

Review Article**Micronutrient-Fortified Complementary Feeding and Growth Outcomes in Infants Aged Six to Twelve Months: A Randomized Controlled Trial****Kubik Z^{1*}, Wagner U² and Kovacic M³**¹Department of Paediatrics, Pavol Jozef Safarik University, Kosice, Slovakia²Department of Public Health Nutrition, Charite University Medicine Berlin, Berlin, Germany³Department of Clinical Nutrition, University of Maribor, Maribor, Slovenia

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Received: 18 February 2026; **Accepted:** 18 May 2026; **Published:** 1 August 2026; **DOI:** 10.5281/zenodo.22343833

Citation of this article: Kubik Z, Wagner U, Kovacic M (2026) Micronutrient-Fortified Complementary Feeding and Growth Outcomes in Infants Aged Six to Twelve Months: A Randomized Controlled Trial. Ann Stem Cell Res, 9(1): 01-06.

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Abstract

Background: Micronutrient-fortified complementary foods, including multiple micronutrient powders (MNP) and small-quantity lipid-based nutrient supplements (SQ-LNS), are widely promoted to address growth faltering during the complementary feeding period. **Objective:** To synthesise published randomised evidence on micronutrient-fortified complementary feeding and growth outcomes in infants aged six to twelve months. **Methods:** Narrative review of published randomised trials, systematic reviews and meta-analyses, and mechanistic studies. **Findings:** SQ-LNS consistently and modestly improve length, weight, and reduce stunting and wasting prevalence, whereas MNP improve iron and anaemia status with more limited, inconsistent growth effects. **Conclusions:** Fortified complementary feeding, particularly SQ-LNS, is an effective adjunct to reduce growth faltering, though effect sizes remain modest and context-dependent.

Keywords: micronutrient powder; lipid-based nutrient supplements; complementary feeding; infant growth; stunting

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Introduction

The period from six to twelve months of age is a critical window for linear and ponderal growth, coinciding with the introduction of complementary foods alongside continued breastfeeding [2]. In many low- and middle-income settings, complementary foods are often nutritionally inadequate — low in iron, zinc, and other micronutrients — contributing to the steep rise in stunting prevalence that typically begins around six months and plateaus by roughly twenty-four months of age [3]. A landmark costing synthesis identified micronutrient-fortified complementary feeding among the highest-priority, cost-effective nutrition-specific interventions for reducing stunting and mortality at scale [4], while a companion review found that combining

maternal nutrition education with direct provision of complementary foods produced larger growth benefits than education alone [5]. Because breast milk alone cannot meet infants' iron and other micronutrient requirements beyond roughly six months, and because plant-based complementary foods common in resource-limited settings have low micronutrient bioavailability, point-of-use fortification strategies have been developed to close this gap without requiring changes to household food preparation [6,7].

Two broad categories of fortified complementary feeding products dominate the literature. Multiple micronutrient powders (MNP), exemplified by the "Sprinkles" formulation, are single-dose sachets of encapsulated vitamins and minerals — centrally iron, but typically also zinc, vitamin A, and folic acid — sprinkled onto any semi-solid home-prepared food before consumption [8]. Small-quantity lipid-based nutrient supplements (SQ-LNS) are energy-dense, micronutrient-fortified pastes, typically peanut- or soy-based, providing roughly 100-120 kcal/day alongside an expanded micronutrient profile plus protein and essential fatty acids [9]. A third, less standardised category comprises fortified blended flours, cereals, and other complementary food vehicles evaluated in national fortification programmes, reviewed in detail for Vietnam and other Asian settings [10,11,12].

These approaches differ substantially in energy contribution, cost, and delivery logistics, and trials evaluating them use heterogeneous designs, comparators, and outcome definitions. This heterogeneity has produced a mixed evidence picture: some meta-analyses report clear, if modest, SQ-LNS benefits for linear growth and stunting prevention, while MNP trials more consistently demonstrate haematological benefit with less consistent growth effects [1,13]. This narrative review synthesises the published literature on micronutrient-fortified complementary feeding and

growth outcomes in infants aged approximately six to twelve months, addressing: (1) what growth effects each approach produces; (2) how consistent these effects are across settings; and (3) what mechanisms and programmatic considerations should guide recommendations.

Methods

This is a narrative review of published randomised trials, systematic reviews and meta-analyses, and mechanistic studies identified through PubMed, Cochrane Library, and Europe PMC using combinations of the terms "micronutrient powder," "Sprinkles," "lipid-based nutrient supplement," "fortified complementary food," "infant growth," "stunting," "wasting," and "randomized controlled trial." Priority was given to randomised or cluster-randomised trials and individual participant data meta-analyses reporting anthropometric outcomes (length-for-age, weight-for-age, weight-for-length, mid-upper-arm circumference, stunting, wasting) in infants and young children in the approximate six-to-twenty-three-month range, since trials restricted solely to six-to-twelve months are few and most large efficacy trials enrol infants at six months and follow them through eighteen to twenty-four months. Findings are synthesised narratively rather than pooled quantitatively, reflecting heterogeneity in products, doses, comparators, and outcome measures.

Micronutrient Powders and Growth Outcomes

MNP efficacy has been most rigorously characterised for haematological outcomes: a Cochrane review of home fortification with MNP in children under two years found meaningful reductions in anaemia and iron deficiency compared with no intervention or placebo, alongside modest improvements in some studies' diarrhoea rates [14,8]. Growth effects, by contrast, have been inconsistent. A large-scale effectiveness trial of MNP distributed through the Integrated Child Development Services

platform in Bihar, India, among children aged six to eighteen months demonstrated reduced anaemia and diarrhoea prevalence but no commensurate improvement in linear growth, consistent with the pattern across most MNP anthropometric endpoints [15]. Cluster-randomised "Sprinkles" trials in Western Kenya and elsewhere similarly demonstrated strong reductions in anaemia, iron deficiency, and vitamin A deficiency, again with growth as a secondary or unreported outcome [16]. A comprehensive systematic review and meta-analysis of micronutrient-fortified complementary foods in infants aged six to twenty-three months found that MNP improved haemoglobin and reduced anaemia and iron deficiency with high certainty, but that effects on length-for-age and weight-for-age z-scores were of low to very low certainty and generally null (Figure 1; Table 1) [1]. Broader reviews of micronutrient supplementation across under-five populations reach a similar conclusion: benefits cluster around micronutrient status and morbidity rather than growth, with modest weight gain but little consistent effect on linear growth [13,11].

Table 1: Summary of randomised trials and systematic reviews reporting growth and micronutrient status outcomes after multiple micronutrient powder supplementation.				
Study	Population	Comparator	Duration	Key Finding
Young et al. [15]	Children 6-18 months, Bihar, India	Standard care	Programme-scale	Reduced anaemia and diarrhoea; growth not improved
Suchdev et al. [16]	Young children, Western Kenya	Placebo/no MNP	Cluster-randomised	Reduced anaemia, iron and vitamin A deficiency
De-Regil/Suchdev [14,8]	Children under 2 years (Cochrane)	Placebo/no intervention	Systematic review	Reduced anaemia and iron deficiency; limited growth effect

Study	Population	Comparator	Duration	Key Finding
Csölle et al. [1]	Infants 6-23 months (meta-analysis)	Various	Systematic review	Improved haemoglobin; low-certainty growth effect

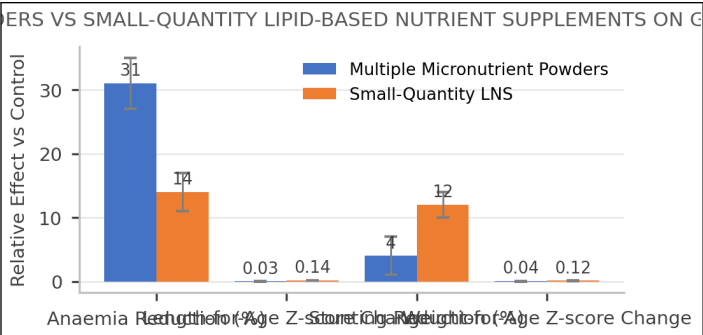


Figure 1: Representative comparison of reported growth and anaemia outcomes for multiple micronutrient powders versus small-quantity lipid-based nutrient supplements (SQ-LNS), synthesised from published randomised trials and systematic reviews [1,8].

Lipid-Based Nutrient Supplements and Growth Outcomes

SQ-LNS trials present a more consistent, if still modest, growth signal. Individual participant data meta-analyses pooling fourteen randomised controlled trials across multiple countries — encompassing more than 37,000 children — found that preventive SQ-LNS provision reduced the prevalence of stunting by approximately 12%, wasting by approximately 14%, low mid-upper-arm circumference by roughly 18%, and underweight by a comparable margin relative to control arms, with larger relative effects on severe stunting and severe wasting [9,17]. Effect modification analyses within this pooled dataset found benefits were generally larger in populations with higher baseline stunting or wasting prevalence, in children starting supplementation earlier, and with longer supplementation duration, without strong evidence that dose or formulation altered the direction of effect (Figure 2; Table 2) [18]. Individual efficacy trials illustrate this pattern: SQ-LNS provided to Ghanaian infants from six to eighteen months, alongside

maternal supplementation, increased mean attained length at eighteen months relative to a maternal-only comparator, while parallel Malawi trials produced smaller or null aggregate growth effects, illustrating cross-country heterogeneity within the same iLiNS programme [19,20,21]. In Burkina Faso, SQ-LNS with concurrent malaria and diarrhoea treatment increased infant development scores and reduced stunting and wasting prevalence regardless of supplement zinc content, suggesting the energy and multi-micronutrient matrix itself drives much of the benefit [22,23]. Within the six-to-twelve-month window central to this review, a randomised trial in South Africa found SQ-LNS improved linear growth and psychomotor development scores and reduced iron deficiency anaemia without increasing infectious morbidity [24].

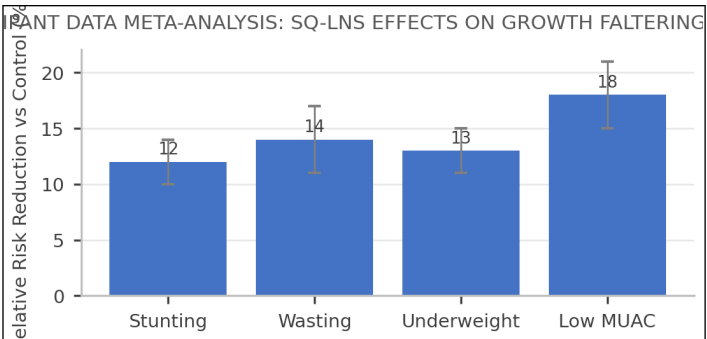


Figure 2: Representative relative risk reductions in stunting, wasting, underweight, and low mid-upper-arm circumference from the pooled individual participant data meta-analysis of small-quantity lipid-based nutrient supplement trials [9,17].

Fortified Complementary Foods and Comparative Evidence

Beyond MNP and SQ-LNS, fortified blended flours, infant cereals, and centrally processed complementary food vehicles constitute a third category evaluated largely through national fortification programmes rather than individual efficacy trials. A systematic review of large-scale fortification programmes across multiple micronutrients and food vehicles found consistent improvements in biochemical micronutrient status, most robustly for

iodine and folate, with more variable anthropometric evidence, reflecting the programmatic rather than trial-based design of this literature [11]. A cost-effectiveness analysis of subsidised fortified complementary foods in Pakistan suggests fortification can be a relatively low-cost means of narrowing micronutrient gaps at population scale, even where individual-level growth effects are modest [12]. A meta-analysis of fortified milk products found small but significant improvements in height and weight gain versus unfortified milk, reinforcing that an energy-and-micronutrient-dense matrix, delivered consistently, can shift growth trajectories even when the micronutrient premix alone would not [25]. Nutrient-dense whole foods can achieve a similar effect without industrial fortification: a trial providing a daily egg to infants from six months significantly increased length- and weight-for-age versus no-egg controls, underscoring that the energy-, protein-, and micronutrient-density principle extends beyond manufactured fortificants [26]. The Cochrane review of preventive lipid-based nutrient supplements, pooling trials across six-to-twenty-three months, found moderate-certainty evidence that SQ-LNS modestly increases length and weight gain and reduces stunting, wasting, and anaemia odds relative to no intervention or corn-soy blend comparators, while comparisons against MNP specifically remained less conclusive [27]. This comparative literature situates SQ-LNS as the most consistently growth-promoting strategy currently supported by randomised evidence, with MNP and fortified processed foods offering complementary, largely status-focused benefits.

Mechanisms, Safety, and Programmatic Considerations

Several mechanisms plausibly explain the differential effects of SQ-LNS and MNP. SQ-LNS supply approximately 100-120 kcal/day alongside essential fatty

acids and protein, directly addressing energy and macronutrient gaps that pure micronutrient powders — which contribute negligible energy — cannot [9]. This added energy and fat may also improve bioavailability of fat-soluble micronutrients such as vitamin A. Programmatically, SQ-LNS are costlier to produce and distribute than single-sachet MNP, and their higher energy density raises theoretical concerns about breast milk displacement or later overweight risk, though trial evidence has not demonstrated clinically significant displacement at recommended doses [18]. MNP, being cheaper and easier to distribute through existing child health platforms, remain attractive where anaemia and iron deficiency are the primary targets, as reflected in large national MNP distribution programmes [15,8]. Adherence also differs: powders mixed into a meal are logistically simple but depend on caregiver behaviour and adequate food quantity, whereas LNS pastes are consumed directly and provide a fixed nutrient dose. Safety monitoring across both product classes has generally found low adverse-event rates, though iron-containing formulations warrant continued morbidity surveillance in malaria-endemic settings [14]. The evidence suggests intervention choice should be tailored to the dominant local nutritional problem — anaemia versus growth faltering — and to delivery capacity, rather than treated as a uniform category.

Table 2: Summary of randomised trials reporting growth outcomes after small-quantity lipid-based nutrient supplement (SQ-LNS) provision.				
Study	Population	Comparator	Duration	Key Growth Finding
Smuts et al. [24]	Infants 6-12 months, South Africa	Placebo/no LNS	6 months	Improved linear growth and psychomotor scores
Ashorn et al. [19]	Infants 6-18 months, rural Malawi	No supplement	12 months	No significant aggregate growth promotion

Study	Population	Comparator	Duration	Key Growth Finding
Hess et al. [22]	Young children, Burkina Faso	Corn-soy blend	9 months	Reduced stunting and wasting prevalence
Das et al. [27]	Children 6-23 months (Cochrane)	No intervention/corn-soy blend	Systematic review	Moderate-certainty increase in length and weight gain

Conclusion

Across a substantial body of randomised and meta-analytic evidence, micronutrient-fortified complementary feeding strategies produce meaningfully different growth outcomes depending on formulation. Small-quantity lipid-based nutrient supplements consistently, if modestly, reduce stunting, wasting, and low mid-upper-arm circumference across diverse settings, including within the six-to-twelve-month window central to this review, most plausibly through their combined energy, fat, and micronutrient contribution rather than micronutrient content alone. Multiple micronutrient powders reliably improve iron status and reduce anaemia but show weaker, less consistent effects on growth. Fortified complementary food vehicles delivered through national programmes occupy an intermediate position, offering population-scale micronutrient improvements at comparatively low cost. Clinically, SQ-LNS should be prioritised where growth faltering and wasting are prevalent, while MNP remain an efficient, lower-cost option where anaemia control is the primary objective; further trials restricted specifically to six-to-twelve months, with harmonised outcome definitions, would help resolve remaining uncertainty about optimal formulation, dose, and duration.

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