

HEALTH *information*

High Iron Diet for Children

What is Iron?

Iron in the food we eat is needed to make hemoglobin. Hemoglobin carries oxygen from your lungs to every cell in your body. Your body uses oxygen make energy.

Why is Iron Important?

Children who do not eat enough high iron foods are at risk for anemia, especially toddlers and teenage girls. Anemia means a low hemoglobin level. Symptoms of anemia can include tiredness, lack of energy and poor appetite. A high iron diet is part of the treatment for “anemia”.

Which foods are rich in iron?

Meat and Alternatives

- ✓ beef, veal, pork . liver, liverwurst, kidney
- ✓ clams, sardines, oysters and scallops .
- ✓ eggs
- ✓ cooked dried peas, beans and lentils
- ✓ pumpkin, sunflower or sesame seeds.
- ✓ tofu
- ✓ almonds, cashews (all finely chopped or ground for children under 4 years)

Grain Products

- ✓ instant or regular Cream of Wheat cereal
- ✓ wheat germ
- ✓ instant oatmeal cereal
- ✓ wheat or oat bran
- ✓ enriched breakfast cereal
- ✓ toddler cereal
- ✓ whole grain or enriched bread and pasta
- ✓ infant cereal

Vegetables and Fruit

- ✓ prune juice
- ✓ tomato juice/paste
- ✓ dried fruit: peaches, pears, apricots, raisins (finely chopped for children less than 4 years)
- ✓ asparagus, broccoli, brussels sprouts, beet greens, beans and peas
- ✓ baked potato with the skin

Milk Products

Milk and milk products are rich in many nutrients but **usually a poor source of iron**. Too much milk may spoil a child's appetite for solid food. Your child should drink an upper limit of mL per day. Serve milk with a meal rather than just before a meal, to ensure a good appetite for solid foods. Products rich in iron can be mixed with milk:

- ✓ Carnation Instant Breakfast (5 mg iron/packet)
- ✓ Ovaltine (3.4 mg iron/serving)

Tips for Increasing Iron Intake

- ✓ Too much juice can spoil your child's appetite. Limit juice to 120 mL per day. Serve juice as a snack rather than just before meals. Avoid giving juice in a bottle.
- ✓ Infant and toddler cereals are excellent sources of iron.
- ✓ Infant cereals have 4 - 8 mg iron in 28 grams or 6 ~ 10 Tbsp. cereal.
- ✓ Toddler cereals (example, Nutrios) have 7 mg iron in 28 grams *or* 3 Tbsp. cereal.
- ✓ Serve liver once a week, as it is an excellent source of iron. Use mild-flavored chicken livers; do not overcook and mix into meatloaf or spaghetti sauce for better acceptance.
- ✓ Spread liver pate or liverwurst on crackers for lunch or a snack.
- ✓ Use ingredients that are good sources of iron when baking loaves, cookies or muffins:
 - whole wheat *or* enriched flour
 - molasses
 - wheat germ and wheat bran
 - chopped dried *fruit* or nuts
- ✓ Tea and coffee can interfere with iron absorption so these drinks are not recommended.
- ✓ Iron found in meat products is better absorbed than iron found in plant foods.
- ✓ Include a good source of Vitamin C with meatless meals to help your child's body absorb iron. Vitamin C rich foods include strawberries, tomato, kiwi fruit, citrus fruits and juices, baked potato, broccoli, brussels sprouts and cauliflower.

Sample Menu

Breakfast		Iron (mg)	Snack		Iron (mg)
Cream of Wheat	(1/2 cup/250 mL)	5.9	raisins (chopped if given to <4 year old)	(1/2 cup/125 mL)	0.8
brown sugar	(1 tsp/5 mL)	0.1	Dinner		
milk	(1/2 cup/125 mL)	<.1	meatloaf	(1 slice/75 g)	1.7
apricot nectar	(1/2 cup/125 mL)	0.5	enriched noodles	(1 cup/125 mL)	1.1
bran muffin	(1)	1.4	broccoli	(1/2 cup/125 mL)	0.8
Snack			milk	(1/2 cup/125 mL)	<0.1
whole wheat toast	(1 slice)	0.9	oatmeal	(2)	.7
margarine	(1 tsp/15 mL)	0	raisin cookies		
Lunch			Daily Total		
baked beans	(1/2 cup/125 mL)	4.4	18.9		
wiener	(1)	0.4			
milk	(1/2 cup/125 mL)	<0.1			
apple	(1)	0.2			

Recommended Nutrient Intake (RNI) for Iron

The Recommended Nutrient Intake (how much is needed every day) varies with your child's age and gender:

Age	Gender	Iron (mg)	Age	Gender	Iron (mg)
0-4months	M/F	0.3	13-15 years	M	10.0
4-12 months	M/F	7.0	13-15 years	F	13.0
1-3 years	M/F	6.0	15-18 years	M	10.0
4-12 years	M/F	8.0	15-18 years	F	12.0

Supplements that are above the RNI should be discussed with your doctor or dietitian.

The text of this handout is verbatim but reformatted from the CHR dietitians' handout of the same name.