



Healthy Beverage Quick Reference Guide



Assembled by the American Academy of Pediatrics Institute for Healthy Childhood Weight

Introduction

What is the Healthy Beverage Quick Reference Guide?

This guide serves as a compilation and distillation of policy, clinical guidance and recommendations from the American Academy of Pediatrics (AAP) around beverage consumption for children and adolescents .

Why did we create the Healthy Beverage Quick Reference Guide?

The guide was created as a resource catalog for AAP members, health care professionals and parents. AAP recommendations on beverage consumption are found in many different formats, policies and publications and this guide pulls them all together in one easy-to-reference location.

How to use the Healthy Beverage Quick Reference Guide?

This guide brings all of the content together in an easy-to-reference resource that the busy clinician can refer to when counseling families at the point of care. Parents and caregivers looking for quick and easy to digest information on AAP beverage consumption recommendations can also utilize this tool. Recommendations are categorized by age groups and beverage type (with easy to identify icons) for ease of use. All original sources are hyperlinked within the guide for users to reference if further information is desired.

Age Group: 0-1 Years



Breastmilk ^(1, 2, 3)

Exclusive breastfeeding for approximately the first 6 months of life and continuation after complementary foods have been introduced for at least the first 2 years of life and beyond, as long as mutually desired by mother and child.



Water ^(3, 4)

- 0-6 months: No supplemental drinking water needed.
- 6-12 months: Offer a total of 1/2 to 1 cup (4-8 ounces) per day of plain, fluoridated drinking water in a cup during meal times



100% Fruit Juice ^(2, 4, 5, 6)

- Juice should not be introduced into the diet of infants before 12 months of age unless clinically indicated.
- Families should be educated that, to satisfy fluid requirements, human milk and/or infant formula is sufficient for infants and low-fat/nonfat milk and water are sufficient for older children.
- Consumption of unpasteurized juice products should be strongly discouraged in infants, children, and adolescents.



Milk ^(3, 4)

- Children under 12 months should not consume milk (plain, flavored, plant-based).
- Avoid supplemental with “transition” or “weaning” formulas; nutrient needs should be met primarily through human milk and/or infant formula.



Sugar sweetened beverages, low-calorie sweeteners, caffeinated beverages ^(3, 4, 6, 7)

- There is no evidence for health benefits and some evidence for negative health effects of sweetened beverages (sodas, iced teas, sports drinks, juice drinks). Therefore, health-promotion efforts should aim at removing all sweetened beverages from the diets of children. The ideal beverage for children at all meals and during the day is water. Fruits should be encouraged over fruit juice.
- SSB are not recommended, including, but not limited to, soft drinks/soda, fruit drinks, fruit-flavored drinks, fruitades, sports drinks, energy drinks, sweetened waters, and sweetened coffee and tea beverages.
- Beverages with low calorie sweeteners are not recommended for children <5 years of age..
- Do not consume caffeinated beverages.

Age Group: 1-3 Years



Breastmilk ^(1, 2)

Exclusive breastfeeding for approximately the first 6 months of life and continuation after complementary foods have been introduced for at least the first 2 years of life and beyond, as long as mutually desired by mother and child.



Water ⁽⁴⁾

- 0-6 months: No supplemental drinking water needed.
- 6-12 months: Offer a total of 1/2 to 1 cup (4-8 ounces) per day of plain, fluoridated drinking water in a cup during meal times



100% Fruit Juice ^(3, 4, 5)

- Juice should not be introduced into the diet of infants before 12 months of age unless clinically indicated.
- Families should be educated that, to satisfy fluid requirements, human milk and/or infant formula is sufficient for infants and low-fat/nonfat milk and water are sufficient for older children.
- Consumption of unpasteurized juice products should be strongly discouraged in infants, children, and adolescents.



Plain, Pasteurized Milk ^(3, 4, 5)

- **At 12 months of age**, plain, pasteurized whole milk may be introduced. 2 to 3 cups per day (16-24 ounces) whole milk is recommended until 2 years of age*.

*For 1–2-year-olds, individual needs will depend on the amount of solid food consumed. As toddlers transition from getting most of their daily calories and nutrient needs from liquids (e.g. breast milk, formula, cow's milk) to eating more solid foods, less milk is needed to meet daily calcium and caloric needs. However, milk remains an important dietary source of protein, calcium, and vitamin D for young children during this time.

- Reduced-fat (2%) or low-fat (1%) milk may be considered, in consultation with a pediatrician, especially in the presence of excessive weight gain or family history of obesity, dyslipidemia, or other cardiovascular diseases (CVD).
- **2-5 years**: At 2 years of age, children should transition to plain, pasteurized fat-free (skim) or low-fat (1%) milk.
- Total daily milk intake may be up to 2 cups per day (16 ounces) for children ages 2 to 3 years and up to 2.5 cups per day (20 ounces) for children ages 4 to 5 years.

Recommendations for this age group continue on the next page.

Age Group: 1-3 Years



Other Milks ^(3, 4) and Breastmilk



- **1-2 years:** The AAP supports continued breastfeeding, along with appropriate complementary foods introduced as mutually desired for 2 years or beyond.
- **1-5 years:** Plant milks/non-dairy beverages are not recommended for exclusive consumption in place of dairy milk (with the exception of soy milk); consume only when medically indicated or to meet specific dietary preferences.
- **1-5 years:** Toddler milk is not recommended; nutrient needs should be met primarily through nutritionally adequate dietary patterns.

Sugar sweetened beverages, low-calorie sweeteners, caffeinated beverages ^(3, 4, 6, 7)



- There is no evidence for health benefits and some evidence for negative health effects of sweetened beverages (sodas, iced teas, sports drinks, juice drinks). Therefore, health-promotion efforts should aim at removing all sweetened beverages from the diets of children. The ideal beverage for children at all meals and during the day is water. Fruits should be encouraged over fruit juice.
- SSB are not recommended, including, but not limited to, soft drinks/soda, fruit drinks, fruit-flavored drinks, fruitades, sports drinks, energy drinks, sweetened waters, and sweetened coffee and tea beverages.
- Beverages with low calorie sweeteners are not recommended for children <5 years of age.
- Do not consume caffeinated beverages.
- Energy drinks pose potential health risks primarily because of stimulant content; therefore, they are not appropriate for children and adolescents and should never be consumed
- Routine ingestion of carbohydrate-containing sports drinks by children and adolescents should be avoided or restricted. Intake can lead to excessive caloric consumption and an increased risk of overweight and obesity as well as dental erosion.
- Promote water, not sports or energy drinks, as the principal source of hydration for children and adolescents.

Age Group: 4-6 Years



Water ^(3, 4)



- **4-5 years:** 1.5 to 5 cups (12-40 ounces) per day of plain, fluoridated drinking water*

*The specific amount of plain water consumed between 1 and 5 years is determined for each child based on the total amount of milk consumed per day. For example, if a 3-year-old does not consume any milk in a given day, all fluid needs should be met via plain water, and thus 4 cups of plain water would be advised. However, if the same 3-year-old drank 2 cups of milk in a given day, approximately 2 cups of plain water per day would suffice to meet total fluid needs. If 100% juice is consumed, this additional fluid should also be factored into the amount of plain drinking water to consume. If plain drinking water is the only fluid consumed to meet total fluid needs, careful dietary planning is essential to promote adequate nutrient intake from foods.

100% Fruit Juice ^(3, 4, 5)



- The intake of juice should be limited to, at most, 4 to 6 ounces/day for children 4 through 6 years of age. Fruits should be encouraged over fruit juice.
- Consumption of unpasteurized juice products should be strongly discouraged in infants, children, and adolescents.

Plain, Pasteurized Milk ^(3, 4, 5)



- Low-fat or fat-free, preferably unflavored, milk also has an important place in the diet of children beginning at 12 months of age.
- **2-5 years:** At 2 years of age, children should transition to plain, pasteurized fat-free (skim) or low-fat (1%) milk.
- Total daily milk intake may be up to 2 cups per day (16 ounces) for children ages 2 to 3 years and up to 2.5 cups per day (20 ounces) for children ages 4 to 5 years.

Other Milks ⁽⁴⁾



- **1-5 years:** Plant milks/non-dairy beverages are not recommended for exclusive consumption in place of dairy milk (with the exception of soy milk); consume only when medically indicated or to meet specific dietary preferences.
- **1-5 years:** Toddler milk is not recommended; nutrient needs should be met primarily through nutritionally adequate dietary patterns.

Recommendations for this age group continue on the next page.

Age Group: 4-6 Years

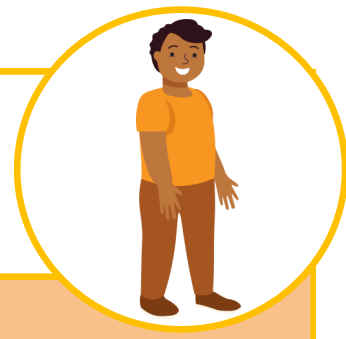


Sugar sweetened beverages, low-calorie sweeteners, caffeinated beverages (3, 4, 6, 7)

- There is no evidence for health benefits and some evidence for negative health effects of sweetened beverages (sodas, iced teas, sports drinks, juice drinks). Therefore, health-promotion efforts should aim at removing all sweetened beverages from the diets of children. The ideal beverage for children at all meals and during the day is water. Fruits should be encouraged over fruit juice.
- SSB are not recommended, including, but not limited to, soft drinks/soda, fruit drinks, fruit-flavored drinks, fruitades, sports drinks, energy drinks, sweetened waters, and sweetened coffee and tea beverages.
- Beverages with low calorie sweeteners are not recommended for children <5 years of age.
- Do not consume caffeinated beverages.
- Energy drinks pose potential health risks primarily because of stimulant content; therefore, they are not appropriate for children and adolescents and should never be consumed
- Routine ingestion of carbohydrate-containing sports drinks by children and adolescents should be avoided or restricted. Intake can lead to excessive caloric consumption and an increased risk of overweight and obesity as well as dental erosion.
- Promote water, not sports or energy drinks, as the principal source of hydration for children and adolescents.



Age Group: 7-18 Years



100% Fruit Juice ^(3, 5)



- For children 7 to 18 years of age, juice intake should be limited to 8 ounces or 1 cup of the recommended 2 to 2.5 cups of fruit servings per day. Fruits should be encouraged over fruit juice.
- Consumption of unpasteurized juice products should be strongly discouraged in infants, children, and adolescents.

Plain, Pasteurized Milk ^(3, 6)



- Low-fat or fat free, preferably unflavored, milk also has an important place in the diet of children beginning at 12 months of age.

Sugar sweetened beverages, low-calorie sweeteners, caffeinated beverages ^(3, 6, 7)



- There is no evidence for health benefits and some evidence for negative health effects of sweetened beverages (sodas, iced teas, sports drinks, juice drinks). Therefore, health-promotion efforts should aim at removing all sweetened beverages from the diets of children. The ideal beverage for children at all meals and during the day is water. Fruits should be encouraged over fruit juice.
- Do not consume caffeinated beverages.
- Energy drinks pose potential health risks primarily because of stimulant content; therefore, they are not appropriate for children and adolescents and should never be consumed
- Routine ingestion of carbohydrate-containing sports drinks by children and adolescents should be avoided or restricted. Intake can lead to excessive caloric consumption and an increased risk of overweight and obesity as well as dental erosion.
- Promote water, not sports or energy drinks, as the principal source of hydration for children and adolescents.

Content References

- 1) [**AAP Statement: Breastfeeding and the Use of Human Milk**](#)
- 2) [**AAP Statement: Advocacy for Improving Nutrition in the First 1000 Days to Support Childhood Development and Adult Health**](#)
- 3) [**2020-2025 USDA Dietary Guidelines for Americans**](#)
- 4) [**Consensus Statement: Healthy Beverage Consumption in Early Childhood Recommendations from Key National Health and Nutrition Organizations**](#)
- 5) [**AAP Statement: Fruit Juice in Infants, Children, and Adolescents: Current Recommendations**](#)
- 6) [**AAP Statement: The Role of the Pediatrician in Primary Prevention of Obesity**](#)
- 7) [**AAP Statement: Clinical Report—Sports Drinks and Energy Drinks for Children and Adolescents: Are They Appropriate?**](#)

Acknowledgements

The Healthy Beverage Quick Reference Guide was developed in partnership and assembled by the American Academy of Pediatrics Institute for Healthy Childhood Weight as a part of the #ChooseWater educational program funded by ReadyRefresh®.

The logo for Ready Refresh features the word "Ready" in a bold, orange, sans-serif font, positioned above the word "Refresh" in a bold, dark blue, sans-serif font. A registered trademark symbol (®) is located at the end of "Refresh".

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