



Commonly asked questions about infant formula

It is common for caregivers to feel guilt, shame, or concern about infant feeding choices. Especially when they use infant formula. However, there are many reasons families need to or choose to feed infant formula instead of human milk. Infant formula has a place in supporting healthy development for babies. From birth to 12 months of age, iron-fortified infant formula is the recommended alternative for human milk. Let's touch on some frequent questions and concerns about infant formula.

What types of infant formula are available?

There are four main categories of infant formula on the market.

- Cow's milk-based formula
- Soy formula
- Specialized formula
- Partially hydrolyzed formulas, typically labeled "gentle" or "sensitive"

No matter the base of a formula – cow's milk or soy – it is processed to add, remove, and replace nutrients to resemble human milk more closely. Processing also makes sure formula is safe and easier for infants to digest.

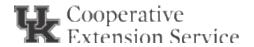
Is one type of formula better than another?

The American Academy of Pediatrics recommends cow's milk-based formulas for most infants. However, there are instances when infants benefit from other types of formula. Infants born prematurely or who have rare, genetic health conditions need special formulas. Children allergic to cow's milk or soy proteins need hypoallergenic or elemental formulas. Health-care providers will help you find the right formula. Gentle or sensitive formulas are often marketed to parents for colic and gut issues but are not clinically supported.

Is one type of formula safer than another?

The U.S. Food and Drug Administration ensures all infant formulas sold legally in the United States meet strict safety and nutrition standards. Concerns have been raised about nutrients like isoflavones and phytates in soy formula. There is concern these nutrients may affect immune systems, sexual development, behavior, or limit absorption of other nutrients. Other concerns have been raised about cow's milk-based formula and type 1 diabetes. But research studies have not found any of these effects.

Are "organic" or "natural" infant formulas from other countries better? The American Academy of Pediatrics urges caution in buying formula not approved for sale in the U.S. because



the safety of these products cannot be assured. There is no evidence formula from other countries is safer or better than infant formula sold in the United States.

Currently, there do not appear to be stark differences in infants' growth or health outcomes for the different kinds of infant formula. Keep in mind that the nutrition composition of formula is one of many important factors influencing growth, development, and health. Other important factors include how formula is prepared and fed to children. Are cereal or other non-formula items in a bottle? Is feeding on a schedule or on demand? Is an infant pressured to finish a bottle? Is an infant put to bed with a bottle? Ongoing research will continue to provide more information about the effects of different types of formula on children's health. If you hear or read information about formula that worries you, speak with a health-care provider.

Reference

Appleton, J., Russell, C. G., Laws, R., Fowler, C., Campbell, K., & Denney-Wilson, E. (2018). Infant formula feeding practices associated with rapid weight gain: A systematic review. *Maternal & child nutrition*, *14*(3), e12602. https://doi.org/10.1111/mcn.12602 Division of Nutrition, Physical Activity, and Obesity, National Center for Chronic Disease Prevention and Health Promotion. (2021, July 22). *Choosing an Infant Formula*. Centers for Disease Control and

Prevention. https://www.cdc.gov/nutrition/infantandtoddlernutrition/formula-feeding/choosing-an-infant-formula.html

HealthyChildren.org. (2020, September 16). Choosing an Infant Formula. American Academy of Pediatrics. https://www.healthychildren.org/English/ages-stages/baby/formula-feeding/Pages/Choosing-an-Infant-Formula.aspx

Rossen, L. M., Simon, A. E., & Herrick, K. A. (2016). Types of Infant Formulas Consumed in the United States. *Clinical pediatrics*, *55*(3), 278–

285. https://doi.org/10.1177/0009922815591881

United States Department of Agriculture. (n.d.) *Infants*. MyPlate. https://www.myplate.gov/life-stages/infants

Source: Courtney Lucking, Extension Specialist for Nutrition and Health

Copyright © 2024 for materials developed by University of Kentucky Cooperative Extension. This publication may be reproduced in portions or its entirety for educational or nonprofit purposes only. Permitted users shall give credit to the author(s) and include this copyright notice.

Educational programs of Kentucky Cooperative Extension serve all people regardless of economic or social status and will not discriminate on the basis of race, color, ethnic origin, national origin, creed, religion, political belief, sex, sexual orientation, gender identity, gender expression, pregnancy, marital status, genetic information, age, veteran status, physical or mental disability or reprisal or retaliation for prior civil rights activity. Reasonable accommodation of disability may be available with prior notice. Program information may be made available in languages other than English. University of Kentucky, Kentucky State University, U.S. Department of Agriculture, and Kentucky Counties, Cooperating.