

NHS Lanarkshire Staff Information on Formula Milks

Getting feeding right for babies and children is at the very heart of a healthy start in life.

This leaflet seeks to provide staff with up-to-date and accurate information on infant formula milks to provide to parents who have made an informed choice to formula feed their baby.

WHO Code

NHS Lanarkshire has a duty to comply with the WHO International Code on Marketing of Breast Milk Substitutes in order to promote and protect breastfeeding and ensure the safe and appropriate use of breast milk substitutes.

The aim of this code is to contribute to the provision of safe and adequate nutrition for infants, by the protection and promotion of breastfeeding, and by ensuring the proper use of breastmilk substitutes, when these are necessary, on the basis of adequate information and through appropriate marketing and distribution¹.

The Code applies to the marketing, and practices related thereto, of the following products: breastmilk substitutes, including infant formula; other milk products, food and beverages, including bottle-fed complementary foods, when marketed or otherwise represented to be suitable, with or without modification, for use as a partial or total replacement of breast milk; feeding bottles and teats. It also applies to their quality and availability, and information concerning their use¹.

NHS Lanarkshire Infant Formula Milk Forum

This forum meets with Infant Formula company representatives to gather up-to-date and accurate information on infant formula milks for dissemination to midwives, neonatologists, public health nurses, pharmacists, GP's and other relevant staff. Meetings will take place on a six-monthly basis and an information briefing disseminated to all relevant staff shortly after each forum meeting.

Each Infant Formula company representative will be offered a 30 minute slot to present information about their products. This presentation will include: a summary of the range of milks offered at each stage of the child's development; the composition and benefits of each product presented; and details of any product changes since the last contact. Presentations may include information about other products, such as bottles and teats. Representatives will also be invited to provide additional written information about the products being presented.

Representatives will be invited from the main Infant Formula Milk companies.

Breastfeeding

All women should be supported to make an informed decision about their infant feeding choice. The short and long term health benefits of breast milk and breastfeeding are substantial, therefore breastfeeding should be promoted as the optimal feeding choice to ensure more mothers and children living in Lanarkshire experience the full benefits.

Breastfeeding is an individual decision for each woman. Where women decide to breastfeed they should be given support and advice to initiate and sustain exclusive breastfeeding for at least 6 months with continued breastfeeding along with appropriate complementary foods up to two years of age or beyond as recommended by WHO¹.

Some women may make an informed choice to partially breastfeed and they should be supported and given advice on how to do this whilst maintaining their lactation.

Preparation of Infant Formula

The Scottish Government and the Food Standards Agency Scotland state that it is best practice to make up infant feeds by reconstituting formula powder using water at a temperature of **70 degrees celsius or above**. This aims to ensure that the potential microbiological risks associated with these products are kept to a minimum. Using water at this temperature will kill harmful pathogens if they are present in non-sterile powdered formula as well as helping reduce the risk of contamination which may occur in the home due to poor hygiene practices or feeding equipment which has not been sterilised adequately.

The three recommendations for making up a formula feed safely are:

1. Only making up one feed at a time
2. Making feeds within 30 minutes of the water boiling
3. Adding the water to the bottle before the powder.

This guidance applies to all standard infant formula and follow-on formula milks, including those containing probiotics. Specialised milks are not covered by this guidance and there are specific guidelines for preparation of these formulas; therefore they should be made up according to the instructions on the back of the pack.

NHS Health Scotland – Formula Feeding Booklet²

All clients who have made an informed choice to formula feed should be supplied with the above booklet, which is the newest guidance on how to safely make up infant formula feeds. Mothers who have chosen to formula feed their baby in hospital will be supplied with the booklet and offered a demonstration on how to make up a formula feed safely. Women at home who change to partial breastfeeding or complete formula feeding should be given this booklet by their Community Midwife or Public Health Nurse and also offered a demonstration on how to make up a formula feed. Copies are available to order from the Health Improvement Library or available within the maternity unit in Wishaw General Hospital.

Formula Milk

Formula milk is processed, powdered cow's milk, which has been treated to make it suitable for babies. Babies should only drink first milks (whey-based formula milk) until they are one year old. There is no documented benefit of other milk proteins (goats, soya, etc) over cow's milk protein in the manufacture of infant formula³.

Protein

Protein requirements for babies are based on the concentrations of amino acids (the base units of proteins) in mature human milk. The protein composition and quantity differ between human milk and cow's milk. The total protein content of cow's milk is higher than that of human milk. Whey and casein are the two major proteins of human milk⁴.

Colostrum is predominantly whey and early breast milk is whey dominant (whey:casein ratio 60:40), however, the proportions of casein and whey become equal late in lactation. Cow's milk contains whey and casein in different proportions to human milk and is casein dominant (whey:casein ratio 20:80)⁴.

First infant formula milk is altered to a whey:casein ratio of 60:40 to bring it closer to that found in breast milk. Formula aimed at 'hungrier' babies has a whey:casein ratio of 20:80.

Whey dominant milks are more easily digested by babies than the casein dominant formulas.

Casein dominant milks cause large, relatively indigestible curds to form in the stomach and are intended to make the baby feel fuller for longer. However, there is no evidence that babies settle better or sleep longer if given these milks³.

Stages of Feeding Infant Formula

First milks

First milks are whey dominant (60:40) and are the only food that formula fed babies need from birth and for the first six months of life, as these aim to be closest in composition to breast milk. After this, babies can be introduced to solid food as they continue to receive first milk. At one year old, first milk can be replaced with full fat cow's milk.

Casein dominant milks are sold as being suitable from birth, aimed at parents with 'hungrier' babies. However, casein dominant milks are not routinely recommended for all babies. There is no evidence to suggest that casein based formulas satisfy a hungrier baby and no evidence which supports the suggestion that these milks may help delay weaning⁴.

See Composition Table on page 9 for details of commonly available whey and casein dominant milks.

It is advised that whey dominant first milks remain the milk of choice during the first year.

Follow-on milks

Follow-on milks are described as suitable for babies from six months of age and should only be used as part of a mixed diet. They contain more iron and vitamin D than first infant formula milk. They should never be used for babies under six months as they contain more iron than younger babies' need³.

There is no need for parents to change from first milk to follow-on formula as there is no published evidence that their use provides any nutritional or health advantages. Babies receiving solid foods with adequate protein, carbohydrate, fat and iron do not need follow-on formula milk.

See Composition Table on page 9 for details of commonly available follow-on milks.

There is no evidence that changing from whey-based first milk to any other type of formula is necessary or beneficial at any point.

Growing up and toddler milks

Growing up and toddler milks are manufactured by infant formula companies as an alternative to, or to complement, cow's milk for toddlers from the age of one year. Growing up and toddler milks provide higher quantities of some nutrients than cow's milk, infant and follow-on formula, such as vitamins A and D, iron and zinc. Growing up milks are aimed at toddlers who should be obtaining the majority of their nutrients from the food they eat. Growing up milks are sweeter and typically lower in calcium than cow's milk, infant formula and follow-on formula. They are more expensive than cow's milk and generally not recommended by health professionals⁴.

Toddlers should eat a good variety of foods to supply key nutrients, rather than relying on fortified milk products to supply them. In addition, children under five should receive a suitable vitamin supplement containing vitamins A, C and D (such as Healthy Start vitamins)

Growing up and toddler milks most commonly available are:

- Hipp Organic Growing up milk (from 12 months onwards);
- SMA Toddler milk (from 1-3 years);
- Cow & Gate Growing up milk (from 1-2 years);
- Cow & Gate Growing up milk (from 2-3 years);
- Aptamil Growing up milk (from 1-2 years);
- Aptamil Growing up milk (from 2 years onwards)

Good night milk

The only one available is Hipp Organic Good Night Milk. It is promoted for use from 6 months to 3 years of age. It is similar in nutritional composition to follow on milks, but intended for use just at bedtime to help babies settle. There is no evidence to support this claim.

Organic Formula

These formulas are required to meet the same standards as infant formulas. Organic means that they are prepared with milk generated by cows kept by organic standards. As with many other infant and follow-on milks, they have added vitamins and minerals, long chain polyunsaturated fatty acids (LCPs) and prebiotics. The organic follow-on formula does not have added LCPs.

Vegetarian options

Vegetarian means that they do not contain ingredients that are derived from meat or fish. The only two formulas which are suitable for vegetarians are SMA Extra Hungry and SMA Follow-on.

Goat's Milk

Goats' milk is not advised as a source of protein as sufficient evidence to support its use has not been presented to the European Food Safety Authority.

Specialised Milks

Formulas for pre-term babies

Specialist formulas for low birth weight (LBW) and very low birth weight (VLBW) babies in hospital are not available outside the hospital. They are higher in energy and protein than standard formulas to meet the higher energy and protein needs of prematurity. They would usually be given at 150ml/kg but can be given up to 200ml/kg. They also contain higher levels of vitamins and minerals. These are:

- Aptamil Preterm (Danone Baby Nutrition)
- Cow & Gate Nutriprem 1 (Danone Baby Nutrition)
- SMA Gold Prem 1 (Nestle Nutrition)

If required before discharge, pre-term babies will be changed to post discharge formula which is available on prescription in the community. These babies will be followed up by the Neonatal Team:

- Cow & Gate Nutriprem 2 (Danone Baby Nutrition)
- SMA Gold Prem 2 (Nestle Nutrition)

These are formulated specifically for preterm babies after hospital discharge and contain higher levels of some nutrients than the standard formulas. Post discharge formulas are higher in energy and protein which has been shown to enhance linear growth, increase lean body mass and bone mineral mass⁴.

Soya-based formulas

The protein is from soya beans rather than cows' milk. These formulas are free from cows' milk protein and lactose and were used in the past for infants with cow's milk protein intolerance and lactose intolerance. However they have a high content of phyto-oestrogens and the UK Department of Health and Chief Medical Officer does not advise their use for infants under six months because they may have an oestrogenic effect. The consequences of this are uncertain.

However, a soya-based formula would be the only choice for an infant up to 12 months of age who is not breastfeeding and whose mother would like to use a vegan formula.

Soya formulas should only be used over 6 months of age for cow's milk allergy if a child is unlikely to have soy allergy and other alternatives have proved unsuccessful.

- Cow & Gate Infasoy (Danone Baby Nutrition) – available on prescription and over-the-counter at pharmacy
- SMA Wysoy (Nestle Nutrition) - available on prescription and over-the-counter at pharmacy and in retail stores

Modified formulas for minor digestive problems

These formulas contain partially hydrolysed protein, prebiotics, modified fat and thickeners. The evidence for their use is based on limited research studies of small numbers of infants. They are: Aptamil Comfort (Danone Baby Nutrition) and Cow & Gate Comfort (Danone Baby Nutrition) which are registered for the dietary management of colic and constipation and should be used under medical supervision only.

SMA Comfort Milk (Nestle Nutrition) has been specifically designed to be an easy to digest infant formula that is gentle on babies' tummies. To aid digestion, SMA Comfort Milk has: partially hydrolysed, 100 percent whey protein; reduced lactose; and SN-2 enriched fat blend to help with softer stools. It is suitable for vegetarians and is halal approved. SMA Comfort Milk is not suitable for those with cow's milk protein intolerance, lactose intolerance and inborn errors of metabolism, such as, phenylketonuria, galactosaemia and galactokinase deficiency. The product is not prescribable and is available over-the-counter from a variety of retailers. SMA Comfort Milk is labelled 'First milk suitable from birth' and can therefore be purchased with Healthy Start vouchers. However, parents should be advised that these milks should not be used as standard first milk and only in instances where it may help to alleviate the symptoms of minor digestive problems.

Formulas for gastro-oesophageal reflux (GOR)

Thickeners can be added to standard formulas for infants with GOR and regurgitation. However, four formulas have added constituents that thicken them on reaching the stomach. They are:

Brand	Manufacturer	Instructions for preparation and availability
Enfamil AR	Mead Johnson	Cool water to room temperature Available on prescription only
SMA Staydown	Nestle Nutrition	Use chilled water that has been previously boiled Over-the-counter and on prescription
Aptamil Anti Reflux	Danone Baby Nutrition	Cool water to 40 degrees celsius Over-the-counter and exclusive to Boots. Not prescribable
Cow & Gate Anti Reflux	Danone Baby Nutrition	Cool water to 40 degrees celsius Over-the-counter and exclusive to Boots. Not prescribable

As with some comfort milks, there are specific guidelines for preparation of these formulas; therefore they should be made up according to the instructions on the back of the pack. It should also be noted that babies usually outgrow GOR and there is a tendency to over diagnose this issue and change milks unnecessarily. If using these milks, it should be on a temporary basis only with a move back to baby's usual first milk when symptoms have dissipated.

In addition formulas for GOR should not be used with anti-reflux medication or any other feed thickeners.

Lactose-free formulas

These are based on modified cows' milk but the lactose has been replaced with glucose. These formulas are used for infants with temporary lactose intolerance following a gastro-intestinal infection or for infants with clinically diagnosed primary lactose intolerance. They are:

Brand	Manufacturer	Availability
Enfamil O-Lac	Mead Johnson	Available on prescription only
SMA LF	Nestle Nutrition	Available on prescription and over-the-counter at pharmacy
Aptamil Lactose Free	Danone Baby Nutrition	Over-the-counter and exclusive to Boots. Not prescribable.

Breastfeeding with Cows' Milk Allergy

If a baby has been diagnosed as having a cows' milk allergy (and has on-going allergic symptoms whilst being breastfed) it will be advised to exclude cows' milk from the mother's diet. This should only be done after discussion with a Registered Dietitian, as it is important that breastfeeding mums eat a healthy balanced diet.

Suitable Milks for Children with Cows' Milk Allergy

If an infant is diagnosed with cow's milk protein allergy and is not breastfed, then one of the following products may be given. These products are available on prescription only and provide appropriate nutrition for infants with cow's milk protein allergy.

Extensively Hydrolysed Formulas

It is the protein in cows' milk that can cause an allergic reaction, but breaking down (hydrolysing) the whole protein into smaller segments lowers the likelihood of it causing an allergic reaction. Extensively hydrolysed formulas contain proteins that have been broken down into smaller segments so they are less likely to cause an allergic reaction.

- Extensively hydrolysed casein formulas
Nutramigen 1 (Mead Johnson)
Nutramigen 2 (over 6 months) (Mead Johnson)

Some of these may contain prebiotics and lactose, which improve the taste.

- Extensively hydrolysed whey formulas
Aptamil Pepti 1 (Danone Baby Nutrition)
Aptamil Pepti 2 (for 6 months and over) (Danone Baby Nutrition)
Cow & Gate Pepti-junior (Danone Baby Nutrition)
Althera (from birth) (Nestle Health Science)
Similac Alimentum (Abbott Nutrition)

Amino Acid Formulas

These formulas are based on the individual building blocks (amino acids) that make up a protein and are highly unlikely to cause an allergic reaction. These formulas are recommended when an extensively hydrolysed formula has not been tolerated or if an extensively hydrolysed formula is not appropriate.

- | |
|---|
| <ul style="list-style-type: none">• Nutramigen AA (Mead Johnson)• Neocate LCP (Danone Advanced Medical Nutrition)• Neocate Active (over 1 year) (Danone Advanced Medical Nutrition) |
|---|

Staff Responsibilities

No promotional materials or advertising should be provided directly to any staff member of NHS Lanarkshire from infant formula companies. NHS Lanarkshire will not circulate to staff any promotional materials relating to products, training or conferences on behalf of infant formula companies. By way of the Infant Formula Forum, a small group of key staff will review product materials and send appropriate information about formula milks to staff which has been reviewed and quality assured. Should staff sign-up to receive information from infant formula companies on products or events, they should sign up as an individual and not as an employee of NHS Lanarkshire and information should be sent to a personal email or home address only. Events sponsored by infant formula companies can only be attended in the staff members own time.

References

- 1 World Health Organization (WHO). *International Code of Marketing of Breast-milk Substitutes*. Geneva: WHO, 1981.
- 2 NHS Health Scotland. *Formula feeding: how to feed your baby safely*. Edinburgh: NHS Health Scotland, 2011.
- 3 UNICEF UK. *The health professional's guide to: "A guide to infant formula for parents who are bottle feeding"*. London: UNICEF UK, 2010.
- 4 First Steps Nutrition Trust. *Infant milks in the UK: A practical guide for health professionals*. London: First Steps Nutrition Trust, 2012.

Nutrient	Function	Breastmilk ³	Whey Dominant Milks					Casein Dominant Milks				Follow On Milks			
			Aptamil First Milk	Cow & Gate First Infant Milk	SMA First Infant Milk	HiPP First Infant Milk	SMA HA First Infant Milk	Aptamil Hungry Milk	Cow & Gate for Hungrier Babies	SMA Extra Hungry Infant Milk	HiPP Hungry Infant Milk	Aptamil Follow On Milk	Cow & Gate Follow On Milk	SMA Follow On Milk	HiPP Follow On Milk
Energy (kcal/100ml)	Needed for healthy growth and development	69	66	66	67	66	67	66	66	67	67	68	68	67	70
Protein % whey	For maintenance and growth of body tissues. Whey forms softer curds and is more easily digested	60% early milk 50% late lactation	60%	60%	65%	60%	100%	20%	20%	20%	20%	50%	20%	60%	40%
Protein % casein	Casein takes longer to digest and promotes slower gastric emptying	40% early milk 50% late lactation	40%	40%	35%	40%	0%	80%	80%	80%	80%	50%	80%	40%	60%
Carbohydrates (g/100ml)	Provides energy. Lactose is the main carbohydrate found in human and cow's milk	7.2	7.4 (100% lactose)	7.4	7.3	7.0 (6.8 lactose)	7.8	7.8 (100% lactose)	7.8	7.0	7.3 (7.1 lactose)	8.6 (70% lactose 30% maltodextrin)	8.6	7.2	7.9 (7.6 lactose)
Prebiotic oligosaccharides (OS) (g/100ml)	Encourage the growth of friendly bacteria in the gut at the expense of potentially harmful bacteria	1.0	0.8 GOS/FOS**	0.8 GOS/FOS	None but promotes a prebiotic effect by the inclusion of increased levels of alpha-lactalbumin.	0.3 GOS And also contains the probiotic L.fermentum	None	0.8 GOS/FOS	0.8 GOS/FOS	None	0.3 GOS And also contains the probiotic L.fermentum	0.8 GOS/FOS	0.8 GOS/FOS	None	0.4 GOS And also contains the probiotic L.fermentum

Nutrient	Function	Breastmilk ³	Whey Dominant Milks					Casein Dominant Milks				Follow On Milks			
			Aptamil First Milk	Cow & Gate First Infant Milk	SMA First Infant Milk	HIPP First Infant Milk	SMA HA First Infant Milk	Aptamil Hungry Milk	Cow & Gate for Hungrier Babies	SMA Extra Hungry Infant Milk	HIPP Hungry Infant Milk	Aptamil Follow On Milk	Cow & Gate Follow On Milk	SMA Follow On Milk	HIPP Follow On Milk
LCPs (mg/100 ml)	AA (Omega 6) and DHA (Omega 3) for healthy brain and eye development	✓	AA 11 DHA 10	AA 6.4 DHA 6.4	AA 12 DHA 7.1	21	15.6	AA 10 DHA 9.4	AA 5.8 DHA 5.8	AA 12 DHA 7.0	13.8	AA 8.6 DHA 8.6	0	AA 5.3 DHA 3.3	Linoleic acid: 0 Alpha-linolenic acid: 0.07
Nucleotides (mg/100ml)	An important metabolic regulator. Supports the immune and gastrointestinal systems	3-7	3.2	3.2	2.6	0*	2.0	3.2	3.2	3.0	0*	3.2	3.2	2.6	0*
Taurine (mg/100ml)	Amino acid involved in the absorption of fat	3.8	5.3	5.3	4.7	0*	3.7	5.3	5.3	4.7	0*	5.2	5.3	4.7	0*
Iron (mg/100ml)	Reduces risk of iron deficiency anaemia. Iron in breastmilk is particularly well absorbed	0.7	0.53	0.53	0.64	0.5	0.7	0.53	0.53	0.64	0.7	1.0	1.0	1.2	1.0
Antioxidants	Vitamins C, E and selenium help protect the body against cell damage from free radicals	Vit C: 4.0 mg Vit E: 0.34 mg Sel: 1.0 µg	Vit C: 9.2 mg Vit E: 1.1 mg Sel: 1.5 µg	Vit C: 9.2 mg Vit E: 1.1 mg Sel: 1.5 µg	Vit C: 9 mg Vit E: 0.74 mg Sel: 1.4 µg	Vit C: 10 mg Vit E: 0.7 mg Sel: 1.5 µg	Vit C: 9 mg Vit E: 1.3mg Sel: 2.1 µg	Vit C: 8.3 mg Vit E: 1.1 mg Sel: 1.5 µg	Vit C: 8.2 mg Vit E: 1.1 mg Sel: 1.5 µg	Vit C: 9 mg Vit E: 0.74 mg Sel: 1.4 µg	Vit C: 10 mg Vit E: 0.8 mg Sel: 1.5 µg	Vit C: 9.9 mg Vit E: 1.2 mg Sel: 1.7 µg	Vit C: 9.5 mg Vit E: 1.2 mg Sel: 1.6 µg	Vit C: 12 mg Vit E: 0.74 mg Sel: 1.4 µg	Vit C: 10 mg Vit E: 1.0 mg Sel: 1.5 µg

Nutrient	Function	Breastmilk ³	Whey Dominant Milks					Casein Dominant Milks				Follow On Milks			
			Aptamil First Milk	Cow & Gate First Infant Milk	SMA First Infant Milk	HIPP First Infant Milk	SMA HA First Infant Milk	Aptamil Hungry Milk	Cow & Gate for Hungrier Babies	SMA Extra Hungry Infant Milk	HIPP Hungry Infant Milk	Aptamil Follow On Milk	Cow & Gate Follow On Milk	SMA Follow On Milk	HIPP Follow On Milk
Vitamins and minerals	Essential for healthy growth and development. Vitamins and minerals in breast milk are absorbed more efficiently than those in formula milks.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Special dietary requirements	Suitable for vegetarians (V) or halal approved	✓	Halal (liquid 1 litre not Halal approved)	Halal (liquid 1 litre not Halal approved)	Halal	* = Organic regulations prohibit non-necessary additions. As babies produce their own nucleotides these are not added.	Halal	Halal (liquid 1 litre not Halal approved)	Halal (liquid 1 litre not Halal approved)	Halal (liquid 1 litre not Halal approved) Powder is vegetarian	* = Organic regulations prohibit non-necessary additions. As babies produce their own nucleotides these are not added.	Halal (liquid 1 litre not Halal approved)	Halal (liquid 1 litre not Halal approved)	Halal. Powder is vegetarian	* = Organic regulations prohibit non-necessary additions. As babies produce their own nucleotides these are not added.

** FOS: Fructo-oligosaccharides; GOS: Galacto-oligosaccharides

Recent Changes to Infant Formula Milks

Aptamil (Danone Baby Nutrition):

Aptamil has increased the levels of decosahexanoic acid (DHA) in its First, Hungry and Follow-On Infant milks to a minimum of 0.3% total fatty acids, which contributes to visual development in infants. DHA has been increased in all powder and liquid preparations. Long chain polyunsaturated fatty acids (LCPs) arachadonic acid (AA) and DHA have also been added to the formulation of Aptamil Growing Up milks in both powder and liquid preparations. DHA is sourced from fish and as such fish is now a listed allergen on all GUM packs.

Aptamil has launched Aptamil with Pronutra+ as the trademarked name to describe the company's blend of ingredients within Follow On and Growing Up milk formulations e.g. increased levels of LCPs, its blend of galacto-oligosaccharides and fructo-oligosaccharides and vitamins A, C, D and iron. On First and Hungry milks, these changes will be communicated on the ingredients list only. The increased levels of LCPs will result in a slight increase in the price of the product.

Aptamil have removed the vanilla flavouring from Growing up Milk 1 powder and liquid formulations. This has resulted in changes in colour and taste of the product- it will be less sweet in taste and less yellow in colour.

Aptamil has launched Aptamil Lactose Free, a Food for Special Medical Purposes for the dietary management of primary and secondary lactose intolerance. It is available over the counter and exclusively in Boots.

Aptamil has introduced First Milk in 70ml ready-to-feed plastic bottles, designed for new-born feeding and to reduce waste. The 70ml bottle replaces the previous 90ml bottles.

SMA (Nestle Nutrition)

Nestle has launched a new product – SMA HA – which is a hydrolysed first infant milk that claims to reduce the risk of developing infantile eczema in those with a family history. First Steps Nutrition have reviewed the evidence base and concluded the following:

'Exclusive breastfeeding for 6 months, and continued breastfeeding in the first year alongside complementary feeding should be recommended for infants from atopic families. A review of current evidence and policy statements suggests that there is insufficient evidence to recommend that partially hydrolysed whey based infant formula can help prevent allergies.'

In view of this, NHS Lanarkshire will not be promoting or stocking this product within the Maternity Unit at Wishaw General Hospital.

If you have any queries about the product, please contact Susan Short, Specialist Dietitian, Tel: 01698 377641 or Anne Marie Bruce, Infant Feeding Midwife, Tel: 01698 366710.