

# Comparison of Beverage Consumption Recommendations for Young Children: Key Areas of Misalignment and Opportunities for Improvement

Research shows that what young children drink—from birth through age 5—can have a big impact on their health. Yet, current consumption data demonstrates that kids are drinking too many sugary drinks, which can increase a child’s risk for obesity, diabetes, and other health problems. That’s why Healthy Eating Research (HER), a national program of the Robert Wood Johnson Foundation, partnered with experts from national health and nutrition organizations—the Academy of Nutrition and Dietetics, the American Academy of Pediatrics, the American Academy of Pediatric Dentistry, and the American Heart Association—to develop new recommendations on what children ages 0 to 5 should drink as part of a healthy diet. The resulting [consensus statement](#) was released in September 2019, along with a technical report outlining the scientific evidence and a suite of consumer-facing materials at [HealthyDrinksHealthyKids.org](https://HealthyDrinksHealthyKids.org). Having one set of uniform recommendations provided by health professionals is a key step towards getting U.S. children on a path to drinking healthier beverages.

The purpose of this resource is to easily compare and contrast these consensus beverage recommendations with other guidance available on beverage consumption recommendations for young children including the: 1) [Dietary Guidelines for Americans](#) (DGA) 2020-2025, 2) [Special Supplemental Nutrition Program for Women, Infants, and Children](#) (WIC), and 3) [Child and Adult Care Food Program](#) (CACFP). A summary of findings and key areas of opportunity for better alignment in U.S. policy guidance are listed below.

## Summary:

- Overall, most of the guidance is either in full alignment (indicated as green in the table) or is consistent in its perceived intent, though not necessarily in the exact wording (indicated as orange in the table) with the beverage consensus recommendations.
- For the CACFP and WIC programs, areas of misalignment with the consensus beverage recommendations exist due to the lack of federal regulations for a particular beverage or age group (indicated as orange in the table).
- Some sources do not provide guidance on certain beverages and groups (indicated as grey in the table). This was the case for CACFP, as well as DGA for some beverages and age groups.
- The largest source of misalignment (indicated as red in the table), is for flavored milk in the WIC program for the 1 to 4 year old age range. Currently, WIC state agencies have authority to decide whether to allow flavored milk as part of the WIC package for children ages 1 to 4. To date, seven states allow flavored cow’s milk and 39 states allow flavored soy milk.



## Key References:

### Healthy Eating Research (HER)

- [Healthy Beverage Consumption in Early Childhood: Recommendations from Key National Health and Nutrition Organizations](#)
- [Feeding Guidelines for Infants and Young Toddlers: A Responsive Parenting Approach](#)

### Dietary Guidelines for Americans (DGA)

- [Dietary Guidelines for Americans, 2020-2025](#)

### Child and Adult Care Food Program (CACFP)

- [Nutrition Standards for CACFP Meals and Snacks](#)
- [Offering Water in the USDA Child and Adult Care Food Program](#)
- [7 CFR 226.20 Requirements for meals](#)
- [Optional Best Practices to Further Improve Nutrition in the CACFP](#)

### Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

- [WIC Food Packages - Maximum Monthly Allowances](#)
- [WIC Food Packages - Regulatory Requirements for WIC-Eligible Foods](#)
- [7 CFR Part 246 Special Supplemental Nutrition Program for Women, Infants and Children](#)

# Comparison of Beverage Consumption Recommendations for Young Children

Key:	Aligned with HER recommendations	Consistent in intent but not wording or formal regulations
	No guidance provided	Misalignment with HER recommendations



0-6 months



6-12 months



12-24 Months



2-3 years



4-5 years

## Breastfeeding/Infant Formula

HER	<ul style="list-style-type: none"> <li>• Breast milk recommended</li> <li>• Iron-fortified formula if breastmilk is not available</li> <li>• Do not feed low-iron formulas</li> <li>• Mothers who breastfeed encouraged to do so until at least 1 year</li> </ul>		Breastfeed beyond one year if desired by parent and child		
DGA	Breastfeed exclusively Use iron-fortified formula if breast milk is unavailable	Keep breastfeeding or using iron-fortified formula	Breastfeed longer than 12 months if desired Infant formula not needed nor recommended		
WIC	Breastfeeding strongly encouraged Formula: iron-fortified formula		Breastfeed longer than 12 months if desired		
CACFP	4-6 fl oz breast milk or formula per meal and snack (0-5 months)	6-8 fl oz breast milk or formula per meal, 2-4 fl oz for snack	No guidance provided		

## Plain Drinking Water

HER	Not needed	0.5-1 cup per day	1-4 cups per day	1-4 cups per day	1-4 cups per day
DGA	Typically, not needed	Up to 4-8 fl oz per day (plain, fluoridated water) with introduction of complementary foods	Amounts not specified "Plain, fluoridated water can slowly be increased after age 1 to meet hydration and fluoride needs"	Amounts not specified "Beverages that contain no added sugars should be the primary choice for children and adolescents. These include water..."	
WIC	Not addressed in federal regulations. Addressed in counseling by only recommending breast milk or iron-fortified formula during the first year.	Not addressed in federal regulations. Addressed in counseling by only recommending that infants from 6 months to 1 year consume small amounts of water throughout the day to make up for water intake loss related to a decrease in formula intake as the infant transitions to complementary foods.	Not addressed in federal regulations. Addressed in counseling by recommending providing water as needed based on child's thirst and urine color.		
CACFP	Not addressed in federal regulations. Best practice to begin offering small amounts of plain, fluoridated water when begin solid foods.	Amounts not specified "Potable drinking water to be offered to children throughout the day and available to children upon their request throughout the day."			

Plain Pasteurized Milk				
HER	Not recommended	Whole milk 2-3 cups per day	Fat-free or low-fat milk ≤ 2 cups per day	Fat-free or low-fat milk ≤ 2.5 cups per day
DGA	Not recommended	Whole milk 1.67-2 cup equivalents per day dairy	Fat-free or low-fat milk 2-2.5 cup equivalents per day dairy	
WIC	Not addressed in federal regulations. Addressed in counseling by only recommending breastmilk or iron-fortified formula for first year of life.	Whole milk Maximum monthly allowance is 16 qt (~2 cups per day, in a 30 day month). No daily maximum quantity provided.	Fat-free or low-fat milk Maximum monthly allowance is 16 qt (~2 cups per day, in a 30 day month). No daily maximum quantity provided.	
CACFP	Federal regulations stipulate that only breastmilk or iron- fortified infant formula, or portions of both, be served from birth through 11 months of age.	Unflavored whole milk Minimum quantity of ½ cup at breakfast, lunch or supper; ½ cup at snack if served. No daily maximum quantity provided.	Unflavored fat-free or low-fat milk Minimum quantity of ¾ cup at breakfast, lunch or supper; ½ cup at snack if served. No daily maximum quantity provided.	
100% Juice				
HER	Not recommended	≤ 4 fl oz per day	≤ 4 fl oz per day	≤ 4-6 fl oz per day
DGA	Not recommended	Up to 4 fl oz per day		
WIC	Not addressed in federal regulations. Addressed in counseling by only recommending breastmilk or iron-fortified formula for first year of life.	Any 100% unsweetened, pasteurized fruit or vegetable juice is allowed. Maximum monthly allowance is 128 fl oz (~4.25 fl oz per day, in a 30 day month). No daily maximum quantity provided.		
CACFP	Not allowed to be served	Pasteurized full-strength juice may meet vegetable or fruit requirement at one meal, including snack, per day. No daily maximum quantity provided.		
Plant-Based/Non-Dairy Beverages				
HER	Not recommended	Medical indication/ dietary reasons only		
DGA	Should not be used	Unsweetened versions may be accomodated in small amounts in the diet; only soy beverage is considered a dairy equivalent.	Not specifically addressed “Beverages that contain no added sugars should be the primary choice for children and adolescents. These include...unsweetened fat-free or low-fat milk—including low- lactose or lactose-free options or fortified soy beverage....”	
WIC	Not addressed in federal regulations. Addressed in counseling by only recommending breastmilk or iron-fortified formula for the first year of life.	Non-dairy milk substitutes that are nutritionally equivalent to milk may be served in place of milk to children with medical or special dietary needs.		
CACFP	Federal regulations stipulate that only breastmilk or iron- fortified infant formula, or portions of both, be served from birth through 11 months of age.	Non-dairy milk substitutes that are nutritionally equivalent to milk may be served in place of milk to children with medical or special dietary needs.		

Flavored Milk		
HER	Not recommended	
DGA	Not recommended	Avoid because they contain added sugars
WIC	Not allowed	Allowed in some states
CACFP	Not to be served	
Not specifically addressed "Beverages that contain no added sugars should be the primary choice for children and adolescents."		
Toddler Milk		
HER	Not recommended	
DGA	Should not be fed to infants	Not needed
WIC	Not allowed	
CACFP	Not guidance provided in federal regulations	
Not specifically addressed for this age group		
Sugar-Sweetened Beverages		
HER	Not recommended	
DGA	Not recommended "Should not be given to children young than age 2"	Not necessary "Sugar-sweetened beverages (e.g., soda, fruit drinks, sports and energy drinks) are not necessary in the child or adolescent diet."
WIC	Not allowed	
CACFP	Not addressed in federal regulations. Best practice to avoid serving non-creditable foods that are sources of added sugars.	
Beverages with Low-Calorie Sweeteners		
HER	Not recommended	
DGA	Not recommended	Not specifically addressed for this age group
WIC	Not addressed in federal regulations. Addressed in counseling by recommending against consumption.	
CACFP	No guidance provided in federal regulations	
Caffeinated Beverages		
HER	Not recommended	
DGA	Avoid beverages containing caffeine	Not specifically addressed for this age group
WIC	Not addressed in federal regulations. Addressed in counseling by recommending against consumption.	
CACFP	No guidance provided in federal regulations	