Table S2. Description of included studies

Trial ID year	Trial summary	Author	Treatment groups	Weight outcomes	Feeding outcomes	*n* (follow-up)	Number of clusters	*n* (baseline)	EBBM	Jadad
Complex nutritional and/or responsive feeding interventions										
Black 2001	Educational video to reduce early complementary feeding practices	Black	Controls: Not reported Intervention: 15 min videotape delivered to low-income adolescent mothers featuring other adolescent mothers talking about parenting and infant feeding. Video used during bi-monthly home visits by young Black women who acted as mentors. These workers were trained and supervised. Intervention delivered until follow-up at 3 months (study continues to 12 months but not reported). Ecological theory/Social learning theory.	–	Mothers in the intervention group were four times more likely to adhere to American Academy of Paediatrics guidelines on complementary feeding (OR 3.8; 1.6 to 9.1; $P < 0.01$).	121 with complete data set: 58 intervention 63 control	N/A	181 total	3	3
Melbourne Infant 2013	Parent-focused intervention to reduce infant obesity risk behaviours	Campbell	Controls: Usual care by nurse who may have provided lifestyle advice (not assessed). Intervention: Dietician delivered 6 × 2-h sessions to first-time parents during group sessions. Anticipatory messages around infant feeding, physical activity and sedentary behaviour, supported by intervention materials and a regular newsletter endorsing key messages. No theory of change described in paper.	No difference in BMI at 9 and 20 months of age.	At 9 months of age, intervention children consumed fewer grams of non-core drinks (mean difference = –0.45; 95% CI –7.92 to –0.99, $P = 0.01$).	9 months 255 intervention 252 control 20 months 241 intervention 239 control	62	271 intervention 271 control	3	3

Nourish 2012	Group classes on parenting and feeding	Daniels	Controls: Self-directed access to usual care Intervention: Mothers attended six fortnightly 1.5-h interactive classes of 10–15 people per group. Anticipatory guidance sessions focused on protective feeding and parenting practices that support the development of healthy child feeding practices. No theory of change stated.	Control infants had higher BMI-z at follow-up (0.42 vs. 0.23, $P = 0.0009$). No difference in prevalence of rapid weight gain from birth to baseline. Control children were more likely to show rapid weight gain from birth to follow-up (OR = 1.6, CI = 1.1 to 2.4, $P = 0.008$), and baseline to follow-up (OR = 1.5, CI = 1.1 to 2.1, $P = 0.014$).	No difference in age at introduction of solids ($P = 0.85$). No difference in prevalence of breastfeeding at follow-up ($P = 0.78$). Mothers in control group were more likely to report using non-responsive feeding practices (15% vs. 4%, $P = 0.001$).	9 months: 291 intervention 307 control 18 months: 260 intervention 281 control	N/A	352 intervention 346 control	3	3
Nourish 2013	Group classes on parenting and feeding	Daniels	As above	NS anthropometric outcomes (BMI z-score: $P = 0.10$), NS prevalence of overweight/obesity (control 17.9% vs. intervention 13.8%, $P = 0.23$)	Intervention group mothers had significantly less controlling feeding practices ($P < 0.001$) (Child Feeding Questionnaire item), significantly less instrumental feeding (food as reward) ($P < 0.001$) and significantly less parental encouragement to eat ($P = 0.005$) (Parental Feeding Style Questionnaire item).	2 years 251 intervention 279 control	–	352 intervention 346 control	3	3
Fewtrell 2013	Bottle design, growth and feeding behaviour	Fewtrell	Controls: No standard control group. Breast fed reference group Intervention: Bottle A, one way air valve Bottle B, internal venting system	No significant difference in infant anthropometry at 2, 3 and 4 weeks post-partum.	Infants using bottle A had significantly less reported fussing (mean 46 vs. 74 min per day, $P < 0.05$)	54 Bottle A 29 Bottle B 25	N/A	63 Bottle A 31 Bottle B 32 Breastfed reference Bottle A 11 Bottle B 13	0	2

Table S2. Continued

Trial ID year	Trial summary	Author	Treatment groups	Weight outcomes	Feeding outcomes	*n* (follow-up)	Number of clusters	*n* (baseline)	EBBM	Jadad
French 2012	Anticipatory guidance for infant feeding practices	French	Controls: The usual care group is described as the 'Bright Futures' group who received guidance on recommended breastfeeding, the introduction of infant food and table food and avoidance of honey and foods that may lead to obesity. Intervention: Anticipatory guidance for (1) MOMS – about their own eating habits or (2) OP – mothers in this group received structured infant feeding advice. No theory of change stated.	12-month follow-up: No differences in infant growth between the three groups.	MOMS mothers gave their infants less juice and more servings of whole fruit and vegetables than the BF (control) group ($P < 0.05$).	12-month follow-up BF (99) MOMS (98) OP (95)	3	BF (99) MOMS (98) OP (95)	1	0
Jonsdottir 2013	Complementary food timing	Jonsdottir	Controls: Exclusive breastfeeding (EBF) for 6 months Intervention: Complementary foods from 4 months (CF) with nursing advice	No differences in growth between 4 and 6 months.	–	50 intervention 50 control	N/A	119 60 (CF) 59 (EBF)	1	3

Kavanagh 2008	Counselling to reduce overfeeding in bottle-fed infants	Kavanagh	Controls: Controls received general guidance on infant feeding. Intervention: Intervention group received the same guidance as controls, plus specific advice to be aware of infant's satiety cues and prepare no more than 6 ounces per feed. Educational modules based on Kolb's Experiential Learning Cycle.	Intervention infants were 0.46 kg heavier than controls ($P < 0.01$).	No change in bottle feeding behaviours.	18 intervention 20 control	N/A	61 randomised, but only 44 attended education classes	1	1
STRIP 1994	Dietary counselling to promote a diet low in saturated fat	Lapinleimu	Controls: Families in the control group were seen at 7 and 13 months of age. They received basic health education typical of well-baby clinics in Finland. Intervention: Families in the intervention group were seen at 7, 8, 10 and 13 months and given individualised dietary counselling advice and health education about the risk factors for atherosclerosis.	No differences in weight or weight-for-height between the two groups at 6 months follow-up (13 months of age).	No differences in duration of breastfeeding between groups at 6 months follow-up.	13 months of age: 19 intervention 22 control	N/A	22 intervention 23 control	2	2

Table S2. Continued

Trial ID year	Trial summary	Author	Treatment groups	Weight outcomes	Feeding outcomes	*n* (follow-up)	Number of clusters	*n* (baseline)	EBBM	Jadad
STRIP 1995	Dietary counselling to promote a diet low in saturated fat	Lapinleimu	Controls: Control families were met twice (7 and 13 months of age). Unrestricted diet was permitted but they were advised to breastfeed until the child was 1 year old; thereafter cow's milk with at least 1.9% fat. Intervention: Intensive health education at 7, 8, 10 and 13 months designed to reduce child's risk of atherosclerosis and coronary heart disease. Breastfeeding advised for as long as possible; thereafter skimmed milk. No theory of change stated.	No difference in weight between groups at 13 months of age.	–	13 months of age: 511 intervention 494 control	N/A	540 intervention 522 control	2	2

SLIMTIME 2011	Nurse home visits to support new mothers who intended to breastfeed	Paul	Controls: Parenting booklet with traditional advice on handling night awakenings (feeding, rocking, change of diaper). Intervention: Soothe/sleep – implemented 2–3 weeks after birth and was designed to increase sleep duration in early infancy by teaching parents alternate soothing and calming strategies to reduce feeding as a first response to fussiness. Introduction of solids – taught parents at 2–3 weeks about hunger and satiety cues as well as the appropriate timing for the introduction of solid foods. No theory of change stated.	At 1 year, infants who received both interventions had lower weight-for-length percentiles ($P = 0.009$) and a mean weight-for-length in the 33rd percentile. Infants receiving the soothe/sleep intervention only infants gained weight more slowly over first 12 months ($P = 0.002$).	Infants who were predominantly breastfeeding at 16 weeks demonstrated a slower pattern of weight gain over first year of life ($P = 0.002$) – Note: intervention-independent.	22 (soothe/sleep plus introduction of solids) 29 (soothe/sleep only) 29 (introduction to solids only) 30 control	N/A	42 (soothe/sleep plus introduction of solids) 39 (soothe/sleep only) 38 (introduction of solids only) 41 control	1	0
WATT 2010	Lay worker home visits to support infant feeding practices	Scheiwe	Controls: As Watt *et al.* (2009). Intervention: As Watt *et al.* (2009).	No difference in weight outcomes at 4-year follow-up.	Intervention children consumed more pure fruit juice (RR = 1.57; 95% CI 0.99, 2.49) and more likely to never drink squash (RR 1.76; 95% CI 1.2, 2.58).	4 years follow-up: 55 intervention 46 control	N/A	157 intervention 155 control	3	3
Verbestel 2013	Overweight prevention study	Verbestel	Controls: Usual care Intervention: Family-based lifestyle intervention underpinned by specific behaviour-orientated theories: (1) information-processing; (2) elaboration-likelihood model; and (3) precaution-adoption process model.	In toddlers aged 9–24 months, BMI z-score decreased in both groups but more in the intervention group.	No significant intervention effects were found on the lifestyle behaviours targeted by the intervention, but over a period of 1 year dietary-related behaviours developed in the unhealthy direction in both conditions.	12 months 100 intervention 56 control	57	126 intervention 65 control	0	0

Table S2. Continued

Trial ID year	Trial summary	Author	Treatment groups	Weight outcomes	Feeding outcomes	*n* (follow-up)	Number of clusters	*n* (baseline)	EBBM	Jadad
Watt 2009	Lay worker home visits to support infant feeding practices	Watt	Controls: Standard support from health visitors and General Practitioners (GPs). Intervention: Monthly home visits were offered from 3 months of age until first birthday by trained volunteers. Designed to empower women to follow current guidance about infant feeding practices, in particular when to introduce solids, the types of foods and drinks to give a child with emphasis on the importance of fruit and vegetables and when to stop using a feeding bottle. Social support theory underpinned intervention.	Intervention infants were 0.4 kg heavier than controls at 12 months of age (CI = 0.1 to 0.7 kg, $P = 0.05$).	At 12 months: No significant differences in duration of exclusive breastfeeding. No significant differences in age at introduction to solids. Intervention infants consumed significantly more fruit and vegetables at 12 and 18 months than controls.	12 months: 115 intervention 124 control 18 months: 104 intervention 108 control	N/A	157 intervention 155 control	3	3

Healthy Beginnings 2011	Nurse home visits to promote positive infant feeding and lifestyle practices	Wen	Controls: Usual care, but home safety promotion materials were sent out at 6 and 12 months in improve retention of controls. Intervention: Intervention families received five or six home visits from a specially trained nurse who delivered a staged home-based intervention in the antenatal period (30–36 weeks gestation) and at 1, 3, 5, 9 and 12 months promoting healthy feeding, physical activity and parent–child interaction. Health belief model.	–	Breastfeeding rates were significantly higher in the intervention group than in the control group at both 6 and 12 months (42.2% vs. 32.1% and 21.0% vs. 14.9%, respectively). At 12 months, the median breastfeeding duration was 17 weeks (95% CI, 13.9–20.4 weeks) in the intervention group compared with 13 weeks (95% CI, 10.1–15.6 weeks) in the control group ($P = 0.03$, log-rank test). The hazard ratio for stopping breastfeeding in the intervention group was 0.82 (95% CI, 0.68–0.99). The intervention also resulted in a significantly later introduction of solid foods ($P < 0.001$ for trend), reducing the proportion of mothers who introduced solids before 6 months by 12% (95% CI, 4–20%) from 74% to 62%. The intervention also decreased the age at which infants started tummy time ($P = 0.03$ for trend) and increased daily practice of tummy time by 7% from 76% to 83% ($P = 0.05$). At 12-month follow-up, fewer intervention mothers used food for reward ($P = 0.04$), gave a bottle at bedtime ($P = 0.04$). There was greater proportion of intervention infants drinking from a cup ($P = 0.01$).	6-month follow-up: 278 intervention 283 control 12-month follow-up: 268 intervention 259 control	N/A	337 intervention 330 control	1	3

Table S2. Continued

Trial ID year	Trial summary	Author	Treatment groups	Weight outcomes	Feeding outcomes	*n* (follow-up)	Number of clusters	*n* (baseline)	EBBM	Jadad
Healthy Beginnings 2012	Nurse home visits to promote positive infant feeding and lifestyle practices	Wen	Controls: Usual care, but home safety promotion materials were sent out at 6 and 12 months in improve retention of controls Intervention: As Wen *et al.* (2011), but with additional visits at 18 and 24 months (Total: eight visits). Health belief model.	For the complete case analysis, mean BMI is significantly lower in the intervention group (16.49, SD 1.76) than the control group (16.87, SD 1.62). BMI difference −0.38 (95% CI −0.68 to −0.08), $P = 0.01$.	Children in intervention group more likely to eat one or more servings of vegetables a day (84%, $P = 0.03$) and significantly less likely to be given food for reward (62% vs. 72%, $P = 0.03$).	24-month follow-up: 255 intervention 242 control	N/A	337 intervention 330 control	1	3
Breastfeeding promotion and lactation support interventions										
Albernaz 2003	Lactation counselling	Albernaz	Controls: Attended generic paediatric clinics. Intervention: No theory of change stated. Initial hospital counselling session followed by seven home visits (5, 15, 30, 45, 60, 90 and 120 days) by trained lactation nurses. Option for additional visits if needed. Hotline available. No theory of change stated.	No difference in weight between groups.	Control mothers twice as likely to stop breastfeeding by 4 months (prevalence ratio 1.85; $P = 0.04$). Breast milk and water intake at 4 months did not differ between groups.	167 85 intervention 82 control	N/A	188 total 94 intervention 94 control	3	2

Moms into Learning about Kids (MILK) 2005	Pre- and post-natal lactation counselling	Bonuck	Controls: Usual care. Intervention: Breastfeeding promotion intervention. A lactation counsellor was available to women for home visits and telephone consultations prenatally and for a further 12 months. Practical instruction in latching on, positioning and other techniques. No theory of change stated.	–	Intervention group more likely to breastfeed through to week 20 (53% vs. 39.3%). Exclusive breastfeeding rates did not differ between groups. Control group had a lower breastfeeding intensity (i.e. offered more formula feeds than breast) than intervention mothers at 13 (OR = 5.22, CI 2.43 to 11.22) and 52 weeks (OR = 5.25, CI 2.43 to 11.22).	145 intervention 159 control	N/A	188 intervention 194 control	3	2
Chapman 2013	Breastfeeding education and support trial for overweight and obese women	Chapman	Controls: Standard care. Intervention: Specialised breastfeeding peer counselling – comprising three antenatal visits, daily in-hospital support, up to 11 post-partum home visits promoting exclusive breastfeeding and addressing obesity-related breastfeeding barriers.	–	No impact on exclusive breastfeeding or breastfeeding continuation at 1, 3, 6 months post-partum. At 2 weeks post-partum, the intervention group has significantly greater odds of continuing any breastfeeding (adjusted OR): 3.76 (95% CI: 1.07, 13.22) and giving at least 50% of feedings as breast milk (adjusted OR): 4.47 (95% CI: 1.38, 14.5).	–	–	206 total	1	2

Table S2. Continued

Trial ID year	Trial summary	Author	Treatment groups	Weight outcomes	Feeding outcomes	*n* (follow-up)	Number of clusters	*n* (baseline)	EBBM	Jadad
PROBIT 2001	Hospital-based promotion of breastfeeding	Kramer	Controls: Usual care. Intervention: The breastfeeding intervention was modelled on step 10 of the Baby Friendly Hospital Initiative (post-natal support). The chief obstetrician or paediatrician at each clinic received 18 h of Baby Friendly Hospital Initiative (BFHI) lactation management training course. No theory of change stated.	–	Proportion of control mothers breastfeeding at 3 months was greater than expected. Significantly higher rates of breastfeeding at 3 months in the intervention group. Proportion of women exclusively breastfeeding was sevenfold higher in intervention clinics at 3 months (43.3% vs. 6.4%; $P \leq 0.001$) and more than 12-fold higher at 6 months (7.9% vs. 0.6%; $P = 0.01$). Almost twice as many intervention mothers were predominately breastfeeding at 3 months (51.9% vs. 28.3%; adjusted OR, 0.28; 95% CI, 0.016–0.49) and nearly seven times as many at 6 months (10.6% vs. 1.6%; $P = 0.03$).	8547 intervention 7895 control	16 intervention 15 control	8865 intervention 8181 control	1	2
PROBIT 2001	Hospital-based promotion of breastfeeding	Kramer	Controls: See Kramer *et al.* (2001). Intervention: See Kramer *et al.* (2001).	Mean weight was significantly higher in the experimental group at 1 (4341 g vs. 4280 g), $P = 0.001$ and 3 months (6153 g vs. 6047 g), $P < 0.001$. The difference was NS by 12 months (10 564 g vs. 10 571 g).	See Kramer *et al.* (2001).	1 month: 8630 intervention 8062 control 12 months: 8553 intervention 7918 control	See Kramer *et al.* (2001).	See Kramer *et al.* (2001).	1	2

PROBIT 2007	Hospital-based promotion of breastfeeding	Kramer	Controls: See Kramer *et al.* (2001). Intervention: See Kramer *et al.* (2001).	6.5 years follow-up: No significant intervention effects were observed on height, BMI, waist or hip circumference, triceps or subscapular skinfold thickness or systolic or diastolic blood pressure.	See Kramer *et al.* (2001).	6.5 years: 7108 intervention 6781 control	See Kramer *et al.* (2001).	See Kramer *et al.* (2001).	1	2
Morrow 1999	Lactation counselling by a peer mentor	Morrow	Controls: Control mothers with lactation problems were referred to their own physicians. Intervention: Breastfeeding support and education following La Leche league guidance. Group 1: Six-visit group (visited by peer counsellor in mid and late pregnancy, and 1, 2, 4 and 8 weeks post-partum). Group 2: Three-visit group (late pregnancy, 1, 2 weeks post-partum). No theory of change stated.	–	No differences in breastfeeding initiation. At 3 months post-partum, exclusive breastfeeding was practised by 67% of six-visit, 50% of three-visit and 12% of control mothers (intervention groups vs. controls, $P < 0{\cdot}001$; six-visit vs. three-visit, $P = 0{\cdot}02$). Breastfeeding duration significantly ($P = 0{\cdot}02$) longer in intervention groups than in controls.	42 (six-visit) 50 (three-visit) 33 (control)	31	44 (six-visit) 52 (three-visit) 34 (control)	3	2
Parenting support interventions										
MOMENTS 2011	Peer mentoring for first-time mothers	Cupples	Controls: Usual care. Intervention: Fortnightly home visits by trained peer volunteers during pregnancy and monthly during the following year, providing health-related information. No theory of change stated.	No difference in weight between groups (mean difference in SDS weight, −0.55, 95% CI −0.33 to 0.21).	No difference in % breastfeeding at 6 weeks (95% CI = 9.7 to 21.3 intervention vs. 11.4 to 22.9 control).	135 intervention 145 control	N/A	172 intervention 174 control	4	3

Table S2. Continued

Trial ID year	Trial summary	Author	Treatment groups	Weight outcomes	Feeding outcomes	*n* (follow-up)	Number of clusters	*n* (baseline)	EBBM	Jadad
Community Mothers 1993	Peer mentoring for first-time mothers	Johnson	Controls: Received standard support from local public health nurse at birth and 6 weeks, and at other times if required. Intervention: Monthly home visits for 1 year from a community mother to support and encourage first-time parents. Based on Bristol Early Childhood Development Programme.	–	Intervention infants were introduced to cow's milk significantly later 38 weeks vs. 28 weeks (10.1 weeks 95% CI 6.4 to 13.5 weeks, $P < 0.001$). Controls consumed significantly more 'inappropriate' foods.	232 127 intervention 105 control.	N/A	262 141 intervention 121 control	2	2
PROKIND 2010	Counselling to promote awareness of health risks in socially deprived areas	Jungmann	Controls: Usual care Intervention: Counselling to improve awareness of health risks	No significant differences in weight between intervention and control group throughout the study period.	–	12-month follow-up (with weight outcomes): 96 control 114 intervention	N/A	362 control 393 Intervention	2	3
Miller Early Childhood Sustained Home-visiting (MECSH) 2011	Sustained and structured nurse home visiting to provide parenting and family health education	Kemp	Controls: Usual universal care Intervention: Women received an average of 16.3 visits (60–90 min duration) by a child health nurse from 26 weeks gestation until the child's second birthday. Programme of parenting education and support. No theory of change stated.	–	Breastfeeding duration mean difference = 7.88 (2.89 to 12.88), effect size 0.49, $P = 0.002$, power 0.93. Transition to solids mean difference −1.32 (−3.47 to 0.83), $P = 0.23$.	63 intervention 44 control	N/A	111 intervention 97 control	1	2

Maternal health interventions										
Dewey 1994	Exercise classes for lactating women	Dewey	Controls: Breastfeeding women who did not engage in aerobic exercise more than once per week during the same period as the intervention. Intervention: Breastfeeding mothers undertook a programme of aerobic exercise which consisted of supervised aerobic exercise (at a level of 60% to 70% of the heart-rate reserve) for 45 min per day, 5 days per week, for 12 weeks. No theory of change stated.	No difference in the weight of infants during the study period.	No differences in the volume of breast milk intake during the study period. No difference in maternal prolactin levels.	33 18 intervention 15 control	N/A	33 18 intervention 15 control	2	1
INFAT 2012	Consumption of fish-oil capsules and vitamin E supplements and counselling to reduce polyunsaturated fat intake in pre- and post-natal women	Hauner	Controls: From 15 weeks gestation, pregnant women received brief semi-structured counselling on a healthy balanced diet, and were explicitly asked to refrain from taking fish-oil or DHA supplements. Intervention: Provision of LCPUFA fish-oil supplement, vitamin E. Women were also advised to normalise the consumption of AA (n-6 LCPUFA) and reduced their consumption of meat. Non-behavioural study.	Newborns in the intervention group had higher birth weight (mean difference = 178 g, 95% CI 31 to 324, $P = 0.019$), higher weight-for-length, and BMI (reported as being caused by prolonged gestation in the intervention group). These differences were not apparent at follow-up at 6 weeks, 4 and 12 months. No differences in infant fat mass and distribution.	No differences in breastfeeding status between groups	4-month follow-up: 87 intervention 97 control 12-month follow-up: 87 intervention 83 control	N/A	188 mothers 92 intervention 96 control	0	–

Table S2. Continued

Trial ID year	Trial summary	Author	Treatment groups	Weight outcomes	Feeding outcomes	*n* (follow-up)	Number of clusters	*n* (baseline)	EBBM	Jadad
Laitinen 2009	Dietary counselling and the consumption of plant stanol ester products	Laitinen	Controls: Usual care Intervention: Pregnant women received counselling to follow a balanced diet and to consume foods enriched with plant stanol esters. No theory of change stated – but note this study was about patient safety of the diet not obesity prevention.	Intervention had no impact on the infants' growth up to the age of 12 months. The mean height SD scores and weights proportional to heights were also within the population reference range in both groups.	–	11 intervention 10 control	N/A	11 intervention 10 control	0	0
Formula milk interventions										
EU Childhood Obesity Programme 2012	Consumption of high or low protein formula milk	Escribano	Controls: No standard control group. Breastfed comparison group. Intervention: Group 1: LP formula Group 2: HP formula Both formulas provided the same energy content. Non-behavioural study.	6-month follow-up: HP group had significantly higher weight, weight-for-length and BMI than the LP group (no difference in body length) and BF group. BF infants did not differ from LP infants on any of the anthropometric measures. Weight gain velocity from baseline to 6 months was significantly higher among HP infants as compared with those in LP group ($P = 0.015$) and those in the BF group ($P = 0.009$). No differences in weight gain velocity were detected between LP and BF infants.	–	63 LP group: 21 HP group: 17 BF group: 25	N/A	66 LP group: 24 HP group: 17 BF group: 25	–	4

EU Childhood Obesity Programme 2009	Consumption of high or low protein formula milk	Koletzko	Controls: Breastfed comparison group: not randomly allocated. Intervention: Group 1: LP cow's milk-based formula Group 2: HP cow's milk-based formula. Non-behavioural study.	No difference in length between groups at any follow-up. LP infants had lower weight-for-length z-score than HP infants at the 24-month follow-up and did not differ from BF infants.	–	6-month follow-up: 1200 428 (LP) 423 (HP) 349 (BF) 12-month follow-up: 1094 384 (LP) 383 (HP) 327 (BF) 24-month follow-up: 933 313 (LP) 322 (HP) 298 (BF)	N/A	1757 564 (LP) 574 (HP) 619 (BF)	–	5
Mennella-Growth 2011	Consumption of CMF or protein hydrolysate formula (PHF) milk	Mennella	Controls: CMF Intervention: PHF Non-behavioural study	Infants fed PHF had significantly lower weight-for-length z-scores from 2.5 to 7 months than CMF infants. There were no differences in length-for-age z-scores. PHF infants had slower weight gain velocity than CMF infants. PHF infants consumed less formula to satiation than CMF infants during the 7-month period.	–	CMF (32) PHF (24)	N/A	CMF (35) PHF (29)	–	4

Table S2. Continued

Trial ID year	Trial summary	Author	Treatment groups	Weight outcomes	Feeding outcomes	*n* (follow-up)	Number of clusters	*n* (baseline)	EBBM	Jadad
GINI 2009	Consumption of hydrolysed protein formula milk or CMF	Rzehak	Controls: An exclusive breastfeeding comparison group is included in addition to the four formula milk variants, however, this is not a randomised control group. Intervention: Infants randomly assigned at birth to one of four formula milks, three of which they refer to as hydrolysed infant formulas, one partially hydrolysed whey (pHF-W), extensively hydrolysed whey (eHF-W), extensively hydrolysed casein (eHF-C) and one standard CMF. Non-behavioural study.	Significantly slower sex-adjusted BMI gain during first year of life for infants in the eHF-C formula milk (–0.1 to –0.2 lower BMI standard deviation scores). No significant differences reported at 6-year follow-up.	–	1 year follow-up 226 (pHF-W) 238 (eHF-W) 228 (eHF-C) 249 (CMF) 740 (BF) 2 years follow-up 204 (pHF-W) 216 (eHF-W) 203 (eHF-C) 220 (CMF) 665 (BF) 4 years follow-up 134 (pHF-W) 135 (eHF-W) 110 (eHF-C) 147 (CMF) 520 (BF) 6 years follow-up 184 (pHF-W) 191 (eHF-W) 167 (eHF-C) 202 (CMF) 642 (BF)	N/A	253 (pHF-W) 265 (eHF-W) 250 (eHF-C) 276 (CMF) 796 (BF)	–	5
EU Childhood Obesity Program 2011	Consumption of high or low protein formula milk	Socha	Controls: Breastfed comparison group not randomly allocated. Intervention: Infants were provided with infant and follow-on formulas that were designated LP or HP for the first year of life. Non-behavioural study.	Insulin-like growth factor (IGF)-1 at 6 months of age was associated with weight at 6, 12 and 24 months, but with weight gain only during the first 6 months of life.	–	1324 6 months: 513 (breakdown across groups not reported) 12 months: 445 (breakdown across groups not reported) 24 months: 366 (breakdown across groups not reported)	N/A	1678 540 (LP) 550 (HP) 588 (BF)	–	5

BMI, body mass index; CI, confidence interval; CMF, cow's milk formula; DHA, docosahexaenoic acid; EBBM, evidence-based behavioural medicine; HP, higher protein; LCPUFA, long-chain polyunsaturated fatty acids; LP, lower protein; MOMS, maternal-focused intervention; N/A, not applicable; NS, non-significant; OP, ounce of prevention; OR, odds ratio; RR, relative risk; SD, standard deviation.