Australian Government
National Health and Medical Research Council

NHMRC

Attachment G

Specific PI/ECO (populations, interventions/exposures, comparisons, and outcomes) for high and very high priority questions

VERY HIGH PRIORITY FOR EVIDENCE REVIEW (To be comprehensively addressed via existing or commissioned systematic reviews, within limits of review resources)

Dietary patterns (including whole dietary intake patterns, macronutrient source/quality)

Question/ Subtopic	Populations	Interventions/ exposures, comparisons	Outcomes	Rationale for priority
Dietary patterns and health outcomes	Adult • include older adults • include adults with risk factors for chronic disease e.g., high blood pressure, overweight /obesity, impaired glucose tolerance, dyslipidaemia • exclude populations exclusively selected on the basis of disease e.g., diabetes, CVD	Dietary patterns vs Other dietary patterns High similarity to a specific dietary pattern vs low similarity to that dietary pattern Dietary patterns must be relevant at a population level e.g., Mediterranean diet (food patterns high in fat sources with high omega 3/PUFA/MUFA); plant-based diets, Exclude interventions/ exposures that are for treatment of disease e.g., diabetes, CVD	Relevant health outcomes •All-cause mortality •All-cause morbidity Chronic condition risk factors • Cancer risk factors • Cardiovascular disease risk or related factors • Type 2 diabetes risk or related factors • Overweight / obesity or related size measures • Mental health (depression and anxiety) • Reproductive health • Gastrointestinal health • Iron deficiency anaemia in women of childbearing age Healthy Aging • Quality of Life • Neurocognitive health including dementia • Sarcopenia • Bone health	Evidence base: • Evidence base likely to have substantially changed since 2011 review • Evidence gap in previous guidelines (focused primarily on food groups rather than evidence for dietary patterns as a whole) Relevance to Guidelines / Public Health Impact: • Dietary patterns approach aligns with how people eat • Likely impacts of changing climate and economic factors on dietary patterns Pragmatic considerations: • Dietary patterns have been prioritised for review by other international groups, so possible resource efficiency by using existing reviews • for sources of fat high priority included in the dietary patterns e.g., Mediterranean diet
	Pregnant & breastfeeding		Maternal health outcomes: • Gestational diabetes risk • Pregnancy-related hypertensive disorders risk • Pregnancy-related weight gain/postpartum loss • Pre/post-natal depression • Iron deficiency anaemia Breastfeeding specific outcomes • Human milk production Birth outcomes • Birth metrics (weight/gestational age at birth/ preterm) • Stillbirth/miscarriage Outcomes in the infant/child: • Asthma, allergies or allergic syndromes • Child growth (including overweight/obesity) • Child development (including neurocognitive development)	

Question/ Subtopic	Populations	Interventions/ exposures, comparisons	Outcomes	Rationale for priority
	Children (excluding infants less than 12 months) & adolescents		Child Health outcomes • Child growth (including overweight /obesity) • Child development (including neurocognitive development) • asthma, allergies allergic syndrome • mental health • iron deficiency anaemia	
Intake of animal vs plant sources of protein and health outcomes	Adult • include older adults • include adults with risk factors for chronic disease e.g., high blood pressure, overweight /obesity, impaired glucose tolerance, dyslipidaemia • exclude populations exclusively selected on the basis of disease e.g., diabetes, CVD	Protein intake from plant-based sources vs from animal sources high vs low intake of plant foods high vs low intake of animal foods Dairy vs dairy alternatives Exclude interventions/ exposures that are for treatment of disease e.g., diabetes, CVD	Relevant health outcomes • All-cause mortality • All-cause morbidity Chronic condition risk factors • Cancer risk factors • Cardiovascular disease risk or related factors • Type 2 diabetes risk or related factors • Overweight / obesity or related size measures • Mental health (depression and anxiety) • Reproductive health • Gastrointestinal health • Iron deficiency anaemia in women of childbearing age Healthy Aging • Quality of Life • Neurocognitive health including dementia • Sarcopenia • Bone health	Evidence base: • Evidence gap in current guidelines Relevance to Guidelines/ Public Health Impact: • Necessary to inform recommendations about dietary patterns and health, in particular around health aspects of sustainable diets • Likely impacts of changing climate on dietary patterns Pragmatic considerations: • Evaluating macronutrient sources/quality aspects more efficient /feasible than assessing evidence for individual food groups • Prioritised for review by other international groups, so possible resource efficiency by using existing reviews.
	Pregnant & breastfeeding		Maternal health outcomes: • Gestational diabetes risk • Pregnancy-related hypertensive disorders risk • Pregnancy-related weight gain / postpartum loss • Pre/post-natal depression • iron deficiency anaemia Breastfeeding specific outcomes • Human milk production Birth outcomes • Birth metrics (weight/gestational age at birth/ preterm) • Stillbirth/miscarriage Outcomes in the infant/child: • Asthma, allergies or allergic syndromes • Child growth (including overweight/obesity) • Child development (including neurocognitive development)	
	Children (excluding infants less than 12 months) & adolescents		Child Health outcomes • Child growth (including overweight /obesity) • Child development (including neurocognitive development) • asthma, allergies allergic syndrome • mental health • iron deficiency anaemia	

Ultra-processed foods				
Question/ Subtopic	Populations	Interventions/ exposures, comparisons	Outcomes	Rationale for priority
Ultra-processed food intake and health outcomes	Adult • include older adults • include adults with risk factors for chronic disease e.g., high blood pressure, overweight /obesity, impaired glucose tolerance, dyslipidaemia • exclude populations exclusively selected on the basis of disease e.g., diabetes, CVD	High intake of ultra-processed foods vs No/low intake of ultra-processed foods Exclude interventions/ exposures that are for treatment of disease e.g., diabetes, CVD	Relevant health outcomes • All-cause mortality • All-cause morbidity Chronic condition risk factors • Cancer risk factors • Cardiovascular disease risk or related factors • Type 2 diabetes risk or related factors • Overweight / obesity or related size measures • Mental health (depression and anxiety) • Reproductive health • Gastrointestinal health • Iron deficiency anaemia in women of childbearing age Healthy Aging • Quality of Life • Neurocognitive health including dementia • Sarcopenia • Bone health	Evidence base: • Likely to be new evidence to warrant a review of ultra-processed foods (as distinct from discretionary foods). • Evidence gap in previous guidelines Relevance to Guidelines / Public Health Impact: • Significant increase in availability of non-core foods and population diet includes many such foods. • Intake of non-core foods displaces core foods from diet and has a likely impact on chronic disease • Pragmatic considerations: • A focus on ultra-processed foods (and drinks) encompasses several priority issues, including highly processed meat / meat alternatives, use of fruit juice use as sweetener in processed foods, sugar-sweetened/ artificially sweetened beverages. This approach also supports the focus on dietary patterns rather than specific food groups. • Dental health (high prevalence - not high DALY, common risk factors with other chronic conditions, relevant for specific population/exposure e.g., sugar, sugar sweetened beverages) • Some, but not all, discretionary foods will be captured by this approach. • Ultra-processed food and health outcomes prioritised for review by other international groups, so possible resource efficiency by using existing reviews, where relevant.
	Pregnant & breastfeeding		Maternal health outcomes: • Gestational diabetes risk • Pregnancy-related hypertensive disorders risk • Pregnancy-related weight gain / postpartum loss • Pre/post-natal depression • Iron deficiency anaemia Breastfeeding specific outcomes • Human milk production Birth outcomes • Birth metrics (weight/gestational age at birth/ preterm) • Stillbirth/miscarriage Outcomes in the infant/child: • Asthma, allergies or allergic syndromes • Child growth (including overweight/obesity) • Child development (including neurocognitive development)	
	Children (excluding infants less than 12 months) & adolescents		Child Health outcomes • Child growth (including overweight /obesity) • Child development (including neurocognitive development) • Asthma, allergies allergic syndrome • Mental health • Iron deficiency anaemia	

Sustainable diets				
Question/ Subtopic	Populations	Interventions/ exposures, comparisons	Outcomes	Rationale for priority
Dietary patterns/food intakes and sustainability outcomes	*Identified as a very high priority. To be addressed via a separate (concurrent) process due to breadth of specialist expertise required.*		Evidence base: • Evidence base is likely to have changed significantly since 2013 • Evidence gaps in previous guidelines Relevance to Guidelines / Public Health Impact: • Increasing population interest in eating sustainably and the health impacts of some of these diets is not known • Poor planetary health has direct effects on human health • Climate impacts that may alter availability of particular foods (scarcity, pricing) should be considered when making recommendations Pragmatic considerations: • ? Need to consider not only health / sustainability aspects but also the local social and economic context (this can be done via evidence-to-decision process) • Identified as a priority to be addressed via a separate (concurrent) process due to breadth of specialist expertise required • Prioritised for review by other international groups. Potential for some efficiency by adapting existing reviews for local context, where suitable and within resources. • Scoping review may be suitable methodology	

HIGH PRIORITY FOR EVIDENCE REVIEW (Aim to address comprehensively via existing or commissioned systematic reviews, within limits of review resources)

Meal patterns (eating behaviour) - Frequency of eating occasions

Question/ Subtopic	Populations	Interventions/ exposures, comparisons	Outcomes	Rationale for priority
Frequency of eating and health outcomes	Adult • include older adults • include adults with risk factors for chronic disease e.g., high blood pressure, overweight /obesity, impaired glucose tolerance, dyslipidaemia • exclude populations exclusively selected on the basis of disease e.g., diabetes, CVD	Frequency of eating vs Different meal pattern frequency Varying levels of frequency of eating different meals patterns Exclude interventions/ exposures that are for treatment of disease e.g., diabetes, CVD	Relevant health outcomes • All-cause mortality • All-cause morbidity Chronic condition risk factors • Cancer risk factors • Cardiovascular disease risk or related factors • Type 2 diabetes risk or related factors • Overweight / obesity or related size measures • Mental health (depression and anxiety) • Reproductive health • Gastrointestinal health • Iron deficiency anaemia in women of childbearing age Healthy Aging • Quality of Life • Neurocognitive health including dementia • Sarcopenia • Bone health	Evidence base: • Unclear if existing evidence will be sufficient to guide new recommendations • Current evidence base limited (relates primarily to breakfast consumption) and would benefit from review Relevance to Guidelines/ Public Health Impact: • Understanding eating behaviour is at the core of the Guidelines, to support development of recommendations, implementation and improve health outcomes • Understanding antecedents to eating behaviours enables interventions to be devised • Department of Health commissioned Rapid Review of Australia's Food Culture (2020) identified addressing eating behaviour as a priority to inform revised guidelines Pragmatic considerations: • Frequency of eating prioritised for review by other international groups, so possibility of using existing reviews.
	Pregnant & breastfeeding		Maternal health outcomes: • Gestational diabetes risk • Pregnancy-related hypertensive disorders risk • Pregnancy-related weight gain / postpartum loss • Pre/post-natal depression • Iron deficiency anaemia Breastfeeding specific outcomes • Human milk production Birth outcomes • Birth metrics (weight/gestational age at birth/ preterm) • Stillbirth/miscarriage Outcomes in the infant/child: • Asthma, allergies or allergic syndromes • Child growth (including overweight/obesity) • Child development (including neurocognitive development)	
	Children (excluding infants less than 12 months) & adolescents		Child Health outcomes • Child growth (including overweight /obesity) • Child development (including neurocognitive development) • Asthma, allergies allergic syndrome • Mental health • Iron deficiency anaemia	

Meats, poultry, fish, eggs, nuts and seeds, legumes/beans (including pulses and tofu)				
Question/ Subtopic	Populations	Interventions/ exposures, comparisons	Outcomes	Rationale for priority
Type of meat intake (red vs white) and health outcomes	Adult • include older adults • include adults with risk factors for chronic disease e.g., high blood pressure, overweight /obesity, impaired glucose tolerance, dyslipidaemia • exclude populations exclusively selected on the basis of disease e.g., diabetes, CVD	Red meat intake versus white meat Exclude interventions/ exposures that are for treatment of disease e.g., diabetes, CVD	Relevant health outcomes • All-cause mortality (life expectancy is an inverse measure of early mortality) • All-cause morbidity Chronic condition risk factors • Cancer risk factors • Cardiovascular disease risk or related factors • Type 2 diabetes risk or related factors • Overweight and obesity or related size measures • Mental health (depression and anxiety) • Reproductive health • Gastrointestinal health • Iron deficiency anaemia in women of childbearing age Healthy Aging • Quality of Life • Neurocognitive health including dementia • Sarcopenia • Bone health	Evidence base: • Evidence base likely to have changed, including evidence on: - health outcomes (overall mortality, substitution with white meat) - sustainability aspects. • Evidence gaps/uncertainty in current guidelines could be addressed with an update Relevance to Guidelines: • Red Meat forms a large proportion of the Australian diet Public Health Impact / Context: • Production and consumption of red meat is related to economic and environment factors, and burden of disease. • Red meat is a good source of protein and iron. Pragmatic considerations: • Focus on red meat vs white meat will provide supportive evidence to very high priority questions about animal vs plant protein sources (see above) • Red vs white meat substitution prioritised for review by other international groups, so possible resource efficiency by using existing reviews. • High rather than very high priority owing to coverage of this topic by 'very high' priority questions on 'animal vs plant protein sources'
	Pregnant & breastfeeding		Maternal health outcomes: • Gestational diabetes risk • Pregnancy-related hypertensive disorders risk • Pregnancy-related weight gain / postpartum loss • Pre/post-natal depression • iron deficiency anaemia Breastfeeding specific outcomes • Human milk production Birth outcomes • Birth metrics (weight/gestational age at birth/ preterm) • Stillbirth/miscarriage Outcomes in the infant/child: • Asthma, allergies or allergic syndromes • Child growth (including overweight/obesity) • Child development (including neurocognitive development)	
	Children (excluding infants less than 12 months) & adolescents		Child Health outcomes • Child growth (including overweight /obesity) • Child development (including neurocognitive development) • Asthma, allergies allergic syndrome • Mental health • Iron deficiency anaemia	
Legume/ pulse intake and	Adult • include older adults	High intake of legumes/ pulses vs No/	Relevant health outcomes • All-cause mortality (life expectancy is an inverse measure of early mortality)	Priority:

Question/ Subtopic	Populations	Interventions/ exposures, comparisons	Outcomes	Rationale for priority
health outcomes	• include adults with risk factors for chronic disease e.g., high blood pressure, overweight /obesity, impaired glucose tolerance, dyslipidaemia • exclude populations exclusively selected on the basis of disease e.g., diabetes, CVD	low intake of legumes/ pulses Exclude interventions/ exposures that are for treatment of disease eg diabetes, CVD	• All-cause morbidity <u>Chronic condition risk factors</u> • Cancer risk factors • Cardiovascular disease risk or related factors • Type 2 diabetes risk or related factors • Overweight and obesity or related size measures • Mental health (depression and anxiety) • Reproductive health • Gastrointestinal health • Iron deficiency anaemia in women of childbearing age <u>Healthy Aging</u> • Quality of Life • Neurocognitive health including dementia • Sarcopenia • Bone health	<u>Evidence base</u> • Evidence base for adults unlikely to have changed significantly • Evidence base could benefit from strengthening in view of likely increased shift towards plant-based protein sources, in particular intakes in children <u>Relevance to Guidelines / Public Health Impact:</u> • Diets low in legumes was the leading dietary risk contributing to 1.2% of the total burden of disease in Australia in 2018. • Legumes important substitute for meat (noting high burden of disease associated with red meat intake) • Significant increase in consumption of meat substitutes in recent years <u>Pragmatic/other context:</u> • Legume intake and health outcomes prioritised for review by other international groups, so possible resource efficiency by using existing reviews.
	<u>pregnant & breastfeeding</u>		<u>Maternal health outcomes:</u> • Gestational diabetes risk • Pregnancy-related hypertensive disorders risk • Pregnancy-related weight gain / postpartum loss • Pre/post-natal depression • Iron deficiency anaemia <u>Breastfeeding specific outcomes</u> • Human milk production <u>Birth outcomes</u> • Birth metrics (weight/gestational age at birth/ preterm) • Stillbirth/miscarriage <u>Outcomes in the infant/child:</u> • Asthma, allergies or allergic syndromes • Child growth (including overweight/obesity) • Child development (including neurocognitive development)	
	<u>children (excluding infants less than 12 months) & adolescents</u>		<u>Child Health outcomes</u> • Child growth (including overweight /obesity) • Child development (including neurocognitive development) • Asthma, allergies allergic syndrome • Mental health • Iron deficiency anaemia	

Contextual factors, barriers, enablers and interventions				
Question/ Subtopic	Populations	Interventions/ exposures, comparisons	Outcomes	Rationale for priority
Influence of eating environment/ context and consumption aligned with guidelines	<u>All (adults, older adults pregnant & breastfeeding, children & adolescents)</u> exclude populations exclusively selected on the basis of disease e.g., diabetes, CVD <u>Subpopulations of interest:</u> Priority populations National Preventive Health Strategy 2021 -2030 • Aboriginal and Torres Strait Islander people • Culturally and linguistically diverse (CALD) • Lesbian, gay, bisexual, transgender, queer or questioning, intersex and/or other sexuality and gender diverse people (LGBTQI+) • people with mental illness • people of low socioeconomic status • people with disability • rural, regional and remote	Factors relating to eating environment/ context, including: - home-based factors (e.g., family meals, use of technology during mealtimes) - factors relating to other environments (e.g., school, workplace, community) Exclude interventions/ exposures that are for treatment of disease e.g., diabetes, CVD	Consumption aligned with guidelines (at point in time; life course)	<u>Evidence base:</u> • Evidence gap - social factors influencing food and food choice have changed since 2013 and this may have generated new evidence <u>Relevance to Guidelines / Public Health Impact:</u> • Understanding structural constraints will support guideline development and implementation • Underpins eating behaviour and food choices, and critical to addressing current lack of compliance with guidelines • Key contextual factors that underpin nutrition across the life course • Pragmatic considerations: • Social changes since 2013 including increased availability/consumption of meals of convenience, uber eats, processed foods aimed at children • Focus is on key barriers / enablers relevant to scope of guidelines / recommendations (i.e., questions about when, where, why and how people should eat, to support recommendations about healthy eating behaviours alongside information about 'what' to eat). • Questions about implementation (e.g., how to improve dietary choices/behaviours or structural factors that influence dietary choices/behaviours should be addressed separately).
Barriers and enablers to consumption aligned with guidelines	<u>All (adults, older adults pregnant & breastfeeding, children & adolescents)</u> exclude populations exclusively selected on the basis of disease e.g., diabetes, CVD <u>Subpopulations of interest:</u> Priority populations National Preventive Health Strategy 2021 -2030 • Aboriginal and Torres Strait Islander people • Culturally and linguistically diverse (CALD) • Lesbian, gay, bisexual, transgender, queer or questioning, intersex and/or other sexuality and gender diverse people (LGBTQI+) • people with mental illness • people of low socioeconomic status • people with disability • rural, regional and remote	Other barriers and enablers to consumption of foods aligned with guidelines e.g., food literacy/skills Exclude interventions/ exposures that are for treatment of disease e.g., diabetes, CVD	Consumption aligned with guidelines (at point in time; life course)	<u>Evidence base:</u> • Evidence gap - social factors influencing food and food choice have changed since 2013 and this may have generated new evidence <u>Relevance to Guidelines / Public Health Impact:</u> • Understanding structural constraints will support guideline development and implementation • Underpins eating behaviour and food choices, and critical to addressing current lack of compliance with guidelines • Key contextual factors that underpin nutrition across the life course <u>Pragmatic considerations:</u> • Social changes since 2013 including increased availability/consumption of meals of convenience, uber eats, processed foods aimed at children • Focus is on key barriers / enablers relevant to scope of guidelines/recommendations (i.e., questions about when, where, why and how people should eat, to support recommendations about healthy eating behaviours alongside information about 'what' to eat). • Questions about implementation (e.g., how to improve dietary choices/behaviours or structural factors that influence dietary choices/behaviours should be addressed separately).
Barriers and enablers to consumption aligned with guidelines	<u>All (adults, older adults pregnant & breastfeeding, children & adolescents)</u> exclude populations exclusively selected on the basis of disease e.g., diabetes, CVD	Food security Exclude interventions/ exposures that are	Consumption aligned with guidelines (at point in time; life course)	<u>Evidence base:</u> • Evidence gap - social factors influencing food and food choice have changed since 2013 and this may have generated new evidence

Question/ Subtopic	Populations	Interventions/ exposures, comparisons	Outcomes	Rationale for priority
	<u>Subpopulations of interest:</u> Priority populations National Preventive Health Strategy 2021 -2030 • Aboriginal and Torres Strait Islander people • Culturally and linguistically diverse (CALD) • Lesbian, gay, bisexual, transgender, queer or questioning, intersex and/or other sexuality and gender diverse people (LGBTQI+) • people with mental illness • people of low socioeconomic status • people with disability • rural, regional and remote	for treatment of disease e.g., diabetes, CVD		<u>Relevance to Guidelines / Public Health Impact:</u> • Understanding structural constraints will support guideline development and implementation • Underpins eating behaviour and food choices, and critical to addressing current lack of compliance with guidelines • Key contextual factors that underpin nutrition across the life course • Pragmatic considerations: • Social changes since 2013 including increased availability/consumption of meals of convenience, uber eats, processed foods aimed at children • Focus is on key barriers / enablers relevant to scope of guidelines / recommendations (i.e., questions about when, where, why and how people should eat, to support recommendations about healthy eating behaviours alongside information about 'what' to eat). • Questions about implementation (e.g., how to improve dietary choices/behaviours or structural factors that influence dietary choices/behaviours should be addressed separately).
Interventions /strategies to improve dietary patterns and eating behaviours aligned with the guidelines across the life course	All (adults; children & adolescents; pregnancy & breastfeeding) exclude populations exclusively selected on the basis of disease e.g., diabetes, CVD <u>Subpopulations of interest:</u> Priority populations National Preventive Health Strategy 2021 -2030 • Aboriginal and Torres Strait Islander people • Culturally and linguistically diverse (CALD) • Lesbian, gay, bisexual, transgender, queer or questioning, intersex and/or other sexuality and gender diverse people (LGBTQI+) • people with mental illness • people of low socioeconomic status • people with disability • rural, regional and remote	Interventions Exclude interventions/ exposures that are for treatment of disease e.g., diabetes, CVD	Consumption aligned with guidelines (at point in time; life course)	<u>Evidence base:</u> • ? Evidence gap - some evidence for interventions underpinning current guidelines, however could be strengthened in view of lack of compliance with guidelines. <u>Relevance to Guidelines / Public Health Impact:</u> • Understanding the structural issues underpinning eating behaviour and food choice will support implementation - critical to addressing current lack of compliance with guidelines • Understanding required to address significant health inequities that exist, with those in lower socioeconomic areas having poorer quality of food and nutrient intake compared with those in the highest. <u>Pragmatic considerations:</u> • Food-based interventions for diet quality prioritised for review by other international groups, so possible resource efficiency by using existing reviews, where relevant. <u>Identified as a high priority.</u> To be addressed separately (relates primarily to implementation). <u>Socio ecological framework interventions at individual, community, population, policy etc</u> • scoping review, focusing on the Australian context, might be an appropriate method

PRIORITY TOPICS ADDRESSED VIA SEPARATE PROCESS OR ALTERNATIVE SOURCE/AVENUE				
Question/ Subtopic	Populations	Interventions/ exposures, comparisons	Outcomes	Rationale for priority
Dietary patterns / food intakes and sustainability outcomes	Identified as a priority *To be addressed via a separate (concurrent) process due to breadth of specialist expertise required.*	Identified as a priority. To be addressed via a separate (concurrent) process due to breadth of specialist expertise required.		See above
Barriers and enablers to diets consistent with the guidelines		Requirements to inform implementation / development of resources to be considered separately in due course		See above
Strategies to improve diet quality and/or support diets consistent with the guidelines				
Guideline translation and implementation tools / methods for developing National food selection guides				

Topics to be addressed using existing evidence sources / National Reports				
Question/ Subtopic	Populations	Interventions/ exposures, comparisons	Outcomes	Rationale for priority
Sodium / salt intake and health outcomes	Sodium/salt intake and health outcomes to be addressed based on existing NHMRC evidence reviews / recommendations (NRVs 2017 and current update)			
Alcohol intake and health outcomes	Alcohol intake and health outcomes to be addressed based on existing NHMRC evidence reviews / recommendations (NHMRC Alcohol Guidelines 2020)			
Food processing, preparation or cooking method/s and food safety outcomes	Food safety aspects to be addressed based on existing National food safety advice, e.g., Food Safety Information Council			
Physical activity levels and life course consumption aligned with guidelines	Physical activity aspects to be addressed based on National Physical Activity Guidelines			
Physical activity levels and nutrition/ health outcomes				
Infant feeding (ever/never breastfeeding, breastfeeding duration and frequency, infant formula intake, complementary foods) and health outcomes	Infant feeding addressed within specific NHMRC Infant Feeding Guidelines (not included in scope of this review)			