

The Impact of Infant Formula Shortages

Stories from Academy Members

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No infant should face hunger and food insecurity because of safety or supply shortages. While long-term solutions must be identified to ensure infant formula, scarcity does not happen again in the future, immediate action must be taken to feed infants.

As the current infant formula supply shortage continues, Academy members are on the frontlines to serve communities across the country – the stories below provide a snapshot of how the shortage is affecting Americans on a daily basis.

“Patients in rural southern Arizona are struggling to find infant formulas. Many families travel more than three hours to Phoenix to look for formula. This started back in February 2022 with Similac recall.

We care for infants who require specialized formulas that are nowhere to be found. WIC and insurance are not able to help patients either. As a result, we are seeing homemade infant formula circulate via social media. This is going to cause illness and even death for infants.

Families on WIC, SNAP and Arizona Health Care Cost Containment System cannot feed their babies. As a pediatric dietitian, I am at a loss of how to help and what to advise them to do. We cannot let our nation’s babies go hungry.”

Courtney Schinner, RDN, CLC | Sierra Vista, Arizona

“As a director and leader in my institution, the infant formula shortage has been incredibly difficult to watch unfold and provide direction to my team and organization. Countless hours, money, mental and emotional cost has been poured into keeping our patients safe and fed. I knew from the moment the FDA sent us the notification that this would be a long difficult journey for my staff and their patients, and I predicted the aftermath given the already strained supply chain.

We had to change over 55 metabolic patients to new formulas, our institution has admitted multiple patients for poor weight gain, weight loss and malnutrition due to families diluting formula to stretch it out or making their own homemade formula. Our case managers go through

four or five vendors before they make a successful connection to obtain formula. We have also had some patients put on Pedialyte for a couple days due to home health companies not being able to send formulas to patients.

We have done our best to stay proactive in keeping adequate par levels for patients admitted but that is not enough! Even sending patients home with one or two cans to bridge gaps for formula delivery or WIC appointments or lack of formula in the retail space has not been enough because in our community there is not enough formula to feed our babies.

I hope the government and all key stakeholders take a closer look to this eye-opening problem with the fact that one formula company had slightly over 40% of total market share and 80% of market share in the hypoallergenic formulas. It has caused a disaster, chaos and babies and children are the ones suffering.”

Ginevra Janus, RD, CSP, LDN, CNSC | Irvine, California

“The nationwide infant and junior formula crisis have caused significant pressure, financial hardship and hospitalizations for the children we serve. On February 17, 2022 our world was flipped and has not stopped since. We have had hundreds of frantic and panicked stricken parents call our office solely due to the Abbott formula Recall and the subsequent shortages that have followed. Since February the supply chain has only gotten worse.

Instead of receiving calls about recalled formula, we now receive calls from families that have no formula to feed their seriously ill child at home, which is their sole source of nutrition. Our infants, adolescents and young adults that need medically necessary infant or junior formula due to anaphylactic allergies, biliary atresia, or are tube feed dependent are still unable to get their life sustaining formula.

Our families that have run out have started Pedialyte for 24 hours, asked friends to breastfeed their children, or have purchased formula off Amazon that was mixed with flour. We are in a crisis; our families need change.”

Alexis Cascone, RD | Avon, Connecticut

“I run the Ketogenic Diet Clinic for Neurological Disorders at Yale New Haven Hospital. The Ketogenic Diet is a medically proven nutrition therapy for treating intractable seizures. Some of my pediatric patients suffered through dozens of devastating seizures daily with no relief from medications until they started on a strict ketogenic diet. The specialty ketogenic formulas have been life changing for them and their caregivers. For many of these medically complex patients, their ONLY source of nutrition is a commercial ketogenic formula delivered through a tube that goes directly to their gastrointestinal tract.

The formula shortages have been disastrous. Some families must switch formulas, causing a disruption in care and complications with tolerance. Other families have been forced to switch to a homemade formula, which is not only extremely complicated to create and prepare, but also may be missing essential micronutrients and may potentially introduce dangerous pathogens to the patient if not properly sterilized. Most upsetting are the families that have been forced to delay initiation of this essential medical nutrition therapy. Can you imagine what it feels like to watch your child suffer daily seizures while you wait for their formula to become available?

Please take action to help my patients get the care they deserve. These are beautiful children who deserve to live their lives to the very fullest. Their parents are already overwhelmed with the daily care of the medically fragile children. An inaccessible formula is an unnecessary added burden.”

Ilisa Nussbaum, MPH, RDN, CDN | New Haven, Connecticut

“I work as a milk tech at a Children's Hospital. Where we prepare formula daily for patients. These patients come and go and some are long term patients. Their formula is a crucial part of their care. Unfortunately, sometimes a patient is able to go home but needs to wait because they can't find a comparable formula to feed at home. They end up stuck in the hospital so they can still receive nutrition care safely. When the shortage first happened, dietitians at the hospital were calling so many pharmacies to help these families find formula. The impact has been great. It is devastating to see how it affects these families and the health of a child. Formula was already something so precious to a struggling family, and now to see it not even available. I can't say this enough, it is heartbreaking.”

Becca Cretella, DTR | Seymour, Connecticut

“I am a dietitian for patients with Eosinophilic Gastrointestinal Disorders. Children with this disease can have failure to thrive due to feeding difficulties caused by their symptoms. I see both adult and pediatric patients who require amino acid-based formula as supplemental nutrition or sometimes total nutrition.

While there is no cure, one treatment option is to consume an elemental diet to drive the disease into remission. This requires adults to consume large volumes of amino acid formula for six to eight weeks to hopefully prevent additional irreversible damage to their esophagus. Some patients are allergic to all protein sources (i.e., poultry, fish, other animal proteins dairy, nuts, seeds, beans, legumes) so the only source of protein they receive throughout the day is from this formula. There are few hypoallergenic amino-acid formulas that are produced on the market, one of which is Elecare Junior.

Due to the formula recall, there has been a shortage of the few safe alternative products that I can recommend to my patients. For example, Neocate, a product made in the United Kingdom, has been having difficulty managing the demand for their products. Many other alternative

formulas that are available contain milk or soy protein which my patients are allergic to. Pharmacy delivery services have limited supplies of these products. It is essential that allergic individuals with no other option for safe formula, which sometimes provide their full nutrition, have access to these lifesaving products.”

Lauren Solinsky, MS, RD, CDN | Weston, Connecticut

“I work in a pediatric GI office for six gastroenterologists, as the sole dietitian to help manage the complex nutritional needs of our population. Since the onset of the formula recall in February, I have helped my physicians and parents navigate alternatives daily.

Most of our patients require specialty formulas as their sole source of nutrition. Obtaining specialized formulas through insurance was a challenge prior to the recall. Families outside of WIC require a doctor’s prescription which may take several days to go through approval by insurance. Abbott controlled ~60% of the elemental formula market. The remaining companies have to increase supply by an unfeasible amount.

These formulas can cost more than \$50 per day out-of-pocket cost and are not available in the store. Parents must rely on insurance companies and durable medical supply companies. The formula will sell out on an hourly basis. One day a prescription is sent and to find out later that day or week once approved by insurance that the formula is no longer available, delaying approval and access to life sustaining formula.

For a child with special needs, the costs of sustaining care and therapies runs high, and for many unable is unaffordable. My families who pay out of pocket are unable to obtain through vendors, as the websites are sold out or not up to date. I have had families provide unsafe formula, resulting in illness and hospitalization. Children have also needed to be hospitalized to receive formula.

I spend hours on a daily basis speaking with formula representatives to try to find formula in the area. Parents will file prescriptions to pharmacies and it may take up to one month before a shipment is received. There is no guarantee as to when the formulas will be back in stock as many of the formula companies require to maintain a high level of safety and protocols in their facility to maintain cleanliness of product and meet standards.”

Christy Gardner, RD, LDN | Miami Beach, Florida

“I work as a pediatric dietitian in the acute care inpatient setting and have seen firsthand how these shortages have impacted infants. I had a patient in the past month with cystic fibrosis and other underlying genetic abnormalities who requires an elemental infant formula given through a feeding tube with pancreatic enzymes added. Due to these shortages, we have had to switch formulas at least four different times and are now running out of the elemental formula that they have tolerated the best.

The parent is understandably upset and does not want to use a different product that the patient has difficulty tolerating. The mother has a limited supply of formula and is planning on continuing to contact the home health company daily to inquire when her infant's formula will be available but if it remains on backorder, there are not many other options that this infant can tolerate without GI issues. If this infant's formula cannot be sent to the family, then this child could start to have malabsorption and faltering growth which will ultimately impact their health and overall prognosis. This is just one example of many where the shortage of infant formula has negatively impacted the patient population I serve."

Lisa Koffer, RDN, CSP | Alpharetta, Georgia

"I work in a pediatric Gastroenterology/feeding clinic with children to have special health care needs and allergies. Many of the children I see are dependent on formulas to meet their nutrition needs and many of them are struggling to find the formula they need to grow and thrive. Children who require specialty formulas are losing weight and becoming malnourished because they are out of options and parents are waiting more than three weeks for a shipment to arrive.

There are no alternative options for formula dependent children. The health, growth and development of my patients is at risk due to the formula shortage. It is not just affecting infants, it is all formula dependent children, especially those on specialty (elemental) formulas."

Caitlin Waddle, MS, RDN | Atlanta, Georgia

"I work as both inpatient in the NICU setting and outpatient. A patient was discharged on a formula but after significant vomiting and failure to thrive, was changed to Alimentum about five weeks following discharge. The patient tolerated Alimentum mixed to 24 calories per ounce but when the recall hit, was unable to find it. The baby was seen in clinic a month after the recall with weight loss concerning for failure to thrive and was admitted to the hospital.

While inpatient, we tried every single available formula including standard term and all varieties of extensively hydrolyzed (broken down) and amino acid based. She truly only tolerated Alimentum but at that point even the hospital didn't have any. Ultimately, she was discharged on Alimentum ready to feed and all the sample cans of powder that we could muster. No one felt great about it but there was nothing else we could do.

The formula recall and shortage had led to poor growth and hospitalization for this infant and has been a tremendous burden for this family and likely many other. Babies with intolerances are especially affected and at risk of poor growth if parents modify recipes or attempt to make their own formula. An immediate solution is needed."

Nichole Cortez, MS, RD, CSP, LD | Lawrence, Kansas

“I am the dietitian for the pediatric cardiology clinic at the Kentucky Clinic. As a new dietitian just starting to get my feet wet with this critical population, the formula recall in February came as a shock to me, as I am sure it did for many others.

I had one mom come into clinic in April with her baby who had just been diagnosed with a cow's milk protein allergy. This baby needed a specialized hypoallergenic formula to feed without significant pain and discomfort. Unfortunately, these formulas are nowhere to be found on shelves, and mom just barely made too much to qualify for WIC. There was nothing I could do for her but send her away with a small sample can and wish her luck.

Another one of my most delicate babies, who failed open heart surgery, relies on continuous tube feeding. He can only tolerate specialized amino acid-based formula, which was one of the first formulas to become scarce. Mom contacted us one day, saying her pharmacy could no longer provide the formula and was about to give him a standard formula which could have caused harm to this child. Thankfully, we were able to get them an amino acid-based formula through a medical supply company.

So far, I have been able to figure something out for most patients, but I fear the day is soon when there is nothing I can do because the formula simply does not exist. My concern extends to the many other babies who have no medical supply companies or dietitians to fall back on for support.”

Christy Cochran, RD | Lexington, Kentucky

“Almost every call to WIC right now is distraught mothers trying to not only find formula, but get their benefits card switched to whatever brand they can find. We had to go out to the stores in the community to see what little stock was left for WIC. Half of our days are spent on hold with formula manufacturers and they end up canceling the order without even telling you.”

Gina Lunsford, Student Academy Member | New Orleans, Louisiana

“As a dietitian in a major children’s hospital, lives have been significantly impacted by the infant formula recall. Our already volatile supply chain and the elimination of these extremely specialized infant and pediatric formulas truly crippled how we provide safe nutrition care for the patients admitted to our hospital and patients with extremely complex medical conditions under our care who were at home.

The orchestration of obtaining life-sustaining nutrition for our patients was not an easy task. The hospital staff worked tirelessly to ensure the highest quality of nutrition care was delivered with the supplies we had on hand. The supplies are dwindling with each week and month after this FDA decision without alternative paths to offer nourishment to our children who are dependent on infant and pediatric formulas to maintain life.

The formula recall and supply access issues have affected us, our children and our health care professionals. While continuing to take care of patients with COVID-19 and facing the consequences of this pandemic in health care (staffing shortages, mental illness, etc.), the additional trauma nutrition professionals faced with no access to life-sustaining nutrition for our patients, including formula and intravenous nutrition, coupled with families' distressed calls, worried about how they will feed their child, has led to added anxiety to an already burnt-out cohort of health care professionals.

The nutrition related supplies required to provide safe nutrition care to children across our country include formula and ingredients to compound nutrition for intravenous delivery. Nutrition professionals are imploring for access to life-sustaining nutrition so we can administer feedings using the patients GI tract or their veins to prevent patients from dehydration, malnourishment and death.”

Coleen Liscano, MS, RDN, CSP, LDN, CNSC, FAND | Boston, Massachusetts

“Many of my patients in a large outpatient pediatric gastroenterology and nutrition clinic have been affected by the infant and pediatric formula shortage.

I have seen caregivers' anxiety skyrocket, increased out of pocket costs, distrust in U.S. formulas and turning to European formulas, choosing inappropriate alternatives such as cow or oat milk which can affect kidneys and anemia in infants, mixing formula incorrectly due to frequent changes in brands or in an effort to conserve hard to find formulas (especially amino acid/elemental formulas).

Mothers are distraught at the lack of options for infants with medical conditions that affect their ability to breastfeed. It has been scary as a pediatric dietitian to see how severe this shortage has become, knowing the long-term growth and development implications when infants and some children's sole or majority source of nutrition is affected.”

Simona Lourekas, MS, RD, CHES | Somerville, Massachusetts

“Infant formula supply shortages have been impacting the WIC program before the recall. The recall has made it ten times worse. Providers are frustrated with WIC that they are constantly having to suggest additional options due to the formula requested not being available.

Infants have been hospitalized due to not finding a hypoallergenic formula and parents tried an alternative to Total Comfort instead and this harmed the baby. There are times when two options are all that is out there on the market and both are unavailable. There is not an alternative formula that encompasses all options so you are constantly looking to find something helpful.

Some rural communities don't have an Registered Dietitian Nutritionist on staff at the local clinic and the doctor may not be familiar with formula options outside of the brands they order

regularly. These doctors are reaching out to WIC staff to ask what they should request. Parents are getting conflicting messages on social media. There are social media posts about homemade formula or using goat's milk. Unqualified people are sharing social media posts saying infant formula is bad because of scheming and marketing and use of unhealthy ingredients. Another barrier is stories putting formulas behind the customer service counter so it is even harder for people to know if something is in stock."

Melissa Nelson, MPH, RD | Hastings, Minnesota

"As a pediatric RD focusing on cystic fibrosis and gastrointestinal disorders in the New York, this formula shortage has devastated the lives of so many families. There are numerous reasons why mothers cannot breastfeed, making formula instrumental for the infant's nutrition, growth and survival.

Patients especially impacted by the shortage are those on amino acid, hypoallergenic formulas due to conditions such as severe allergies, Crohn's/Colitis, bowel resections, eosinophilic esophagitis and severe reflux. If these patients cannot tolerate cow's milk-based formula, they likely do not tolerate soy-based formula. If infants continue not to tolerate formulas that are milk-based and broken down to be gentler for the stomach (for lactose intolerance or colic for example), the ONLY option is an amino acid, hypoallergenic formula that includes individual amino acids instead of full protein molecules. Since protein is usually what causes allergies, removing intact proteins helps tons of patients find relief and the ability to thrive and grow. They may finally no longer exhibit severe eczema or blood in the stool.

Without Elecare (due to the recall), there are only three formulas in the United States market for patients who need these hypoallergenic formulas, including Neocate, Alfamino and Puramino. Production is supposedly happening around the clock to produce more formula than ever before but there are simply too many infants needing this formula and supply is too limited. Pharmacies have nothing. Parents have called us crying, yelling not knowing how to feed their baby: driving for hours only to find questionable formula from a Craigslist link that proved to be expensive and not the real thing. Parents relying on Pedialyte (an electrolyte drink for dehydration that is NOT a sole source nutrition) are urged to take their infant to the ER so they can get actual nutrition. It is scary out there and I hope we do not see malnourished patients from this serious and scary formula shortage."

Sara Barsky, Student Academy Member | Huntington, New York

"I work in a newborn intensive care unit and we have parents petrified to take their premature infant's home. Premature infants have limited formula options; currently there are only two products in the retail space that provide enough nutrients to continue to support their catch-up growth or correct their nutrient deficiencies from being born too early.

What do you say to the parents when they can't find only two products? After you have been telling them their babies need more nutrients than a full-term infant or telling them their baby needs a special formula because they have rickets or malnutrition. I had to tell a parent of a 25-week premature infant to feed their baby whatever they can find, even if it's nutritionally inadequate because their baby needs to eat. I can't even believe I have to say this! It's unacceptable."

Lyssa Lampport, RD, CNSC | Port Washington, New York

"I work in a clinic for children with complex medical conditions. It is true that all infants are impacted by this recall, but children that rely on an amino acid formula that are greater than 1 year of age are also being affected.

When a child is on an amino acid formula, it is because they cannot digest normal proteins and they typically need these formulas as sole source of nutrition. We were told that Elecare Junior (an amino acid formula for children) held 85% of the market. When Elecare Junior was recalled the other companies that make amino acid formulas for children could not keep up with the demand.

When you have a child with complex medical needs the problem with the formula shortage is even greater. Many of our patients have G-tubes, trachs, and are even ventilated. These children are difficult to transport. Since WIC goes up to age five, many of our patients that are greater than one year of age utilize WIC to get their amino acid formula. To be able to utilize WIC, families need to obtain their vouchers for a specific formula, contact a retail pharmacy (like Kroger) and order it, then go to pick it up. Since the shortage these families have been having to travel to multiple retail pharmacies, with their special needs children. Many travel only to find out that the formula they are ordered for has not come in and is not available.

Due to the shortage of amino acid formulas many children have been changed to four different amino acid formulas since the Abbott recall started in February. Each one is a little different and can cause tolerance issues, like constipation and diarrhea. I realize that Abbott is releasing small amounts of metabolic formulas, but they need to release the amino acid formulas due to the fact many of these children cannot tolerate anything else."

Amy Reed, MS, LD | Cincinnati, Ohio

"I work at a pediatric hospital and we've been constantly fielding calls from panicked parents who cannot obtain their infant's formula.

In one case we found that a family had been feeding their child thickened water in the absence of being able to obtain formula. This could be life threateningly dangerous for an infant to receive water in place of formula. Thankfully our dietitian team was able to intervene and provide the family with formula and a new feeding regimen. However, if the family had continued

to feed water since they could not obtain formula that infant was at high risk for dangerous electrolyte abnormalities let alone malnutrition.”

Celina Cowan, MS, CSPCC, RDN, LDN, CNSC | Lakewood, Ohio

“I work with underserved populations in Philadelphia and the majority of our patients have been affected by this shortage. Many of our families receive WIC assistance and they receive a card every month to use in stores for specialty formulas. At the beginning of the recall formula was available online but the WIC cards do not work for online purchases. Many families have a hard time finding stores with formula in stock.

I live in New Jersey and I often look in stores to see which formula is in stock. Many of the stores close to where I live have formula on the shelves. Unfortunately, in the more population dense areas these formulas are nowhere to be seen. There is an urgent need for specialty formulas in underserved communities.”

Kasey Fox, MS, RD | Philadelphia, Pennsylvania

“The formula recall and shortage impact has been ongoing for our WIC Program in Davidson County, Tennessee since mid-February. The waivers were very helpful and the only way our families were able to purchase formula with their WIC benefits.

The status for formulas in the stores would change daily; one way we were able to help our caregivers find formula was by allowing the staff to visit stores and take photos of the shelves daily. We then will email these to all nutritionists in case they have a mom looking for a certain formula, then we can call and tell them what store and on what date we last saw it. Our caregivers need to reach out to us in real-time while they are in the stores to adjust their WIC card with the formula available. Sometimes this means we need to work with them after hours.

In our most recent formula update, there was only one specialty formula that we typically must order straight from the manufacturer or pharmacy that was in-stock and not backordered. We had an infant recently put on Pregestimil (formula for infants with fat absorption issues) and the few days after our nutritionist was able to find one or two cans for the infant, we received a memo stating it would be unavailable until March 2023. We worked with the health care provider to switch the infant to Gerber HA (Hypoallergenic), but we fear in just a few weeks that formula will be unavailable.”

Lauren Cromer, MS, RD, LD, LND | Nashville, Tennessee

“I am getting daily calls from parents about not being able to find formula every single day. Our WIC families are affected the most.

Texas allows substitutions but those are also hard to find. Families are having to spend money and time driving around to stores because they don't have the means or ability to buy online and sometimes those prices are inflated.

I have had to change highly sensitive G-tube (tube that supplies feeding directly to the stomach) babies to formulas that are tolerated poorly just to make sure they have something for their child. I have had to change our preemie babies off their preemie formula to make sure they don't go without. This is a daily concern for our families.”

Leslie Ivey, RD, LD | Austin, Texas

“I'm an RD with WIC in central Texas, one of the states hardest hit by the shortage. The past several months has been scary, frustrating and exhausting for our clients and our clinic. It's common to arrive at work in the morning to up to 20 voicemails from concerned parents who can't find the formula they need.

Our WIC clients are even more affected than some of the general population, as they don't often have the resources to travel far to look for formula or to purchase more expensive options online. Unlike other parents, they aren't able to pick up ANY available formula on the store shelves but are limited to the option on their WIC cards.

While our state agency has been amazing at adding additional brands and options, parents often have to travel back and forth from the store to the WIC office to change the formula on their card to match what is in the store that day. Out of desperation, some parents have tried switching to cow's milk or solid foods well before six months of age. Sadly, the pregnant moms that I counsel are scared for the future, even though they hope to breastfeed, wondering if formula will be there in June, August, October....if they need it. I have no assurances to give them.”

Marissa Gregurek, RD | Austin, Texas

“As a WIC Registered Dietitian from San Antonio, Texas, we have felt the impact of the nationwide formula shortages firsthand. Our participants are already searching for support to meet their family's needs and have now been let down by the supply chain production of formula in the U.S.

Each day we hear from the mothers within our community that are facing concerns of food insecurity and are having to go to extreme measures to meet their infant's needs since they cannot find it at grocery stores. Mothers are calling our clinics distraught, often times driving around the city to find just one container for their infants. With rising gas prices in Texas, our mothers are having to make the choice between spending money for gas to find formula or buying lunch for themselves.

As an organization, Texas WIC is working to make sure our mothers have alternative formula options available. Mothers are given the option of alternative types and sizes of formula that can meet the nutritional needs of their infants as closely as possible. We are working with pediatricians to ensure babies are given a formula appropriate to their concerns. Drop ship vendors are keeping us informed of what formula they are able to find and send directly to clinics within a few days. All hands have been on deck so-to-speak so that electronic benefits given to families meet what the food supply looks like on grocery store shelves.

Mothers are concerned with this formula shortage and are looking for answers. At WIC, we have done our best to serve the mothers in our community and continue to offer support and guidance throughout these trying times. We need to reassure mothers everywhere that their infant's needs can be met.”

Alexandria Cantu, RDN, LD | San Antonio, Texas

“At WIC, we are deeply concerned that mothers are diluting formula or making homemade. We receive calls DAILY from worried or frustrated parents. They've driven to many stores, several cities to find one or two cans.

Others do not have the privilege of convenient transportation or child care. Low-income single parents and new immigrants are likely the most disadvantaged. One Hispanic, new immigrant mom resorted to giving her four-month gestational age premature baby 1% cow's milk, because she could not find Similac Neosure (formula for premature infants).”

Melinda Sieng, MS, RDN | Salt Lake City, Utah

“The impact of the Abbott recall was immediately palpable in our pediatric gastroenterology practice. In the first few weeks, patients dependent on hypoallergenic formulas were mostly impacted the medically complex kids, the ones most dependent on the system and the ones most invisible to society.

We had one infant hospitalized with bloody stools, weight loss and dehydration early on. We've had many more failed trials of less hydrolyzed or standard formulas, attempted largely out of desperation and we have had many older children with disrupted access to formulas for tube feedings or substantial oral supplementation. Keeping up with the constant backorders at WIC offices and durable medical equipment companies has been an immense administrative burden.

Pediasure has been on backorder in our area for the past two weeks. We are changing orders to alternative products as fast as we can, but how long will it be before those products are unavailable, too, due to the abrupt increase in demand? I worry that we are approaching an even scarier phase.”

Tegan Medico, MPH, MS, RDN, CNSC | Charlottesville, Virginia

“I have had several infants started on an amino acid-based formula for gastrointestinal issues who have had trouble getting it delivered by companies, delivered by WIC, or even buying it direct for planning for home. Our local companies have stopped carrying specialty formulas due to cost as well. WIC has stated they are not allowed to call their warehouse due to the volume of issues with the recall.

I have had patients on standard formula that have reported they cannot find any on the shelves and one baby that I follow as outpatient (for our cardiac program) has had to use a toddler formula as a substitute.”

Karyn Theis, MS, FAND | Fairfax, Virginia

“Working for WIC, families are desperately calling for formula for their babies since Abbott recall in mid-February. They are driving to multiple stores, day after day, hoping to find something on the store shelves. It is heartbreaking to not being able to help in any other way with the expansion of WIC accepted brands and the size of containers in place already.

Families are struggling to get the specialized formulas and have no other alternative formulas to trial. We need to work together to find a solution quickly after 3+ months of empty shelves already.”

Emily Pearson, DTR | Pleasant Prairie, Wisconsin

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