

INAPPROPRIATE BEVERAGES AS PRIMARY MILK SOURCE

(425A)

PARTICIPANT TYPE.....CHILDREN
HIGH RISK.....No

RISK DESCRIPTION:

Examples include:

- Non-fat or reduced-fat milks between 12 and 24 months of age (unless child has the high weight-for-length risk code meaning overweight or obesity is a concern) or sweetened condensed milk
- Imitation or substitute milks (such as inadequately or unfortified rice or soy-based beverages, non-dairy creamer) or “homemade concoctions”

ASK ABOUT:

- Cultural, religious, family, economic, or medical reasons for providing non-fat (skim), low-fat (1%), or reduced-fat milk (2%)
- Cultural, religious, family, economic, or medical reasons for providing a product instead of cow’s milk
- Milk intake patterns common to a particular region

NUTRITION COUNSELING/EDUCATION TOPICS:

- Non-fat, low-fat, and reduced-fat milks are usually not recommended for use from 1 to 2 years of age because of their lower fat content and caloric density. One-year-olds fed reduced-fat milks are at risk for inadequate intake of essential fatty acids. These fatty acids are important for adequate brain growth and development. However, WIC regulations include the option for WIC state agencies to issue non-fat or low-fat milk when overweight or obesity is a concern, as determined by the Competent Professional Authority (CPA) and in conjunction with State agency policy that defines the assessment criteria the CPA will use. This option is consistent with the American Academy of Pediatrics report: *Lipid Screening and Cardiovascular Health in Childhood*.
- When children are 2 years old, it is appropriate to switch to non-fat or low-fat milk. At this age, children are generally consuming enough fat from other food sources to meet their caloric and essential fatty acid needs. Switching to non-fat or low-fat milk builds healthy habits for their future health.

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NUTRITION COUNSELING/EDUCATION TOPICS (CON'T):

- Goat's milk, sheep's milk, imitation milks, or substitute milks (that are unfortified or inadequately fortified) do not contain nutrients in amounts appropriate as a primary milk source for children. Children who drink these milks are at risk for anemia, gastrointestinal bleeding, stress on the kidneys, allergic reactions, and deficiencies in iron, folate, and vitamins C and D.
- Sweetened condensed milk has an abundance of sugar that displaces other nutrients and could lead to excessive calorie intake.

POSSIBLE REFERRALS:

- If medically appropriate and desired by the caregiver, provide adequately fortified goat's milk in the WIC food package.
- If recommended by the child's health care provider or as determined by the WIC CPA, issue WIC approved soy milk as part of the food package.
- If the caregiver is offering an inappropriate milk substitute based on his/her perception of food intolerance or allergy, encourage the caregivers to seek advice from their primary care provider for diagnostic evaluation and follow-up.
- If the child is not receiving well child care or keeping appointments, refer the child (if on Medical Assistance) to Health Tracks (www.nd.gov/dhs/services/medicalserv/health-tracks), the local public health department, or primary care providers in the community.