Dietary Guidelines for Americans 2020-2025

Make Every Bite Count

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DGA Purpose

Advice on what to eat and drink to:

- meet nutrient needs
- promote health
- and prevent disease

Focus: Nutrition and Health Across the Lifespan

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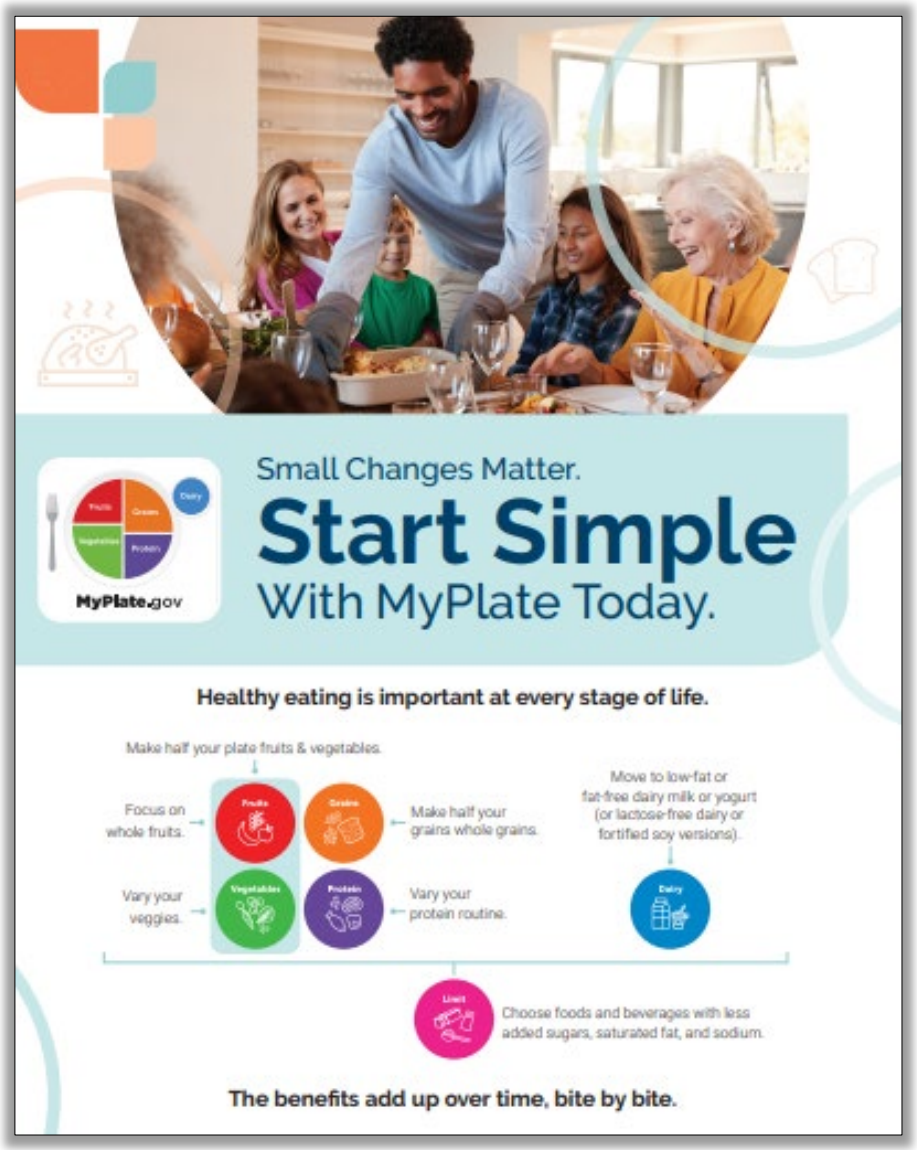
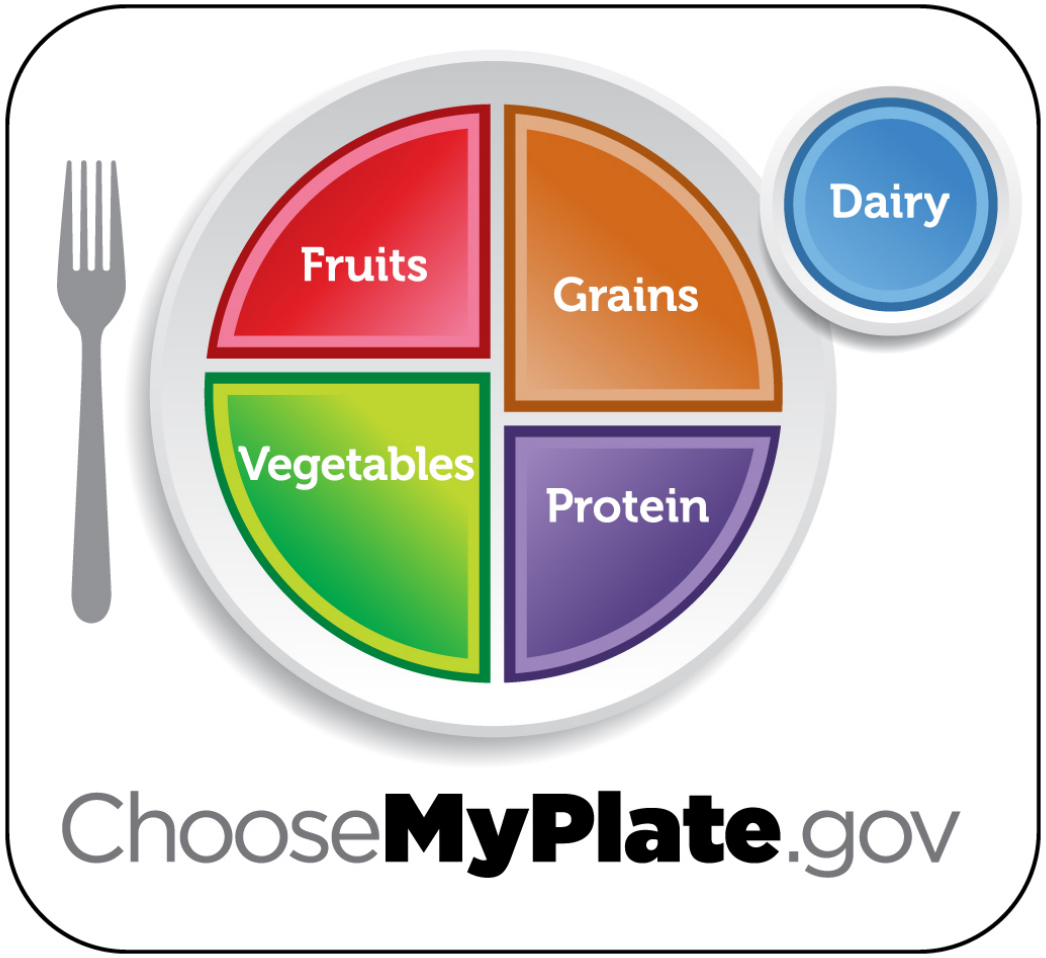
What the *DGA* are - and are not

- Quantitative food guidance – ‘what and how much’
  - Not specific nutrient recommendations
- Focused on health promotion and disease prevention
  - Not for disease treatment
- Provides guidance for federal nutrition policy
- Written for a professional audience



https://www.dietaryguidelines.gov/resources/consumer-resources



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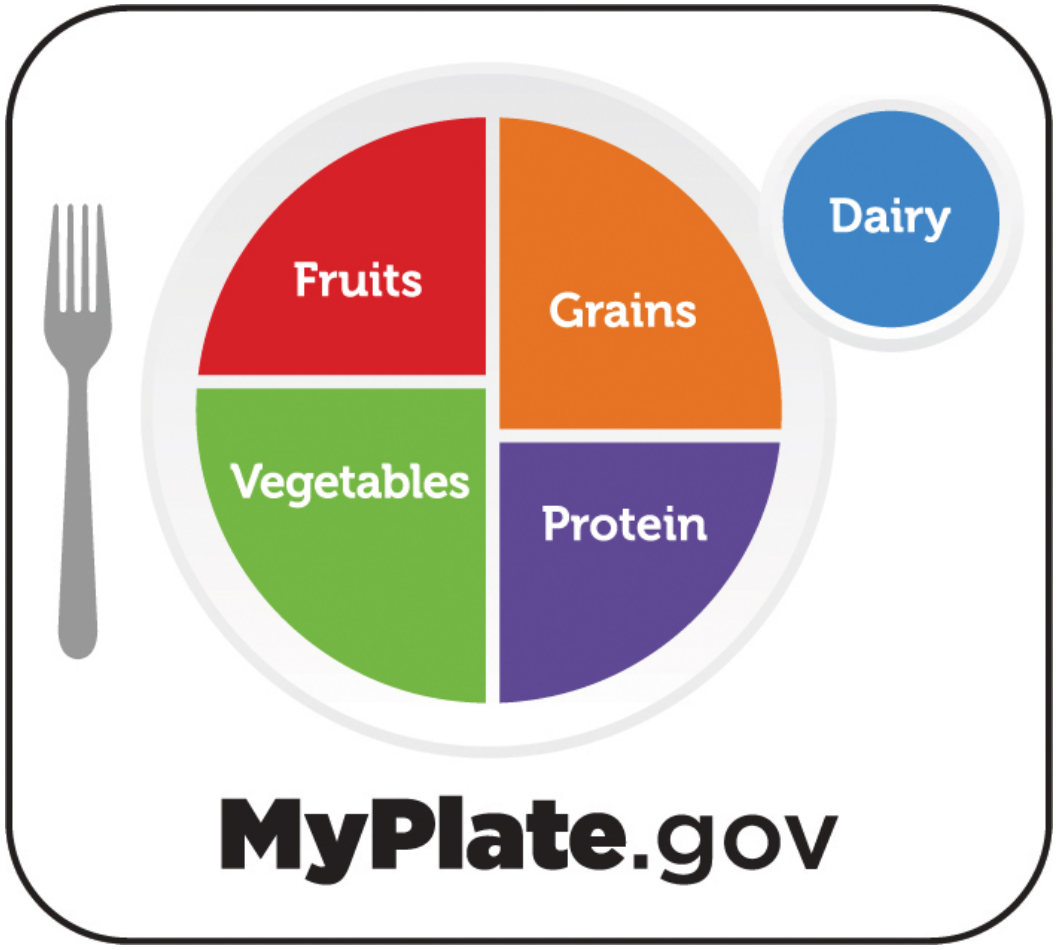


revised

https://www.myplate.gov/resources/graphics/myplate-graphics

Changes to the *2020-2025 DGA*

Guidance for healthy dietary patterns specific to each life stage

Organization – chapters by life stage

New! Recommendations for infants and toddlers

What's the same?

Emphasis on dietary patterns continued

Dietary 'shifts' to achieve a healthy pattern

How the *DGA* were developed

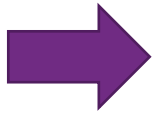
Stage 1: New!
USDA and HHS identify topics and supporting scientific questions to be examined

Topics/questions open to public comments

Stage 2:
Appoint a Dietary Guidelines Advisory Committee to review current scientific evidence

Public call for nominations

Public comment period and online meetings (2 x 2 days)



Stage 3:
Develop the new edition of the Dietary Guidelines

Review by all USDA and HHS agencies

External expert peer review

Stage 4:
Implement the DGA through Federal programs

Read more at https://www.dietaryguidelines.gov/about-dietary-guidelines/related-projects/usda-hhs-response-national-academies-sciences-engineering

Chapter 1

The Guidelines and Key Recommendations

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Dietary Guidelines 2020-2025

Follow a healthy dietary pattern at every life stage.

Customize and enjoy nutrient-dense food and beverage choices to reflect personal preferences, cultural traditions, and budgetary considerations.

Focus on meeting food group needs with nutrient-dense foods and beverages, and stay within calorie limits.

Limit foods and beverages higher in added sugars, saturated fat, and sodium, and limit alcoholic beverages.

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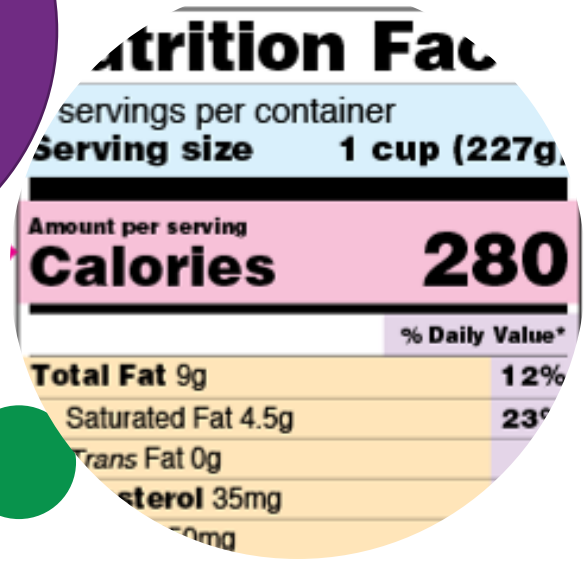
Key Dietary Principles

- Meet nutritional needs primarily from foods and beverages
- Choose a variety of options from each food group
- Pay attention to portion size



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Key Recommendations - changes

Guideline 3: Nutrient-dense foods and beverages

2015-2020 DGA	2020-2025 DGA
Veg, fruits, grains, proteins	Includes more cultural food examples (page 28-29)
Oils	Oils, including vegetable oils and oils in food, such as seafood and nuts

Key Recommendations - changes

Guideline 4: Limit added sugars, saturated fat, sodium, alcohol

2015-2020 DGA

Added sugars
<10% of calories

Saturated fat
<10% of calories

Sodium < 2,300 mg

2020-2025 DGA

Added: ‘Avoid foods and beverages with added sugars for those younger than age 2.’

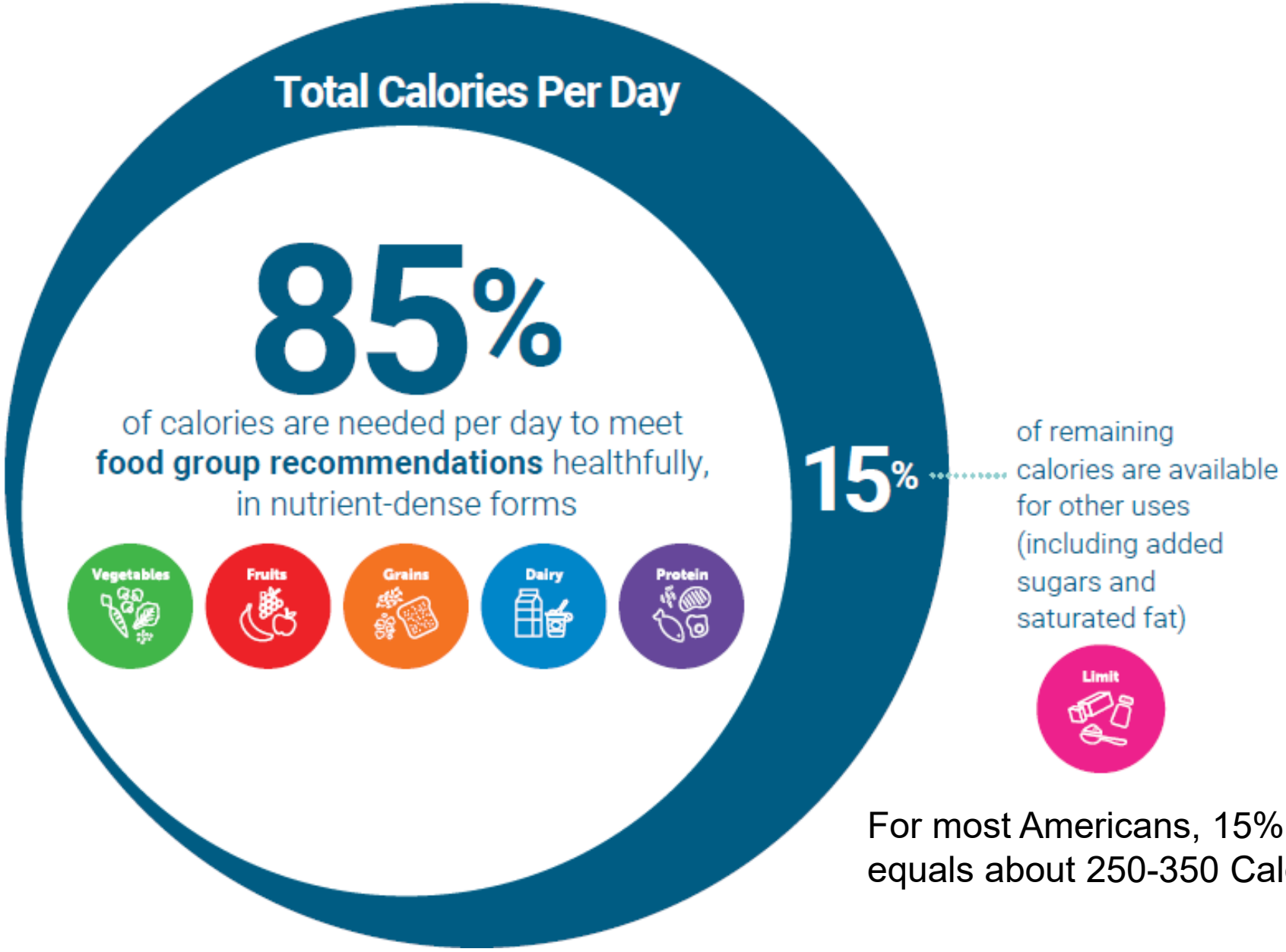
Added: ‘starting at age 2’

Added: ‘and even less for children younger than age 14’

Key Recommendations - changes

Guideline 4: Limit added sugars, saturated fat, sodium, alcohol

2015-2020 DGA	2020-2025 DGA
If alcohol is consumed, it should be consumed in moderation—up to one drink per day for women and up to two drinks per day for men—and only by adults of legal drinking age	Adults of legal drinking age can choose not to drink or to drink in moderation by limiting intake to 2 drinks or less in a day for men and 1 drink or less in a day for women, when alcohol is consumed. Drinking less is better for health than drinking more. There are some adults who should not drink alcohol, such as women who are pregnant.



For most Americans, 15% of calories equals about 250-350 Calories

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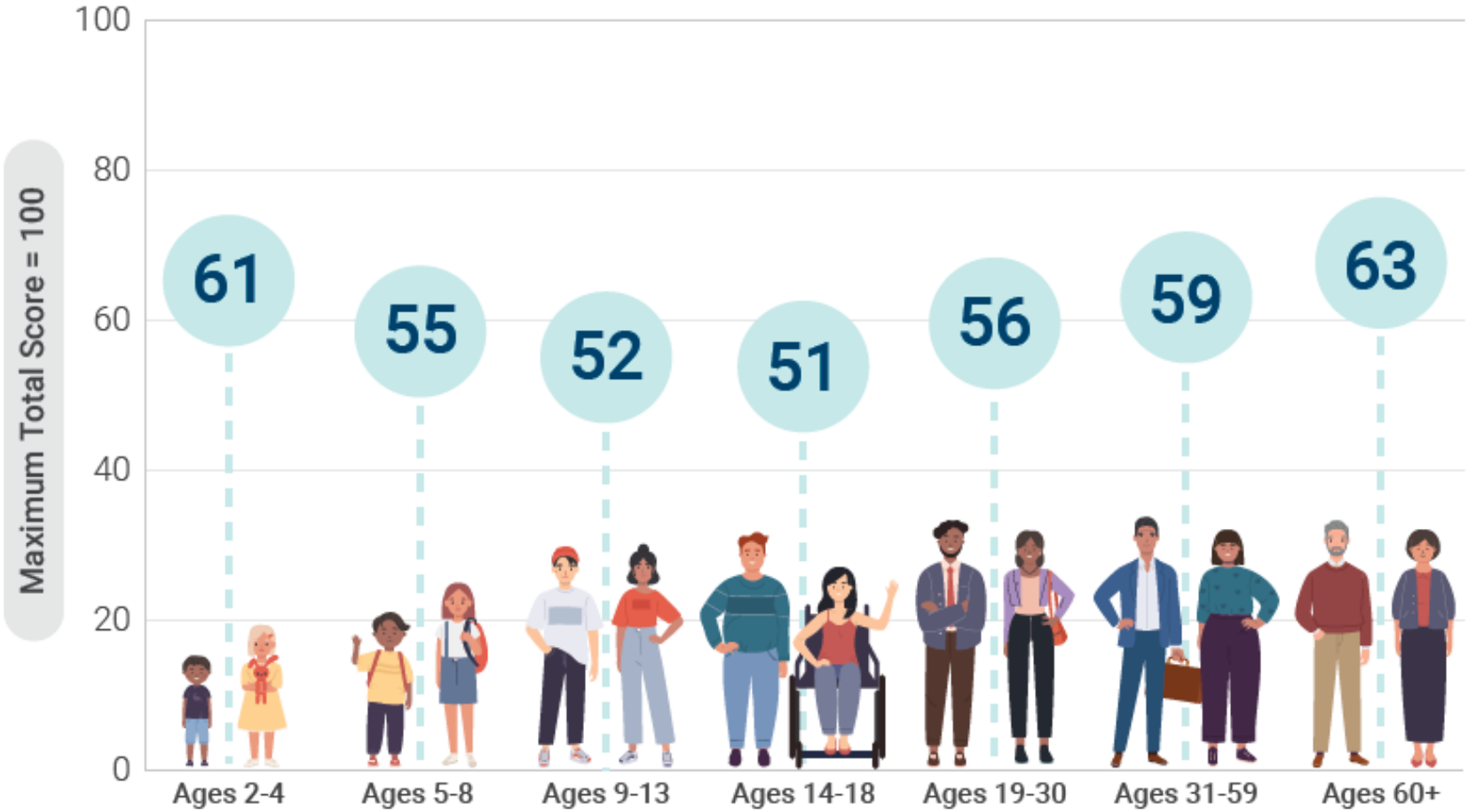
Figure 1-4

Adherence of the U.S. Population to the *Dietary Guidelines* Across Life Stages, as Measured by Average Total Healthy Eating Index-2015 Scores



Chapter 2

Infants and Toddlers

First Six Months

Exclusively human milk

Supplemental vitamin D

No water

If human milk is not an option, FDA-regulated iron-fortified formula

Can continue human milk past first 12 months, not recommended to continue formula

Safe Handling and Storage – Human Milk and Formula

Wash hands

Wash all infant feeding items

Consider sanitizing for infants who are:

- Less than 3 months
- Born prematurely
- Immune-compromised

Safe Handling and Storage – Human Milk

If expressing, clean breast pump parts

Refrigerate freshly-expressed milk within 4 hours for up to 4 days

Use frozen, thawed human milk within 24 hours, do not refreeze

Once offered to infant, discard leftovers within 2 hours

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Safe Handling and Storage – Formula

Use safe water source

Refrigerate prepared formula for up to 24 hours

Once offered to infant, discard leftovers within 1 hour

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Supplemental Vitamin D

Infants who are fed exclusively human milk or human milk and formula

Beginning soon after birth

Supplement for for the first year, consult with health care provider if needed after first year

Introducing Complementary Foods

When developmentally ready

Waiting until after six months not recommended

Necessary to ensure adequate nutrition

Exposes infant to different flavors, textures

Age- and developmentally-appropriate to prevent choking

Developmental Readiness

Between 4 and 6 months

Signs infant is ready for complementary foods

- Able to control head and neck
- Can sit up alone or with support
- Brings objects to mouth
- Tries to grasp small objects
- Swallows food rather than pushing it back out onto chin

Preventing Choking

Size, shape, and consistency to be easily swallowed

Sitting up in a highchair or safe, supervised place

Adult supervising feeding

No infant cereal or other foods in a bottle

Introducing Allergenic Foods

Introduce potentially allergenic foods when complementary foods are introduced

- No evidence that delaying introduction prevents food allergies

For infants at high risk of peanut allergy

- Increased risk in infants with severe eczema and/or egg allergy
- Still introduce peanut-containing age-appropriate foods
- Check with healthcare provider

Underconsumption of Nutrients 6 – 11 months

Infants fed primarily human milk

- Iron
- Zinc
- Protein

Infants fed either human milk or formula

- Vitamin D
- Choline
- Potassium

Consuming a Variety

- Iron-rich and zinc-rich foods
- Protein – meats, poultry, eggs, seafood, nuts, seeds, soy products
  - Seafood – choices with essential fatty acids, but low in mercury
- Vegetables and fruit, especially those rich in potassium, vitamins A and C
  - Beans, peas, lentils also a source of protein and fiber
- Dairy – yogurt and cheese
  - No cow's milk or soy milk before 12 months
- Grains – whole grains more often than refined

Avoid and Limit

Added sugars

High-intensity sweeteners

- May contribute to developing preference for overly-sweet foods

Foods higher in sodium

- May contribute to developing preference for salty foods

Honey and unpasteurized foods and beverages

Healthy Beverage Patterns

Supplemental water typically not needed in first 6 months

Plain, fluoridated drinking water (4 to 8 oz/day) can be given with introduction of complementary foods

Before 12 months, no fruit or vegetable juice

No sugar-sweetened beverages

- Displace nutrient-dense foods, beverages
- May predispose children to consume more of these later in life

Second Year of Life

Healthy U.S.-Style Dietary Pattern for Toddlers 12 – 23 months

- Calorie levels ranging from 700 – 1,000

Infant formula not recommended past 12 months

Dietary Pattern 12 – 23 months

Vegetables

$^{2}/_{3}$ - 1 cup

Fruits

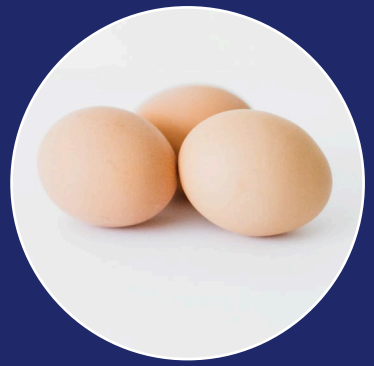
$^{1}/_{2}$ - 1 cup

Grains

1 $^{3}/_{4}$ - 3 oz

Dairy

1 $^{2}/_{3}$ - 2 cup



Protein Foods

2 oz

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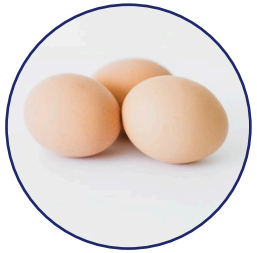
Vegetable Subgroups (weekly)

CALORIE LEVEL OF PATTERN[a]	700	800	900	1,000
	Vegetable Subgroups in Weekly Amounts			
Dark-Green Vegetables (cup eq/wk)	1	⅓	½	½
Red and Orange Vegetables (cup eq/wk)	1	1 ¾	2 ½	2 ½
Beans, Peas, Lentils (cup eq/wk)	¾	⅓	½	½
Starchy Vegetables (cup eq/wk)	1	1 ½	2	2
Other Vegetables (cup eq/wk)	¾	1 ¼	1 ½	1 ½



Protein Foods Subgroups (weekly)

CALORIE LEVEL OF PATTERN[a]	700	800	900	1,000
	Protein Foods Subgroups in Weekly Amounts			
Meats, Poultry (ounce eq/wk)	8 ¾	7	7	7 ¾
Eggs (ounce eq/wk)	2	2 ¾	2 ½	2 ½
Seafood (ounce eq/wk)[e]	2-3	2-3	2-3	2-3
Nuts, Seeds, Soy Products (ounce eq/wk)	1	1	1 ¼	1 ¼

Seafood

If consuming up to 2 ounces per week:

- Only cooked varieties from the “Best Choices” list in FDA/EPA Advice about Eating Fish

If consuming up to 3 ounces per week:

- Only cooked varieties of the **lowest-mercury options** from the “Best Choices” list
- Should not be consumed: canned light tuna or white (albacore) tuna, cod, perch, black sea bass

FDA/EPA Advice About Eating Fish

Best Choices
EAT 2 TO 3 SERVINGS A WEEK

- Anchovy
- Atlantic croaker
- Atlantic mackerel
- ~~Black sea bass~~
- Butterfish
- Catfish
- Clam
- ~~Cod~~
- Crab
- Crawfish
- Flounder
- Haddock
- Hake
- Herring
- Lobster, American and spiny
- Mullet
- Oyster
- Pacific chub mackerel
- ~~Perch, freshwater and ocean~~
- Pickerel
- Plaice
- Pollock
- Salmon
- Sardine
- Scallop
- Shad
- Shrimp
- Skate
- Smelt
- Sole
- Squid
- Tilapia
- Trout, freshwater
- ~~Tuna, canned light (includes skipjack)~~
- Whitefish
- Whiting

OR

Good Choices
EAT 1 SERVING A WEEK

- Bluefish
- Buffalofish
- Carp
- Chilean sea bass/ Patagonian toothfish
- Grouper
- Halibut
- Mahi mahi/ dolphinfish
- Monkfish
- Rockfish
- Sablefish
- Sheepshead
- Snapper
- Spanish mackerel
- Striped bass (ocean)
- Tilefish (Atlantic Ocean)
- Tuna, albacore/ white tuna, canned and fresh/frozen
- Tuna, yellowfin
- Weakfish/ seatrout
- White croaker/ Pacific croaker

Choices to Avoid
HIGHEST MERCURY LEVELS

- King mackerel
- Marlin
- Orange roughy
- Shark
- Swordfish
- Tilefish (Gulf of Mexico)
- Tuna, bigeye

* Some fish caught by family and friends, such as larger carp, catfish, trout and perch, are more likely to have fish advisories due to mercury or other contaminants. State advisories will tell you how often you can safely eat those fish.

www.FDA.gov/fishadvice
www.EPA.gov/fishadvice

EPA United States Environmental Protection Agency

FDA U.S. FOOD & DRUG ADMINISTRATION

https://www.fda.gov/media/129959/download

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Shift to Nutrient-dense Choices

Cereal with Added Sugars → Cereal with Minimal Added Sugars

Fruit Products with Added Sugars → Fruit (e.g., canned in 100% juice)

Fried Vegetables → Roasted Vegetables

High-sodium Snacks → Vegetables

High-sodium Meats → Ground Lean Meats

Beverages with Added Sugars → Unsweetened Beverages

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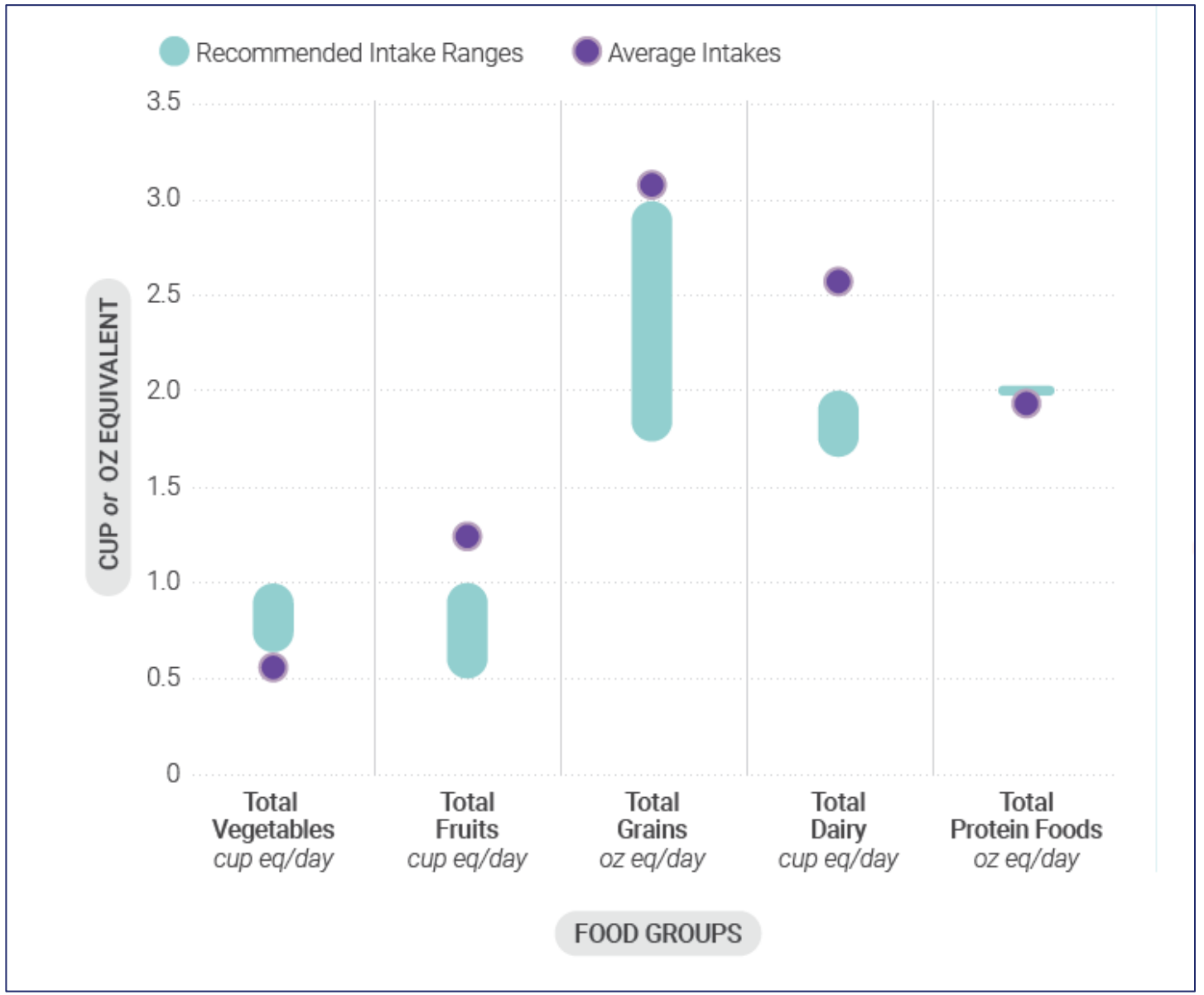
Current Intakes 12 – 23 months



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Underconsumption of Nutrients 12 – 23 months

Vitamin D

Calcium

Dietary Fiber

Potassium

Responsive Feeding 0 – 5 months

Birth Through Age 5 Months	
A child may be **hungry** if he or she: • Puts hands to mouth. • Turns head toward breast or bottle. • Puckers, smacks, or licks lips. • Has clenched hands.	A child may be **full** if he or she: • Closes mouth. • Turns head away from breast or bottle. • Relaxes hands.

Responsive Feeding 6 – 23 months

Age 6 Through 23 Months	
A child may be **hungry** if he or she: • Reaches for or points to food. • Opens his or her mouth when offered a spoon or food. • Gets excited when he or she sees food. • Uses hand motions or makes sounds to let you know he or she is still hungry.	A child may be **full** if he or she: • Pushes food away. • Closes his or her mouth when food is offered. • Turns his or her head away from food. • Uses hand motions or makes sounds to let you know he or she is still full.

Supporting Lifelong Healthy Eating

Early food preferences influence later food choices

Listen to hunger and fullness cues to build healthy eating habits

Repeated exposure to foods

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Key Recommendations

First six months

- Exclusively human milk or iron-fortified formula (if human milk not available)
- Provide supplemental vitamin D (if fed human milk)

At about six months

- Introduce nutrient-dense foods
- Introduce potentially allergenic foods

After complementary foods are introduced

- Encourage a variety of foods from all food groups
- Avoid added sugars, limit sodium

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Chapter 3

Children and Adolescents

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Children & Adolescents – ages 2-18

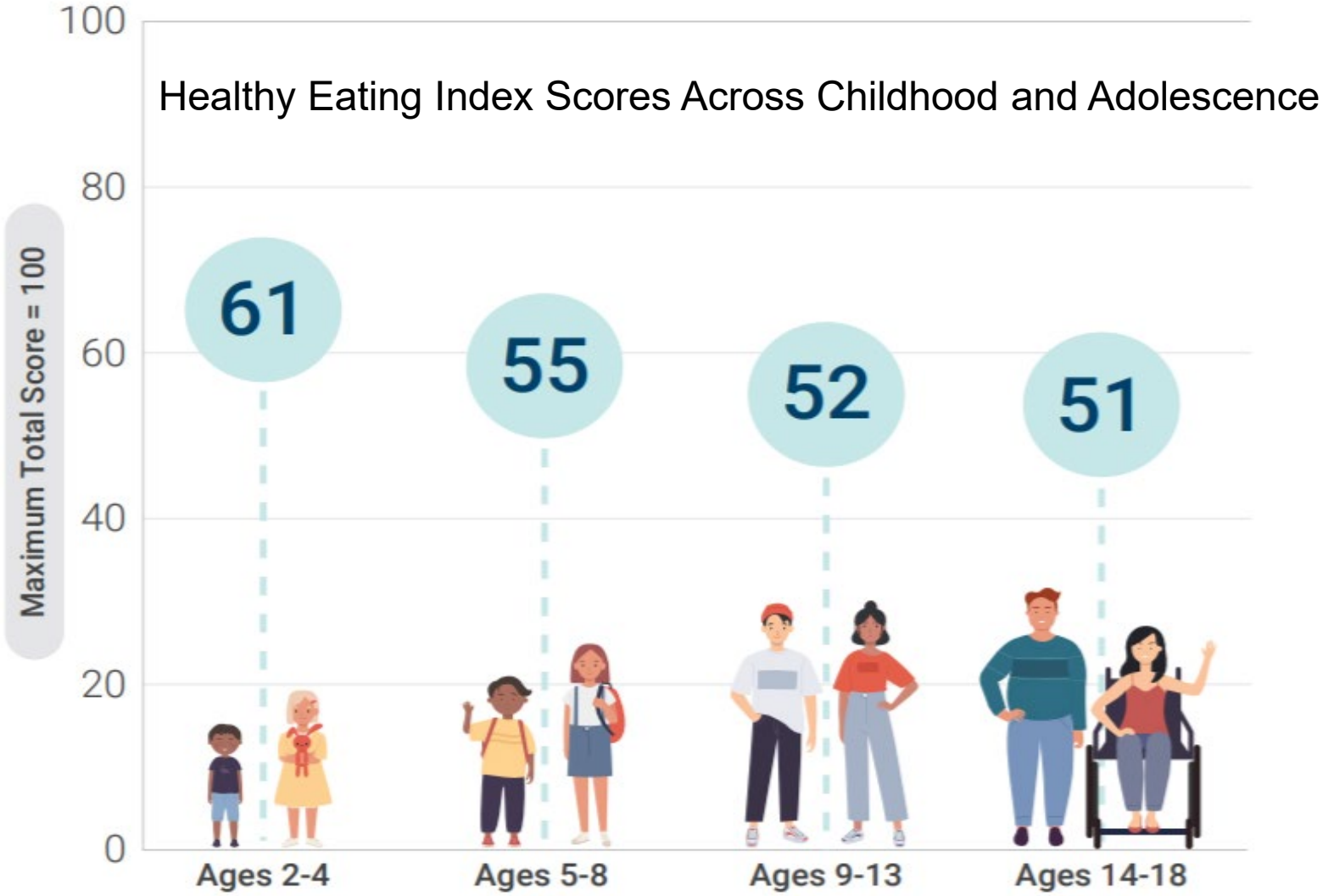
Diverse calorie & nutrient needs

- Needs based upon age and patterns of growth and development and physical activity

Following healthy dietary pattern to:

- Maintain growth and development
- Achieve and maintain a healthy body weight
- Prevent chronic disease later in life
- Support lifelong healthy eating

Diet quality declines from early childhood through adolescence



Data Source: Analysis of What We Eat in America, NHANES 2015-2016, ages 2 through 18, day 1 dietary intake, weighted.

Children & Adolescents – ages 2-18

Impact of poor dietary quality:

41% are overweight or have obesity

- Immediate health risks – high blood pressure, high cholesterol and impaired glucose tolerance
- Increased risk of cardiovascular disease and type 2 diabetes in teen years and adulthood
- Psychological and social concerns

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2-4 year olds - Early Childhood

Reliant on others for meals and snacks

Developing food preferences

Beginning to make own food choices

Some carry over of healthy dietary patterns from infant and toddler stage

Dietary patterns - Closest to recommended intakes for fruits, vegetables & dairy

5-8 year olds – School-Aged

Exposed to new food choices

More autonomy with eating

Friends and classmates begin to influence dietary behavior

Dietary patterns

- Dairy intake close to recommended intake range
- Overconsume - added sugars, saturated fat & sodium

9-13 year olds – Pre-Adolescents

Greater independence with food choices

Food often consumed in social settings

Peer pressure continues to influence food choices

Dietary patterns

- Difference between recommended & actual intake continues to widen
- Overconsume - added sugars, saturated fat & sodium

14-18 year olds - Adolescents

Greater difference between recommended & current intakes than other age groups

Most do not consume nutrient dense foods/beverages

- Low intake of phosphorus, magnesium, choline and other nutrients of concern

Adolescent Females

- Consume less total protein than males
- Low intake of iron, folate, Vitamins B^6 & B^{12}
- High risk of anemia due to growth, menarche and hormonal changes

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Special considerations

Sugar-Sweetened Beverages (SSB)

- Adolescents shift to SSB instead of dairy
- Main contributor of added sugar
- Does not help to meet food group goals
- Often contains a high number of calories

Offer beverages with no added sugar!

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Dairy and Fortified Soy Alternatives

⬇ Milk intake from childhood to adolescence

- Provide protein, calcium, vitamin D
- Important for growth and bone mass accrual

⬆ Cheese intake in mixed dishes

- Saturated fat, sodium and calories

Encourage nutrient dense options –

- Unsweetened fat-free or low-fat milk, yogurt and cheese
- Fortified soy beverages and yogurt
- Low-lactose or lactose-free dairy products

Amount needed depends on age - https://www.myplate.gov/eat-healthy/dairy

Chapter 4
Adults

Adults – ages 19-59

Not consuming adequate veg, fruits, dairy

Overconsuming added sugars, saturated fat, sodium

Impact of poor dietary quality: Onset and/or progression of diet-related chronic diseases

Special Considerations

Dietary Fiber

Calcium and Vitamin D

- 19-30 – peak bone mass still accruing
- Post-menopausal women – rapid bone remodeling

Adults – ages 19-59

Special Considerations, cont.

- Saturated fat and Sodium
  - Cardiovascular disease risk
  - High blood pressure risk
- Added sugars – contribute to ↑ calorie intake
- Alcoholic beverages
  - Contribute to excess calorie intake
  - Some adults should not drink at all: < 21, pregnant women, alcohol use disorders

https://www.rethinkingdrinking.niaaa.nih.gov/Tools/Calculators/calorie-calculator.aspx

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Chapter 5

Women Who Are Pregnant or Lactating

Pregnant and Lactating Women

Healthy dietary pattern is important before, during and after pregnancy and lactation

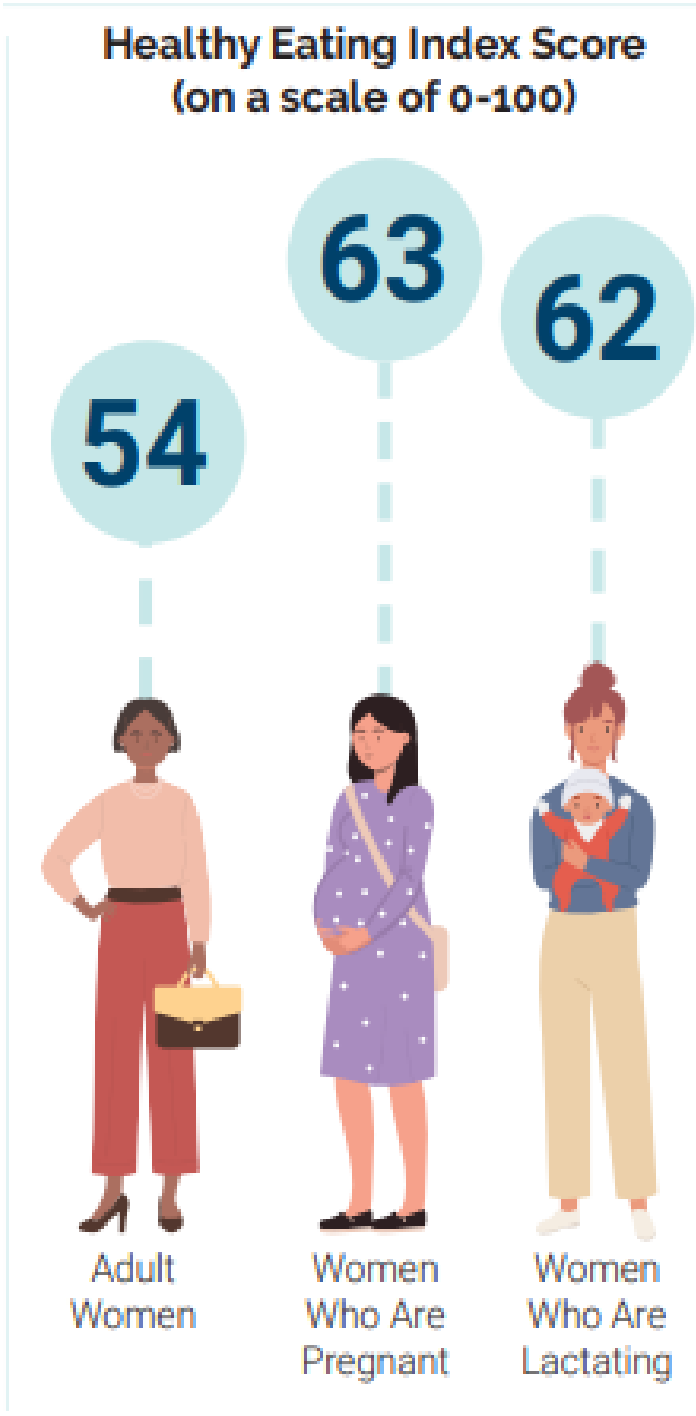
Increased nutrient and calorie intakes

- Maintain the mother's health
- Ensure weight gain within weight gain guidelines
- Support growth and development of baby
- Improve pregnancy outcomes of mother & baby
- Can affect health outcomes in later life stages

Meet increased calorie needs with nutrient dense options

Diet quality higher than non-pregnant and lactating peers

- Dietary intake is still not optimal
- Nausea, vomiting, food aversions and craving can affect intake
- Not consuming adequate veg, fruits, dairy & whole grains
- Overconsuming added sugars, saturated fat, sodium



Special Considerations

Meeting Nutrient Needs

- Daily prenatal vitamin if pregnant or planning pregnancy
- If lactating - check with healthcare provider on continued prenatal vitamin use

Folate/Folic Acid

- Adequate intake prior to conception and 2-3 months after
- Reduces risk of neural tube defects

Iron - Increased needs during pregnancy

- Supports fetal development
- Reduces risk of anemia – 3rd trimester

See food source lists at **DietaryGuidelines.gov**

Special Considerations

Iodine - Increased needs during pregnancy & lactation

- Supports neurological development of fetus
- Dietary Sources - dairy, eggs, seafood or iodized salt

Choline - Increased needs during pregnancy & lactation

- Most do not meet recommended intake
- Supports growth & development of brain/spinal cord
- Dietary Sources - dairy, eggs, meat, seafood, beans, peas & lentils

Note: Some Prenatal vitamins may not contain iodine or choline

Special Considerations

Food Allergies

- No need to restrict food or beverages unless advised by healthcare professional

Food Safety

- Cook seafood, meat, poultry, or eggs to the recommended safe minimum internal temperatures.
- Avoid consuming unpasteurized juice or milk, raw sprouts and soft cheeses made from unpasteurized milk.
- Reheat luncheon meats and hot dogs to steaming hot or 165°F.

Special Considerations

Seafood

- Contains protein, iron, zinc and omega-3 fatty acids
- Overall growth & development and brain development

Intake recommended during pregnancy

- 8-12 ounces/week

Select options lower in methylmercury

- Choose cooked cod, salmon, tilapia or herring
- Avoid shark, swordfish, king mackerel

FDA.gov/fishadvice and EPA.gov/fishadvice

Special Considerations

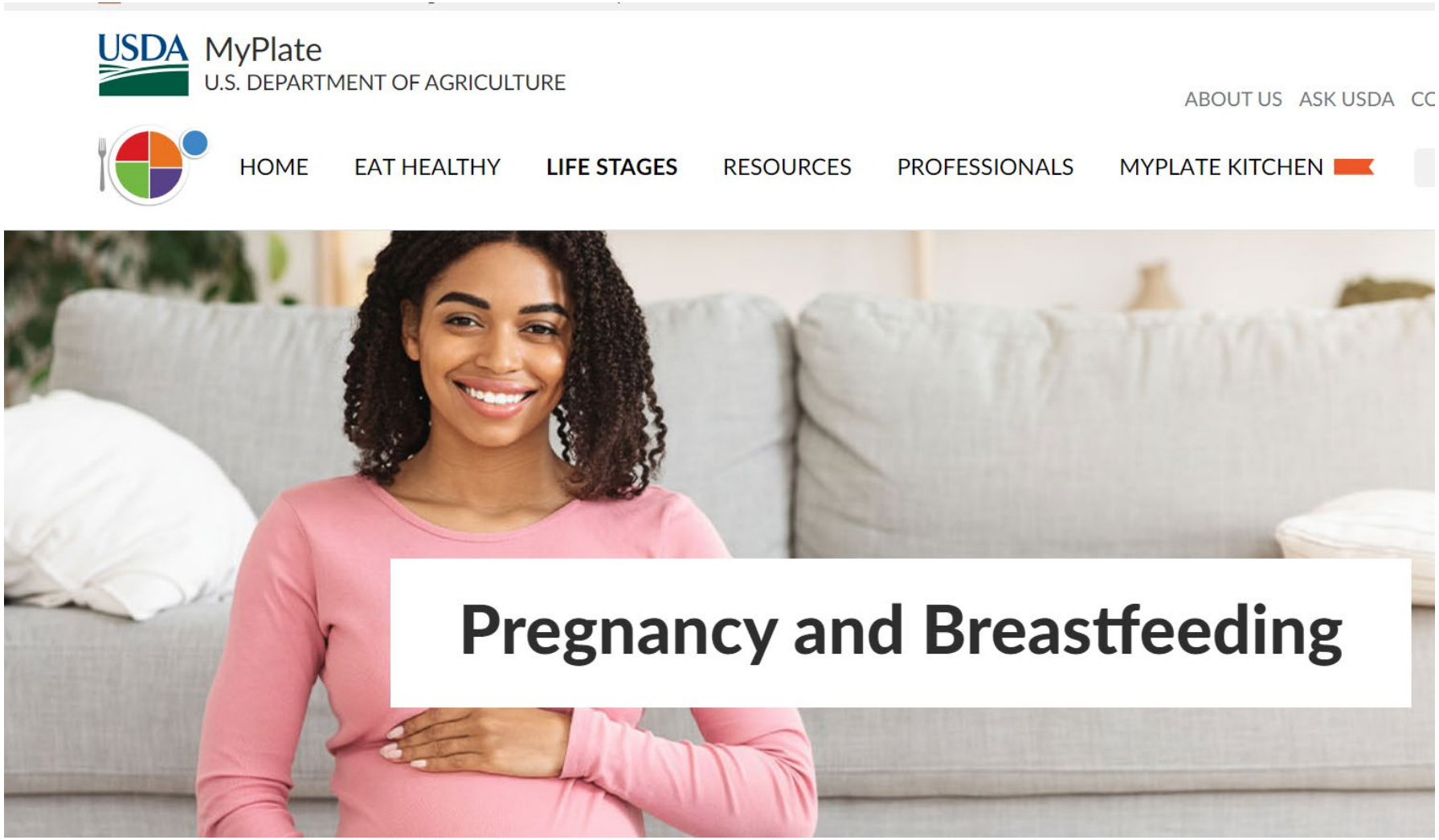
Alcoholic Beverages

- Avoid during pregnancy or if planning pregnancy
- Safest option during lactation - avoid alcohol!
  - Wait 2 hours after single drink to nurse or express milk

Caffeine

- Passes through breast milk from mother to infant
- Low to moderate intake – doesn't usually affect infant (300mg or less/day or ~2-3 cups of coffee)

Resources by Life Stage - Check out MyPlate.gov



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Chapter 6

Older Adults

Older Adults – age 60 +

Special Considerations

Protein

- Prevent loss of lean muscle mass
- Average intakes lower for 71+ years

Vitamin B12

- Ability to absorb vitamin B12 can ↓ with age
- Certain medications can ↓ absorption
- Fortified foods can help – e.g. cereal
- Some individuals may require vitamin B12 supplements

Older Adults – age 60 +

Special Considerations

Beverages

- Sensation of thirst declines with age
- Concerns about bladder control issues may hinder intake

Dietary Supplements:

- Added sugars in supplemental drinks
- Beverage supplements should not replace regular food intake unless instructed by a health professional

https://ods.od.nih.gov/pubs/DietarySupplementandMedicineRecord.pdf

Older Adults – age 60 +

Special Considerations

Alcoholic Beverages

- Older adults may experience the effects of alcohol more quickly
- Risk of falls and injuries
- ↑ chronic health conditions and medication use

Dietary Guidelines for Americans 2020-2025

Make Every Bite Count

https://www.dietaryguidelines.gov/resources/2020-2025-dietary-guidelines-online-materials

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