News Release:

Study: Hidden Fluoride in Infant Foods Can Mar Babies’ Teeth

New York – March 24, 2014 -- Babies risk dental fluorosis from unlabeled fluoride in infant foods, say researchers in General Dentistry, reports the New York State Coalition Opposed to Fluoridation, Inc. (NYSCOF)

Detectable fluoride levels, found in all 360 samples tested, is due to pesticides, fertilizers, soil, groundwater and/or fluoridated water used in processing, the researchers report.

Foods containing mechanically de-boned chicken and turkey were highest in fluoride because fluoride-saturated bone dust gets into the finished product.

Babies fed excess fluoride can grow white spotted, yellow, brown and/or pitted teeth (dental fluorosis). Fluorosis is trending upwards in severity and incidence say researchers who measured .26 mg/fluoride in chicken baby food which is 65% of a 7-month-old’s recommended daily fluoride intake.

“Consuming greater than 1 serving/day of the high fluoride concentration products in this study would cause children of the target age to exceed the recommended daily fluoride intake,” they write. Average 7-month-old’s shouldn’t ingest more than 0.4 mg of fluoride daily, they advise.

All infant formula, infant juices and virtually all beverages and foods contain fluoride. Most US public water supplies are fluoridated. Some fluoridated bottled waters are marketed specifically for babies’ consumption.

Often ignored is the American Dental Association’s (ADA) advice that fluoride therapy and prescribing be based upon children’s total fluoride intake. “Caries-free children in fluoridated areas are not likely to benefit from topical fluorides,” according to NYS DofH dentist J. Kumar.

Instead of reducing exposure, more is encouraged by advising that a toxic 22,600 parts-per-million fluoride varnish be painted on babies’ teeth as they emerge and then brushing daily with a rice-sized dab of fluoridated toothpaste (.1 mg fluoride) that inevitably will be swallowed. Blood fluoride levels also spike after varnish application.

Although never FDA approved, the ADA recommends fluoride supplements starting at six months. The ADA backtracked its own 2006 guidance to avoid mixing infant formula with fluoridated water to reduce fluorosis risk.

“...a person’s greatest susceptibility to fluorosis occurs within the first 2 years of life, as a result, fluoride intake from all sources should be monitored closely during this critical period,” the researchers caution.
This information rarely reaches the public.

“America’s children are fluoride-overdosed; yet tooth decay is a growing epidemic,” says attorney Paul Beeber, NYSCOF President. “Whose interests are being served by selling more fluoride?”

Fluoridation opponents and proponents agree that too much fluoride can damage bones and teeth. But proponents fail to educate consumers about studies which show foods can have teeth-damaging fluoride levels and that all fluoride sources must be considered before more is prescribed. See examples below.

Contact: Paul Beeber, JD, nyscof@aol.com
http://www.fluoridation.webs.com

SOURCE: NYS Coalition Opposed to Fluoridation, Inc.

1) "to reduce the risk of dental fluorosis, dental and medical practitioners should be cautious about prescribing dietary fluoride supplements to preschool-aged children in nonfluoridated areas who consume large quantities of carbonated soft drinks," Journal of the American Dental Association, Nov 1999, Assessing fluoride levels of carbonated soft drinks,

2) "Infant foods, especially those containing chicken, should be considered when determining total fluoride intake," Journal of the American Dental Association, July 1997, Fluoride concentrations of infant foods,

3) "Children's ingestion of fluoride from juices and juice-flavored drinks can be substantial and a factor in the development of fluorosis," Journal of the American Dental Association, July 1996 Assessing fluoride concentrations of juices and juice-flavored drinks

4) "42% of the samples had more than 1 ppm of fluoride." Journal of Clinical Pediatric Dentistry, Fall 1991 Fluoride levels and fluoride contamination of fruit juices,

5) "dietary fluoride supplements should be considered a targeted preventive regimen only for those children at higher risk for dental caries and with low levels of ingested fluoride from other sources," Journal of Public Health Dentistry, Winter 1995 Sources of fluoride intake in children,

6) "most of the iced teas studied contained considerable fluoride concentrations," Caries Research, 2002, Fluoride concentration and pH of iced tea products.
7) "Infant foods had the highest fluoride content followed by chicken sticks, luncheon meats, and canned meats," Journal of Agricultural and Food Chemistry, 2001, Fluoride content of foods made with mechanically separated chicken.

8) "In spite of the fact that an individual lives in a low fluoride community, the risk of fluorosis exists through fluoride consumption in beverages," General Dentistry (1998). Impact of imported beverages on fluoridated and nonfluoridated communities.

9) "To limit fluoride intakes to amounts < 0.1 mg/kg/day, it is necessary to avoid use of fluoridated water (around 1 ppm) to dilute powdered infant formulas," Journal of Dentistry for Children, Jan-Feb 2001, Fluoride content of infant formulas prepared with deionized, bottled mineral and fluoridated drinking water.

10) "Prolonged exposure to high intakes of fluoride during infancy is much more common now than in the past," Journal of Public Health Dentistry, Fall 1999, Fluoride intake by infants.

11) "The estimated mean daily fluoride intakes from beverages for children 2-3, 4-6, and 7-10 years of age were 0.36, 0.54, and 0.60 mg, respectively," Journal of Dental Research, July 1992 Fluoride intake from beverage consumption in a sample of North Carolina children.

12) "Some infant foods/drinks, when reconstituted with fluoridated water, may result in F intake in infants above the suggested optimum range (0.05-0.07 mg F/kg body weight) and therefore may put infants at risk of developing dental fluorosis," Community Dentistry and Oral Epidemiology, October 2012, Impact of water fluoride concentration on the fluoride content of infant foods and drinks requiring preparation with liquids before feeding.

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By: NYSCOF@aol.com