

# Baby formula shortage: Eight tips for parents

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A national shortage of baby formula has many parents worried they won't be able to feed their babies.

More than 40% of top-selling [formula](#) brands are reportedly out of stock at stores around the country. The shortage stems from pandemic supply issues worsened by recalls and the shutdown of an Abbott Laboratories production plant in February.

Understandably, parents of babies who rely on formula are anxious about the shortage, but Yale Medicine pediatricians have several key pieces of advice to share—and urge families to contact their pediatricians with any questions or concerns.

"We are trying to give parents as much guidance as possible," says Maryellen Flaherty-Hewitt, MD, a Yale Medicine pediatrician. "If parents call us, we can help answer questions about compatible formulas or discuss specialty formulas for infants with [medical conditions](#) that require them. Ultimately, we provide support to families about doing what is best for their infant."

Meanwhile, President Biden recently invoked the Defense Production Act to increase baby formula production and the Food and Drug Administration (FDA) says it will streamline its review process to make it easier for foreign formula manufacturers to begin shipping their products into the U.S. The FDA and Abbott also announced plans for the company to reopen its production facility in two weeks.

We talked more with Dr. Flaherty-Hewitt and Yale Medicine pediatrician Leslie Sude, MD, about what parents should know as they navigate this baby formula shortage.

## **1. Use generic brands of formula**

If you can't find the brand of formula you typically buy for your baby, consider a store-brand formula from CVS, Walmart, Target, or any other reputable retailer—if any are still available, Dr. Sude suggests.

"Store-brand formulas are high-quality, made in the U.S., regulated by the FDA, and more affordable," Dr. Sude says. "They are equivalent to many of the name brands. The major difference is that store brands don't market as aggressively as the commercial brands do, and they don't make the specialty formulas needed for certain infants' medical conditions."

## 2. Switch formula bases

Formula comes in three main types: milk-based (from a cow), soy-based, and what are called "sensitive," "comfort," "gentle," or "spit-up" varieties.

"The sensitive varieties are different from the others in how the formula protein is processed during manufacturing. The proteins can be broken down into small pieces, which makes it easier for sensitive digestive systems to handle," Dr. Sude explains. "Some infants in their early months can't digest [milk protein](#) well, for example, and in those cases, we may put them on a sensitive formula, often on a temporary basis."

It is safe to switch between any of these varieties, Dr. Flaherty-Hewitt adds. "Most of the time, parents use a sensitive formula because their baby had fussiness or was gassy using another type; it's not because of an allergy," she says. "If you switch from one kind to another, you can expect some changes in digestion, including possible gas, diarrhea, or constipation. But give it a little time, and that should improve."

If you are able to do so, switching from one kind to another gradually may help with those gastrointestinal issues. For example, you could mix three-quarters of your baby's usual formula with one-quarter of the new one and gradually increase the ratio of new to old.

However, if you don't have enough supply to switch over time, going

straight from one to another is also fine, Dr. Flaherty-Hewitt says. "If the baby has prolonged difficulties with digesting the new formula, the family should contact their pediatrician's office to discuss it," she says.

But some babies with allergies or other issues require a hypoallergenic or medical formula. "In those cases, parents should speak to their child's pediatrician before switching," Dr. Flaherty-Hewitt says. "We can provide guidance about acceptable formula alternatives for this more vulnerable population, who are on specific formulas for medical purposes."

### **3. Do not make your own formula**

The Centers for Disease Control and Prevention (CDC), FDA, and the American Academy of Pediatrics (AAP) all strongly advise against attempting to make your own formula.

"It is simply not safe to make your own version because babies require a very special type of nutrition in that first year of life. Their organs are still developing, and they can't process electrolytes, such as sodium or potassium, like a more mature body can," Dr. Sude says. "You can cause some dangerous electrolyte imbalances if you try to make your own formula."

Additionally, if you alter the nutritional components, babies might not get the calories they need to grow, Dr. Flaherty-Hewitt says. "Also, I've heard people talk about substituting goat's milk for formula based on cow's milk. But goat's milk does not have the appropriate nutrition to help babies grow properly," she says.

### **4. Do not dilute your baby's formula**

Adding water to your baby's formula to make it last longer is also not recommended. As mentioned above, babies' organs—specifically the kidneys—are still developing and therefore are particularly sensitive to any imbalances of fluids or nutrients.

"Infants require certain calories and fat content. And babies who are fed diluted formulas can fail to gain weight; what's more, water overload can lower the body's sodium levels, which can lead to seizures or worse," Dr. Sude says.

If your baby is 11 months old, you can also start to introduce pasteurized, whole-fat cow's milk, Dr. Flaherty-Hewitt says. "And if they are 6 months or older, you can start to decrease the amount of formula as you introduce solid foods," she adds.

## **5. Consider breast milk**

Although the AAP recommends that babies be breastfed exclusively in their first six months of life, there are a variety of reasons why that doesn't always happen.

"Our message to new mothers is always about the benefits of breastfeeding, but there are sometimes strong personal preferences against it—or medical or anatomical reasons that a baby or a mother cannot do it," Dr. Sude says.

There is a possibility that some mothers of young infants could turn to breastfeeding even if they didn't start at their child's birth. This is called relactation and the AAP offers advice on how to do it [here](#).

"It is sometimes possible to reactivate breast milk production with nipple stimulation and consistent pumping," Dr. Sude says, adding that parents can ask their pediatrician about local lactation specialists who might be

able to help.

Another option is to use donor breast milk. Many states have human milk banks, though supply and cost will likely be a factor. Ask your pediatrician if there is one near you. One resource is the [Human Milk Banking Association of North America](#), which accredits more than 30 nonprofit milk banks in the U.S. and Canada.

"Donor banks are an option for mothers who are breastfeeding and supplementing with formula to know about," Dr. Flaherty-Hewitt says.

However, the AAP does not encourage informally sharing [breast milk](#) among other breastfeeding moms because of the risks of spreading infectious diseases, such as hepatitis and HIV, and the danger of unknowingly exposing an infant to medications, alcohol, drugs, or other contaminants.

## **6. Be careful about ordering formula online**

Medical experts say it's fine to turn to [social media platforms](#) you trust for suggestions on where the best place to find formula might be, but advise against using it as a place to buy it.

"Just like how we've turned to Facebook groups to find places to buy COVID tests or hand sanitizer throughout the pandemic, you have to determine if you can rely on the quality of information," Dr. Sude says. "Be careful of someone offering to sell what could be counterfeit products."

The AAP warns against buying formula on auction sites or from overseas, as products bought outside the U.S. are not monitored or regulated by the FDA.

Stick with very reputable retailers, urges Dr. Flaherty-Hewitt: "You don't want to get it from any unknown place," she says.

A few other places to turn to for assistance include local food banks or offices of Women, Infants, and Children (also known as WIC), a national program that provides low-income women with formula and healthy food.

"One thing families might not be aware of is that WIC has expanded the list of formulas they carry," Dr. Flaherty-Hewitt adds.

Dr. Sude agrees. "Here in Connecticut, our WIC offices are working very hard to keep updated information on formula availability in our region," she says.

## **7. Don't use toddler formula**

Toddler formulas should not be given to babies under 1 because it doesn't have the right nutritional components for infants, Dr. Flaherty-Hewitt says.

While many [medical experts](#) question the value of toddler milk in general, if parents have no other choice, the AAP has said it's acceptable to use toddler milk in babies who are close to 12 months old—for a few days.

## **8. Don't hoard baby formula**

Although it is contrary to a maternal or paternal instinct, pediatricians are urging parents to avoid hoarding formula if they come across extra bottles at supermarkets and stores. To prevent this, several major retailers have already started to limit the number of formula purchases

shoppers can make.

The AAP advises buying no more than a 10- to 14-day supply of formula. This, experts say, is to avoid increasing the lack of supply on shelves.

Dr. Sude agrees that the two-week supply should be enough to keep on hand and discourages parents from buying up vast amounts if they come across it. "All babies are important and need to eat," she says.

And what if you've exhausted all of the options listed above?

"These are tough questions," says Dr. Sude. "We don't have an answer, other than to keep trying—keep searching stores, as well as trusted social media and parent groups that are forming networks to find formula for families. The Facebook group 'Find My Formula CT' is one example. And call your pediatrician. We are here to help."

Provided by Yale University

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