

Reducing Iron Deficiency Anemia in Young Children

May 4, 2010
MCAH Program
Sonoma County



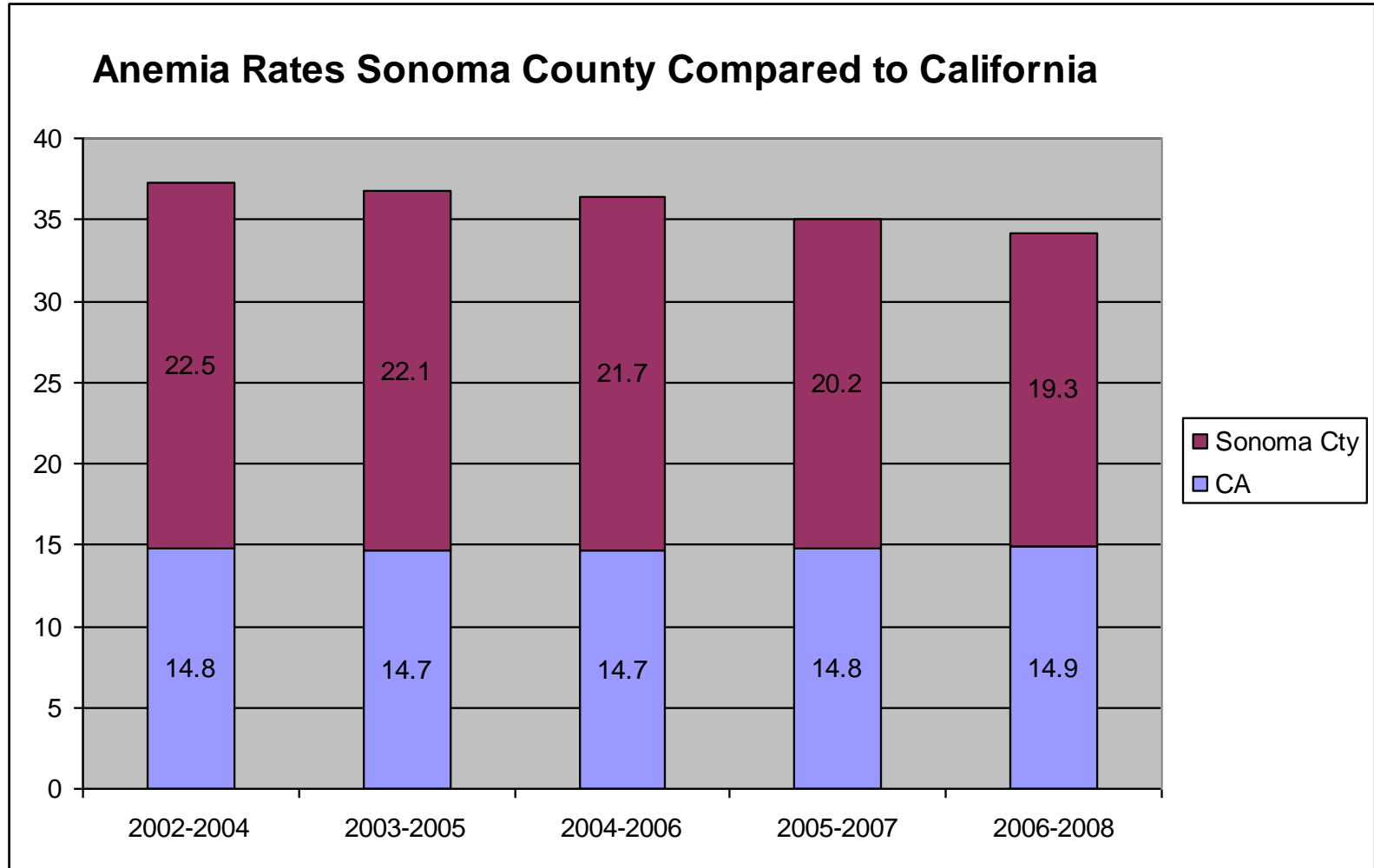
Objectives for today:

- Review local prevalence data on IDA
- Identify key factors contributing to IDA in young children
- Reach consensus on the strongest contributors to IDA in Sonoma County
- Begin consideration of interventions to reduce IDA over the next 5 years.

Healthy People 2010 Goal

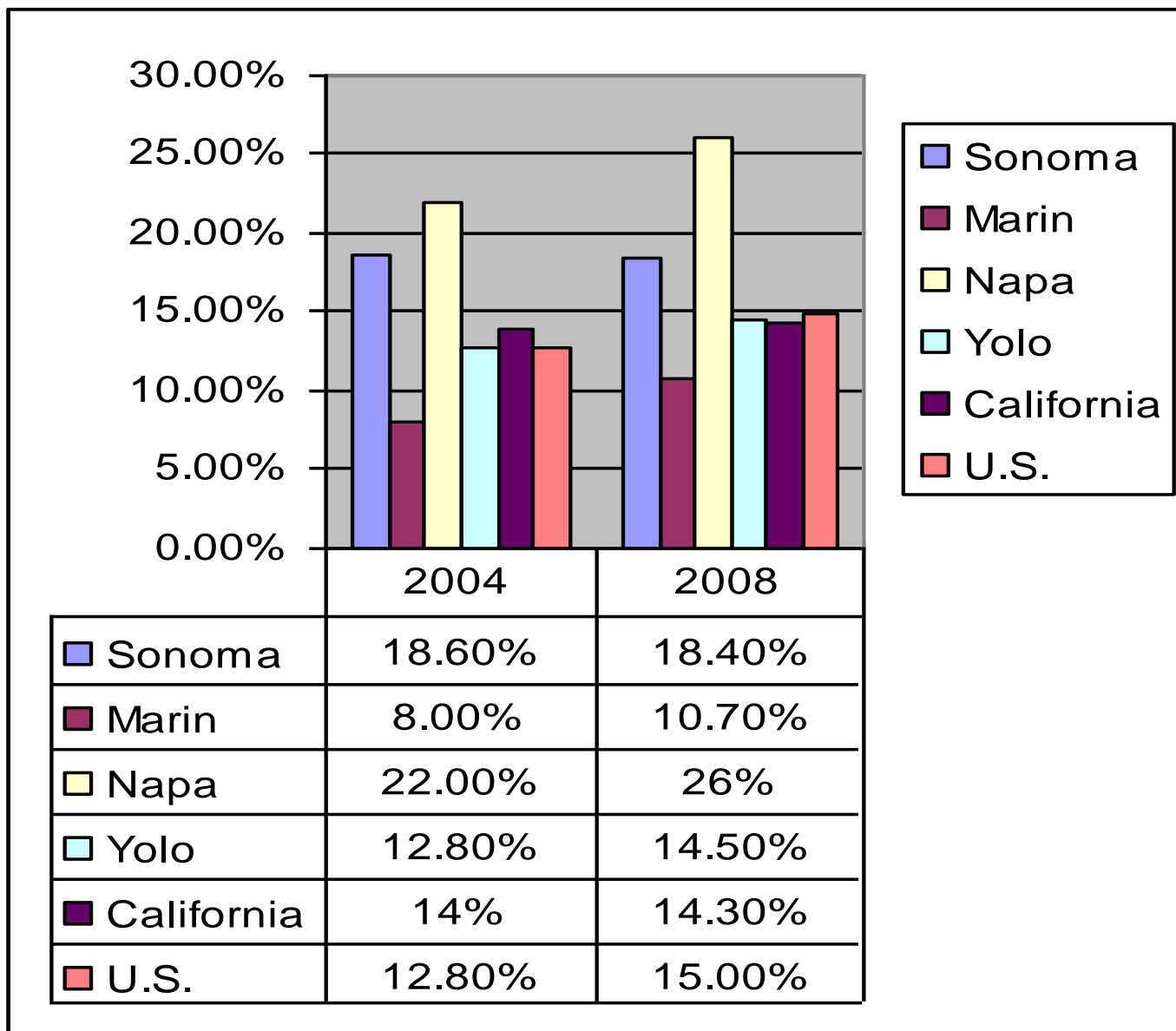
Reduce the incidence of Iron Deficiency
Anemia in the United States to < 5%

Pediatric Nutrition Surveillance Data (*PedNSS*)

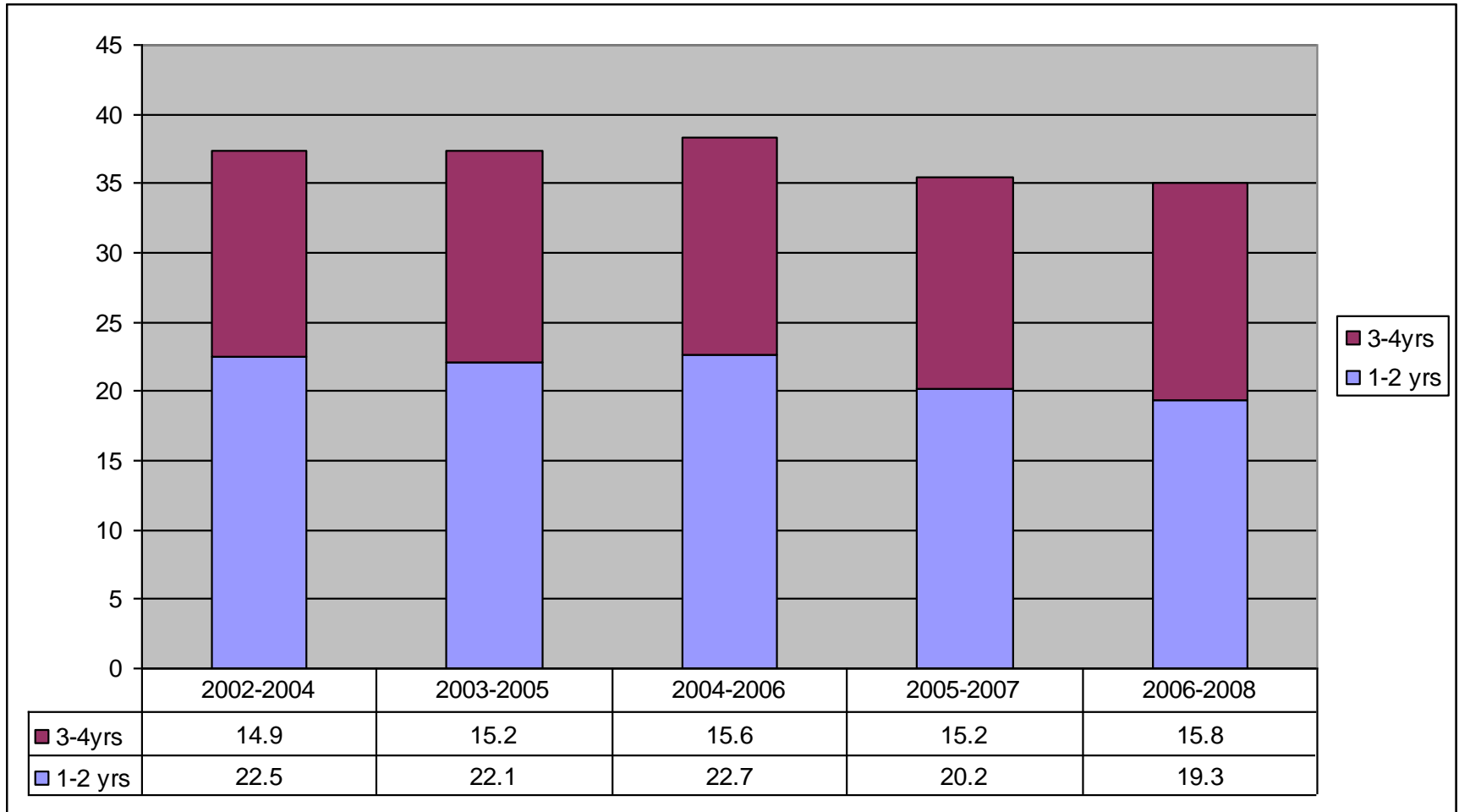


1-2 year olds

Anemia Rates 2004 & 2008 in RCHC Counties



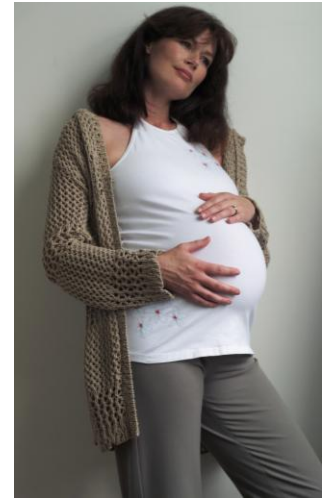
Pediatric Nutrition Surveillance Data (*PedNSS*)



Anemia Rates in Sonoma County (%)

Who is affected?

- Premature infants
- Adolescents
- Pregnant women
- Picky eaters
- Overweight children
- Families with poor access to healthy foods



Individual Factors Associated with IDA

- Low preconception maternal iron stores
- Uncorrected iron status during pregnancy
- ↑ demand for fetal iron: chronic fetal hypoxia
(IUGR, uncontrolled maternal hyperglycemia)
- Early umbilical cord clamping
- Preterm & low-birth weight infants
- Infant feeding practices
 - Breast/formula combo feeding
 - Delayed intro solids & high intake of milk replacing Fe-rich foods

Family & Institutional Factors

- Household
- Economic
- Education
- Health care provider
- Community

Societal & Policy Factors Associated with IDA

- Economic
- Health care
- Environmental

Some of the Strategies Implemented to ↓IDA

In Health Care Settings:

- Updating well-baby visit forms
- Staff training on IDA including health education
- Development of patient education materials
- Distribution of multivitamins w/ Iron to high-risk toddlers

In the Community:

- Consultation to child care providers, preschools & schools
- Promatores- *Raising Healthy, Active Kids*
- Improving access to healthy foods with *Megan Furth Harvest Mobile Food Pantry*

New WIC Food Package



IOM Recommendations



- **Consistent with Current Dietary Guidance for Infants**
 - Complementary foods provided beginning at age 6 months, rather than at four months of age.
 - Juice eliminated in favor of baby food fruits and vegetables to promote healthy eating patterns.
 - Baby food meats provided to fully breast-fed infants after 6 months of age to provide iron and zinc in forms that are easily absorbed and utilized by the body.



Other Potential Interventions?

- Promote delayed cord clamping (2-3 minutes) with obstetrical providers
- Infants born <33wks or birth wt <1800 g supplement iron at 4 weeks of age
- Increase monitoring of anemia in women of childbearing age
- Increase awareness of the decreased absorption of iron with combo feeding