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CONSUMPTION OF SOFT DRINKS AND OTHER SWEET DRINKS BY WIC INFANTS

The *Journal* has published numerous articles on consumption of soft drinks and other sweet drinks by children,^{1–4} but none of these articles has reported on infants. Papers published elsewhere on complementary feeding of infants have seldom considered these beverages.

The Women, Infants, and Children (WIC) Infant Feeding Practices Study,^{5,6} a nationally representative 1-year longitudinal study carried out in the mid-1990s, found high levels of consumption of these beverages by infants. In the first month of life, 14% of infants received sweet drinks (i.e., sugar water, fruit-flavored drinks, sodas, tea, and coffee), and by the age of 4 months, nearly one third of infants received these drinks.

This practice was most common among Hispanic infants—one fourth of whom were given sweet drinks in the first month and almost one half of whom were given sweet drinks in the first 4 months. Many Hispanic mothers reported giving their infants “manzanilla” tea in hopes of preventing or treating colic.

Many infants also received fruit juice earlier than the recommended age of 6 months^{7–5%} in the first month and almost half by the age of 4 months. There was little variation among White, African American, and Hispanic mothers. At the time the study was conducted, the WIC program recommended giving fruit juice only when the infant could drink from a cup, after about 4 months of age⁸; fruit juice has recently been removed from the WIC food package for infants younger than 4 months.

The 2002 Feeding Infants and Toddlers Study⁹ documented that infants of all ages who were enrolled in WIC were much more likely than were nonparticipants to receive fruit juice. Consumption of sodas and other sweet drinks was not reported.

A recent meta-analysis¹ reported that soft drink intake among children and adults was associated

with higher energy intake and body weight, lower intake of milk and calcium, and increased risks of several medical problems, particularly diabetes. Thus, the dramatic increase in soft drink consumption in children¹⁰ (which is likely to be mirrored in infants) is of great concern.

Although health care workers are likely to talk with mothers about inappropriate feeding of juice to young infants, our study indicates that they should also advise against soft drinks and other sweet drinks for infants of any age. ■

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This letter was accepted May 4, 2008.
doi:10.2105/AJPH.2008.142471

Contributors

All authors participated in the design of the study and in the interpretation of the findings. R.L. Williams supervised the implementation of the study. N. Baydar carried out the analyses. M.F. McCann prepared this letter, and the other authors reviewed it.

Acknowledgments

The original research was funded by the US Department of Agriculture (contract number 53-3198-3-003). This letter was prepared without any funding.

Human Participant Protection

This study was approved by the institutional review board of the Battelle Memorial Institute. All participating mothers gave written informed consent.

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COMMENT ON NAME-BASED REPORTING

Tesoriero et al.¹ report data from multiple databases that address the impact of name-based reporting and partner notification on HIV testing in New York State. The authors note several limitations to the data bases underlying their study, but a common and significant limitation is not mentioned. Specifically, none of the databases provides unbiased population-based estimates of changes over time in the size of the at-risk population. The observed pattern of no change in HIV testing over time may, in fact, represent either a decline in testing (at-risk population has increased over time), or an increase in testing over time (at-risk population has declined over time). For instance, population-based data from studies conducted between 1996 and 2003, albeit outside of New York State, illustrate that the size of the population of men who have sex with men exhibiting risky sexual behavior has increased over time.^{2–4}

Among men who have sex with men, it would be reasonable to expect that the size of the population obtaining HIV testing should have increased over time, but according to the data gathered by Tesoriero et al., that has not occurred. Furthermore, the data may in part be based on problematic research conditions that are not easily rectified. That is, the study appears to be confronted with the problem of examining the behavioral impact of an HIV testing policy change in settings wherein anonymous testing already exists and