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Infant Feeding

Good nutrition is essential to the rapid growth and development that occurs during an infant's first year. Providing infants with the right foods will promote good health and give them the opportunity to enjoy new tastes and textures as they establish good eating habits. Feeding also helps infants establish warm relationships with their parents and caregivers. Positive and supportive feeding techniques are essential in allowing infants to eat well and to develop healthy attitudes toward themselves and others.

This section will help schools feed the infants in their care as they change and develop. Parents will also give important information that will assist in feeding their infants. Communicate frequently with the parents so that the food the infants are being fed at home can be coordinated with the food being fed them at school. This way the best care for the infants can be assured.

For more detailed information refer to *Feeding Infants: A Guide for Use in the Child Nutrition Programs*. This publication is available on the Team Nutrition Home Page at: http://www.fns.usda.gov/tn/Resources/feeding_infants.html.

Infant Meal Pattern

Meal Type	Birth through 3 Months	4 Months through 7 Months	8 Months through 11 Months
BREAKFAST	<ul style="list-style-type: none"> 4-6 fluid ounces (fl oz) of formula ¹ or breastmilk ^{2,3}. 	<ul style="list-style-type: none"> 4-8 fl oz of formula ¹ or breastmilk ^{2,3} ; <p style="text-align: center;">and</p> <ul style="list-style-type: none"> 0-3 tablespoons (Tbsp) of infant cereal ^{1,4}. 	<ul style="list-style-type: none"> 6-8 fl oz of formula ¹ or breastmilk ^{2,3} ; <p style="text-align: center;">and</p> <ul style="list-style-type: none"> 2-4 Tbsp of infant cereal ¹ ; <p style="text-align: center;">and</p> <ul style="list-style-type: none"> 1-4 Tbsp of fruit or vegetable or both.
LUNCH OR SUPPER	<ul style="list-style-type: none"> 4-6 fl oz of formula ¹ or breastmilk ^{2,3}. 	<ul style="list-style-type: none"> 4-8 fl oz of formula ¹ or breastmilk ^{2,3} ; <p style="text-align: center;">and</p> <ul style="list-style-type: none"> 0-3 Tbsp of infant cereal ^{1,4} ; <p style="text-align: center;">and</p> <ul style="list-style-type: none"> 0-3 Tbsp of fruit or vegetable or both ⁴. 	<ul style="list-style-type: none"> 6-8 fl oz of formula ¹ or breastmilk ^{2,3} ; <p style="text-align: center;">and</p> <ul style="list-style-type: none"> 1-4 Tbsp of fruit or vegetable or both ; <p style="text-align: center;">and</p> <ul style="list-style-type: none"> 2-4 Tbsp of infant cereal ¹ ; <p style="text-align: center;">and/or</p> <ul style="list-style-type: none"> 1-4 Tbsp of meat, fish, poultry, egg yolk, cooked dry beans or peas; or 1/2-2 oz. of cheese; or 1-4 oz. (volume) of cottage cheese; or 1-4 oz. (weight) of cheese food, or cheese spread.
SNACK	<ul style="list-style-type: none"> 4-6 fl oz of formula ¹ or breastmilk ^{2,3}. 	<ul style="list-style-type: none"> 4-6 fl oz of formula ¹ or breastmilk ^{2,3}. 	<ul style="list-style-type: none"> 2-4 fl oz of formula ¹ or breastmilk ^{2,3}, or fruit juice ⁵ ; <p style="text-align: center;">and</p> <ul style="list-style-type: none"> 0-1/2 slice of bread ^{4,6} or 0-2 crackers ^{4,6}.
<p>¹ Infant formula and dry infant cereal must be iron-fortified.</p> <p>² Breastmilk or formula, or portions of both, may be served; however, it is recommended that breastmilk be served in place of formula from birth through 11 months.</p> <p>³ For some breastfed infants who regularly consume less than the minimum amount of breastmilk per feeding, a serving of less than the minimum amount of breastmilk may be offered, with additional breastmilk offered if the infant is still hungry.</p> <p>⁴ A serving of this component is required only when the infant is developmentally ready to accept it.</p> <p>⁵ Fruit juice must be full-strength.</p> <p>⁶ A serving of this component must be made from whole-grain or enriched meal or flour.</p>			

Meal Requirements for Infants

Infants from birth through eleven months, who participate in the National School Lunch Program (NSLP) and/ or School Breakfast Program (SBP), must be offered a breakfast or lunch, which meet the meal pattern requirements. Foods for infants must have a texture and consistency appropriate for their ages. Infants must be fed during a time consistent with the infant's eating habits. Reimbursable meals for infants may contain either breast milk or iron-fortified infant formula, or both. To receive reimbursement, the school must offer the infant a complete meal that meets the appropriate meal pattern requirements based on the infant's age. The meal must be fed to the infant by the school staff. Whole milk may not be served as part of a reimbursable meal for infants younger than one year of age.

All of the following criteria must be met in order for infant feeding programs in the school to be eligible to participate in the NSLP and SBP:

1. The infants must be enrolled in the SFA.
2. There must be an educational component in their care.
3. There must be an approved application on file for each infant for which free or reduced-price reimbursement is claimed.
4. Meals served must comply with the required infant meal patterns.

When planning meals for infants aged birth through 11 months, refer to the following information and use the Infant Meal Pattern in this section.

When infants from birth through 11 months of age participate in the NSLP and/or SBP, infant meal patterns must be served. Foods within the infant meal patterns shall be of a texture and consistency appropriate for the particular age group being served and shall be served to the infant during a span of time consistent with the infant's eating habits.

For infants four through seven months of age, solid foods are optional and should be introduced only when the infant is developmentally ready. The school should consult with the infant's parent in making the decision to introduce solid foods. Solid foods should be introduced one at a time on a gradual basis with the intent of ensuring health and nutritional well-being.

USDA Guidance for Feeding Solid Foods to Infants Younger Than Four Months

The introduction of solid foods to infants younger than four months of age must be documented by a physician's prescription approving the addition of solid foods, specifying which solid foods, and the quantity and consistency of such foods. Such documentation is required before the addition of other foods to the meal pattern of an infant younger than 4 months of age. If solid foods are introduced before the infant is ready, these foods may displace breastmilk or formula, resulting in inadequate energy and nutrient intake. In addition, because the digestive system is not well developed before 4 to 6 months of age, feeding solids can

increase the risk of digestive problems and food allergies. By 4 to 5 months of age, the extrusion reflex of early infancy has disappeared and the ability to swallow non-liquid foods is established.

For infants eight through 11 months of age, the total amount of food authorized in the meal patterns must be provided in order to qualify for reimbursement. Additional foods may be served to infants four months of age and older with the intent of improving their overall nutrition.

The decision regarding which infant formula to feed an infant is one for the infant's doctor and parents/guardian to make together. A parent or guardian may elect to decline the offered infant formula and supply another formula.

Reimbursable meals for infants may contain either breastmilk or iron-fortified infant formula or both supplied by the caregiver or by the parent. However, to receive reimbursement the school must always offer the infant a complete, developmentally appropriate meal. The meal must be served and fed to the infant by the school.

Reimbursement for meals provided by parents allows for reimbursement for a meal that includes a substituted food item provided by a parent for medical reason, such as infant formula, as long as the school supplies at least one required meal component. A medical statement is required for all infant formulas that do **not** meet the definition for infant formula. According to regulations, infant formula means, "any iron-fortified infant formula, intended for dietary use as a sole source of food for normal, healthy infants served in liquid state at manufacturer's recommended dilution." (*See listing of Iron-fortified Infant Formulas Which Do Not Require a Medical Statement in this Section.*)

Breastmilk, provided by the infant's mother, may be served in place of infant formula from birth through 11 months of age. Meals containing breastmilk or iron-fortified infant formula served to infants four months of age or older may be claimed for reimbursement when the other meal component or components are supplied by the school, provided that the school offered a "formula which meets program requirements" and the decision to decline the offered infant formula was made by the parents/guardian and is documented. At eight months of age infants should be consuming one-third of their calories as a balanced mixture of cereal, fruits, vegetables, and other foods in order to ensure adequate sources of iron and vitamin C.

Fluid Milk

All milk served shall be pasteurized fluid types of milk that meet state and local standards. USDA recommends that whole cow's milk not be served to children under one year of age. In meal patterns for infants under one year of age, only breastmilk or iron-fortified infant formula is allowed for a meal to be reimbursable.

A serving of less than the minimum amount of breastmilk per feeding can be offered for some breastfed infants who regularly consume less than the minimum amount of breastmilk per feeding. However, additional breastmilk must be offered if the infant is still hungry. (See *listing of Iron-fortified Infant Formulas Which Do Not Require a Medical Statement* in this Section.)

Cereal

Reimbursable infant cereal is any iron-fortified dry cereal specially formulated for and generally recognized as cereal for infants and routinely mixed with breastmilk or iron-fortified infant formula prior to consumption.

Crediting Commercial Infant and Other Food for the Infant Feeding Program

Fruits and Vegetables

Commercial Baby Foods That Are Reimbursable

- Commercial baby food fruits and vegetables which list fruit or vegetable as the first ingredient in the ingredient listing on the label are reimbursable as a meal component in the fruit or vegetable category in the Infant Meal Pattern.
- Commercial baby food fruits and vegetables which contain multiple fruits or multiple vegetables and list fruit or vegetable as the first ingredient in the ingredient listing on the label are reimbursable as a fruit or vegetable.

Commercial Baby Foods That Are Not Reimbursable

- Commercial baby food dinners which list fruit or vegetable as the first ingredient are not reimbursable as meal components in the Infant Meal Pattern.
- Commercial baby foods in the jarred cereal with fruit category are not reimbursable as a meal component in the fruit or infant cereal categories in the Infant Meal Pattern.
- Commercial baby foods in the dessert category (these generally have “dessert” or “pudding” as part of the product name on the front of the label) which list a fruit as the first ingredient in their ingredient listing are not reimbursable meal components in the Infant Meal Pattern.
- Commercially prepared fruits or vegetables containing DHA cannot be served to infants as part of a reimbursable meal. DHA is an omega-3 fatty acid known as docosahexaenoic. The source of DHA in some lines of baby food products is egg yolk. Although these products are not labeled or marketed as desserts, these DHA-added products contain similar ingredients (i.e. dried egg yolk, heavy cream, rice flour, vanilla extract) that may not be appropriate for an infant younger than 8 months of age. Introducing these “dessert-like” items into an infant’s diet at an earlier age could result in a food sensitivity or a food allergy. Although DHA-added products cannot contribute to the infant meal pattern, they may be served as additional foods to infants 8 months of age or older. It is recommended that schools check with the infant’s parent or guardian before serving them.

SFAs are advised to check with parents to be certain that an infant has tried, and had no reaction to, baby food products containing multiple fruits or vegetables and other ingredients (such as milk, nonfat dry milk, whole milk solids, cheese, whey, wheat flour, or other wheat products, tomato, corn) before serving them. SFAs should request that parents furnish a statement signed by a recognized medical authority if their infant is allergic to, and should not be fed, certain foods or ingredients. The statement must be signed by a licensed physician or recognized medical authority if the allergy is severe and life-threatening. The statement should include the medical or other special dietary needs, which restricts the infant's diet, the food or foods to be omitted from the infant's diet, and the food or foods to be substituted.

Meat/Meat Alternates

Commercial Baby Foods That Are Reimbursable

- Commercial plain strained baby food meats (including those with beef, chicken, turkey, lamb, veal and ham) are reimbursable as a meal component in the meat/meat alternate category in the Infant Meal Pattern.
- Gerber "2nd Foods™" baby food meat products (i.e., Beef and Beef Gravy, Chicken and Chicken Gravy, Ham and Ham Gravy, Lamb and Lamb Gravy, Turkey and Turkey Gravy, and Veal and Veal Gravy) are reimbursable even if they do contain additional ingredients, such as cornstarch and, in some cases, lemon juice concentrate. SFAs are advised to check with parents to be certain that an infant has tried and had no reaction to a meat product and any other ingredients besides the meat (such as cornstarch which could be a problem if an infant is allergic to corn) before serving them.

Commercial Foods and Baby Foods That Are Not Reimbursable

- Commercial baby food combination dinners are not reimbursable because the actual amount of various food components in the dinners is difficult to determine; however, these foods can be served as additional foods. Information on the exact percentage of ingredients in these dinners is proprietary and thus not available to the public.
- Meat sticks or "finger sticks" (which look like miniature hot dogs) are not reimbursable as a meat/meat alternate in the Infant Meal Pattern because they could present a choking risk in infants and, by the manufacturer's declaration, they are designed to match the skills of children over 12 months of age.
- Commercial fish sticks, other commercial breaded or battered fish or seafood products, canned fish with bones, hot dogs, and sausages are not reimbursable as a meat/meat alternate in the Infant Meal Pattern because these foods are not designed by their manufacturers for consumption by infants (less than 12 months of age). Infants may choke on these food items and there may be an incidental bone in fish sticks and other breaded fish products.
- Yogurt is not reimbursable as a meal component in the Infant Meal Pattern. Yogurt can be served as an additional food if a parent requests that it be served.

- “Pasteurized Prepared Cheese Products” (formerly labeled by Kraft as “cheese spreads” and “cheese foods”) are not creditable for any food based menu planning approach for Child Nutrition Programs. “Cheese Product” has never been a creditable ingredient in Child Nutrition Programs. Cheese spread and cheese foods are creditable (refer to the Food Buying Guide for more information).
- Nuts, seeds, and nut and/or seed butters are not reimbursable as a meal component in the Infant Meal Pattern. These foods can cause an infant to choke and can also cause allergic reactions in some infants.

Bread and Crackers and Infant Cereals

All meals offered to infants served in the Child Nutrition Programs are not required to include grains/breads or bread/bread alternates. Only breakfast for 8 to 11 month old infants is required to specifically include infant cereal; infant cereal can be served in addition to or as an alternate to meat/meat alternate foods at lunch and supper for 8 to 11 month old infants. Further, per regulation, the Infant Meal Pattern specifies the types of foods to be offered and does not indicate that the broad category of “bread alternate” is to be offered in any of the meals in the Infant Meal Pattern. For 8 to 11 month old infants, as an option in the supplement (snack), infants may be offered bread or cracker-type products (not “bread alternates”) made from whole-grain or enriched meal or flour and which are suitable for an infant to use as a finger food. Infants gradually develop their eating, chewing and swallowing skills and they also need to be gradually introduced to a variety of foods during their first year of life. Therefore, not all grain and bread alternates are appropriate for them. It would be inappropriate to feed certain “bread alternates” to infants because they may contain ingredients which could cause allergies (e.g., pancakes, waffles, or muffins made with whole eggs), cause choking (e.g., hard pretzels, certain cookies, bread sticks, tortilla chips, granola bars, croutons, pieces of crunchy waffles, many ready-to-eat breakfast cereals), or add additional calories without being nutrient-dense foods (e.g., doughnuts, cake, brownies).

Breads and Cracker-type Products That are Reimbursable

The following foods, which must be made from whole-grain or enriched meal or flour, are reimbursable in the bread and crackers categories of the Infant Meal Pattern:

Bread

- Breads (white, wheat, whole wheat, French, Italian, and similar breads, all without nuts, seeds, or hard pieces of whole-grain kernels).
- Biscuits.
- Bagels (made without nuts, seeds, or hard pieces of whole-grain kernels).
- English muffins.
- Pita bread (white, wheat, whole wheat).
- Rolls (white, wheat, whole wheat, potato, all without nuts, seeds, or hard pieces of whole-grain kernels).
- Soft tortillas (wheat or corn).

Cracker-Type Products

- Crackers—saltines or snack crackers made without nuts, seeds, or hard pieces of whole-grain kernels; matzo crackers; animal crackers; graham crackers made without honey **(Honey, even in baked goods, could possibly contain clostridium botulinum spores which can cause a type of serious foodborne illness in infants.)**
- Zwieback.
- Teething biscuits.

If any of the above items are served, they must be prepared in a form that is suitable for an infant to use as a finger food and reduce the chance of choking (e.g., small thin strips of bread are most appropriate, not a whole or half of an uncut hard bagel, English muffin, pita bread, wheat roll, or soft tortilla). It is advisable that these items only be served if parents agree for them to be served and after they have previously been introduced to an infant, with no problems, by the infant's parents.

Cereal That Is Reimbursable

Infant cereal in the Infant Meal Pattern is defined as “any iron-fortified dry cereal specially formulated for and generally recognized as cereal for infants that is routinely mixed with formula or breastmilk prior to consumption.” Iron-fortified dry infant cereal is usually found in the baby food section of grocery stores and includes the following on the package label: “Cereal for Baby.” These infant cereals should be fortified to an iron level such that the percent Daily Value for iron on the nutrition label is at least 45 percent.

Cereals That Are Not Reimbursable

- Iron-fortified dry infant cereals containing fruit are not reimbursable.
- Commercial jarred baby food cereals (which are “wet,” not “dry”) are not reimbursable.
- Ready-to-eat breakfast cereal (cold dry) and cooked breakfast cereals (such as farina or oatmeal) are not considered iron-fortified dry infant cereal and are thus not reimbursable as a meal component in the infant cereal category in the Infant Meal Pattern. These cereals are not specifically formulated or marketed for infants. In addition, some of these products may be enriched with a form of iron (e.g., ferric phosphate), which is more difficult for infants to absorb than the electrolytic iron found in infant cereals. Although enriched farina, regular oatmeal, and corn grits, for example, are not reimbursable as infant cereal in the Infant Meal Pattern, they can be fed as additional foods if the parent requests that they be served. Such cereal products can be credited as a bread/bread alternate for children 12 months old or older as part of the meal pattern for children. Ready-to-eat cold or cooked breakfast cereals with nuts, seeds, raisins, and hard pieces of whole-grain kernels or other hard food pieces are not recommended as additional foods for infants and young children because they pose a choking risk.

Fruit Juice

Full-strength fruit juice (regular or infant juice) is the only type of juice product that qualifies for reimbursement as a snack for infants ages 8 through 11 months in the Infant Meal Pattern.

Although not specified in the regulations, it is recommended that, if juice is served, the following types of juice be selected:

- Fruit juice containing or fortified with Vitamin C (Vitamin C promotes the absorption of iron in food into the body), and
- Only pasteurized fruit juice. Some kinds of juice and cider have not been pasteurized and may contain harmful bacteria. Frozen concentrate, shelf-stable juice in hermetically-sealed containers, including infant juices, and canned juices are processed or pasteurized to eliminate harmful bacteria.

Vegetable juices and fruit juices with yogurt are not reimbursable in the Infant Meal Pattern because, by regulation, only full-strength fruit juice is reimbursable. Although these juice products are not reimbursable, they can be served as additional foods if a parent requests that they be served.

Check with parents to be certain that an infant has tried, and had no reaction to, baby food products before serving them. This would include, but is not limited to the following:

- Baby food products containing multiple fruits or vegetables and other ingredients (such as milk, nonfat dry milk, whole milk solids, cheese, whey, wheat flour or other wheat products, tomato, corn); and
- A meat product and any other ingredient besides the meat (such as cornstarch which could be a problem if an infant is allergic to corn).

Request that parents furnish a statement signed by a recognized medical authority if their infant is allergic to, and should not be fed, certain foods or ingredients. The statement must be signed by a licensed physician if the allergy is severe and life-threatening. The statement should include the medical or other special dietary need, which restricts the infant's diet, the food or foods to be omitted from the infant's diet, and the food or foods to be substituted.

It is highly recommended that written instructions be obtained from parents, who, in consultation with their infant's doctor, request that certain optional or additional foods be fed or specifically not be fed to their infants.

Iron-Fortified Infant Formulas (as of 06/05/09) That Do Not Require Medical Statements

It is recommended that the school offer the type of formula that the infant's health care provider has suggested to the infant's parent or guardian. If the school offers a different type of formula, the infant's parent (or guardian) may decline the offered formula and supply another type.

The United States Department of Agriculture (USDA) Food and Nutrition Service (FNS) provides this list as a guide of products that do not require medical statements when offered to infants in the child nutrition programs. Although this list is not meant to be all-inclusive, it does include most of the brands of iron-fortified infant formula that are currently available to consumers. It does not represent TDA's or USDA's endorsements of these companies or their products.

USDA FNS updates this list as they become aware of newer information. Be sure to check with TDA if you are not sure whether a type of infant formula requires a medical statement to be served in the infant meal pattern.

Milk-Based Infant Formulas:

Mead Johnson

- Enfamil Gentlease LIPIL
- Enfamil AR LIPIL
- Enfamil LIPIL

Nestle

- Good Start DHA & ARA
- Good Start DHA & ARA Natural Cultures
- Good Start

Ross

- Similac Advance Early Shield
- Similac Advance
- Similac Lactose Free Advance
- Similac Sensitive (formerly Similac Lactose-free)

PBM (formerly known as Wyeth)

- AAFES/NEXCOM Baby's Choice Infant Formula
- AAFES/NEXCOM Baby's Choice Infant Formula with DHA & ARA
- AAFES/NEXCOM Gentle Milk-Based Infant Formula
- Albertson's Baby Basics Infant Formula with DHA & ARA
- Berkley & Jenson Infant Formula with DHA & ARA
- Bright Beginnings with Iron and DHA & ARA
- CVS Infant Formula with Iron
- CVS Infant Formula with Iron/DHA & ARA
- Full Circle Organic Milk-Based Infant Formula
- HEB Baby Infant Formula with Iron and DHA & ARA
- HyVee Gentle Milk-Based Infant Formula
- Kozy Kids Gentle Infant Formula with DHA & ARA
- Kozy Kids Infant Formula with DHA & ARA
- Kroger Comforts Gentle Infant Formula with DHA & ARA

PBM (formerly known as Wyeth) - continued

- Kroger Comforts Infant Formula with Iron and DHA & ARA
- Kroger Comforts Lactose-free Infant Formula with DHA & ARA
- Kroger Comforts Milk-Based Infant Formula
- Kroger Comforts Probiotic Milk-Based Infant Formula
- Kroger Lactose-Free Infant Formula with DHA & ARA
- Kroger Private Selection Organic Milk-Based Infant Formula
- Meijer Gentle Milk-Based Infant Formula
- Meijer Infant Formula with Iron and DHA & ARA
- Meijer Organic Milk-Based Infant Formula
- Member's Mark Infant Formula with Iron and DHA & ARA
- Parent's Choice Infant Formula with DHA & ARA
- Pathmark Organic Milk-Based Formula
- Price Chopper Infant Formula with Iron and DHA & ARA
- Rite Aid Infant Formula with DHA & ARA
- Target Infant Formula with Iron and DHA & ARA
- Target Lactose-free Infant Formula
- Top Care with Iron
- Top Care Infant Formula with DHA & ARA
- Top Care Gentle Infant Formula
- Walgreens Gentle Infant Formula with DHA & ARA
- Walgreens Infant Formula with Iron and DHA & ARA
- Walgreens Lactose-free Infant Formula with DHA & ARA
- Walgreens Milk-based Infant Formula with Iron and DHA & ARA
- Wal-Mart Parent's Choice Gentle Milk-based Infant Formula
- Wal-Mart Parent's Choice Milk-based Organic Infant Formula
- Wal-Mart Parent's Choice Milk-based Sensitivity Infant Formula
- Wegman's Gentle Infant Formula
- Wegman's Infant Formula with Iron and DHA & ARA
- Western Family Infant Formula with DHA & ARA
- Western Family Gentle Milk-based Infant Formula

Soy-Based Infant Formulas:

Mead Johnson

- Enfamil ProSobee LIPIL (Formerly Enfamil ProSobee)
- Enfamil Lactofree LIPIL

Nestle

- Good Start Soy DHA & ARA

Ross

- Similac Go and Grow Soy-based Milk
- Similac Isomil Advance

PBM (formerly known as Wyeth)

- AAFES/NEXCOM Baby's Choice Soy Infant Formula
- AAFES/NEXCOM Baby's Choice Soy Infant Formula with DHA & ARA
- Albertson's Baby Basics Soy Infant Formula with DHA & ARA
- HyVee Mother's Choice Soy Infant Formula
- HyVee Mother's Choice Soy Infant Formula with DHA & ARA
- Kozy Kids Soy-based Infant Formula with DHA & ARA
- Kroger Comforts Soy Infant Formula with Iron and DHA & ARA
- Parent's Choice Infant Formula with Soy and DHA & ARA
- PathMark Soy Infant Formula with DHA & ARA
- Price Chopper Soy Infant Formula with Iron and DHA & ARA
- Rite Aid Soy Infant Formula with DHA & ARA
- Target Soy with Iron
- Target Soy Infant Formula with Iron and DHA & ARA
- Top Care Soy Infant Formula with DHA & ARA
- Walgreens Soy Protein Formula with Iron and DHA & ARA
- Wegman's Soy Infant Formula with Iron and DHA & ARA
- Western Family Soy Infant Formula with DHA & ARA

Follow-up Iron-fortified Formulas That *Do Not Require Medical Statements* When They are Served to Infants at the Ages Indicated

When Served to Infants 4 Months and Older

These types of formulas do not require medical statements when they are served to infants 4 months of age or older. (A medical statement is required if any of them is served to infants younger than 4 months of age.):

- Mead Johnson Enfamil Next Step LIPIL
- Mead Johnson Enfamil Next Step Prosoabee LIPIL
- Nestle Good Start 2 DHA and ARA
- Nestle Good Start 2 Natural Culture
- Nestle Good Start 2 Soy DHA and ARA

How to Store, Handle, and Feed Breastmilk and Infant Formula

Breastmilk must be stored and handled safely to keep it from spoiling. Follow health and safety regulations required by local authorities for safe food handling. Here are general tips for handling breastmilk:

Before Arriving at the Facility

Ask the parent to:

- Store breastmilk in the refrigerator or freezer immediately after collecting it and label the bottles with: the infant's name, and the date and time the breastmilk was collected.

- Store the milk in hard plastic bottles if possible to prevent breakage.
- Fill the bottles with the amount of breastmilk the infant usually drinks at one feeding. The parent can freeze some bottles with 1 to 2 ounces of breastmilk for times when the baby wants some extra breastmilk.
- Carry bottles of fresh or frozen breastmilk to the facility in a cooler with an ice pack to keep the milk at a cold temperature.

Handling and Storing Breastmilk at the Facility

- Breastmilk from a mother is designed specially to meet the needs of her infant. Make sure that each bottle is clearly labeled with the correct infant's name. Never accept an unlabeled bottle from a parent.
- Refrigerate bottles immediately when they arrive and until ready to use.
- Use bottles of breastmilk only for the infant for whom they are intended.
- To prevent spoiling, do not allow bottles of breastmilk to stand at room temperature.
- Use refrigerated bottles of fresh breastmilk, kept at 40° Fahrenheit or below, within 48 hours from the time of collection. Discard unused breastmilk if not used within 48 hours. Although some suggest that fresh breastmilk can be stored for longer than 48 hours, the 48-hour period assures safety.
- Breastmilk can be stored in a freezer (with a separate door from the refrigerator), for up to 3 months from when it was collected. Freezer temperature should be 0° Fahrenheit or below. If the freezer is not working or if there is a power failure, frozen milk may thaw out and become spoiled before 3 months.
- Rotate frozen breastmilk, using the oldest milk first.
- Protect breastmilk in an air-tight container (hard plastic bottles are recommended) while in the freezer. Once the breastmilk is removed from the freezer and thawed, refrigerate it at 40° Fahrenheit or below and use it within 24 hours; do not refreeze it.
- Do not save and reuse breastmilk leftover from bottles.
- Wash skin on which breastmilk has spilled with soap and water immediately.

Preparing and Using Stored Breastmilk for Feeding

- Wash your hands.
- Thaw a bottle of frozen breastmilk in the refrigerator or hold it under running cold water. Thaw only as much frozen breastmilk as you think a baby will need for a feeding.
- Do not thaw frozen breastmilk at room temperature, by heating on a stove, or in a microwave. Liquid may become very hot when microwaved even though the bottle feels cool. The hot liquid could seriously burn infants. Also, heating damages special substances in breastmilk that protect infant's health.
- If breastmilk has a bad odor after thawing, it may have spoiled and should be discarded.
- Once thawed, do not refreeze breastmilk.
- For those infants who prefer a warm bottle, hold the bottle under running warm (not hot) water immediately before feeding the infant. Warm only as much breastmilk as you think an infant will need for a feeding. Feed breastmilk immediately after warming.
- Shake the bottle of breastmilk before feeding the infant because the breastmilk separates

