

C. M.

H.M. (57) 89

NATIONAL HEALTH SERVICE

WELFARE FOODS

Summary. This memorandum refers to the changes recently announced in the arrangements for supplying Welfare foods.

1. It was announced on 30th September that the Minister of Health and the Secretary of State for Scotland had decided to accept the recommendation in the report of the Joint Sub-Committee of the Central and Scottish Standing Medical Advisory Committees on Welfare Foods, published on 30th July, 1957 that while Welfare Orange Juice should continue to be supplied to children up to the age of two the supply should be discontinued from their second birthday. Hospital authorities should adjust their supplies accordingly.

2. The Joint Sub-Committee also recommended reduced levels of vitamin D in Welfare Foods and Infant Cereals.

In co-operation with the Minister of Agriculture, Fisheries and Food, the Minister has made arrangements with the suppliers of National Dried Milk and of cod liver oil to reduce the vitamin D content of these products to the recommended levels. The manufacturers of proprietary dried milks and of infant cereals have also been asked to adopt the levels of fortification recommended by the Committee.

3. It is important that medical and nursing staffs in charge of children should know of these changes and for this purpose the information circulated for local health authorities' staff about the new levels to be adopted by manufacturers and the use of these foods is reproduced in the appendix to this memorandum. Additional copies of leaflets containing the information in this appendix will be sent to hospital authorities on request for supply to any doctor or ward sister concerned with the care of children who wishes to have a copy.

4. The amendment to the Welfare Foods (Great Britain) Order, 1954 (S.I. 1954 No. 1401) implementing the decision in relation to orange juice, will take effect from 1st November, 1957.

5. This memorandum modifies paragraphs 1 and 4, and paragraph 2 in Appendix 1 of H.M. (54) 113.

MINISTRY OF HEALTH,
SAVILE ROW,
LONDON, W.1.

22nd October, 1957.

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To: *Regional Hospital Boards,
Hospital Management Committees,
Boards of Governors.*

APPENDIX

Reduced Levels of Vitamin D in Welfare Foods and Infant Cereals

1. The recommendations in the Report on Welfare Foods call for a reduction in the average content of vitamin D in cod liver oil to 100 i.u. per gram (instead of 200 i.u. at present) and to 100 i.u. per dry oz. in National Dried Milk (instead of a minimum of 280 i.u. at present). An average of 300 i.u. per oz. was recommended for infant cereals containing vitamin D. The object of the Joint Subcommittee on Welfare Foods, in making these recommendations, was to suggest levels of vitamin D content for all three major sources for infants and children whereby any one of them will protect against rickets if taken in the usual amount, but all three in combination will not involve a risk of excessive intake which might cause hypercalcaemia in some susceptible infants.

Manufacturers of the Welfare Food products and of infant cereals have been asked to reduce the vitamin D content of their products to the recommended levels.

2. Deliveries of National Dried Milk containing the new levels of vitamin D are expected to start about mid-October and of cod liver oil some weeks later, but it may be some time before all the stocks fortified at the old level which are awaiting distribution have been used up. A revised statement of vitamin D content is also being introduced on tins, bottles and cartons. It is understood that proprietary dried milk and infant cereals with the new levels of vitamin D will also become available shortly, the exact timing depending on the arrangements made by individual manufacturers.

3. Expert opinion considers that the aim should be that from about the age of 2 months to 1 year, the infant's diet should contain about 400 i.u. of vitamin D daily from all sources. Up to that age, a lower intake can be accepted. From age 1 to 5, children should have about 400 i.u. a day, as a supplement to their normal diet, in the form of cod liver oil or a vitamin D preparation. With the levels of fortification recommended, there should be no difficulty in providing the vitamin D requirements by means of any of the ordinary feeding regimes. Thus, the baby fed on National Dried Milk should have 7-8 drops of cod liver oil daily (providing 50 i.u. of vitamin D) to raise the intake to the required levels and to get it accustomed to cod liver oil at an early stage, so that the larger doses required as weaning progresses will be better tolerated. By the time the child is weaned off fortified milk it should have reached the maximum dose of 1 teaspoonful of cod liver oil daily, which should be continued until it is five years old. On the other hand, the breast fed baby and the baby fed on liquid cow's milk should have $\frac{1}{2}$ teaspoonful twice daily of cod liver oil from age 2 months onwards (providing 400 i.u.).

4. Mothers with young children will require individual advice in practical terms. It is hoped that all members of the Maternity and Child Welfare Staff—medical officers and health visitors—who are responsible for advising mothers, will familiarise themselves with the recommended levels of vitamin D in infant feeding, and with the amounts of vitamin D which are contained in the several sources which may be used. The value of cod liver oil should be emphasised, as one of its advantages as a source of vitamin D is that the dosage can be varied according to the infant's needs at any particular period, without disturbance to the infant's nutrition. At the same time, any idea that vitamin D is a form of tonic best taken in large quantities should be discouraged.

5. Vitamin A and D tablets for expectant and nursing mothers will be continued as before to provide 800 i.u. of vitamin D daily. Those expectant mothers who take cod liver oil as an alternative should be advised to take $1\frac{1}{2}$ teaspoons daily during pregnancy.