

SUMMARY: IRON FORTIFIED DIETS AND THE PREVALENCE OF INADEQUACY FOR IRON IN INFANTS

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Importance of Iron in Infant Health

Iron is essential for brain development, cognitive function, and immunity in infants, particularly during the first two years of life. This period is marked by critical and sensitive growth phases, where deficiencies can cause irreversible damage, affecting learning, memory, and behavior. Ensuring adequate iron intake during these overlapping phases is vital for lifelong health.

Prevalence and Causes of Iron Deficiency

Iron deficiency is a widespread issue, affecting 40% of children under five globally and 52% in South Asia by 2019. In India, 41.5% of children aged 6–59 months suffer from iron deficiency anemia (IDA). Key causes include:

- Low Dietary Intake: Breastmilk alone becomes insufficient after six months.
- **Poor Absorption:** Plant-based diets often limit bioavailable iron.
- Rapid Growth: Infants' rapid growth increases iron needs.
- Chronic Illnesses: Frequent infections reduce absorption and iron utilization.

Consequences of Deficiency

Iron deficiency during critical periods can lead to permanent cognitive and developmental impairments. Even in later sensitive phases, deficiencies may only be partially reversible, underscoring the need for early prevention and intervention.

Enhancing Iron Absorption

Dietary strategies improve iron bioavailability:

- Enhancers: Vitamin C (e.g., citrus fruits) and heme iron (from meat) boost absorption.
- **Inhibitors:** Calcium (e.g., milk) and phytates (e.g., unsoaked grains) hinder absorption but can be managed through proper food preparation like soaking and fermenting.

Iron Fortification: A Preventive Strategy

Fortifying foods with bioavailable iron is effective in addressing deficiencies in resource-limited settings. Examples include:

- Infant Cereals: Provide up to 45% of daily iron needs.
- Formula Milk: Supports non-breastfed infants.
- Fortified Snacks: Complementary foods enriched with iron for children over six months.

Screening and Early Diagnosis

Routine screenings, including hemoglobin tests and non-invasive tools like color-based anemia cards, are critical for identifying deficiencies early. Screening high-risk infants at 9–12 months is essential.

Preventive Approaches and Future Directions

Educating caregivers about iron-rich complementary feeding and enhancing fortification programs can reduce prevalence. Advances in fortification technology, such as encapsulated iron, promise better absorption and fewer side effects, ensuring broader acceptance and improved health outcomes.

