Prevention of Rickets and Vitamin D Deficiency in Infants

Vitamin D and Rickets
The principal function of vitamin D (calciferol) is to maintain serum calcium and phosphorus concentrations in a range that supports cellular processes, neuromuscular function and bone ossification. Vitamin D does this by enhancing the absorption of dietary calcium and phosphorus by the small intestine, and by mobilizing calcium and phosphorus stores from bone. Rickets secondary to vitamin D deficiency occurs as a result of decreased sunlight exposure and low vitamin D intake. The result is poor bone growth, soft and deformed bones, and possible retardation in severe cases. Some children develop potentially life-threatening hypocalcemia. Nutritional rickets almost disappeared with the recognition of the preventive role of sunlight and Vitamin D fortification of infant formulas and milk. During the past 20 years, however, there has been an increase in the published reports of nutritional rickets. Those most at risk include breastfed infants with darker skin color and others with limited exposure to sunlight (i.e., in women who almost completely cover their bodies, often for religious reasons).

Sources of Vitamin D
Vitamin D is found in very few foods naturally, such as fish liver oil, fatty fish, and egg yolk. It is added to cow's milk, infant formula, some breads and cereals, and some juices. Both infant formula and milk are fortified with 400 IU of vitamin D per quart. Vitamin D is synthesized in the skin by the action of ultraviolet light from the sun on a cholesterol precursor. However, sunlight-mediated synthesis of vitamin D in the skin is profoundly affected by a wide variety of factors including:

- degree of skin pigmentation
- amount of time spent in sunlight

weather conditions
- time of day
- season of the year and latitude (the sunlight is too weak for vitamin D synthesis from November - February in Wisconsin)
- amount of smog/air pollution
- the amount of body surface covered with clothing or sunscreen.

Contributing Factors of Vitamin D Deficiency
Infants and young children who are at risk for lower vitamin D stores include:

- those who do not get enough sunlight exposure to their skin, stay indoors, or live in smoggy areas
- those who consume little, if any, vitamin D fortified milk
- those who eat a strict vegan diet (avoiding all animal products including milk and eggs)
- those who have deeply pigmented skin, and/or
- are breastfed and do not take vitamin D supplements.

Dermatologists and cancer experts advise caution in exposure to sun (or to sunlight), especially in childhood, and recommend regular use of sunscreens. As noted above, sunscreens markedly decrease vitamin D production in the skin. In Northern climates, such as Wisconsin, the sun is too weak to allow the skin to synthesize vitamin D during the winter months.

Breastfeeding and Vitamin D
Breastmilk is the best source of nutrition for infants. Breastmilk contains some highly bio-available vitamin D, but the amount of
vitamin D available in breastmilk varies in individuals. Vitamin D in breastmilk was intended, by nature, to be a supplement to the amount made by the skin of infants who are routinely exposed to adequate sunlight.

Vitamin D Recommendations
The American Academy of Pediatrics released revised guidelines for vitamin D supplementation in November 2008. To prevent rickets and vitamin D deficiency in healthy infants and children and acknowledging that adequate sunlight exposure is difficult to determine, it is recommended that a supplement of 400 IU per day be given for the following:

1. All breastfed infants unless they are receiving at least 1 L (~32 ounces) per day of vitamin D-fortified formula or milk.
2. All non-breastfed infants who are receiving less that 1 L per day of vitamin D-fortified formula or milk.
3. Children and adolescents who do not get regular sunlight exposure, do not drink at least 1:L per day of vitamin D-fortified milk or juice, or do not take a a daily multivitamin supplement containing at least 400 IU of vitamin D.

Supplementation should begin within the first few days of life.


Obtaining Vitamin D Supplements
Currently, vitamin D only supplements are not readily available in the United States. A combination vitamin supplement containing vitamins A, C and D is readily available as an over-the-counter vitamin drop for infants at most pharmacies. A 1.0 mL dose of these vitamin drops provides 400 IU of vitamin D. The vitamin drops containing vitamins A, C and D are one of the vitamin supplements available without prior authorization by the Wisconsin Medicaid Program under Health Check "Other Services." This coverage requires a prescription from the health care provider that includes verification that the infant/child received a comprehensive Health Check screen within the last 365 days. This can be done by including the date of the Health Check screen on the prescription.

What Parents Need to Know
Parents and caregivers of infants and young children need to know…

- that breastmilk is the best source of nutrition for infants and young children
- that all infants need vitamin D added to the diet for healthy bone growth and development, either as a supplement or from that contained in infant formula
- what the recommendations for vitamin D supplementation are, how to obtain the vitamins, and how to give the vitamin to their infant
- that they should stop the vitamin D supplement if their infant is consuming more than ~32 ounces of vitamin D fortified infant formula, milk, or juice per day, and
- where to store the vitamins safely out of reach of children.

References:


Resources:
American Academy of Pediatrics, www.aap.org

Endorsed by:
State Medical Society of Wisconsin
Physicians Working Together, Advancing the Health of the People of Wisconsin