NHS
Surrey Heartlands

Community Prescribing Guidelines for Specialist Infant Formula

Purpose of these Guidelines

Every infant in the UK should, where medically possible, be breastfed for the first six months of their life. Breastfeeding should then continue alongside the introduction of complementary foods for the first year. Breastfeeding until at least 2 years is recommended by the World Health Organisation because of the benefits to both child and mother.

Appropriate support should be offered to promote and support breastfeeding. The Children and Family Health Surrey health visiting telephone advice line is open 8am-5pm Monday to Friday: 01883 340922 as well breastfeeding support groups and child health drop in clinics.

These guidelines cover formulas designed specifically for infants who require an alternative formula due to a medically diagnosed condition – in many scenarios breastfeeding remains a suitable, and often preferred option. The GP Infant Feeding Network is an independent website produced without sponsorship that provides a wealth of advice on infant feeding for both primary care practitioners and signposts to resources for families.

These guidelines aim to provide information on the use of infant formula that can be prescribed when a clinical need presents. All **BLUE** traffic light products can be initiated in primary care on the recommendation of secondary care.

Contents

Quantities of formula to prescribe

In all scenarios where formula is required a two-week trial should be prescribed to assess tolerance before initiating a monthly prescription.

- Check the amount of formula prescribed is appropriate for the age of the infant (see table below).
- Refer to the most recent correspondence from the paediatric dietitian to confirm recommended quantity of formula.
- Infants aged 6-12 months will require less formula as solid food intake increases.

Age/weight of infant	400g tins/28 days (approx.)	800g tins/28 days (approx.)
Under 6 months	13	6-7
6-12 months	6-12	3-6
Over 12 months	Dietitian review for continuing need for formula. A minimum of 350ml milk or milk alternatives is recommended.	

The PrescQIPP Bulletin Appropriate Prescribing of Specialist Infant Formulae provides further information.

Pre-term Infants

Breast milk is the best choice for pre-term infants and breast feeding should be encouraged for health benefits for both mother and child, nutrition and bonding. Ensure parents whose infants have been in a SCBU or neonatal unit have sufficient support in the community to continue breastfeeding.

Breast milk fortifier

Some preterm infants require their breast milk to be fortified with breast milk fortifier. Breast milk fortifiers are for short term use and should not be prescribed unless under the guidance of a neonatal dietitian and/or neonatologist.

Regional information to support parents in the preparation and administration of breast milk fortifier has been developed:

KSS BMF Parent Information).doc

Preferred products

Nutriprem Human Milk Fortifier 50x 1g sachet – traffic light status **BLUE**

Preterm formula

There are two types of preterm formula:

1. Liquid preterm formula - for use on neonatal units or SCBU
   - SMA Gold Prem 2 Liquid 200ml – traffic light status **RED**
   - Nutriprem 2 Liquid 200ml – traffic light status **RED**
2. Powdered preterm formula - for use in the community
   - Nutriprem 2 Powder 800g tin – traffic light status **BLUE**
   - SMA Gold Prem 2 powder 800g tin – traffic light status **BLUE**

Recommendations for pre-term formula should only be initiated in secondary care.

Pre-term formula should be discontinued once weight gain is increasing consistently along the appropriate centile in line with length and head circumference. This should be between term age and 6 months (24 weeks) corrected age.

Actual age in weeks – weeks preterm = corrected age in weeks

If there are concerns regarding growth of infants prescribed pre-term formula refer back to the secondary care paediatric service.

<u>Preferred products: Continue the brand prescribed in hospital to aid ongoing tolerance.</u>

DO NOT PRESCRIBE 200ml ready to drink presentations of preterm formula unless community prescription is requested from a secondary care specialist under their ongoing care in exceptional clinical circumstances. Parental convenience is not an indication for prescription of ready to drink formula. Prescribing should be reviewed at each prescription request with an expectation of transition to powder.

Faltering Growth

This guideline applies to the oral management of faltering growth. The management of infants and children with complex medical conditions and/or faltering growth which includes use of any type of feeding tube in its management is excluded from this guidance, and clinicians should follow the advice and the managing dietitian, including product choice for prescription.

Clinicians should follow the NICE Clinical Knowledge Summary on the topic of faltering growth. Following diagnosis of faltering growth, infants should be referred to local paediatric services without delay.
For breast fed infants, an assessment of breast feeding should be carried out by a health visitor, midwife or infant feeding specialist and appropriate support offered. The clinical knowledge summary on the topic of breastfeeding challenges and tips from the UK breastfeeding network may also be helpful.
For older infants who have begun eating, practical strategies around meals, self-feeding and schedules should be discussed with parents/carers as individually appropriate. The First Steps Nutrition Trust guide Eating Well: the first year is a comprehensive resource. The NHS resources to support fussy eaters may also be helpful.
Prescribable formula for the oral management of faltering growth are only to be initiated by paediatric health care professionals, and prescription should only be continued if the infant is under the ongoing care of a paediatric dietitian.
All infants on a high energy formula will need growth (weight and length/height) monitoring to ensure catch up growth and appropriate discontinuation of formula to minimise excessive weight gain.

First line product:

SMA High Energy 200ml - traffic light status **BLUE**

Second line products:

Similac High Energy 200ml - traffic light status **BLUE**

Infatrini 125ml or 200ml bottle - traffic light status **BLUE**

Care should be taken to ensure correct presentation is prescribed – avoid 500ml presentations.

Third line products

Infatrini Peptisorb 200ml (*Infatrini Peptisorb is a semi-elemental infant formula for use in infants with malabsorption or intolerance of whole protein feeds.)* - traffic light status **BLUE**

Gastro-Oesophageal Reflux Disease (GORD)

Regurgitation of feeds is a common and normal occurrence in infants due to gastro-oesophageal reflux (GOR), up to half of infants will have some degree of reflux at some time. A NICE Clinical Knowledge Summary is available to support the management of Gastro-Oesophageal Reflux disease.
Infants with persistent faltering growth due to GORD should be referred to secondary care. Infants who are breast fed and those who are formula fed will require different management pathways. A breast-feeding assessment by a person with appropriate expertise and training should be carried out to support continued breast-feeding for infants with GORD. The Breastfeeding Network provide a reflux factsheet.
Thickened formula may be used in the management of GORD in formula fed infants in line with the NICE CKS. **PLEASE NOTE**: infants must not be prescribed Infant Gaviscon if they are also taking a thickened formula. These formulas are available from supermarkets, pharmacies and online at a similar price to standard formula. A 1–2-week trial should be suggested initially. Parents and carers should be advised to purchase pre-thickened formula, ***pre-thickened formula should not be prescribed***. (SMA Anti Reflux – traffic light status **NON-FORMULARY)**

Lactose Intolerance

There are different types of lactose intolerance.

- Congenital lactose intolerance is exceptionally rare and is evident in its severe form from birth.
- Primary lactose intolerance is less common and does not usually present until later childhood.
- Secondary lactose intolerance usually occurs following an infectious gastrointestinal illness **and is a temporary condition**. Symptoms include abdominal bloating, wind, increased (explosive) and loose

green stools. Lactose intolerance should be suspected in infants who have had symptoms that persist for more than 2 weeks.

Breast fed infants should continue to be breast fed and should be monitored for symptoms including poor growth, dehydration and broken skin around the nappy area.

For formula fed infants, diagnosis is made following the resolution of symptoms, usually within 48 hours once lactose is removed from the diet. If symptoms persist after 72 hours of transitioning to a lactose free formula, other causes of symptoms should be considered, for example, secondary lactose intolerance may be present alongside coeliac disease.

Infants should only be treated with lactose free formula for **6-8 weeks** to allow symptoms to resolve then standard formula / milk products should be slowly reintroduced into the diet. The reintroduction of lactose into the diet is an important step, both to confirm diagnosis and resolution of symptoms.

Lactose free formulas are available from pharmacies at a similar price to standard formula and parents/carers should be advised to purchased lactose free formula when indicated, ***lactose free formula should not be prescribed***. (SMA LF – traffic light status **NON-FORMULARY**) Formula made from goat's milk, sheep milk or other mammalian milks also contain lactose and are not suitable alternatives.

If symptoms do not resolve with the removal of lactose from the diet, or on reintroduction after the 6-8 weeks on a lactose free formula, refer to secondary care for consideration of alternative diagnosis. For older infants who have started eating, a lactose free formula should be used in conjunction with a milk free diet. If an infant presents with suspected lactose intolerance after 1 year of age then lactose free whole cows' milk should be purchased and used for the 6–8-week treatment period.

As of October 2024, SMA Soya has been discontinued for both prescription and purchase. There are no longer any commercial formulas based on Soya available in the UK.

Important dental health information for parents:

In lactose-free formula the carbohydrate source is glucose rather than lactose. These formulae have a greater potential to cause dental caries. Parents and carers using these formulas must be advised to avoid prolonged contact of milk feeds with their baby's teeth and ensure that they clean their baby's teeth after the last feed at night.

Metabolic Conditions

Metabolic Conditions, such as phenylketonuria, galactosaemia, maple syrup urine disorder are enzyme deficiencies that lead to disturbance of metabolic processes (often severe). In these conditions, infants will require prescription of a specialist infant formula which does not contain the amino acid, or other dietary constituent, that cannot be processed. In these conditions, prescribing should be guided by the tertiary centre supporting the infant and family.

Cow's Milks Allergy

There are separate Surrey Heartlands Guidelines for the diagnosis and management of Cows Milk Allergy, which link to the NICE CKS on Cow's milk allergy in children and the iMAP diagnostic and treatment algorithms.

The British Dietetic Association and Allergy UK provide resources to support patients and carers through diagnosis and treatment of Cow's milk allergy.