Vitamin D aids in the intestinal absorption of calcium and phosphate. It is important for bone health and the immune system. It is made in the skin after exposure to UV rays from the sun, or absorbed from food sources.

Very low vitamin D levels can cause rickets, which is the softening and weakening of bones. It can also cause low calcium (hypocalcemia) in infants and children. These disorders are common among children in malnourished areas and in children with chronic illness. Rickets can also occur in children who do not get enough vitamin D through diet or supplements.

In the United States, the overall prevalence of vitamin D deficiency in children is about 15 percent. Populations at increased risk include exclusively breastfed infants, dark skinned children, and those with limited sun exposure. In Ohio, we have a greater need for vitamin D during winter months (November to February) because we get less sun exposure.

Rickets and severe vitamin D deficiency are treatable conditions that you should discuss with your medical provider. Vitamin D supplementation is a common treatment. The health effects of a mild vitamin D deficiency are less well-established. However, chronically low vitamin D has been associated with the development of low bone mineral density and other measures of reduced bone health, even in the absence of rickets.

The American Academy of Pediatrics dietary recommendation for vitamin D intake is 400 IU for infants up to 12 months of age. **For children and adolescents, the recommended daily intake increases to 600 IU.** However, medical providers may routinely suggest supplementation up to 2000 IU daily. We suggest taking anywhere from 600 IU to 2000 IU of Vitamin D3, this is the active supplementation form.

We do not recommend routinely checking blood for vitamin D levels. We do encourage adequate dietary intake of vitamin D with additional supplements as needed, especially during the winter months.