For nutritional intervention in infants with failure to thrive (FTT) 6 ways the US standard of care of concentrating infant formula fails to meet your standards



1 Troubling tolerability Concentrating powdered infant formula increases osmolality,¹ which can be hard for infants to tolerate.^{2,3} Hyperosmolar feeds can bring concern of osmotic diarrhea,^{1,4,5} delaying catch-up goals.

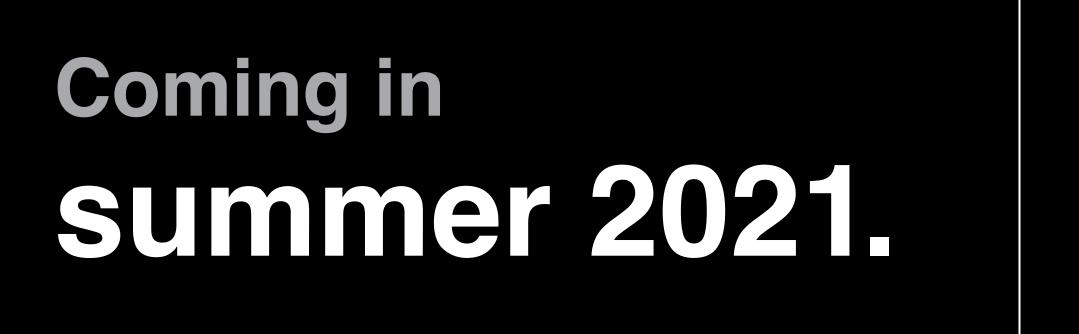


6 Unbalanced nutrition Δ

Although concentrating and fortifying can help achieve higher calorie levels, they do not produce a balance of nutrients tailored for babies with FTT.

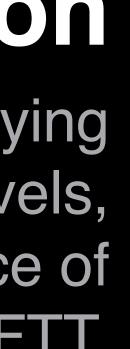


When mixing powdered formulas, there's always a danger of mistakes⁹⁻¹¹ or external contamination.¹²⁻¹⁴ And the risk of errors, burden on caregivers, and extra staff time only increase when adding extra formula, fortifying, or supplementing with modular nutrition products.



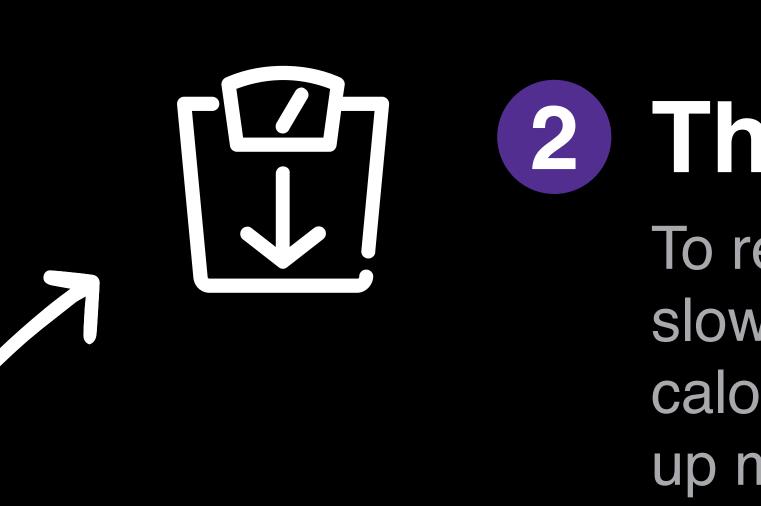
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References: 1. Steele, et al. J Hum Nutr Diet. 2013;26:32-7. 2. Slicker, et al. Congenit Heart Dis. 2013;8:89-102. 3. Roman. Pract Gastroenterol. 2011;35:11-34. 4. Pereira-da-Silva, et al. Eur J Clin Nutr. 2008;62:274-8. 5. Fomon, et al. J Pediatr. 1999;134:11-4. 6. Reddy. Semin Thorac Cardiovasc Surg Pediatr Card Surg Annu. 2013;16:13-20. 7. Alsoufi, et al. J Thorac Cardiovasc Surg. 2014;148:2508-14. e1. 8. World Health Organization; Food and Agriculture Organization of the United Nations; United Nations University. Protein and amino acid requirements in human nutrition: report of a joint FAO/WHO/ UNU expert consultation. 2007. 9. Renfrew, et al. Arch Dis Child. 2003;88:855-8. 10. Plaster, et al. J Am Diet Assoc. 1996;96:A-64. 11. Altazan, et al. Pediatr Obes. 2019;14:e12564. 12. Rocha Carvalho, et al. JPEN J Parenter Enteral Nutr. 2000;24:296-303. 13. Fagerman. Nutr Clin Pract. 1992;7:31-6. 14. Labiner-Wolfe, et al. Pediatrics. 2008;122 Suppl 2:S85-90.



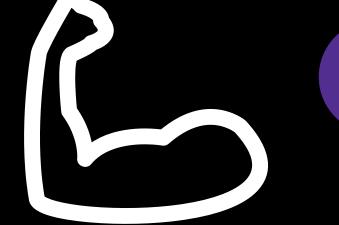


Infants with FTT can't afford any more obstacles to health. Sign up to learn how Fortini[™] infant formula is leading the charge to help more infants flourish.



2 The step-up slowdown

To reduce the risk of tolerability issues, many infants are slowly transitioned to higher-calorie feeds to reach their goal calorie level,^{2,3} losing precious time to the incremental "stepup method." This slow approach may impede weight gain, which is especially worrisome in babies for whom pivotal procedures are delayed until they reach a healthier weight.^{6,7}





Inadequate hydration

Concentrating infant formula may come with concerns about inadequate hydration and even dehydration due to insufficient free water and high potential renal solute load (PRSL).1,4,5

It's time to elevate the standard of care

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3 Insufficient protein

Standard infant formulas typically provide $\approx 8\%$ of calories in the form of protein, even when concentrated – this falls short of the WHO/FAO/ UNU target of 9-12% to support catch-up growth with appropriate lean tissue gain.8

