# Nutrition Services For Health Professional Reference Response to Infant Formula Shortage Concerns

### **Key Messages**

- Media attention on infant formula shortages related to a plant closure in the US and ongoing supply change issues has prompted concerns and questions about the Canadian supply.
- Canada is not experiencing a mass shortage of infant formulas at this time. However, the impact of supply chain disruptions is being monitored and steps are being taken by infant formula manufacturers to increase the Canadian supply. In addition, Health Canada is allowing temporary importation and sale of US infant formulas to increase Canadian supply.
- Intermittently, formula shortages do occur. A limited number of powdered infant formulas currently experiencing shortages in Canada (as of May 2022) include:
  - Some powdered Similac<sup>®</sup> products (due to the Abbott recall in February 2022) including Similac<sup>®</sup> Alimentum<sup>®</sup>.
  - Nutramigen<sup>®</sup> A+<sup>®</sup> powdered products for community use. Nutramigen<sup>®</sup> A+<sup>®</sup> liquid concentrate from the US has been approved by Health Canada for interim use in the community. This liquid concentrate is expected to be available in stores June 2022. Hospital supply of Nutramigen<sup>®</sup> A+<sup>®</sup> powder and ready-to-feed products continue to be available.
  - Liquid concentrate or ready-to-feed liquid formulas continue to be available in the community, however, stockpiling of formula is leading to retail shortages in some areas.
  - Homemade infant formulas are not recommended as an alternative to human milk or commercial infant formula. For more information refer to the <u>Nutrition Guideline: Homemade</u> <u>Infant Formula</u> or <u>Government of Canada – Safety of Homemade Infant Formulas in</u> <u>Canada</u>.
  - Consider transitioning to a similar formula if the current formula used is unavailable. Refer to <u>Summary Sheet</u> for alternative formulas. See below for specific guidance.
  - For parents or caregivers with infants with food allergies, refer to Health Canada's statement from May 5, 2022: <u>Shortages of infant formulas for babies with food allergies: what you</u> <u>should know and do-Canada.ca</u>

## Infant Formula Guidance for Parents and Caregivers

If there is a shortage of the formula the infant is using:

- Call ahead to check store availability.
- Ask your pharmacy if they can order specific infant formulas.
- Consider ordering infant formula directly from a Canadian manufacturer when this option is available.
- Purchase a reasonable amount of formula (e.g., 2-week supply); avoid stockpiling.



## Response to Infant Formula Shortage Concerns • 2

#### Transitioning to an alternate formula:

- If parents need to temporarily switch to a different type of infant formula, it may take time (around two weeks) for the infant's digestive system to adapt. As with any change in diet, parents may notice a change in stool consistency, frequency, or colour.<sup>1</sup>
- Introducing a new formula gradually may help with the transition but is not necessary. For example, parents can try giving a bottle with a 3:1 ratio of the infant's previous formula and new formula respectively and gradually adjust the ratio over a few days until the infant has fully transitioned to the new formula. It is important that each formula is prepared separately before combining as mixing instructions may differ.
- Contact your local dietitian if further assistance is needed in selecting an appropriate formula.
- Diarrhea, fever, vomiting, or stools that are red, black, or white are not normal, and parents and caregivers should seek medical advice.

#### Handouts:

<u>Safe Preparation of Infant Formula from Powder</u> <u>Safe Preparation of Infant Formula from Liquid Concentrate</u> Handouts in 7 different languages are available at: <u>www.ahs.ca/nutritionhandouts</u>

If you have any questions, please send a message to: PublicHealthNutrition@ahs.ca

#### References



<sup>&</sup>lt;sup>1</sup> Cole CR, Rising R, Lifshitz F. Consequences of incomplete carbohydrate absorption from fruit juice consumption in infants. Arch Pediatr Adolesc Med. 1999;153(10):1098-102.