

Recommendations for Formula Use

- **Iron-fortified infant formulas*** are appropriate for feeding the term infant during the first year of life as a:¹
 - Substitute (or supplement) for human milk in infants whose mothers choose not to breastfeed exclusively or at all
 - Substitute for human milk in infants for whom breastfeeding is medically contraindicated
 - Supplement for breastfed infants who do not gain adequate weight.
- **Soy formulas** can be used in term infants whose nutritional needs are not met by breast milk. Soy protein-based formulas are a safe and nutritionally equivalent alternative to cow's milk formula.¹ Soy formulas should be used in:¹
 - Term infants with galactosemia or hereditary lactase deficiency
 - Term infants with documented transient lactase deficiency
 - Infants with documented immunoglobulin E (IgE)-associated mediated allergy to cow's milk
 - Term infants whose parents seek a vegetarian-based diet. **
- **Extensively hydrolyzed protein formulas** are preferred for infants intolerant of cow's milk and soy proteins or for infants with significant malabsorption due to gastrointestinal or hepatobiliary disease, such as cystic fibrosis, short gut syndrome, biliary atresia, cholestasis, and protracted diarrhea.^{1,2}
- **Partially (and extensively) hydrolyzed protein formulas** may delay or prevent atopic dermatitis.¹⁻⁵
- **Amino acid formulas** are for infants who have extreme protein hypersensitivity (allergy) and cannot tolerate extensively hydrolyzed formulas.¹
- **Premature infant formulas and nutrient-enriched discharge formulas** are designed for premature infants. The calorie concentration of these nutrient-dense cow's milk-based formulas ranges from 22 to 27 calories an ounce.

*The AAP sees no role for the use of low-iron formulas though they still are available.¹

**Soy protein-based formula is not recommended for preterm infants with birth weights of less than 1800 g, for prevention of colic or allergy, or for infants with cow's milk protein-induced enterocolitis or enteropathy.¹

1. American Academy of Pediatrics. Committee on Nutrition. *Pediatric Nutrition Handbook*. 6th ed. Elk Grove, IL: AAP; 2009.
2. American Academy of Pediatrics. Committee on Nutrition. Hypoallergenic infant formulas. *Pediatrics*. 2000;106(2):346-349.
3. Greer FR, Sicherer SH, Burks AW, et al. Effects of early nutritional interventions on the development of atopic disease in infants and children: the role of maternal dietary restriction, breastfeeding, timing of introduction of complementary foods, and hydrolyzed formulas. *Pediatrics*. 2008;121(1):183-191.
4. Von Berg A, Filipiak-Pittroff B, Kramer U, et al. Preventive effect of hydrolyzed infant formulas persists until age 6 years: long-term results from the German Infant Nutritional Intervention Study (GINI). *J Allergy Clin Immunol*. 2008;121(6):1442-1447.
5. Alexander DD, Cabana MD. Partially hydrolyzed 100% whey protein infant formula and reduced risk of atopic dermatitis: a meta-analysis. *J Pediatr Gastroenterol Nutr*. 2010;50(4):422-430.