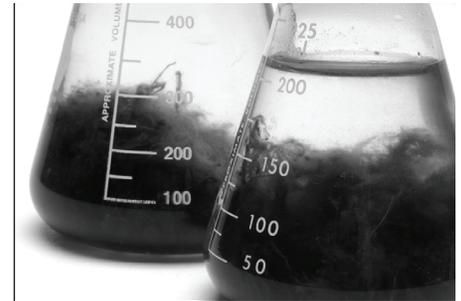




Clinical Perspectives In Lactation

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DHA and ARA in Infant Formula



A report released in January 2008 by the Cornucopia Institute presents research indicating that the additives DHA and ARA placed in infant formula are seriously endangering the health of some formula-fed infants. The report details research questioning the alleged benefits of adding these laboratory-produced omega fatty acids.

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The Cornucopia Institute is a Wisconsin-based farm and food policy research group and corporate watchdog. The report was presented in partnership with the National Alliance for Breastfeeding Advocacy to the United States Breastfeeding Committee’s Jan. 25 meeting. The following are the first few paragraphs of the Executive Summary of the report reprinted with permission from the Cornucopia Institute. The full report can be read at: <http://cornucopia.org/index.php/replacing-mother-infant-formula-report/>

“Since 2002, infant formula manufacturers in the United States have produced and sold products fortified with docosahexaenoic acid and arachidonic acid (DHA/ARA). These polyunsaturated omega-3 and omega-6 fatty acids are important components of the human brain and eyes and are naturally present in human breast milk. Since breast milk is the gold standard for infant nutrition, the addition of DHA and ARA in infant formula might very well be beneficial.

What is troublesome, however, is that some infant formulas contain DHA- and ARA-containing oils that are *novel* foods—extracted from laboratory-grown fermented algae and fungus and processed utilizing a toxic chemical, hexane. These algal and fungal oils provide DHA and ARA in forms that are structurally different from those naturally found in human milk. These manufactured oils are known as DHASCO and ARASCO, which stand for docosahexaenoic acid single cell oil and arachidonic acid single cell oil.

These oils are produced by Martek Biosciences Corporation and appear to be added to infant formula primarily as a marketing tool designed to convince parents that formula is now “as close as ever to breast milk.” Substantiating this

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DHA and ARA in Infant Formula—continued

thesis is a Martek investment promotion from 1996, which reads as follows: ‘*Even if [the DHA/ARA blend] has no benefit, we think it would be widely incorporated into formulas, as a marketing tool and to allow companies to promote their formula as ‘closest to human milk.’ [emphasis added]*”

The Cornucopia Institute and the National Alliance for Breastfeeding Advocacy have announced that they are calling for a warning label on all formula containing DHA/ARA. The groups are petitioning the FDA for a label alerting parents of the range of possible complications from DHA/ARA-supplemented formula. The Cornucopia Institute and the National Alliance for Breastfeeding Advocacy have also jointly filed a petition with the Federal Trade Commission alleging that formula companies are engaged in misleading advertising in part due to the statement “closer than ever to breast milk.”

What is NABA?

The National Alliance of Breastfeeding advocacy (NABA) was formed to be an advocate for breastfeeding in the United States. NABA advocates for breastfeeding at the state and federal levels to move breastfeeding into the public health arena and to make breastfeeding the norm. The NABA mission “is to coordinate efforts by organizations, agencies, institutions and individuals towards the development of strategic plans, policies and goals for breastfeeding reform in the USA. NABA monitors the International Code of Marketing Breastmilk Substitutes in the US and publishes the country report on Code violations.” For more information access the NABA Website at: <http://www.naba-breastfeeding.org/about.htm>

A Mastitis Update

by Aimee Gross, ARNP, IBCLC

Mastitis, or breast infection, can affect up to a third of lactating women, most commonly in the early months of breastfeeding. Risk factors include anemia, fatigue, stress, prolonged feeding intervals with engorgement, improperly fitted bras, inadequate milk-removal, cracked or damaged nipples, and plugged ducts. In the past year, we have noted an increasing number of mastitis cases caused by MRSA (methicillin resistant staph aureus). MRSA infection used to be associated with healthcare settings, but lately, community-acquired MRSA has been in the news. Typical mastitis symptoms can range from mild discomfort and erythema of the affected breast to fever greater than 101 F, chills, true rigor, extreme fatigue, severe breast pain and generalized myalgia. MRSA mastitis tends to result in more dramatic symptoms, and mothers often experience greater breast pain than with mastitis from other causes.

Breast abscess occurs in 5-10 percent of mastitis cases, and is associated with delayed or inadequate treatment. Treatment of mastitis includes rest, frequent milk removal (“keep the milk flowing”), pain control with anti-inflammatory analgesics such as ibuprofen, warm moist packs, and 10-14 days of antibiotics as indicated. “There is no evidence that continued breastfeeding is harmful to the nursing infant and weaning during this time should be discouraged due to the potential increased risk for abscess formation.” (Hale & Berens, 2002)

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Plastic Baby Bottle Update

by Martha Hagen, MS, RD, LD, IBCLC

Bisphenol-A (BPA) can leach out of certain types of plastic bottles into the contents. Parents should check new and existing bottles for the plastic recycling symbol #7. Bottles with the #7 code should be discarded. Bottles with the plastic recycling symbol #5, #4, or #2 are better options. Bottles with the code #5 are made from polypropylene, those with the #4 code are made from low density polyethylene, and those with the #2 code are made from high density polyethylene. No evidence has been found to suggest that these plastics leach toxic materials. All plastic bottles and containers should be washed only with very mild soap and water and those with interior scratches, discolored areas, or other signs of aging should be discarded.

For parents drinking out of water bottles, care should also be taken. Leaching of bisphenol-A can also occur from wide-mouthed water bottles made from Lexan[®] which are sold under the brand name Nalgene[®]. Nalgene[®] now manufactures a model of their classic water bottle using a safe high density polyethylene. Consumers should look for the plastic recycling symbol #2.



Check your plastic water bottles!

What is the USBC?

by Martha Hagen, MS, RD, LD, IBCLC

USBC is an acronym for the United States Breastfeeding Committee. This committee was created in 1998 forming from the National Alliance for Breastfeeding Advocacy and stemming from the Innocenti Declaration developed in 1990. One of the Innocenti Declaration goals set by the World Health Organization and the United Nations International Children's Emergency Fund was the establishment of a national breastfeeding coordinator and a multi-sectoral national breastfeeding committee composed of representatives from relevant government departments, non-governmental organizations, and health professional associations in every country by 1995.

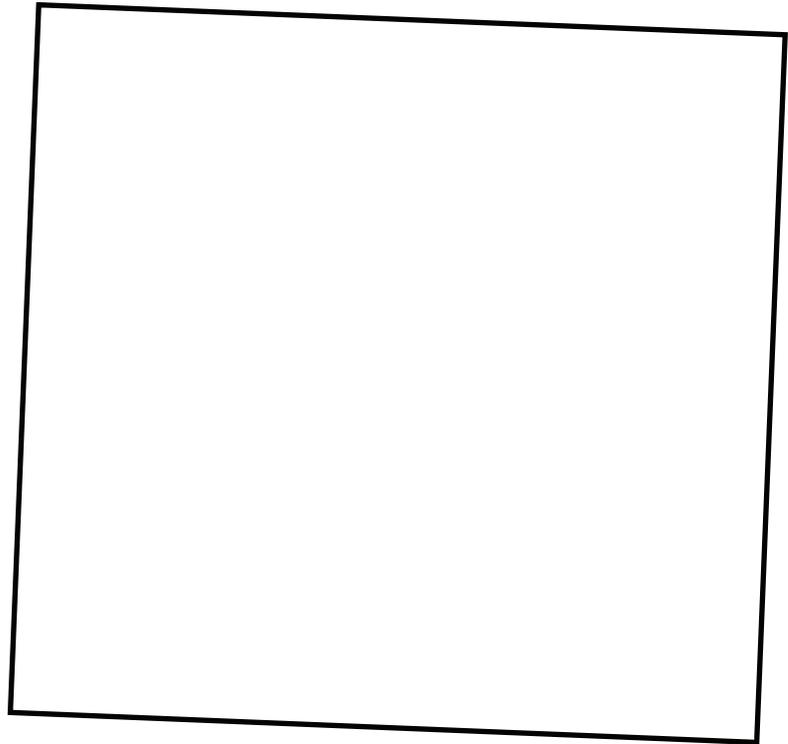
The USBC consists of representatives from over 40 government agencies, health professional organizations, and non-governmental organizations. Examples of members include: Academy for Educational Development, Centers for Disease Control and Prevention, Healthy Children Project, and National Black Nurses Association.

There are four strategic goals.

1. Assure access to comprehensive, current, and culturally appropriate lactation care and services for all women, children and families.
2. Ensure that breastfeeding is recognized as the normal and preferred method of feeding infants and young children.
3. Ensure that all federal, state, and local laws relating to child welfare and family law recognize and support the importance and practice of breastfeeding.



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What is the USBC continued -

4. Increase protection, promotion, and support for breastfeeding mothers in the work force.

The USBC has held two conferences occurring the last weekend in January in even years. The Second National Conference of State/Territory Breastfeeding Coalitions, *Strength through Diversity: Advancing Breastfeeding Advocacy*, focused on enhancing skills to develop effective coalitions, promoted sharing of the latest information on best practices and research, and encouraged networking. The conference was attended by representatives of more than 90 organizations—including a breastfeeding coalition from every state/territory and the 43 USBC member organizations.

A Mastitis Update - continued

Clinicians are urged to review staph incidence and sensitivity data for their local community. Oral therapy for most women can consist of dicloxacillin or cloxacillin 500 mg every 6 hours for 10-14 days. Shorter treatment courses are prone to relapse. In individuals with penicillin hypersensitivity, cephalexin or clindamycin may be used. If no improvement is seen in 24-48 hours, more aggressive treatment with IV vancomycin is recommended, with recent data suggesting that adding rifampin can reduce the development of resistance. Culture of expressed breastmilk is not routine, but may be indicated with severe or persistent cases.

Referral to a lactation specialist can be helpful to mothers, who may experience a decrease in milk production on the affected side following resolution of their symptoms. Production can rebound with appropriate management.
