

AMERICAN ACADEMY OF PEDIATRICS

Committee on Practice and Ambulatory Medicine

Pediatrician's Responsibility for Infant Nutrition

ABSTRACT. The intent of this policy statement is to reaffirm the position of the American Academy of Pediatrics on four issues pertinent to infant nutrition: the promotion of breastfeeding, the importance of working to maintain and improve infant formulas for use when breastfeeding is not practical or desired, the recommendation against direct-to-consumer advertising of infant formulas, and the encouragement of the availability of a diversity of formulas.

In 1986 the American Academy of Pediatrics (AAP) addressed the responsibility of the pediatrician in infant nutrition. In this policy statement, which replaces the 1986 policy statement of the same name, the Academy reaffirms its position on four issues pertinent to infant nutrition:

1. The AAP will continue to promote breastfeeding as the best form of infant nutrition.
2. The AAP will continue to work to maintain and improve the high quality of infant formulas in the United States, because in some cases breastfeeding is not practical or desired.
3. The AAP will continue to recommend against direct-to-consumer advertising of infant formula.
4. The AAP will continue to encourage the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) and hospital nurseries and programs to make available a diversity of formulas.

PROMOTING BREASTFEEDING

The AAP believes that pediatricians are responsible for infants' and children's nutrition. Pediatricians have an obligation to be well informed about the nutritional needs of their patients. They must be able to advise their patients and their patients' families about nutritional needs for normal growth and development. They also must be knowledgeable about special nutritional requirements for infants and children with metabolic, gastrointestinal, infectious, and oncologic diseases or other chronic, debilitating conditions. Pediatricians must be knowledgeable enough to confirm or refute the information—and misinformation—that comes to the public through the lay media and mass advertising. Pediatricians must also be able to evaluate the "nutritional" claims for diets that will "control behavior," "cure obesity,"

"slow aging," or affect other bodily processes through nutrition.

The Academy continues to offer educational programs to its members and other health care professionals to help them develop their expertise about nutrition for infants and children. The Pediatrics in Review Program, an AAP educational program, has made nutrition one of its featured topics in its recent 6-year cycle. The *Pediatric Nutrition Handbook*,¹ a comprehensive manual on nutrition, is available free to AAP fellows and may be purchased by others for a nominal fee. AAP annual meetings and spring sessions offer lectures and seminars on nutritional subjects and breastfeeding.

The Academy will endeavor to take the lead in providing resources for and research into the promotion of breastfeeding. The Academy will work with the WIC program and other nutritional programs to support and encourage breastfeeding. The Academy will also endeavor to support programs that enable women to continue breastfeeding when they return to work. In addition to these measures, the Academy will endeavor to evaluate the effect that early hospital discharge after delivery has on successful initiation and continuation of breastfeeding.

MAINTAINING HIGH-QUALITY INFANT FORMULAS

The AAP continues to affirm that breastfeeding is the best form of infant nutrition. However, when breastfeeding is not practical or desired, an alternative form of infant nutrition, infant formula, must be offered. The Academy believes that it has had a positive influence on the quality of infant formulas in the United States. The Infant Formula Act of 1980 specifies that an infant formula must contain nutrients in accordance with the levels recommended by the AAP Committee on Nutrition. Infant formulas in the United States are of high quality and nutritive value. Thus, pediatricians and other health care providers have a broad selection of suitable substitute formulas to recommend when breastfeeding is not possible. The Academy, through its Committee on Nutrition, will continue to maintain and improve the high quality of infant formulas in this country.

RECOMMENDATION AGAINST DIRECT-TO-CONSUMER ADVERTISING

The AAP holds a longstanding position recommending against direct-to-consumer advertising of infant formulas. This position is shared by the World Health Organization, American Public Health Association, American Medical Association, and others.

The recommendations in this statement do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

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The Academy believes that direct advertising of infant formulas to the consumer will decrease the incidence of breastfeeding, and that the value of counseling women to breastfeed will be seriously compromised by mass media advertising of infant formulas.

MAINTAINING THE AVAILABILITY OF A DIVERSITY OF FORMULAS

The AAP remains concerned about the exclusive arrangements that some hospitals and many state WIC programs establish with a single formula manufacturer. These hospitals and programs offer only one product line of formulas to nonbreastfeeding infants. The federally funded WIC program provides formula vouchers to about one third of all the formula-fed infants in this country. The WIC programs in many states have sought cost reductions by requiring competitive bidding from formula manufacturers and have established single-source arrangements. In return for an exclusive product line, a formula manufacturer sometimes supplies its formulas to the hospital at no cost and may also support hospital-based educational programs.

Although it commends the hospitals and WIC programs for their cost-containment efforts, the AAP is concerned that strict single-source arrangements for infant formulas may not be in the best interests of infants and children. In the event of a quality control breakdown, which impacts the formula made available in a particular WIC or hospital program, the supply of infant formula to the neediest infants could be interrupted. Another factor to consider is that some children have special genetic or metabolic needs. All WIC and hospital programs should have specialty formulas available for these children. Fi-

nally, by providing a diversity of infant formulas, the WIC and hospital programs enable physicians and other health care providers to counsel mothers on infant feeding options better. For these reasons, the Academy encourages hospitals and WIC programs to work toward providing a diversity of formulas. However, the Academy maintains its policy against distribution of discharge packs without the advice and counsel of a health care provider.

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REFERENCE

1. Barness L, ed. *Pediatric Nutrition Handbook*. Elk Grove Village, IL: American Academy of Pediatrics; 1993

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Pediatrics 1997;99;749

DOI: 10.1542/peds.99.5.749

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PEDIATRICS®

OFFICIAL JOURNAL OF THE AMERICAN ACADEMY OF PEDIATRICS

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Committee on Practice and Ambulatory Medicine
Pediatrics 1997;99:749
DOI: 10.1542/peds.99.5.749

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