



cambridge.org/pns

58th Annual Conference (2024) of the Nutrition Society of New Zealand, 28–29 November 2024

Abstract

Cite this article: Casale M, Beck K, Conlon C, Te Morenga L, Haszard J, Heath AL, Taylor R, McLean N, Daniels L, and von Hurst P (2025). Iron status of Māori, Pacific and other infants in Aotearoa New Zealand. *Proceedings of the Nutrition Society* 84(OCE2): E161. doi: 10.1017/S0029665125100177

Aotearoa New Zealand

M. Casale¹, K. Beck¹, C. Conlon¹, L. Te Morenga², J. Haszard³, A.L. Heath^{4#}, R. Taylor^{5#}, N. McLean⁴, L. Daniels⁴ and P. von Hurst¹
Joint PI

¹School of Sport Exercise and Nutrition, Massey University, Auckland, New Zealand; ²Research Centre for Hauora and Health, Massey University, Wellington, New Zealand; ³Biostatistics Centre, University of Otago, Dunedin, New Zealand; ⁴Department of Human Nutrition, University of Otago, Dunedin, New Zealand and ⁵Department of Medicine, University of Otago, Dunedin, New Zealand

Poor iron status is one of the most prevalent problems facing infants worldwide, in both developing and developed countries(1). A complex interplay of both dietary and non-dietary factors affects iron intake, absorption, and requirements, and subsequently iron status⁽²⁾. We aimed to describe iron status in an ethnically diverse cohort of urban-dwelling infants. Data were collected from 364 infants aged 7.0 to 10.0 months living in two main urban centres in New Zealand (Auckland and Dunedin) between July 2020 and February 2022. Participants were grouped by total ethnicity, with any participants who did not identify as either Māori or Pacific categorised into a single 'others' group. Haemoglobin, plasma ferritin, soluble transferrin receptor (sTfR), C-Reactive protein, and alpha-1-acid-glycoprotein were obtained from a non-fasting venous blood sample. Inflammation was adjusted for using the Biomarkers Reflecting Inflammation and Nutritional Determinants of Anaemia (BRINDA) method⁽³⁾. Body iron concentration (mg/kg body weight) was calculated using the ratio of sTfR and ferritin. A total of 96.3% of Pacific infants were iron sufficient, defined as body iron ≥0 mg/kg body weight and haemoglobin (Hb) ≥105 g/L, compared to 82.3% of Māori and 76.0% of 'other' (i.e. neither Māori nor Pacific) infants. 'Other' infants had the highest prevalence of iron deficiency overall, with 2.8% categorised with iron-deficiency anaemia (IDA) (body iron <0 mg/kg, haemoglobin <105 g/L), 11.8% with early 'functional' iron deficiency (body iron <0 mg/kg, haemoglobin ≥105 g/L), and 9.4% with iron depletion (ferritin <15 µg/L, in the absence of early 'functional' iron deficiency and iron deficiency anaemia). For Māori infants, 3.2% and 6.5% had IDA and early 'functional' iron deficiency respectively, and 8.1% were iron depleted. One (3.7%) Pacific infant was iron depleted, and the remainder were iron sufficient. Plasma ferritin and body iron concentration were, on average, higher in Pacific compared to non-Pacific infants. These findings give an up-to-date and robust understanding of the iron status of infants by ethnicity, highlighting an unexpected finding that infants who are neither Māori nor Pacific may be at higher risk of poor iron status in NZ.

Keywords: infant; Māori; Pacific; iron status

Ethics Declaration: Yes

Financial Support: This study is supported by the Health Research Council (HRC) of New Zealand (19/172). The HRC had no role in the study design, writing of the protocol manuscript and in the decision to submit the manuscript for publication.

References

- 1. Gedfie S, Getawa S, Melku M (2022) Glob Pediatr Health 9, 2333794X221110860
- 2. Lozoff B, Kaciroti N, Walter T (2006) Am J Clin Nutr 84(6), 1412-21
- 3. Suchdev PS, Namaste SM, Aaron GJ et al. (2016) Adv Nutr 7(2), 349-56

© The Author(s), 2025. Published by Cambridge University Press on behalf of The Nutrition Society.

