

# Child Health Notes

Promoting early identification and partnerships between families, primary health care providers & the community.

Distributed by the Lewis County Interagency Coordinating Council (ICC) and Parent to Parent.  
Contributors: UW Center on Human Development and Disability and Washington State Department of Health



EarlySupport for  
Infants and Toddlers  
(ESIT)



Washington State  
Department of  
Social  
Health & Services

## Formula for Full-Term Infants

Providers sometimes inadvertently prescribe infant formulas that are more expensive and more complex than an infant needs. The formula is often not covered by insurance or WIC\*, and the family ends up paying too much for a formula that is hard to get and possibly not the right product for the child. This CHN was written to demystify the process of deciding which formula is best for which baby.

\*The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

The American Academy of Pediatrics (AAP) supports exclusive breastfeeding for the first 6 months of life, but for many reasons including medical conditions, human milk is not always available or best for all infants. 1 Iron-fortified infant formulas are good substitutes. Deciding which formula to use should be evidence and indication-based. Vendor marketing and gut feelings have no place in the choice of infant formulas. 2

Families are the primary decision makers for their children including decisions about what to feed their children. However, they may seek the advice of their health care provider. Or, when medically necessary, their health care provider may prescribe a specific formula. Factors to consider when prescribing a formula include: infant needs, family preferences, cost, and availability. Registered dietitians, pediatric allergists, and pediatric gastroenterologists are available to help choose formulas.

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## Four Major Categories of Infant Formula



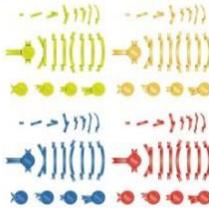
**Cow Milk Protein-Based Formulas** are the formulas everyone knows about. They are the least expensive, easiest to find, and similar to one another in general composition. The AAP suggests these formulas are appropriate for most children. Enfamil, Similac Advance, Earth's Best, Gerber Good Start Gentle are examples. Store brand and generic forms are also available.



**Soy Milk Protein-Based Formulas** are appropriate for children with cow milk intolerance, galactosemia, and vegetarian families. Cow milk intolerance is not milk allergy. "Intolerance" is a term for extremely gassy babies who have trouble digesting milk sugar (lactose), or those who throw up more than they keep down. Most children will be fine with soy formula. Some families choose these formulas based on a preference for plant over animal-based products. They cost the same as cow milk formulas and are easy to find. Enfamil Soy Prosoabee, Good Start Soy Plus, and Similac Soy (Isomil) are examples.



**Hydrolyzed Formulas** were developed for the treatment of allergy. The protein in these formulas has been cut into smaller pieces which decreases incidence of allergic reactions. They are more expensive and may be harder to find. Most children will tolerate and grow well on these formulas, but most don't need them. These formulas should be reserved for infants who are at high risk for allergy, had an allergic response to standard formula, or have been diagnosed with cow milk protein allergy. Examples include Enfamil Nutramigen, Pregestimil, and Similac Alimentum.



**Amino Acid Formulas** are used for children with allergy who have persistent symptoms even with the use of extensively hydrolyzed formula. These formulas are the most specialized and expensive. These are not always easy to find and may require a special prescription. Examples include Elecare Infant and Neocate Infant.

#### **COST and Availability**

Specialized formulas are more expensive than standard infant formulas. A specialized formula is approximately \$10 more per 22 ounce container. Insurance companies will sometimes partially pay if a formula is medically indicated. Some of these products are not readily available in supermarkets. Families may need assistance in locating a reliable source. Depending on the state, the WIC program provides specific products for those who qualify, but not all formulas are available on WIC. WIC has a selection of therapeutic formulas requiring a prescription.

To see if WIC will cover a particular formula in Washington, see “**Washington State WIC Approved Formulas.**”

- **In list format:** <http://www.doh.wa.gov/Portals/1/Documents/Pubs/960-007-WICApprovedFormulas.pdf>.
- **With pictures** <http://www.doh.wa.gov/Portals/1/Documents/Pubs/960-326-PicturesOfWICApprovedFormulas.pdf>.

The WIC webpage is: <http://www.doh.wa.gov/YouandYourFamily/WIC/WICFoods/InfantFormula4>

#### **References / Resources**

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3. Dr. Ari Brown and Denise Fields. Baby 411: Clear answers and smart advice for your baby's first year. 6th edition. Copyright 2014. Windsor Peak Press. Boulder, Colorado. Pages 155-162.
4. Personal communication with Dick Court, RD, Washington State WIC Nutrition Program. December 2, 2014.
5. Tatum Hattner, J. Nutrition Focus. Volume 26 (3); May / June 2011; pages 1-13. This newsletter includes a detailed list of available formulas and their specific content.
6. Nutrition for Children with Special Health Care Needs website, UW Center on Human Development and Disability