

Supplementary table 12. Grading of evidence for health effects associated with breastfeeding in industrialized countries.

Outcome	Evidence grading	Studies ¹ (grade)
Acute otitis media	Convincing evidence (grade 1) that breastfeeding protects against acute otitis media	2 (A) 22 (A) 53 (B) 54 (B)
Gastrointestinal infection	Convincing evidence (grade 1) that breastfeeding protects against gastrointestinal	2 (A) 22 (A) 40 (B) 51 (B) 52 (B) 54 (B)
Lower respiratory infection	Convincing evidence (grade 1) that breastfeeding protects against respiratory tract infections	2 (A) 51 (B) 52 (B) 54 (B)
Overweight/ obesity	Convincing evidence (grade 1) that longer duration of exclusive breastfeeding or any breastfeeding is associated with a protective effect against overweight and obesity in childhood and adolescence.	22 (A) 23 (B) 24 (B) 27 (B) 30 (B) 31 (B) 32 (B) 33 (B) 34 (B) 35 (B) 39 (B) 41 (B) 42 (B) 43 (A) 44 (B)
	Suggestive evidence (grade 3) that breastfeeding protects against overweight/obesity in adulthood.	22 (A) 30 (B)
General growth	Probable evidence (grade 2) that exclusive breastfeeding for longer than 4 months is associated with slower weight gain during the second half of the first year	2 (A) 26 (B) 28 (B) 29 (B) 31 (B) 36 (B) 37 (B) 38 (B) 39 (B) 40 (B) 41 (B) 25 (B)
Blood pressure	Probable evidence (grade 2) that breastfeeding has a small but significant reductive effect on blood pressure.	22 (A) 36 (B) 37 (B) 46 (B)
Serum cholesterol	Probable evidence (grade 2) for a small reduction on blood cholesterol in later life or adulthood from breastfeeding	22 (A) 47 (A)

T1DM	Probable evidence (grade 2) that breastfeeding has a protective effect against T1DM. The evidence for a stronger protective effect for longer duration of breastfeeding is however limited but suggestive (grade 3).	22 (A) 49 (B)
T2DM	Probable evidence (grade 2) that breastfeeding has a protective effect against T2DM. The evidence for a stronger protective effect for longer duration of breastfeeding is however limited but suggestive (grade 3).	22 (A)
IQ, neurological development, visual acuity	Probable evidence (grade 2) that prolonged breastfeeding is beneficial for IQ and developmental scores of children.	22 (A) 37 (B) 77 (B) 78 (B) 79 (B) 80 (B) 81 (B)
Celiac disease	Probable evidence (grade 2) that breastfeeding has a protective effect against celiac disease, if gluten is introduced in small amount while still breastfeeding, although it is unclear whether the protection only delays the onset of celiac disease or if it provides permanent protection. However, the evidence is insufficient (grade 4) to conclude which age is best for introduction of gluten.	83 (A)
Inflammatory bowel disease (IBD)	We judge there to be probable evidence (grade 2) that breastfeeding provides protection against IBD.	84 (A)
Cancer	Limited but suggestive evidence (grade 3) for a protective effect of breastfeeding for 6 months against leukemia and probably other childhood cancers	22 (A) 55 (C) 56 (C)
Atopic disease	Limited and inconsistent evidence (grade 4) and no conclusions can be drawn for any preventive effects of breastfeeding on the risk for atopic diseases in children.	22 (A) 37 (B) 57 (B) 58 (B) 59 (B) 60 (B) 61 (B) 62 (B) 63 (B) 64 (B) 65 (B) 66 (B) 67 (B)
Asthma	Limited and inconsistent evidence (grade 4) and no conclusions can be drawn for any preventive effects of breastfeeding on the risk for asthma in children.	2 (B) 22 (A) 59 (B) 60 (B) 61 (B) 62 (B) 71 (B) 64 (B) 66 (B) 67 (B) 69 (B) 70 (B) 72 (B) 73 (B)

¹ Studies with bold font are SLR/meta-analysis, the rest prospective cohort studies.