (%)				0.001
Private	34 (25.6)	6 (15.8)	28 (29.5)	
Public	44 (33.1)	22 (57.9)	22 (23.2)	
Both	55 (41.4)	10 (26.3)	45 (47.4)	
Infants with allergies in the previous year, n (%)				0.782
0	53 (39.8)	14 (36.8)	39 (41.1)	
1 a 4	60 (45.1)	17 (44.7)	43 (45.3)	
5 a10	14 (12.0)	5 (13.2)	11 (11.6)	
11 a 20	4 (3.0)	2 (5.3)	2 (2.1)	

* Time elapsed since graduation as a pediatric specialist.

Furthermore, it was observed that in infants without risk factors for food allergy, physicians with less than 10 years of experience mostly recommend introducing a food and waiting 3 days before introducing a new food (55.3% vs 41.1%, p = 0.003), as shown in Table 4. In infants with risk factors, no significant difference was observed between the groups (p = 0.359).

In the terms of the simple correspondence analysis, the first dimension (which contributed most to inertia) showed that pediatricians with 21 to 30 years of experience recommended fruits or vegetables as the first food, while those with 31 or more years tended to favor vegetables. On the other hand, pediatricians with 0 to 10 years of practice often recommended meats or did not emphasize the choice of first food (p = 0.017), as illustrated in Figure 1A. Pediatricians with 0 to 10 years of experience were more likely to follow family preferences regarding the order of solid food introduction, while those with 21 to 30 or 31 or more years of experience preferred providing recommendations (p = 0.004), as shown in Figure 1B. Additionally, pediatricians practicing exclusively in private settings recommended introducing a new food every 3 days (dimension 1) or multiple foods in one day (dimension 2), while those in public practice recommended introducing one food every 2 days (p = 0.007), as depicted Figure 1C.

No significant correspondences were found when exploring the relationship between years of pediatric practice and the following variables: age of solid food introduction in infants who are breastfed, formula-fed, or both; the order of food introduction (fruits, cereals, meats, vegetables); or the waiting period before introducing a new complementary food in healthy children or those with risk factors. There were also no significant correspondences between the type of practice and the first food recommended, age of solid food introduction, method of solid food introduction, the order of solid food introduction, or the waiting time before introducing new complementary foods.

Table-2. Complementary feeding recommendations for children under one year of age among 133 pediatricians according to their years of experience and sources of information.

	Total n = 133	Graduated*		P value
		< 10 years n = 38	≥ 10 years n = 95	
First recommended food for introduction (%)				
Fruits	67 (50.4)	11 (28.9)	56 (58.9)	0.002
Vegetables	21 (15.8)	4 (10.5)	17 (17.9)	0.430
Meats	16 (12.1)	9 (23.7)	7 (7.4)	0.016
Infant cereals	6 (4.5)	1 (2.6)	5 (5.3)	0.674
No recommendation	23 (17.3)	13 (34.2)	10 (10.5)	0.001
Age of initiation of complementary feeding in exclusively breastfed infants, months, n (%)				
4	11 (8.3)	3 (7.9)	8 (8.4)	0.346
5	7 (5.3)	3 (7.9)	4 (4.2)	
6	114 (85.7)	31 (81.6)	83 (87.4)	
7	1 (0.8)	1 (2.6)	0 (0)	
Age of initiation of complementary feeding in infants without exclusive breastfeeding, months, n (%)				
4	20 (15.0)	8 (21.1)	12 (12.6)	0.523
5	16 (12.0)	5 (13.2)	11 (11.6)	
6	92 (69.2)	23 (60.5)	69 (72.6)	
7	4 (3.0)	2 (5.3)	2 (2.1)	
8	1 (0.8)	0 (0)	1 (1.1)	
Source of information, n (%)				
Articles or newsletters from medical organizations	73 (54.9)	25 (65.8)	48 (50.5)	0.110
Recommendations from medical societies	63 (47.4)	23 (60.5)	40 (42.1)	0.055
Medical congresses	47 (35.3)	10 (26.3)	37 (38.9)	0.169
Personal experience	33 (24.8)	3 (7.9)	30 (31.8)	0.004
Medical residency training	32 (24.1)	11 (28.8)	21 (22.1)	0.404
Culture	5 (3.8)	1 (2.6)	4 (4.1)	0.999
Need for further education in introducing solid foods into the diet	130 (97.7)	37 (97.4)	93 (97.9)	0.999

* Time elapsed since graduation as a pediatric specialist

The multivariate analysis revealed that having 10 or more years of experience was positively associated with recommending fruits as the first food to introduce (adjusted odds ratio [aOR] 3.5, 95% CI 1.56–7.93, p = 0.002), while it was negatively associated with recommending meats as the first food (aOR 0.26, 95% CI 0.09–0.76, p = 0.014). No association was observed for vegetables or infant cereals (results not shown in tables).

In terms of factors associated with the lack of recommendation for a specific order of introducing the first complementary food, Table 5 shows that pediatricians with 10 or more years of experience were less likely to avoid recommending a specific order (aOR 0.14, p = 0.001). Similarly, pediatricians with public practice (aOR 0.19, p = 0.015) or both public and private practice (aOR 0.24, p = 0.023) were less likely to omit recommendations compared to those practicing exclusively in private settings.

Table-3. Complementary feeding recommendations among 133 pediatricians according to their years of experience and the history of allergic comorbidity in children under one year of age.

	Total n = 133	Graduated*		P value
		< 10 years n = 38	≥ 10 years n = 95	
Belief in the safety to introduce multiple (non-allergenic) foods together, n (%)	56 (42.1)	18 (47.4)	38 (40.0)	0.437
Belief in waiting between the introduction of basic nonallergenic foods is helpful for families, n (%)	107 (80.5)	27 (71.1)	80 (84.2)	0.084
Factors that could change the recommendation, n (%)				
Older siblings with food allergy	72 (54.1)	18 (47.4)	54 (56.8)	0.322
Infant with moderate to severe eczema	67 (50.4)	21 (55.3)	46 (48.4)	0.476
Family history of food allergy	78 (58.6)	15 (39.5)	63 (66.3)	0.005
Family history of allergy or asthma	81 (60.9)	17 (44.7)	64 (67.4)	0.016
Child with any eczema	53 (39.8)	12 (31.6)	41 (43.2)	0.218

* Time elapsed since graduation as a pediatric specialist.

Table-4. Recommendations for infants with and without risk factors for food allergy.

	Total n = 133	Graduated		P value
		< 10 years n = 38	≥ 10 years n = 95	
Infants without risk, n (%)				0.003
Introduce one food per day	27 (20.3)	13 (34.2)	14 (14.7)	
Introduce one food, waits 2 days, introduces another	24 (18.0)	2 (5.3)	22 (23.2)	
Introduce one food, waits 3 days, introduces another	60 (45.1)	21 (55.3)	39 (41.1)	
Introduce one food, waits more than 3 days to introduce another	14 (10.5)	2 (5.3)	12 (12.6)	
Introduce several foods in one day	8 (6.0)	0 (0)	8 (8.4)	
Infants at risk, n (%)				0.359
Introduce one food per day	15 (11.3)	6 (15.8)	9 (9.5)	
Introduce one food, waits 2 days, introduce another	26 (19.5)	4 (10.5)	22 (23.2)	
Introduce one food, waits 3 days, introduces another	59 (44.4)	19 (50.0)	40 (41.1)	
Introduce one food, waits more than 3 days to introduce another	31 (23.3)	9 (23.7)	22 (23.2)	
Introduce several foods in one day	2 (1.5)	0 (0)	2 (2.1)	

4- DISCUSSION

This study emphasizes two important points. First, pediatricians in Mexico have varying approaches when recommending CF in infant diets, and this decision is influenced by their years of experience in pediatric practice. Second, pediatricians with more years of professional practice tend to be cautious and adjust their recommendations based on the family history of atopy. According to our findings, pediatricians with more than 10 years of professional experience prefer to recommend vegetables and fruits as the first foods when starting CF, while pediatricians with less than 10 years of experience tend to recommend meats.

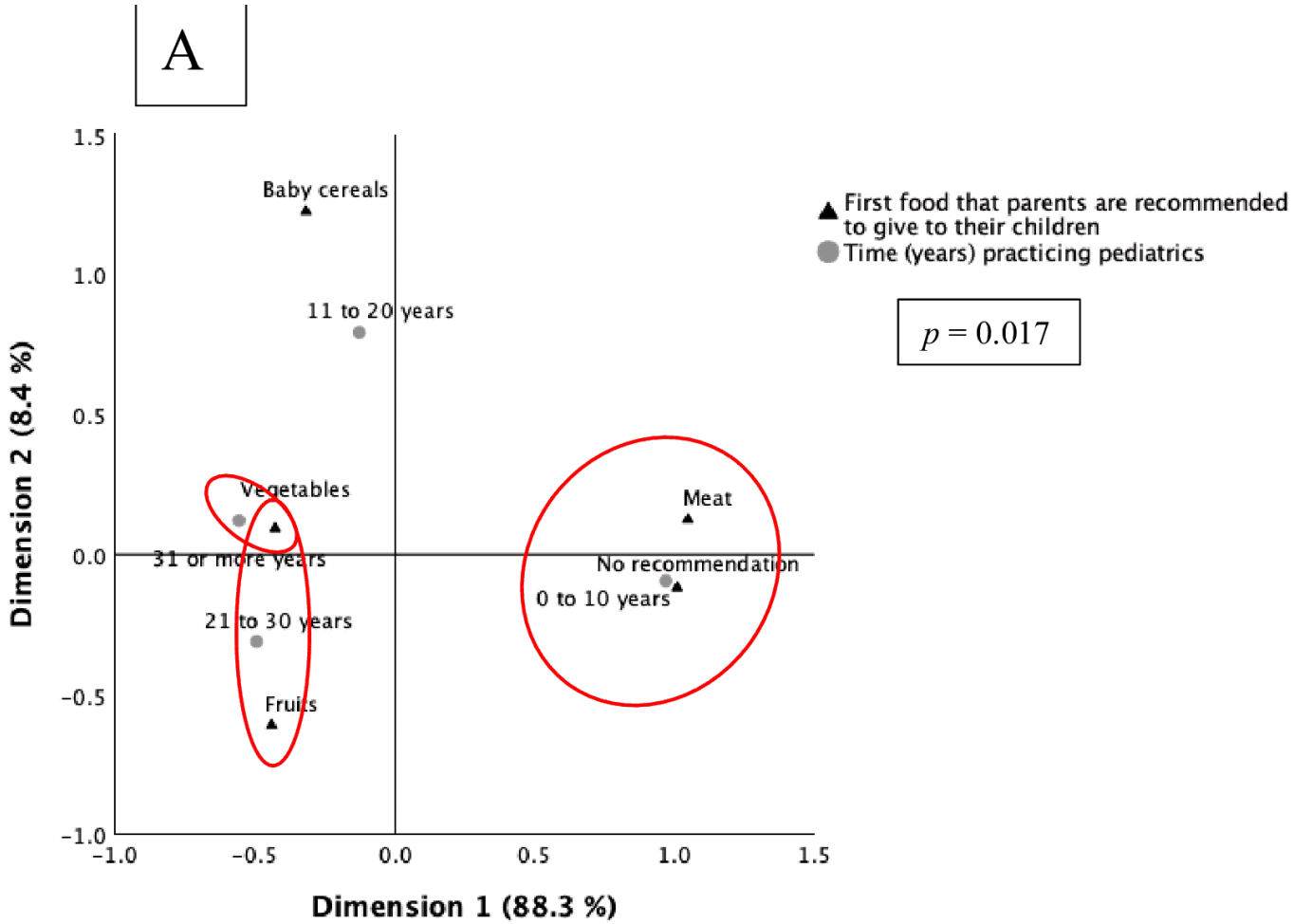
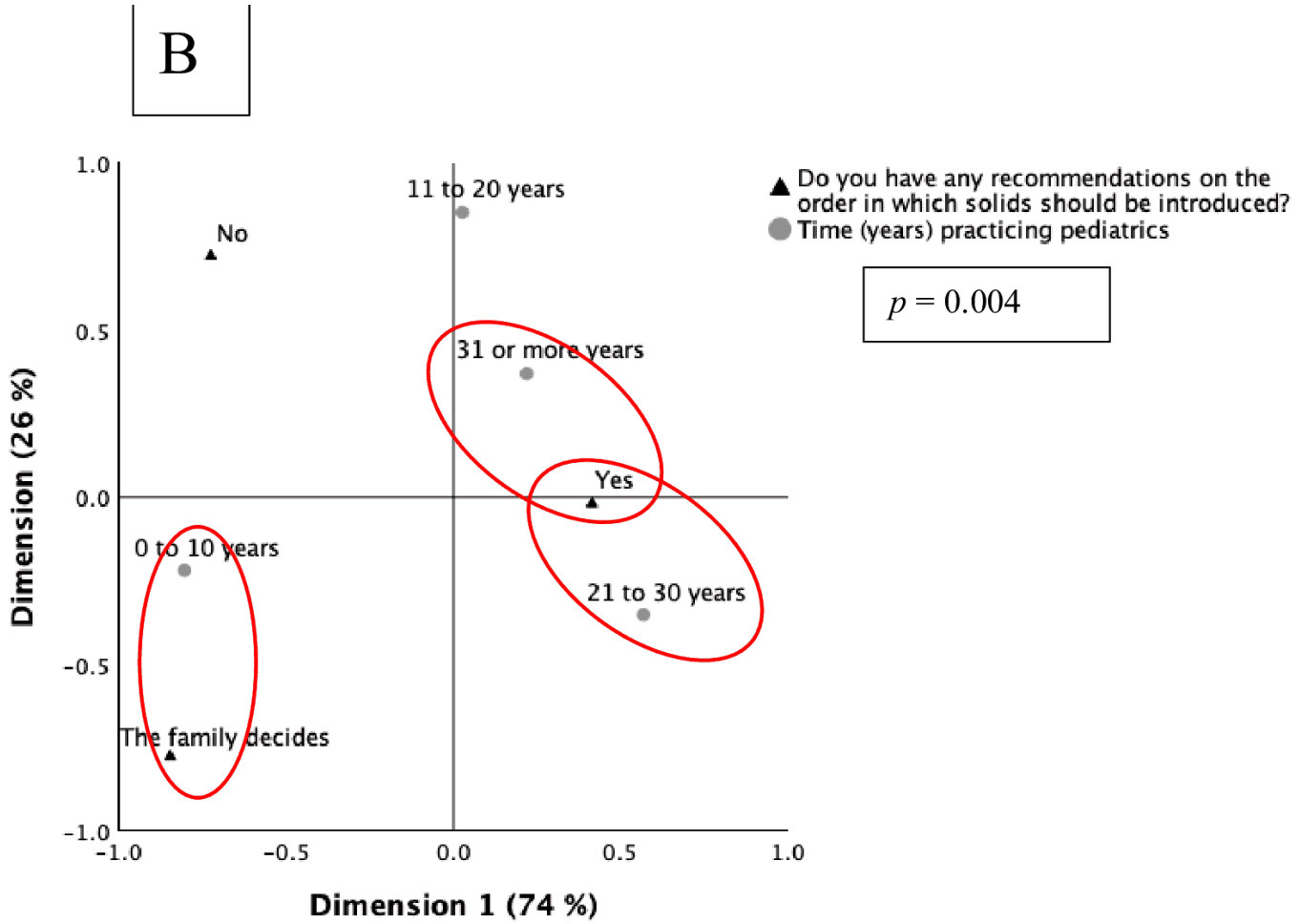
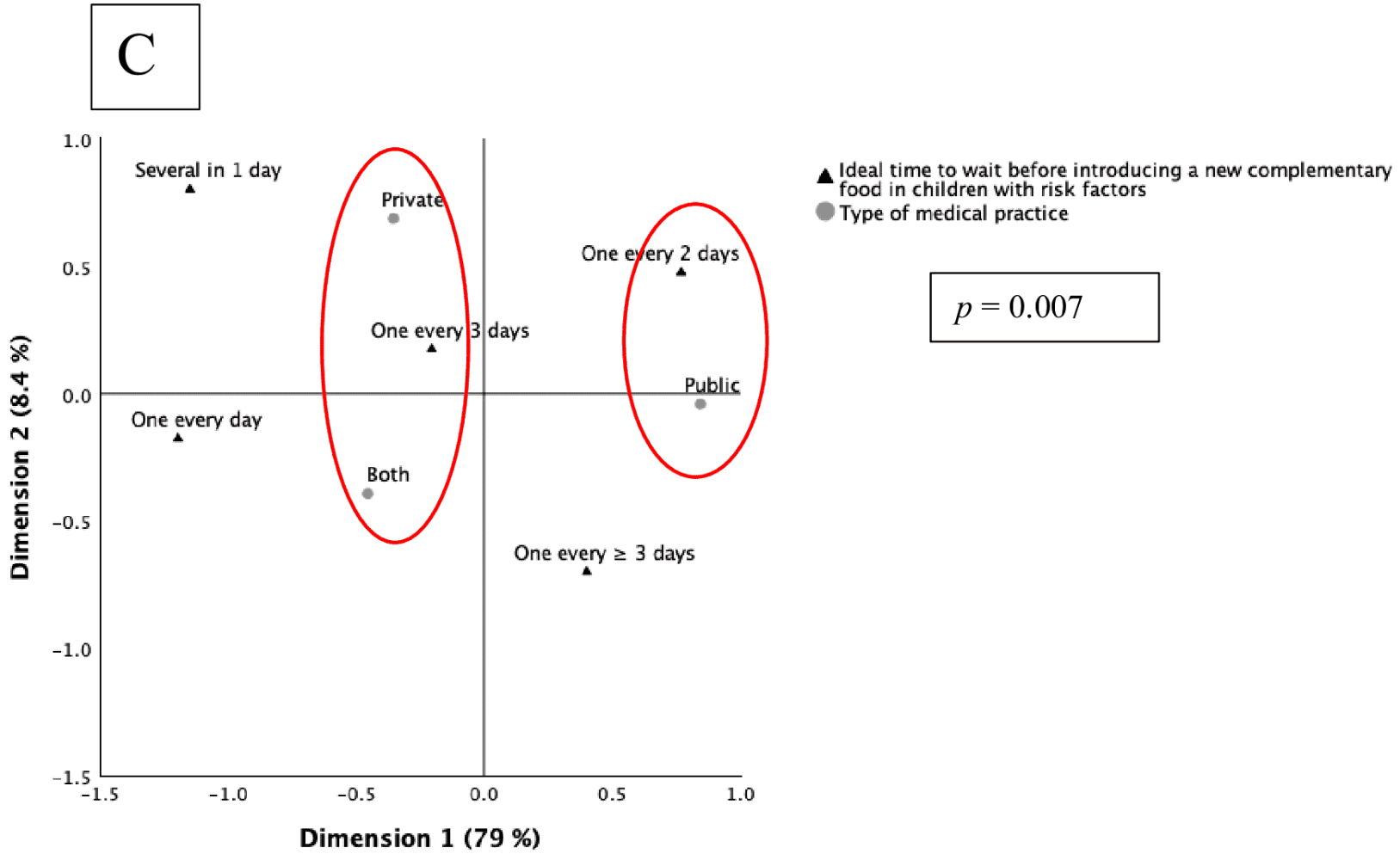


Figure-1A: Bispatial scatter plot of the simple correspondence analysis between the variables time (years) of pediatric practice and the first food that the physician recommends parents give to their children (Figure 1A) and the recommendations on the order of introduction of solid foods (Figure 1B). The correspondence between the type of medical practice and the ideal time to wait before introducing a new complementary food in infants with risk factors is also presented (Figure 1C).



Continue Figure-1B: Bispatial scatter plot of the simple correspondence analysis between the variables time (years) of pediatric practice and the first food that the physician recommends parents give to their children (Figure 1A) and the recommendations on the order of introduction of solid foods (Figure 1B). The correspondence between the type of medical practice and the ideal time to wait before introducing a new complementary food in infants with risk factors is also presented (Figure 1C).



Continue Figure-1C: Bispatial scatter plot of the simple correspondence analysis between the variables time (years) of pediatric practice and the first food that the physician recommends parents give to their children (Figure 1A) and the recommendations on the order of introduction of solid foods (Figure 1B). The correspondence between the type of medical practice and the ideal time to wait before introducing a new complementary food in infants with risk factors is also presented (Figure 1C).

Table-5. Factors associated with the lack of recommendation regarding the first food to be introduced.

	Unadjusted model			Adjusted model		
	OR	**IC 95%**	**P value**	**OR**	**IC 95%**	**P value**
Sex						
Female	1					
Male	0.38	0.11 – 1.31	0.125	---	---	0.231
Place of residence						
State's interior	1					
Metropolitan zone	0.44	0.11 – 1.75	0.243	---	---	0.462
Different recommendations for infants with risk factors						
No	1					
Yes	0.52	0.18 – 1.52	0.231	---	---	0.336
Years of medical experience						
< 10 years	1			1		
≥ 10 years	0.17	0.05 – 0.55	0.003	0.14	0.05 – 0.44	0.001
Type of medical practice						
Private	1			1		
Public	0.18	0.04 – 0.71	0.015	0.19	0.05 – 0.72	0.015
Both	0.23	0.06 – 0.81	0.023	0.24	0.07 – 0.82	0.023

OR: Odds ratio.
CI: 95%: 95% confidence interval.

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In Sweden, it is recommended to start CF at 4 months with fruits/berries, yogurt, sour milk, cream, potatoes, and oatmeal (7). In Italy, there is no specific preference for a particular food group, allowing for the introduction of cereals, fruits, vegetables, fish, eggs, and red meat starting at 6 months (8). In Asia, there is significant diversity: in China, rice and its derivatives are preferred, with urban and rural variations; in India, vegetables, rice, and grains/cereals, especially Ragi, are predominant; while in Indonesia, there are geographic variations, with rice and vegetables in West Papua and Western Sulawesi, rice porridge and mung beans on the island of Nias, and baby cereals and soup broth in West Java (9). In Latin America, a survey shows that fruits are the preferred first foods, followed by vegetables and cereals, recommending starting CF at 6 months in most cases (10). In Mexico, pediatricians prefer to start CF with vegetables in 87% of cases, followed by fruits, and to a lesser extent, meats and cereals.

The recommended starting age for CF is close to 6 months (11). Notably, previous studies have not shown differences in food preferences based on medical practice duration, suggesting that all doctors tend to follow similar approaches. However, in our study, a generational gap is observed. Pediatricians with more experience lean more towards recommending fruits and vegetables, possibly due to their concern about the nutritional benefits and digestibility of these foods in the early stages. In contrast, pediatricians with less than 10 years of experience tend to recommend meats as the first food, which may reflect a more recent view on the importance of animal proteins in an infant's initial diet. This difference in recommendations could indicate a shift in pediatric practice and understanding of the nutritional needs during CF.

Interestingly, pediatricians with more experience mostly modified their recommendations when there was a family history of food allergy or asthma in

infants. However, neither the more experienced nor the less experienced considered eczema as a factor that would require modifications to solid food introduction. One of the first studies suggesting the need to modify early food introduction before 6 months was the HealthNuts study. This study observed that introducing cooked egg between 4 and 6 months of age could protect against egg allergy (3). In the case of peanuts, the Learning Early About Peanut study was pioneering in increasing understanding of food allergy prevention. It showed that early introduction of peanuts in the diet of infants at high risk of allergy, due to family history or the presence of severe eczema, significantly reduced the development of peanut allergy (4). Recent results from this trial have shown that early and sustained introduction until age 5 can generate tolerance to peanut consumption observable even in adolescence (13).

Regarding eggs, their introduction was evaluated in the diet of high-risk infants. The study showed that infants who had eggs introduced between 4 and 6 months had a lower frequency of allergic sensitization and higher IgG4 levels against eggs. These two findings were recently corroborated by a meta-analysis. In the subgroup analysis that included only randomized controlled trials, it was observed that exposure starting at 4 months decreased the risk of allergy and sensitization to eggs. Likewise, introducing peanuts at the same age was associated with a lower risk of peanut allergy (14).

In our country, a medical consensus has concluded that the introduction of potentially allergenic foods should not be delayed, both in children without risk factors and in those with risk factors for allergies (15). Recently, the World Health Organization, along with multiple medical societies, issued a statement on CF in populations with a high prevalence of food allergies. It was recommended that potentially allergenic foods can be introduced at 4 months of age without restrictions (16). Based on our findings, we recommend expanding training for pediatricians regarding the introduction of solids in infants' diets It is important to emphasize the significance of considering family history of atopy when recommending early introduction, between 4 and 6 months, especially for foods such as eggs and peanuts.

4-1. Limitations

The low participation rate of pediatricians could introduce selection bias as the opinions of this small group may not fully represent the diversity of practices in Mexico. This suggests that the medical community may not like being the subject of study. Despite this limitation, the results are interesting as they provide insight into how years of experience and training influence clinical decisions. It is important to note that most participating pediatricians practice in large cities, excluding those from smaller cities or non-members of the pediatric association. The experience of pediatricians in treating allergic diseases could significantly impact results, as they may be more cautious in recommending foods perceived as low risk. However, due to the cross-sectional nature of the study, observed associations should not be seen as causal. Future studies should increase sample sizes for greater accuracy and narrower confidence intervals. A larger sample size will also improve statistical power in subgroup analysis.

5- CONCLUSION

The results of this study suggest that the complementary feeding practices in infants are notably influenced by the years of medical practice of pediatricians. There is a marked preference for using vegetables and fruits among pediatricians

with more experience, while those with less clinical experience tend to prefer meats. Family history of atopy is a determining factor when deciding the timing and most appropriate foods to begin complementary feeding.

6- ACKNOWLEDGEMENT

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