

Sanford Medical Center



Aunt Cathy

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Regarding “A Trial Back on . . .” A WIC Nutritionist Question

I received this excellent question in the mail, and I think it’s a discussion worth sharing:

“At our WIC program, we are able to provide several different formulas if an infant does not tolerate our contract formulas. Typically, at the age of 5-6 months we will ask parents to reintroduce a contract product. We do this on the basis that as an infant gets older, he or she may tolerate the formula better than before (mainly due to the fact that the infant is tolerating solid foods at this point). This has been in practice long before my time here and I’m now looking for evidence/research to back this up.”

Reply: The practice of re-trying a baby who did not tolerate a formula back on the original product was originally based on three things:

- 1) For many years, doctors and nutrition people perceived that soy-based products were inherently significantly lower quality than milk-based products. My formula handout discusses where we are with that. Basically, unlike some years ago, there is no big nutritional advantage to switching back to milk-based formulas for non-premature babies or those who are otherwise healthy.

If the baby's initial intolerance problem was in fact allergy-related (i.e. involving immunoglobulin E and not just a lactose intolerance type of issue,) such a trial would not be a great idea because allergy to cow's milk CAN "go away" but not usually in the first year. If it were a true allergy I would be very hesitant to just switch them back at 6 months (or whenever) without specific orders for safety reasons. If the baby were to have a severe anaphylactic reaction, for example, there could be very serious consequences.

An additional feature to consider here is the issue of trust between the nutritionist and the client. Many parents perceive the insistence on a re-trial of the formerly-problematic formula as being dangerous and foolhardy. We say, "well, if he still has the problem we can always switch back." However, the "if he still has the problem" part suggests that we pretty casually put their baby in what may be jeopardy.

Now, if it were very important to switch back, that is one thing. But if not? Why would we put them through this kind of anxiety-inducing experience? This is especially a problem when the parents feel very strongly about staying on the present product. We have the power to make them switch ("take it or leave it,") but to do it when there is no pressing reason (like a relative non-issue such as the perceived nutritional value of milk-based vs soy-based) it does have the potential to harm to our relationships with them.

2. A lot of the "switch back to the old formula" has roots in the use of more pricey hypoallergenic formulas in place of standard or soy products. In this situation, if the problem is not of a true allergy nature (rendering the hydrolyzation of the protein unnecessary) then the family or the WIC program can save some money by moving toward an intact-protein formula.

However, if it is a true allergy, the same caveats apply as above. Example: hypoallergenic formula might be used for a colicky baby for whom it seemed to be helpful in the first months of life; however, most babies are not colicky after 6 months and they would likely do fine on standard or soy formula, saving big bucks. But colic is not an "allergy" and a recurrence is not potentially life-threatening the way an allergic response can be.

3. WIC costs have also been players in this drama, as the more costly hypoallergenic formulas have sometimes not been on a state's rebate formula list. In that case, the WIC people may be very eager to get back onto any of the "contract" formulas for budgetary reasons. However, again, in that case the primary urge is financial and not baby health, so we really have to be cautious about the circumstances in which we "make" the baby switch back.

So, the bottom line is that it is sort of a relic of the past to insist on switching back from soy-based back to milk-based. In regard to trials of intact protein in place of a hypoallergenic formula, it would depend on whether or not the reason for the switch initially was because of a true allergy. If it is an allergy I wouldn't see any big (non-financial) reason to switch back. Risks to baby health trump thriftiness every time in this situation.

Hope this helps! Cathy B.