

Supplementary files

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

Continent	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	-

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	-

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

	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	-	
Oceania	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%	-	
	New Zealand, n = 876, highly educated [51]	Mean: 5.2 months ⁹	-	
	Asia	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, Jiaying Birth Cohort [54]	< 6 months: 13% ≥ 6 months: 87%	- Lower maternal education - Farming (occupation)

	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

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

Continent	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	-
	Oceania	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	-

	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	-
Africa	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

Continent	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

			- 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)	-
	India, n = 297, married mothers from the Santal tribe with low education [59]	Family foods were offered at the beginning of CF	-
Asia	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

Continent	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	-

Europe	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: Longer BF duration</i>
	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: TSF</i>
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: Living in a less deprived area</i>	

		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)	-

	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)	- Lower consumption of iron-rich foods: Household food insecurity
	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.

Continent	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
South America	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	-
	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).	-	

		~ 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]	9% of parents added sugars to foods at 6 months, this increased to 25% at 10 months	- 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]	33% of infants aged 12-24 months consumed added sugars	- Multiparity - Younger maternal age - Living in rural areas - Lower maternal income (in Poland)

			- 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%	-

		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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