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INFANT FORMULA TESTED "SAFE"—BUT WHAT THE FDA DIDN'T TELL PARENTS

The April 2026 HHS testing offers reassurance—but a closer look reveals critical gaps in how infant exposure is measured, interpreted, and communicated.

FDA/HHS INFANT FORMULA TESTING SNAPSHOT
April 2026

- 312 samples
  16 brands
- 278 powdered
  11 concentrated liquid
  23 ready-to-feed
- As prepared for feeding

WHAT THE FDA TESTED

- **Heavy Metals** (ICP-MS): Lead, Arsenic, Cadmium, Mercury
- **Pesticides** (LC-MS/MS & GC-MS/MS): 318 pesticides including glyphosate & glufosinate
- **PFAS** (LC-MS/MS): 30 PFAS compounds
- **Phthalates & Plasticizers** (GC-MS/MS or LC-MS/MS): 21 phthalates + 1 plasticizer
- **Market basket snapshot**: not lot-by-lot surveillance
- **Results compared to existing safety thresholds** (many based on water or adult standards)

WHAT THEY FOUND (CONCENTRATION IN FORMULA AS PREPARED FOR FEEDING)

% of samples in each range (parts per billion = ppb; parts per trillion = ppt)

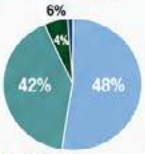
LEAD
Detected in 80% of samples

- No detects
- Detected ≤0.2 ppb
- 0.3 – 0.5 ppb
- >0.5 ppb

Range: ND – 1.1 ppb
95% below 0.5 ppb
Median: 0.2 ppb

ND = Not Detected

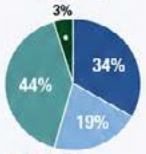
ARSENIC
Detected in 94% of samples



- No detects
- Detected ≤0.5 ppb
- 0.6 – 2.0 ppb
- >2.0 ppb

Range: ND – 4.7 ppb
95% below ~2.0 ppb
Median: 0.5 ppb
Subset testing showed arsenic present was inorganic arsenic.

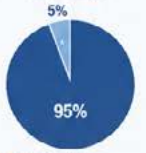
CADMIUM
Detected in 66% of samples



- No detects
- Detected ≤0.2 ppb
- 0.3 – 1.1 ppb
- >1.1 ppb

Range: ND – 1.5 ppb
95% below 1.1 ppb
Median: 0.2 ppb

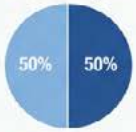
MERCURY
Detected in 5% of samples



- No detects
- Detected ≤0.3 ppb

Range: ND – 0.3 ppb
95% below 0.3 ppb
Median: ND

PFOS
(a type of PFAS)
Detected in about 50% of samples



- Not detected
- Detected

Range: 0.51 – 6.0 ppt
95% below 2.9 ppt
(ppt = parts per trillion)

PHTHALATES
Detected in 46% of samples

- Not detected
- Detected

DEHP range: ND – 57 ppb
DINP range: ND – 145 ppb

WHAT DOES THIS MEAN FOR INFANTS? Translating Concentration Into Daily Intake

Formula is a primary food source for many infants.

Typical intake for formula-fed infants:
24–32 ounces per day (0.71–0.95 liters)

1 ppb = 1 µg/L
1 ppt = 1 ng/L

CONTAMINANT	MAXIMUM DETECTED (in formula)	ESTIMATED DAILY INTAKE*	
		Lower (24 oz / 0.71 L)	Upper (32 oz / 0.95 L)
LEAD (Pb)	1.1 ppb	0.78 µg/day	1.04 µg/day
ARSENIC (As)	4.7 ppb	3.3 µg/day	4.5 µg/day
CADMIUM (Cd)	1.5 ppb	1.1 µg/day	1.4 µg/day
PFOS (PFAS)	6.0 ppt	4.3 ng/day	5.7 ng/day
DEHP (phthalate)	57 ppb	40 µg/day	54 µg/day
DINP (phthalate)	145 ppb	103 µg/day	137 µg/day

*Daily intake will vary with infant weight and actual volume consumed. µg = microgram ng = nanogram

WHY THIS MATTERS

- Infants consume formula as a primary or sole food source.
- Toxicants can impact brain development, hormones, kidneys, immunity, and more.
- There is no safe level of lead or arsenic for neurodevelopment.
- Daily, cumulative exposure is what counts.

METHODS VS. MEANING (THE CRITICAL GAP)

WHAT THE FDA DID WELL: STATE-OF-THE-ART ANALYTICAL CHEMISTRY

ICP-MS for heavy metals (lead, arsenic, cadmium, mercury)	Gold standard for detecting elements at very low levels (parts per billion or lower)
LC-MS/MS & GC-MS/MS for pesticides	Highly sensitive, specific, industry standard
LC-MS/MS for PFAS	Standard targeted methods for PFAS quantification
GC-MS or LC-MS for phthalates/plasticizers	Accepted, modern analytical methods

Bottom line: The FDA used modern, validated, high-quality analytical tools to detect contaminants with great precision.

WHAT'S MISSING: NOT STATE-OF-THE-ART EXPOSURE SCIENCE

No exposure modeling (µg/kg/day)	Concentration only—no translation into infant dose or body weight
Limited speciation (especially for arsenic)	Inorganic vs. organic arsenic not measured in all samples
Targeted testing, not comprehensive	30 PFAS and 318 pesticides only—unknowns not captured
No mixture toxicity assessment	Does not evaluate additive or synergistic effects of chemicals
No product-level or batch-level transparency	Results aggregated—no brand or lot identification
Not longitudinal	Snapshot only—does not assess time trends or variability

Bottom line: We are missing the science that tells us what repeated, cumulative exposure means for a developing child.

THE BOTTOM LINE

At a population level, contaminant levels in infant formula are generally low. At the individual infant level, cumulative daily exposure remains insufficiently characterized.

WHAT WE NEED

- Infant-specific safety standards
- Batch-level transparency from manufacturers
- Cumulative exposure science
- Stronger limits for neurotoxic and endocrine-disrupting chemicals
- Ongoing, independent testing and public reporting

Reference: U.S. Food and Drug Administration (FDA). Infant Formula Product Testing Results. April 2026. https://www.fda.gov/media/192087/download

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Inform. Empower. Protect.