

QUICK GUIDE TO PRESCRIBING SPECIALIST INFANT MILK SUBSTITUTES IN THE ACUTE TRUST AND THE COMMUNITY

Prescribing of all infant feeds in children must meet ACBS criteria and will only be supported until the infant is 2 years of age, unless a shorter or longer period is indicated within this policy or there are special clinical circumstances which necessitate on-going consultations with a specialist paediatrician or paediatric dietitian.

ALL CONDITIONS – Volumes of Feed to prescribe to infants		
Age group	Tins to prescribe	Average Total Volume Feed Per Day (Estimated)
Under 6 months	13 x 400g or 6 x 900g tins	1000mLs
6 – 9 months	8 x 400g (or 450g)	800mLs
9 – 12 months	7 x 400g (or 450g) or 3 x 900g	600mLs
Over 12 months	7 x 400g or 3 x 900g tins	600mLs

Community Paediatrician Dietitian Contacts:

West Kent and East Kent	Elaine Greenman/Karen Maxwell	karen.maxwell@nhs.net elaine.greenman1@nhs.net kcht.centralisedappointmentteam@nhs.net 03001230861
Medway & Swale (Medway)	Lorraine Paterson	medch.childrenscommunity@nhs.net 0300 123 3444
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Dartford, Gravesham & Swanley	Sukhvinder Kaur	sukhvinderkaur@nhs.net dgn-tr.dvhdietitians@nhs.net 01322 428439

REVIEW THE NEED FOR PRESCRIBING IF ANSWER IS YES TO ANY OF THE FOLLOWING QUESTIONS:

- Can the patient tolerate any of the following: cow’s milk, cheese or soya products?
- Is the patient over 2 years of age?
- Is the quantity prescribed age appropriate?
- Children over 2 that do not meet the criteria should be referred to a paediatric dietitian.

Do not add infant formulae to the repeat prescribing template in primary care, unless a review process is established to ensure the correct product and quantity is prescribed for the age of the infant.

Any recommendations made by Health Visitors need to be clearly communicated to the patients GP to ensure continuity of care is maintained.

Cow's Milk Allergy (CMA)

CMA can present as Mild to Moderate Non-IgE-mediated CMA, Severe Non-IgE-mediated CMA or Mild to Moderate IgE-mediated CMA. Symptoms can include frequent regurgitation, gastro-oesophageal reflux, vomiting, diarrhoea, and constipation with or without perianal rash, blood in stools, eczema, distress, colic depending on type of CMA. Please refer to MAP guidelines 2019 for further guidance.

Refer infants with symptoms of anaphylaxis / faltering growth to secondary care without delay

FIRST LINE EXTENSIVELY HYDROLYSED FORMULA (EHF):

Alimentum® (from birth and lactose free) or SMA Althera® (from birth) or Nutramigen 1 with LGG® (up to 6 months and lactose free) or Nutramigen 2 with LGG® (6 months to 2 years and lactose free)

ALTERNATIVE IF ABOVE FORMULAE NOT ACCEPTABLE:

Aptamil Pepti 1® (Birth to 6 months), Aptamil Pepti 2® (6 months to 2 years)

Soya formula should not be used at all for those under 6 months due to high phyto-oestrogen content and the risk that infants with CMA may also develop allergy to soya.

Symptoms should resolve in 2-4 weeks. If no improvement, refer to MAP Guideline 2019 Pathway for guidance.

SECOND LINE OPTION: AMINO ACID FORMULA (AAF):

EleCare®/Nutramigen Puramino® or Neocate LCP® (from birth)/ Alfamino® (please consider Vitamin A content when prescribing)

Gastro-Oesophageal Reflux (GOR)

GOR presents with a history of effortless vomiting after feeding, usually in the first 6 months of life.

Referral to Specialist Infant Feeding Team can be considered so that over feeding can be ruled out by establishing the volume and frequency of feeds. Give advice on positioning.

RECOMMEND OVER THE COUNTER ANTI-REFLUX FORMULA:

Cow & Gate Anti-reflux® or Aptamil Anti-reflux® - These are pre-thickened and require a large hole/fast flow teat. SMA Anti reflux® or Enfamil AR®. These thicken on reaction with stomach acids therefore will not be effective in the presence of a PPI.

If no improvement with anti-reflux formula, then Carobel thickener (not suitable for pre-term or low birth weight infants) or Infant Gaviscon (maximum of 6 times per day) can be prescribed.

Primary Care prescribing of Reflux/Colic/Comfort infant formulae by K&M CCG is not supported.

Pre Term Formulae

These formulae should not be commenced in primary care and are not suitable for infants over 6 months corrected age.

All infants on pre-term formula should have their growth monitored regularly to avoid excessive weight gain.

INITIATED IN SECONDARY CARE: SMA Gold Prem 2® powder or Nutriprem 2® powder

DO NOT PRESCRIBE LIQUID FORMULA UNLESS CLINICALLY INDICATED BY SECONDARY CARE

Secondary Lactose Intolerance

Usually occurs following an infectious GI illness.

Symptoms include: abdominal bloating, increased explosive wind, loose green stools and acid burn nappy rash.

RECOMMENDED OTC FORMULA if indicated: SMA Lactose Free® or Aptamil Lactose Free® or Enfamil-O-Lac®

Primary care prescribing of lactose free infant formulae – supermarket brands are suitable with standard infant vitamins until school age and vitamin D until 18years.

Faltering Growth

It is essential to rule out possible disease related/medical causes for the faltering growth e.g. iron deficiency anaemia, constipation, GOR or a child protection issue. If identified appropriate action should be taken. Refer to Specialist Infant Feeding Team to check feeding techniques and for correct measurements. Faltering growth can be measured by a fall across 1 or more weight centiles, if birthweight was below 9th centile, a fall across 2 or more centiles if birthweight is between 9-91 centiles, a fall across 3 or more centiles if birthweight was above 91st centile or when current weight is below 2nd centile for age, whatever the birthweight.

Refer to secondary care without delay if faltering growth is detected. Refer to full guideline for referral pathway.

FIRST LINE FORMULA (Initiated in Secondary Care): SMA High Energy Liquid® (ready to use formula) – only preparation available/ Similac High Energy Liquid®

SECOND LINE FORMULA (Initiated in Secondary Care): Infatrini Liquid®

These formulae should be used until 18 months/8kg.

All infants on a high energy formula must have growth (weight and length/height) monitoring to ensure catch up growth and appropriate discontinuation of formula to minimise excessive weight gain.

For more information please check full policy: Guidelines on the Appropriate Use and Prescribing of Specialist Infant Formula Milk in Primary Care