

NEWS RELEASE

PODCAST INTERVIEW

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Non-recommended milk being provided to young children

More than one-third of infant caregivers surveyed reported serving at least one non-recommended milk type to their infant in the past month, according to a new study in the Journal of Nutrition Education and Behavior

Philadelphia, August 6, 2021 – More than one-third of infant caregivers reported serving at least one non-recommended milk type to their infant in the past month--most providing them daily—and the majority of toddler caregivers did not follow expert recommendations to provide only cow's milk to their children, according to a [new study](#) in the [Journal of Nutrition Education and Behavior](#), published by Elsevier.

To assess the prevalence of serving non-recommended milk beverages (i.e., toddler milk and plant milk) in place of and in addition to recommended milk-based products (including commercially prepared infant formula and cow's milk) for infants (aged 6–11 months), infants in transition (12 months), and toddlers (aged 13–36 months), researchers surveyed US primary caregivers of infants, infants in transition, and toddlers.

“We explored the provision of recommended and non-recommended milk products to infants and toddlers, so we looked at infant formulas, toddler milks, cow milks, and non-dairy milks. We also wanted to find any sociodemographic factors that might be associated with the types of milks offered by caregivers of diverse backgrounds,” said Maria J. Romo-Palafox, PhD, RD, Department of Nutrition and Dietetics, Doisy College of Health Sciences, Saint Louis University, St Louis, MO, USA.

Approximately two-thirds of caregivers reported serving the types of milk that experts recommend for their infant or toddler, including breastfeeding and/or serving commercially prepared infant formula with no other milk type to infants and serving cow's milk to toddlers. However, more than one-third of infant caregivers surveyed reported serving at least one non-recommended milk type to their infant in the past month, including toddler milk and/or cow's milk, and most reported providing them daily. Furthermore, the majority of toddler caregivers did not follow expert recommendations to provide only cow's milk to their

children and tended to provide non-recommended milk-types—infant formula most often, followed by toddler milk and plant milk—in addition to recommended milk types.

Researchers found that factors such as the child's age, household income, the racial and ethnic background of the caregiver, and the product's marketing claims were associated with which milk type the children received, suggesting that more research is needed to understand how diverse populations interpret product claims and how marketing may perpetuate health disparities.

"It's important to note that infant formulas are not inherently bad. We are glad this product exists for moms who cannot breastfeed. But the public should have all the information so they can make an informed decision about what is best for their baby," Dr. Romo-Palafox explained. The results of this study indicate an opportunity for public health education campaigns, community outreach, and additional guidance from healthcare providers, especially regarding potential nutrient deficiencies, dehydration, and undernutrition when providing cow's milk or plant milk to infants and replacing breastmilk (or commercially prepared infant formula).

Notes for editors

The article is "Caregiver's Provision of Non-Recommended Commercially Prepared Milk-Based Drinks to Infants and Toddlers," by Maria J. Romo-Palafox, PhD, RD; Jennifer L. Harris, PhD, MBA (<https://doi.org/10.1016/j.jneb.2021.05.006>). It appears in the *Journal of Nutrition Education and Behavior*, volume 53, issue 8 (August 2021), published by [Elsevier](#).

The article is openly available at [https://www.jneb.org/article/S1499-4046\(21\)00622-9/fulltext](https://www.jneb.org/article/S1499-4046(21)00622-9/fulltext).

Full text of the article is also available to credentialed journalists upon request; contact Eileen Leahy at +1 732 238 3628 or jnebmmedia@elsevier.com to obtain a copy. To schedule an interview with the author(s), please contact Maria J. Romo-Palafox, PhD, RD, at maria.romopalafox@health.slu.edu.

An audio podcast featuring an interview with Maria J. Romo-Palafox, PhD, RD, and other information for journalists are available at www.jneb.org/content/media. Excerpts from the podcast may be reproduced by the media with permission from Eileen Leahy.

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