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Prescribing baby milks and related products

The World Health Organisation recommends that infants are fed exclusively on breastmilk until the age of 6 months and then breastfed alongside food for as long as the mother and baby are happy. Evidence suggests that as well as providing all the energy and nutrients that the child needs in its first few months of life, breastmilk promotes sensory and cognitive development. It leads to slower, healthier weight gain, reducing the chance of later obesity. It provides greater protection from infectious and chronic disease. Babies breastfed for a minimum of 6 months are less likely to experience colic, constipation, sickness/vomiting, diarrhoea, chest infections and thrush. Breastfeeding has also been shown to reduce the risk of ovarian and breast cancer in mothers.

For numerous reasons, not all babies are, or can be, breastfed. This supplement to the regular Northern Ireland Medicines Management Newsletter looks at some of the infant formulae and related products that prescribers may be asked to issue a prescription for.

Nutriprem® 2

Nutriprem® 2 is an infant formula prescribed for preterm/low birth weight, non-breast fed babies once they are discharged from hospital. This formula is specially designed to provide more nutrition than standard feeding formulas and will be of benefit until approximately **6 months** corrected age. A change to term/standard (whey based) formula can then be made.

Nutriprem® 2 is available as TWO DIFFERENT FORMULATIONS:

- (1) As a powdered formulation (900g tin)
- (2) As ready-made formula, 200ml tetrapak

While in hospital, premature babies, who are not being breast fed or receiving donor breast milk, are routinely given ready-made Nutriprem® 1 and 2. This is to reduce the risk of infection in a hospital setting from making up a powdered formulation.

Once the infant is discharged from hospital, GP's are usually asked to prescribe Nutriprem® 2 by paediatric dieticians.

In some cases, babies may refuse the powdered formulation at discharge, as it tastes different to the ready-made formulation. Also, some babies can become constipated when they are given the powdered formulation. If parents report that either of these is an issue, parents can be encouraged to change over to the powdered formulation by gradually adding increased proportions of the "made up" powdered formula to the ready-made formula until it is accepted/tolerated by the baby.

However, cases should be reviewed on an individual basis and the prescriber should exercise his/her clinical judgement, taking into account the patient and their parent's/carer's individual circumstances.

Action for prescribers:

- ▶ When Nutriprem® 2 is prescribed, an entry should be made onto the GP computer system that the milk **should not be prescribed past 6 months corrected age**. This will avoid potential wastage, as frequently babies are being prescribed Nutriprem® 2 past their 6 months corrected age, when it is not necessary
- ▶ In primary care, it is significantly more cost-effective to prescribe the powdered formulation of Nutriprem® 2 than the tetrapaks (tetrapaks are 3 times more expensive than the powdered formulation). If tetrapaks need to be prescribed this should be reviewed regularly and the tetrapaks should **not be put on repeat**



"Nanny" goat milk infant formula

This should **not be prescribed**. Goats' milk isn't suitable for babies, and infant formulas and follow-on formulas based on goats' milk protein have not been approved for use in Europe. (see http://www.dh.gov.uk/en/PublicHealth/Nutrition/Nutritionpregnancyearlyyears/DH_127640)

There is a belief that infant formula and follow-on formula based on goats' milk protein are suitable alternatives for babies who are intolerant or allergic to cows' milk formulas. However, some of the proteins in goats' milk are similar to those found in cows' milk and most babies that react to cows' milk protein are also likely to react to goats' milk protein. Since the levels of lactose are similar in both milks, formulas derived from goats' milk are also unsuitable for babies that are lactose-intolerant.



Soya-based infant formula

Soya-based infant formula should **not** be used as the first choice for the management of infants with proven cow's milk sensitivity, lactose intolerance, galactokinase deficiency and galactosaemia.

Soya-based formula has a high phytoestrogen content, which could pose a risk to the long-term reproductive health of infants, according to a 2003 report from the Committee on Toxicity (COT), an independent scientific committee that advises the

Department of Health and other government agencies.

Soya-based formulas should only be used in **exceptional circumstances** to ensure adequate nutrition. For example, they may be given to infants of vegan parents who are not breast-feeding or infants who find alternatives unacceptable.

Enfamil[®] AR and SMA Staydown[®]

These are pre-thickened, anti-regurgitation infant formulas; they should not be prescribed along with other thickening agents such as Carobel[®] or Gaviscon Infant[®] sachets.

In addition, Enfamil[®] AR and SMA Staydown[®] require an acid environment in order to thicken and therefore will not work properly when prescribed along with antacid medications such as omeprazole or ranitidine.

Action for practices

- ▶ Consider doing a search to ensure these milks are not being co prescribed with thickening agents or antacids.
- ▶ If these baby milks are prescribed, the prescription should be endorsed "ACBS".

Did you know... the formulation of Carobel Instant[®] has changed?

The thickening agent (locust bean gum) in Carobel Instant[®] has been upgraded. This change in formulation has resulted in the new product having a denser powder so less powder is needed to achieve a similar consistency as the older formulation.

While making this change to the formulation, the opportunity was taken to adapt some of the levels of nutrients in the recipe (e.g. add iron)

Due to the density of the powder, the scoop weight has changed from 0.7g to 1.7g. The scoop has not changed; just the density of the powder has changed.

The feeding instructions on the new packs have been amended to reflect this change and to ensure the correct amount of powder is used to achieve the desired consistency.

For example: To make up a thick consistency bottle feed, the old formulation required two scoops to be added to 60ml of milk, however using the new formulation only one scoop is needed to be added to 60mls of milk to make the same consistency.

If you have any questions contact the Nutricia Healthcare Professional Helpline on 08457 623 624.

Gaviscon Infant[®]

Gaviscon Infant[®] should **not** be used with thickening agents or infant milk preparations containing a thickening agent, as this could lead to over-thickening of the stomach contents. It should therefore **NOT BE PRESCRIBED ALONG WITH CAROBEL**.

Action for practices

Consider doing a search to see if any patients are being prescribed these two products together and if so, they should be reviewed.



Every effort has been made to ensure that the information included in this newsletter is correct at the time of publication. This newsletter is not to be used for commercial purposes.

This newsletter has been produced for GPs and Pharmacists by the Regional Pharmacy and Medicines Management Team. If you have any queries or require further information on the contents of this newsletter, please contact one of the Medicines Management Pharmacists in your local HSCB office.

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