Is the Media Sensationalizing Processed Formulas?

Recent articles in the journal *Pediatrics*¹,² about weight gain in babies fed a protein hydrolysate formula versus cow’s milk based formula and about partially hydrolyzed infant formula companies making claims on prevention of atopic dermatitis were picked up by the national media. Sometimes the media hyps articles and sometimes not. In the case of the first article, the hyped and misleading headlines came across as stating “Cow’s milk formulas cause babies to be fat!” The second article correctly was hyped as “False infant formula claims.” It’s important to know exactly what the original articles stated to ensure that media reports cover the entire story. Here are some points to consider about protein hydrolysate formulas, partially hydrolyzed infant formulas, cow’s milk formulas and trends in childhood obesity and atopic dermatitis.

Dairy-Based Infant Formula Trend
Cow’s milk (also called dairy-based) infant formulas have been available since the early 1900’s. Although dairy-based formulas have been around for almost a century, they became widely used in the World War II and post-war years. In the 1950’s and 1960’s, infant formula feeding was almost considered the “norm” and breastfeeding rates plummeted. Concern over this trend and the growing body of scientific evidence revealed the benefits of breastfeeding for both baby and mom led to the initiation of many breastfeeding promotional campaigns beginning in the 1970’s. Breastfeeding rates began to rise in the late 1970’s and many breastfeeding promotional programs started to show results. In 1970, 26.5% of infants were breastfed at birth compared to 66% in 2003.³

Protein Hydrolysate Infant Formula Trend
Protein hydrolysate formulas were first introduced in the early 1940’s for children with cow’s milk protein allergies or cow’s milk intolerances. These specialty formulas undergo extensive chemical processing to break down the proteins in cow’s milk into amino acids and small protein peptides, which makes them hypoallergenic. Some of these formulas also have synthetic amino acids added. These processes result in a product with a very sour and bitter taste and an unpleasant sulfur smell. There are no organic protein hydrolysate formulas on the market because the chemical processes used to break down the proteins render the formulas non-organic.

The carbohydrate sources presently available in protein hydrolysate formulas are corn syrup solids, modified corn starch, corn maltodextrin, or table sugar. These carbohydrate sources give the formula a much sweeter flavor than breast milk. Also, almost all corn-based products today are from genetically-modified (GMO) sources.
Although these specialized formulas are needed for children with cow’s milk protein allergy, the manufacturers of these specialized and expensive formulas are increasing their promotional and marketing efforts for such things as family history of allergies, colic, wheezing, and diarrhea. Perhaps the incentive to promote the hydrolysate formulas over standard dairy-based formulas is because they are more expensive to purchase!

**Childhood Obesity Trends**
The National Health and Nutrition Examination Survey (NHANES) conducted by the Centers for Disease Control (CDC) showed the prevalence of obesity among preschool children ages 2 to 5 years old increased from 5% to 10.4% between the 1976-1980 and 2007-2008 surveys. At a time when breastfeeding rates were increasing, the prevalence of obesity was also increasing. So the question raised by the *Pediatrics* journal article regarding cow’s milk based formulas leading to obesity seems a bit sensationalized.

**Partially Hydrolyzed Infant Formula Trend**
Research on use of partially hydrolyzed whey in infant formulas began in the mid 1980’s. The company to first introduce these formulas in the U.S. was the international Swiss giant in the formula industry, Nestlé. Through its acquisition of two U.S. companies, Carnation in the 1980’s and then Gerber in 2007, Nestle has heavily invested and promoted these partially hydrolyzed whey proteins in its infant formulas. Following Nestlé’s marketing efforts, other infant formula companies began to add whey proteins to some of their infant formulas. These formulas are usually marketed as containing “gentle” or “comfort” proteins and for the prevention of atopic dermatitis (a skin rash). Atopic dermatitis can occur in infants with an intolerance or allergy to cow’s milk protein as found in standard dairy-based formulas.

**Atopic Dermatitis Trend**
Atopic dermatitis has been on the rise in the pediatric population. The cause of this is unknown but can be related to food protein allergies such as cow’s milk protein allergy or to other environmental factors such as allergies or reactions to certain soaps or chemicals, dusty environments, or possibly even better diagnosing by physicians. Recently and as reported in the *Pediatrics* journal, the Food and Drug Administration (FDA) has made the following statement regarding the use of partially hydrolyzed infant formulas: "Partially hydrolyzed formulas should not be fed to infants who are allergic to milk or to infants with existing milk allergy symptoms. If you suspect your baby is already allergic to milk, or if your baby is on a special formula for the treatment of allergy, your baby's care and feeding choices should be under a doctor's supervision."

**Conclusion**
Truly, no formula can replace the unique composition of mother’s milk and breastfeeding remains the feeding of choice. However, when breast milk is not available, a cow’s milk-based formula continues to be the preferred first choice of feeding during the important first year of life. Milk-based formula has demonstrated a long history of safety and efficacy.
Baby’s Only Organic® Dairy formulas are made with the finest of organic ingredients derived without chemical processing; and contain no corn ingredients or table sugar. Instead, Nature’s One® uses organic brown rice syrup which is GMO-free and tastes and smells great!


4 [http://www.cdc.gov/nchs/data/hestat/obesity_child_07_08/obesity_child_07_08.pdf](http://www.cdc.gov/nchs/data/hestat/obesity_child_07_08/obesity_child_07_08.pdf)


6 [http://www.fda.gov/Food/LabelingNutrition/LabelClaims/QualifiedHealthClaims/ucm256731.htm](http://www.fda.gov/Food/LabelingNutrition/LabelClaims/QualifiedHealthClaims/ucm256731.htm)