



FORTINI™ INFANT - SUPPLEMENTING BREAST MILK*

Fortini Infant can supplement breast milk throughout the day for added calories and protein for catch-up growth: In just 4 ounces, one carton provides 118 catch-up calories and 3 grams of protein, key for lean body mass.

This table lists ratios of breast milk to supplemental Fortini Infant, either in fluid ounces or feedings, and approximate energy densities for each:

Ratio of feedings		Characteristics, if blended	Volume of Breast Milk	Volume of Fortini Infant		Approximate Final Volume and Calories	
4:	:1	22 kcal/fl oz	4 fl oz	1 fl oz	-	5 fl oz (148 mL)	110 kcal
5	Fortini Infant	0.73 kcal/mL	8 fl oz	2 fl oz	½ carton	10 fl oz (295 mL)	219 kcal
Breast milk			16 fl oz	4 fl oz	1 carton	20 fl oz (591 mL)	438 kcal
Raises protein intake by ~+0.4 g/100 mL [†]		24 fl oz	6 fl oz	1½ cartons	30 fl oz (887 mL)	657 kcal	
~295 mOsm/kg [‡]		~86.6% Free water [‡]	30 fl oz	8 fl oz	2 cartons	38 fl oz (1124 mL)	837 kcal
3:2		24 kcal/fl oz	3 fl oz	2 fl oz	½ carton	5 fl oz (148 mL)	119 kcal
D	E. Catheren	0.80 kcal/mL	6 fl oz	4 fl oz	1 carton	10 fl oz (295 mL)	238 kcal
Breast milk	Fortini Infant		12 fl oz	8 fl oz	2 cartons	20 fl oz (592 mL)	477 kcal
Raises protein intake by		~+0.7 g/100 mL [†]	18 fl oz	12 fl oz	3 cartons	30 fl oz (887 mL)	715 kcal
~310 mOsm/kg [‡]		~86.2% Free water‡	24 fl oz	16 fl oz	4 cartons	40 fl oz (1183 mL)	953 kcal
2	:3	26 kcal/fl oz 0.87 kcal/mL	2.5 fl oz	4 fl oz	1 carton	6.5 fl oz (192 mL)	168 kcal
D	nilk Fortini Infant		5 fl oz	8 fl oz	2 cartons	13 fl oz (385 mL)	337 kcal
Breast milk			8 fl oz	12 fl oz	3 cartons	20 fl oz (591 mL)	515 kcal
Raises protein intake by		~+1.0 g/100 mL [†]	10 fl oz	16 fl oz	4 cartons	26 fl oz (769 mL)	673 kcal
~330 mOsm/kg [‡]		~85.8% Free water‡	16 fl oz	24 fl oz	6 cartons	40 fl oz (1183 mL)	1030 kcal
~1:2		27 kcal/fl oz	2.5 fl oz	6 fl oz	1½ cartons	8.5 fl oz (251 mL)	230 kcal
Breast milk	Fortini Infant	0.90 kcal/mL	3.5 fl oz	8 fl oz	2 cartons	11.5 fl oz (340 mL)	307 kcal
			5 fl oz	12 fl oz	3 cartons	17 fl oz (503 mL)	455 kcal
Raises protein intake by		~+1.1 g/100 mL [†]	6.5 fl oz	16 fl oz	4 cartons	22.5 fl oz (665 mL)	603 kcal
~335 mOsm/kg‡		~85.7% Free water‡	10 fl oz	24 fl oz	6 cartons	34 fl oz (1006 mL)	910 kcal
1:4		28 kcal/fl oz	1 fl oz	4 fl oz	1 carton	5 fl oz (148 mL)	138 kcal
Breast milk	Fortini Infant	0.93 kcal/mL	2 fl oz	8 fl oz	2 cartons	10 fl oz (295 mL)	277 kcal
			3 fl oz	12 fl oz	3 cartons	15 fl oz (444 mL)	415 kcal
Raises protein intake by ~+1.3 g/100 mL [†]		5 fl oz	20 fl oz	5 cartons	25 fl oz (739 mL)	691 kcal	
~345 mOsm/kg [‡]		~85.4% Free water‡	7 fl oz	28 fl oz	7 cartons	35 fl oz (1035 mL)	968 kcal

¹ fl oz = 29.57 mL. 1 carton Fortini Infant = 4 fl oz (118 mL) at 30 kcal/fl oz (1 kcal/mL). Breast milk is assumed to be 20 kcal/fl oz (0.67 kcal/mL).

Fortini is a specially formulated medical food for use under medical supervision for dietary management of term infants from birth up to 18 months of age (or 19.8 lbs/9 kg) with or at risk of growth failure, increased energy requirements, and/or fluid restrictions. Clinicians should regularly monitor nutrient and fluid status by reviewing nutrient intake and needs, anthropometry, tolerance, and micronutrient status.

^{*}Nutricia North America supports the use of breast milk wherever possible. Fortini is suitable as a sole source of nutrition and as a supplement to breast milk. Refer to Fortini packaging for full instructions. For patient safety, Nutricia directs caregivers who request this information to their healthcare team for guidance.

[†] Fortini Infant contains 2.6 g protein/100 mL. When supplementing breast milk, add number shown in table ("+XX") to a value for protein content of human milk (_g/100 mL) to estimate increased protein with added Fortini. Assumes protein content in mature human milk of 1.1 g/100 mL.

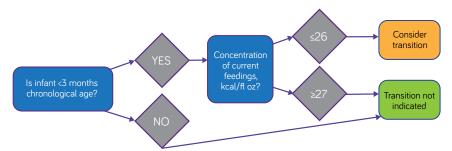
[‡] Fortini Infant has an osmolality of 360 mOsm/kg and contains 85% free water. Mature human milk is approximately 280 mOsm/kg and 87% water.



TRANSITION GUIDE

Fortini Infant can be started at full strength from day 1 for most infants,§ and is as well tolerated as standard (20 kcal/fl oz) infant formula.¹-³ It's been shown well tolerated in infants with various causes of growth failure,⁴-6 infants with congenital heart defects,¹5,7,8 and even in critically ill infants.¹2,4,9

FLOW CHART: SHOULD I CONSIDER A GRADED TRANSITION TO FORTINI INFANT?



YOU MIGHT NOTICE SOME CHANGES IN STOOL FREQUENCY AND CONSISTENCY AND A SLIGHT INCREASE IN GAS AS BABIES ADJUST TO THE PREBIOTIC FIBER IN FORTINI. THAT'S NORMAL, AND SHOULD ONLY LAST A FEW DAYS.

CONSIDER ONE OF THESE METHODS WHEN A GRADED TRANSITION TO FORTINI INFANT IS APPROPRIATE

METHOD 1:

FADE BY REPLACING FEEDINGS

Start by replacing several feedings of the original formula or breast milk with feedings of Fortini Infant on the first day.

Over a period of days, replace one additional feeding of the original formula or breast milk per day with Fortini Infant.

Method 1 sample progression:

Day 1	Original formula or breast milk	3 feedings		
Day 1	Fortini Infant	Remainder		
Day 2	Original formula or breast milk	2 feedings		
Day 2	Fortini Infant	Remainder		
D 7	Original formula or breast milk	1 feeding		
Day 3	Fortini Infant	Remainder		
Day 4	All feedings 100% Fortini Infant			

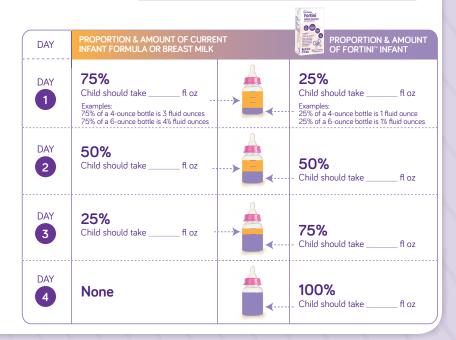
METHOD 2:

FADE BY BLENDING IN THE BOTTLE

Start by mixing a small amount of Fortini Infant with original formula in a clean bottle.

- If the original formula is a powder, mix it separately following the directions on the can, before combining with Fortini Infant.
- If the baby is taking breast milk,*
 give the expressed milk in a bottle
 (be sure the baby is comfortable
 with a bottle first).
- Over a period of days, gradually increase the ratio of Fortini Infant to the original formula in the bottle.

Parenter Enteral Nutr. 2019. 9. de Betue, et al. Arch Dis Child. 2011;96:817-22.



[§] Infants less than 12 weeks of age may benefit from a graded introduction to Fortini over three days. See reverse side for other footnotes.

1. Cui, et al. JPEN J Parenter Enteral Nutr. 2018;42:196-204. 2. van Waardenburg, et al. Clin Nutr. 2009;28:249-55. 3. Scheeffer, et al. JPEN J Parenter Enteral Nutr. 2020;44:348-54. 4. Eveleens, et al. 2018. 5. Clarke, et al. J Hum Nutr Diet. 2007;20:329-39. 6. Nutricia North America. https://clinicaltrials.gov/ct2/show/NCT03563391. 7. Sonnemans, et al. Netherlands: Danone Research; May 2012. 8. Scheeffer, et al. JPEN J