

Aunt Cathy's "PMS" System for Decision-Making:



Aunt Cathy

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Whole, 2% or Skim Milk for Ages 1-2.

Sorting out the formulas or questions about when to use whole milk or skim milk can be complicated by issues unrelated to the science of nutrition. For example, a formula may not be usable in a situation for which it might be helpful because of costs, contracts with other formula companies, or confusion because of the way a product is promoted.

Health professionals serving large infant-feeding programs like WIC ("Special Supplemental Food Program for Women, Infants and Children" of the Dept. of Agriculture) often find this sort of confusion to be very costly in terms of time, money and frustration. In response to hearing these concerns raised by many state WIC programs, I devised a way of thinking about a formula and milk choice issue that attempts to sort out the important aspects from those that are irrelevant or changeable. The following example examines the question of the need to use whole milk after the first birthday until a child is two (which remains the current AAP recommendation):

The "Whole Milk Dilemma"

Many health professionals expressed concern that insisting on the use of whole milk for all of this age group of children may be inappropriate for those with lower than average ability to expend calories (e.g. children with spina bifida) and those who are already in the overweight / obese categories. However, they felt obligated to follow the official AAP recommendation.

In some states WIC programs did not allow clients to use whole milk without getting a physician's prescription. Much time and money was invested in obtaining documentation that the child needed a lower-calorie product. Policies and flow-charts had to be established to assure that these issues were handled correctly. Here's a great example:

"Proposed Policy Regarding the Use of 2% or Skim Milk by Children under Age Two Participating in the _____ State WIC Program.

1. For children observed to have three rolls of fat on the thigh, the Nutritionist may call the child's physician to request a prescription for skim or 2% milk to be used in place of whole milk.
2. Children under age two who have two or fewer rolls of fat on the thigh are to receive whole milk. Their fat stores will be monitored at clinic visits. Should they develop a third roll of fat, a prescription will be requested as described above."

It sounds pretty silly and unhelpful, but it was real.

This is especially irritating to the client and the MD when have both agreed that the child is doing very well on 2% or skim milk. So, lets look at the "PMS" of this issue:

Policy: “Only whole milk will only be allowed from the end of the first year of life until age two.”

Marketing is not really an issue/problem with this issue (but it sometimes certainly IS.)

Science:

1. The only difference between whole, 2% and skim milk is in the **amount of fat and calories** per ounce. **Other nutrients are provided in the same amounts.**
2. The **form of fat** in the milk is a **very poor source of essential fatty acids**, it can be somewhat **constipating**, and **there is no special property of cow’s milk fat (or goat’s milk fat) that promotes brain development** ... babies just need calories for that. None of the formulas contain milk fat so a formula-fed infant got none in the important first year. Neither did the breastfed baby because Mother’s milk does not contain cow’s milk fat either. So why would it be so important that children between ages 1 and 2 be fed a large percentage of their calories in the form of cow’s milk fat, and why would we insist on it? Answer: I can’t think of one.
3. Babies need adequate calories to grow and to myelinate their brains. Before the WIC Program was established many poor babies did not get enough calories because skim milk was a few cents cheaper than whole milk. **The reason for the AAofP recommending whole milk was to try to at least provide enough calories for the baby’s growth and development, and whole milk has twice the calories of skim.** Once the WIC Program was established, no infant should be at risk of obtaining inadequate calories for growth and development because of poverty. The original reason for the recommendation is gone.
4. Insisting on using high fat milk in this situation may result in excess caloric intake, and if so it could contribute to obesity, the more common problem these days. However, usually it does NOT result in over consumption of calories, because the baby self –regulates caloric intake. But in that case it would certainly decrease the content of vitamins, minerals and protein in the children’s diets because satiety induced by all those fat calories would cause them to eat less of other foods.
5. However, in the extreme, such as when a child has very low caloric requirements because of being able to move very little, this can cause lots of trouble. Similarly, it can cause real problems if (for example) the child is tube-fed and therefore unable to regulate his/her caloric intake. Additionally, policies that require waiting until a child is demonstrably overweight or obese before allowing a lower fat milk to be used are clearly not in children’s best interests. (See my handout on nutrition for children with special needs for more information.)

Conclusions: In this scenario, it appears that the **Science** evaluation did not argue against using skim or 2% milk in children ages 1-2. What remains then is to determine if there is a good reason for continuing a **Policy** of requiring WIC nutritionists to provide only whole milk for children of this age group. If so, this also totally undermines the idea that professional WIC nutritionists are able to evaluate the appropriateness of a child’s nutrition and to act on it. **If no good reasons can be proposed for requiring whole milk at this age, then CHANGE THE POLICY to use the form of milk or milk substitute judged to be best by the WIC health care professional who is considering the needs of the individual child in his/her care.**