

## COMMITTEE ON NUTRITION

### IRON-FORTIFIED FORMULAS

IN its recent statement on iron,<sup>1</sup> the Committee on Nutrition emphasized the value of iron-fortified, proprietary milk formulas for the prevention of iron-deficiency anemia of infancy. Despite this recommendation, the most recent marketing information available to the Committee shows that more than 70% of the proprietary formulas currently prescribed by physicians do not contain added iron.

The reasons for continuing routine use of formulas not fortified with iron are not entirely clear. One reason may be that some physicians still believe iron additives increase the incidence of feeding problems or gastrointestinal disturbances. There is no documented evidence that this is a significant problem.

The Committee strongly recommends when proprietary formulas are prescribed that iron-supplemented formulas be used routinely as the standard—that is, that this be the rule rather than the exception. There seems to be little justification for continued general use of proprietary formulas not fortified with iron. The Committee is fully aware that only a small percentage of American infants are fed proprietary formulas after 6 months of age. Fluid whole milk (available in bottle or carton) or evaporated milk, both of which contain only trace amounts of iron, are substituted at the time of greatest iron need and highest prevalence of iron-deficiency anemia. The infant's diet is usually deficient in iron, unless other foods are carefully selected to insure adequate iron intake.

Since the major dietary component during infancy is milk, two courses of action should be taken:

(1) Pediatricians and other health professionals should engage in a program of public education to convince American mothers to provide their infants with a source of dietary iron. This can be achieved by continuing an iron-fortified formula as

long as the infant is bottle fed, and then using the same iron-fortified formula as beverage milk along with the usual solid foods until the infant is at least 12 months of age.

(2) Iron-fortified fluid whole milk or evaporated milk should be made available for infant feeding. Although iron-fortified, fluid whole milk is sold in a few localities, this type of milk has not met with widespread acceptance. This lack of acceptance has been due, in part, to the objectional color changes seen when the milk is used in cooking or in coffee and to the accelerated rate of development of rancidity in pasteurized whole milk. However, this objection should not deter the use of this type of milk for infant feeding. Considerable public and professional education about the use of iron-fortified milk would be necessary to assure its use.

The knowledge and means to prevent iron deficiency as a significant pediatric problem are available now. As a first step in dealing with this major public health concern, proprietary formulas, when used for infant feeding, should be iron-fortified.

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#### REFERENCE

1. Committee on Nutrition: Iron balance and requirements in infancy. *PEDIATRICS*, 43:134, 1969.

*PEDIATRICS*, Vol. 47, No. 4, April 1971

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