

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 be supported until the infant is at least 1 year of age, unless a 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. It is expected after the age of 2 a specialist formula should no longer be required.

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COW'S MILK PROTEIN ALLERGY (CMA)

ALL CONDITIONS – Volumes of Feed to prescribe to infants-refer to guidance in relevant sections			
Age group	Quantity to prescribe for 28 days complete nutrition		Average Total Volume Feed Per Day (Estimated)
Under 6 months	5200g	13 x 400g	1000mls (~150ml/kg/day)
6 – 9 months	3200g	8 x 400g OR 4 x 800g	800mls
Over 9 months	2800g	7 x 400g	600mls

Initially prescribe for 2 weeks (only half of the monthly quantity of tins per age group show in table above), until compliance is established unless samples have already been trialled and tolerated. Following this a one-month acute prescription can be issued.

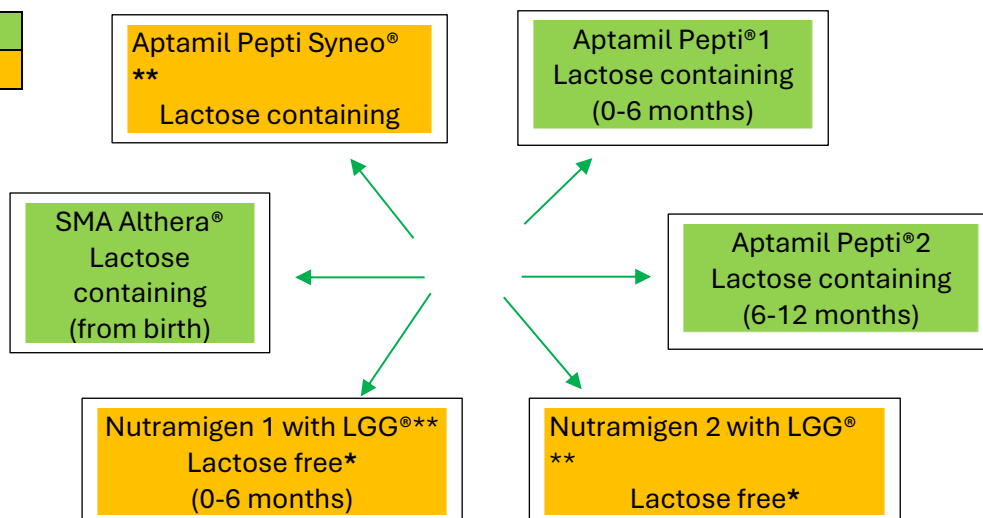
CMA can present as Mild to Moderate Non-IgE- mediated CMA, Severe Non-IgE mediated CMA or Mild to Moderate IgE-mediated CMA. Symptoms can include frequent regurgitation, gastro-oesophageal reflux, vomiting, diarrhoea and constipation with or without perianal rash, blood in stools, eczema, distress and 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

EXTENSIVELY HYDROLYSED FORMULA (EHF):

Colour code:

1 st line	Green
2 nd line	Yellow



***‘Lactose free’** should not be confused with ‘cow’s milk free’

**** Aptamil Pepti Syneo and Nutramigen 1 & 2 with LGG contain pre and/or probiotics and are usually considered for use in managing colic and constipation and if the patient is not improving on Aptamil Pepti 1 or 2. Do not use these products in:** premature infants, low birth-weight term infants, infants who are immunocompromised, in post-pyloric tube feeding, infants with a central venous catheter, infants with short bowel syndrome or at risk of NEC, infants with congenital heart disease, infants on long-term mechanical ventilation, infants in an intensive care / neonatal setting

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.

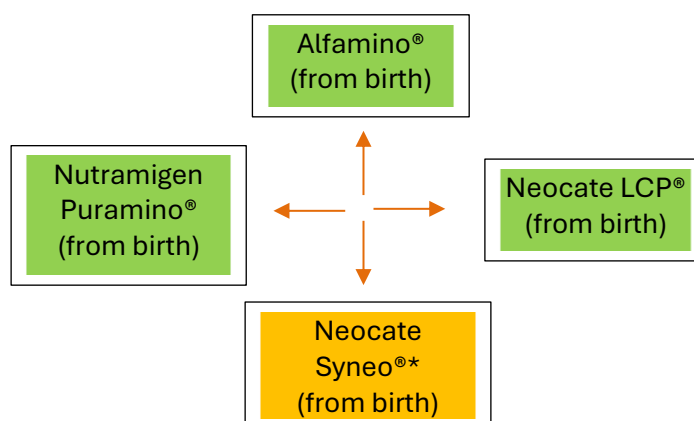
Extensively hydrolysed formulae containing lactose can benefit calcium absorption, palatability and natural microbiota.

If after 4 weeks, symptoms are not resolved on a hydrolysed formula change to amino acid, please refer to MAP guidelines 2019 for further guidance.

AMINO ACID FORMULA (AAF):

Colour code:

1 st line	Green
2 nd line	Yellow



***Neocate Syneo contains pre and probiotics and is usually considered for use in managing colic and constipation and if the patient is not improving on Neocate LCP. Do not use these products in:** premature

infants, low birth-weight term infants, infants who are immunocompromised, in post-pyloric tube feeding, infants with a central venous catheter, infants with short bowel syndrome or at risk of NEC, infants with congenital heart disease, infants on long-term mechanical ventilation, infants in an intensive care / neonatal setting.

Do not prescribe/ initiate

- EHF or AAF products for lactose intolerance
- Flavoured products – No clinical advantage
- Formula in children over the age of 12 months unless a clinical need has been established and is under Dietetic review/ or requires re-referral

n.b. Please see long guidance for Halal, Kosher & vegetarian status of all above formulas.

REVIEW AND DISCONTINUATION OF PRESCRIPTIONS

- Is the patient over 12 months old?
(E.g. Most children over 12 months are able to tolerate over the counter (OTC) fortified milk alternatives such as soya, oat or coconut. However, there may be babies that still need to remain on specialist formula, who should be managed and reviewed by a dietitian/ paediatrician)
- Does the quantity prescribed exceed the recommendations for age? If so, refer to most recent correspondence with managing dietitian
- Any recommendations made by Health Visitors need to be clearly communicated to the patients GP to ensure continuity of care is maintained.
- For some children a number of tins may be required to allow for a transition period onto supermarket calcium fortified plant-based milk (n.b. rice milk is not appropriate for under 5's); This should be a one-off prescription and should not exceed 5 tins unless otherwise advised by a dietitian.
- Refer to this guidance for reviewing prescriptions unless most recent correspondence from the paediatric dietitian provides reasoning to quantities outside of the recommendations, if further dietetic support required, please refer to dietitian.
- Children with multiple or severe allergies may require prescriptions up to and beyond 2 years of age if recommended by the paediatric dietitian due to an overly restricted diet. This should be documented in the patient's consultation notes at the GP practice.
- Ensure child's growth is monitored and recorded. Review treatment if child is not thriving.

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.

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.

ANTI-REFLUX FORMULAE (to be purchased over the counter):

- Pre-thickened (which require a large hole/fast flow teat) e.g. Cow & Gate Anti-reflux® or Aptamil Anti-reflux®.
- Thicken on reaction with stomach acids and therefore will not be effective in the presence of a PPI eg. SMA Anti reflux®
- Alternatively, Carobel thickener (not suitable for pre-term or low birth weight infants) can be used.

Please note: Pre-thickened formulas or formulae with added thickener should not be used in conjunction with antacid medication. If no improvement offer an alginate (antacid medication) such as Infant Gaviscon (maximum of 6 times per day) for a trial period. **Primary Care prescribing of Reflux/Colic/Comfort infant formulae by K&M ICB is not supported.**

BREAST MILK FORTIFIER

Some preterm infants require breast milk to be fortified.

Breast milk fortifier is only available in the community on the recommendations of a SCBU or neo-natal unit for short term use, with continued use under the guidance of a paediatric dietitian and/or Paediatrician

PRE-TERM FORMULAE

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

** Please see long guidance for Halal, Kosher & vegetarian formulas.

These formulae should not be commenced in primary care and are usually used for infants up to 6 months (corrected age) only.

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

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.

If symptoms are causing distress, treat formula fed infants with an over-the-counter lactose free formula (see list below) for up to 8 weeks to allow symptoms to resolve.

LACTOSE FREE FORMULA (to be brought over the counter):

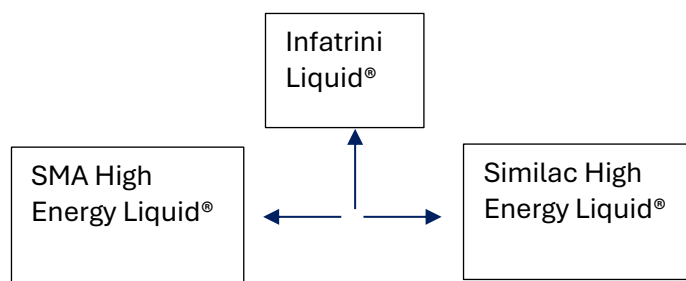
Either SMA LF® or Aptamil Lactose free® (for temporary use only. GP to review the use after 8-12 weeks, then continue to purchase if need)

Primary Care prescribing of lactose free formula is not supported by K&M ICB

FALTERING GROWTH

It is essential to rule out possible disease related/medical causes for 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 was between 9th and 91st 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



n.b. Please see long guidance for Halal, Kosher & vegetarian status of all above formulas.

These formulae are all ready to use and can 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.

Reference and resources:

1. [BNFC \(British National Formulary for Children\) | NICE](#)
2. [imap-home-reintroduction-guide-for-parents.pdf](#)
3. [NICE CG116: Food Allergy in Children and Young People.](#)
4. [The Milk Allergy in Primary Care Guideline.](#)
5. [Care pathway for children with food allergy.](#) Royal College of Paediatrics and Child Health
6. [Guidelines for the diagnosis and management of cow's milk protein allergy in infants.](#)
7. [Diagnosis and Rationale Against Cow's Milk Allergy \(DRACMA\) Guidelines.](#) WHO
8. [Position Statement: Use of Infant Formulas based on Soy Protein.](#)