

Sound Advice

This is an edited transcript of a telephone interview recorded in August 2010.

Jatinder Bhatia, MD, FAAP is chair of the Committee on Nutrition of the American Academy of Pediatrics and chief, Division of Neonatology at the Medical College of Georgia in Augusta.

Q: Doctor, I know the Academy recommends exclusive breast feeding for the first four to six months of life. What benefits does breast feeding give to a baby?

Dr. Bhatia: The Academy recommends exclusive breast feeding for four, preferably six months, because by that time infants are ready to accept other foods in addition to breast feeding. The advantages are numerous. Not only are there advantages for the mother/infant couplet, but there are decreased incidences of respiratory infections, decreased incidence of ear infections, diarrhea and so on. The baby gets a lot of the immune benefits from the mother and then you've got also economic benefit, because you've got a ready-made package, if you will, which the baby can be fed on demand at leisure.

Q: If parents are using formula, how should they decide which is the best one?

Dr. Bhatia: Well, the formulas in the United States pretty much for the term infant have only minor differences. There really are no major differences between them. I mean a slight tweaking of the protein here or there, but a healthy, term baby, several current formulas are available for them in the United States and are equivalent for the benefits that they have.

Q: Is organic formula better?

Dr. Bhatia: Well, truth to tell, there is no really organic formula. The reason they get the organic label is that most of the ingredients are organic. You cannot produce all the ingredients organically. For example, the fatty acids that added into it, like DHA, ARA, I don't believe we have organic. Some of the sugar added is not organic, but since the majority of them come from the common protein and other ingredients they're labeled organic. Organic is not superior to regular formula, but if a family believes in it and can afford it, they can do it, but don't do it because you think it's healthier or safer. .

Q: Is soy formula recommended?

Dr. Bhatia: Soy formula is only recommended in the following instances: A mother's religious choice to choose total vegetarian, or the baby has a metabolic disease, for example, galactosemia, where the sugar has to be different. Soy formulas do not have lactose, which breaks down to glucose and galactose. Otherwise, soy is not indicated in the first year of life.

Q: When is the best time to introduce solid foods?

Dr. Bhatia: Not sooner than 17 weeks, so ... approximately 4 months, and not later than 7 months. There's a window of time. If you wait too long then it takes too long to get the baby to eat, so there's a window of time when you need to start adding solid foods. By that time the baby's already doubled in birth weight, is starting to show signs of hunger apart from just being fed. A baby should be able to have head control, be able to take something with a spoon, and for the most part, most of it lands up on the floor anyway, but at least you can start doing that.

Q: What are good foods to start with?

Dr. Bhatia: The way we start in the United States is single cereal, move on to other cereals and then multigrain cereals and so on, adding a new food once in three to five days, but that is our culture here. If you're living somewhere else, you're going to most likely feed what you are eating, but in a form that a baby can take. But babies have to learn to eat their own ethnic foods, the family foods. Eventually they all graduate to it, so any sequence, as long as you maintain a sequence and not feed more than once food at a time so you know if a baby is tolerating it or allergic to it. The only difference nowadays is we have moved meats sooner than later, especially for the breast fed baby because breast fed babies need iron and zinc and meats are a good source of that.

Q: So you could start with a fruit or a vegetable or a meat rather than a cereal if you wanted to?

Dr. Bhatia: I think you can. We do it for convenience because cereals are easy, convenient and that was the thought before, that they're hypoallergenic and you can figure it out, but really, truly speaking, there's no randomized study that says one way is better than the other as long as you start with one food. You don't want to start with a complex food because there are multiple things in it. You don't know if your baby reacts to one. That is the rationale for the single rather than multiple at the first food.

Q: What are some foods you should avoid giving to a baby?

Dr. Bhatia: You know, the old rules were avoid peanuts, avoid fish, avoid shrimp. Those have also gone. We no longer have any avoidance issues. Babies graduate to whatever the family eats, so progression, choices, variety and perseverance. I mean you have to keep offering the food multiple times before you can say, "My Johnny doesn't like broccoli," for example.

Q: You mentioned peanuts. We used to think that giving those early would increase the risk of allergies, but the evidence doesn't support that any more, right?

Dr. Bhatia: We can't predict who is going to get peanut allergy or not. I'm not belittling peanut allergy. It's for real, but avoiding it is not going to change the pattern.

W How important are omega-3 fatty acids for young children?

Dr. Bhatia: Well, they're important because they're for brain and for eye development. Breast milk has pre-formed, for example, DHA in it and until formulas had DHA added in the reliance

was on the precursors of DHA to make the DHA. But that conversion factor was very variable, so you had no way of predicting which baby can convert, which baby cannot. So the next step that was done was to add DHA and demonstrate that you could now bring the blood quantities of DHA in formulas-fed babies similar to that of breast-fed babies. The next step was done was to show that there were some benefits, but not all studies showed benefits, so some studies showed a benefit, better processing visually and better IQ. Some studies showed neutral. But I'm not aware of any studies in term babies that showed a negative effect.

So when you put it all together like we do these days, it doesn't show that there's a benefit for the term baby, but individual studies show a benefit. There are studies out now, five, six, seven years out. It's more beneficial for premature babies because they don't get that from the mother because they're born too early.

Q: What about when children are taking solid foods? Can you give them fish?

Dr. Bhatia: Now DHA and ARA are being added to different foods. There is evidence to show that our toddlers in the United States and Canada are probably deficient in DHA and ARA because we are not fish-eating countries. . Fish-eating populations don't have to have other foods that have DHA and ARA. but any more, to find foods without DHA and ARA is getting difficult, because we've taken a giant leap from saying it's needed. We've show some benefits. Everybody needs it. It's true. Even you and I may belong to the population that is not adequate in DHA and ARA because I said we're not a fish-eating population in the United States and a fair percentage of men and women in the United States are deficient.

Q: A lot of parents shy away from fish because of mercury. Can you talk about that?

Dr. Bhatia: We want to make sure that any woman of child-bearing age stays away from long-living fish, like shark and swordfish, because that's where the mercury comes in. Apart from local advisories, the short-living fish really don't have mercury contamination, so there's no need for avoiding those fish .

Q: How can vegetarian families, be sure their children get the nutrients they need?

Dr. Bhatia: That's a good that's a difficult one to answer because pure vegetarianism is not complete. Now, you can have a combination of vegetarianism or you can assure dairy products and so on so you can make the different components of nutrition that are important happen. The ones who don't drink milk and are pure vegetarian, there you're going to have deficiencies and that's something that we have to be careful about, especially with children. They will need appropriate guidance nutritionally through their pediatrician and a dietician.

Q: What is the best advice you would give to parents who want to set their kids up for a lifetime of healthy eating? What can they do when their kids are infants or very young children?

Dr. Bhatia: First of all, they have to be the role model. It's kind of hard to tell Johnny to eat healthy when they're eating hamburgers themselves.

Second of all, offer multiple choices. For example, in toddlerhood especially, when the children need to snack three to five times a day, rather than snack on French fries or whatever – I’m not saying you should never have French fries. What I’m saying is that’s when you try to give them more natural, like granola bars or low-sodium foods or low-sugar foods because we need them to accept a food quality, which is not as sweet or salty as we currently eat.

If we successfully reduce the salt intake and sugar intake of our future generations we will have great benefits down the road. We just consume too much of that because our processed foods that we graduate to after we stop breast feeding or formula feeding are high in sweeteners. Now, albeit, some of them may be non-caloric sweeteners, yet the sweetness is 100 to 300 times sweeter than sugar, so if you start liking sweet food it’s very difficult for you then to accept naturally occurring fruits, because they’re less sweet or to start liking vegetables because they’re not as tasty.

I think that there’s not evidence to say if I fed a child only low salt the baby is going to like low salt. That is something that is intuitive, it’s being done in England. They have reduced their salt into their food chain. In America now, the manufacturers have pledged they’ll reduce sugar in the food chain, so if we can reduce sweetness and then we would more likely teach our children to eat the natural foods.

The other thing that I get concerned about is that you go to the market, your child between one and three doesn’t really have to bite into a banana, apple, pear, nothing. Everything is processed. You can either eat from a jar or a packet. So then you turn around at school time and say, “Hey, Johnny. Here, take an apple. Take it to school.” He never learned how to eat an unprocessed apple, so that’s the healthy habits I’m talking about. We need to start going back to eating more of what we can get rather than more of what we can process.