

Letter to the Editor

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Letter to the editor: comment on 'Associations between maternal diet quality in pregnancy and infant feeding practices'

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Dear Editor,

We congratulate Sexton-Dhamu *et al.*⁽¹⁾ on their relevant study exploring the relationship between maternal diet quality in pregnancy and infant feeding practices. An analysis of 469 pregnant women revealed that higher scores on the Dietary Guidelines Index were associated with higher odds of exclusive breastfeeding for at least 6 months, especially among mothers born in Australia. Although no association was observed with the initiation of solid foods, the results reinforce the importance of promoting high-quality maternal nutrition during pregnancy. We congratulate the authors' contribution, as the study addresses a critical link between maternal nutrition and early childhood health outcomes, and respectfully suggest some improvements.

This study makes a relevant contribution by investigating the association between maternal diet quality during pregnancy and infant feeding practices, using the DGI. The findings indicate that higher Dietary Guidelines Index scores are related to greater chances of exclusive breastfeeding, longer breastfeeding duration and breastfeeding for at least 6 months, especially among mothers born in Australia. These results reinforce the importance of promoting a healthy diet during pregnancy as a strategy for cultivating beneficial feeding practices in early childhood, especially among indigenous Australian women, a group frequently exposed to dietary vulnerabilities⁽²⁾.

However, the study has methodological limitations that deserve consideration. Dietary data collection was performed using a restricted questionnaire (fifteen-item FFQ), adapted from previous research, which may have compromised the accuracy of the information. The lack of assessment of the weight of the ingested portions made it difficult to estimate energy and nutritional intake. The use of more comprehensive methods, such as 24-h records or food diaries, is recommended, in addition to standardisation of portions, as adopted by Aparicio *et al.*⁽³⁾, allowing accurate calculations of energy and nutrients. Furthermore, altering the Dietary Guidelines Index by excluding important components such as food variety, type of bread, alcohol and salt may compromise the validity of the index and make it difficult to compare it with studies that used its full version, such as that carried out by Ward, Coates and Hill⁽⁴⁾.

From our clinical perspective, the study highlights the importance of maternal diet in promoting breastfeeding, consistent with our prenatal observations. However, the limited dietary assessment and population-based scope may affect applicability in diverse settings. We encourage the use of larger sample sizes and more robust dietary tools in future research to increase clinical relevance.

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The authors have no conflicts of interest to report.

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