Dear Editor,

RE: The AAP clinical report "Prevention of Rickets and Vitamin D Deficiency in Infants, Children, and Adolescents" *Pediatrics*, November 2008
http://aappolicy.aappublications.org/cgi/reprint/pediatrics%3B122/5/1142.pdf

THE DOCTORS ARE ONLY HALF RIGHT!
I am dumbfounded by the inconsistencies and lack of common sense these experts are demonstrating.

It's great that the authors say:

1. Pregnant women should have 25-OH-D tests
2. Their blood level should be >80 nmol/L [32 ng/mL]
3. Prenatal vitamins that contain only 400 IU don't improve circulating amounts.

But setting a universal RDA is impossible. Doctors would have to be psychic to get it right, what with different amounts of fish consumption, different amounts of sunshine, different needs (obese people need much more D), and different levels of melanin in the skin.

Instead, they should prescribe annual 25-OH-D tests, and each woman's or baby's doctor would prescribe a specific D supplementation to bring the D level up. Soon there will be affordable 25-OH-D tests, just as the demand for blood sugar tests led to cheap, fast, painless and accurate products. Until then, even a $50 test is worth every penny because of how crucial sufficient D is for pregnant mothers and infants.

If breastfeeding is so good for babies, why wouldn't pediatricians aim for mother's milk to have enough D, instead of supplementing the baby? True, pediatricians treat children, not adults. But the special relationship between nursing mother and breastfed baby should lead pediatricians to include the mother in their care. Obstetricians and pediatricians have built a wall between the disciplines; that wall needs to come down.

If a healthy blood level for pregnant women is >80 nmol/L, nursing mothers should also have that much. After all, since infants gain more weight per month *after* birth than before birth, it's logical that a baby nourished solely on breast milk for the first 6-12 months needs that milk to be as nutritious as what the baby got via the umbilical cord!

Another flaw in the article is that the authors say babies' 25-OH-D can be half of mothers' levels, 36 nmol/L and 80 nmol/L respectively. It is nonsensical that the baby can be healthy on half what the mother needs for health. In fact, plenty of research shows that even 80 nmol/L are not enough, but that 150 nmol/L are needed.

The optimum blood level is now considered 150 nmol/L (60 ng/ml); lifeguards and farmers typically exceed 250 nmol/L (100 ng/ml). Each 100 IU of Vitamin D supplementation will raise the blood level approximately 2.5 nmol/L (1 ng/ml). See the Canadian Paediatric Society (CPS) chart 26 at:
www.cps.ca/english/statements/II/FNIM07-01.htm
Tips on testing:
http://articles.mercola.com/sites/articles/archive/2002/02/23/vitamin-d-deficiency-part-one.aspx

The babies in the studies cited in the article were labeled "healthy" because doctors couldn't detect any problems. But rickets only manifests when a baby has the very lowest levels of D. The optimum levels of D for adults hovers around 125 nmol/L (50 ng/mL). In other words, above that level people don't get various cancers or heart disease. Shouldn't infants and children also have that optimum blood level of D?

For instance, Finnish babies getting 2000 IU a day developed far fewer cases of diabetes than average.
http://seattletimes.nwsource.com/html/localnews/2004354696_diabetes17m.html

The imaginary monster under the bed of vitamin D is the worry about overdosing. However, as D expert Michael Hollick points out, taking too much D is equivalent to overdosing on water. Sure, a person can drown in water, but that doesn't mean we should all minimize our water consumption!

One more clue is that babies in Japan, where the per capita consumption of fish is much higher than here, hardly ever have that top-of-the-skull soft spot. Some researchers are saying that the soft spot is really a sign of deficiency. A new rule of thumb could be: If the baby has a soft spot, test immediately and supplement!
http://www.ivanhoe.com/channels/p_channelstory.cfm?storyid=18502

As a teacher, I see so many obese kids, and it breaks my heart that a third of my students will get diabetes. Further, the research shows that today's students lack impulse control, they have higher levels of asthma (and consequent absences), and are so vulnerable to flu all because of our national deficiency.

Thank heavens optimizing vitamin D is both cheap and easy, and the results will roll in rather quickly.

For instance, pre-term deliveries will plummet once mothers get enough D. A recent study done by the University of Pittsburgh Schools of the Health Sciences found that vitamin D deficiency early in pregnancy is associated with a five-fold increased risk of pre-eclampsia, and at least 15% of preterm births result from pre-eclampsia.
http://www.pregnancytoday.com/articles/nutrition/studying-vitamin-d-5055/
Just that one problem costs the county hundreds of thousands of dollars.

And since African-American moms have a higher rate of preterm deliveries and infant mortality, and they are also lower in D (due to making less from sun), they need higher RDAs for D, but aren't getting them.

Pediatricians can learn a lot from Dr. Douglass Bibuld of Boston's Mattapan Community Health Center, interviewed on NPR, who prescribes up to 7000 IU for patients especially low in D:
http://www.loe.org/shows/segments.htm?programID=08-P13-00044&segmentID=4

Salud!
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