



Pharmacy plays a key role as trusted expert in infant feeding

Providing non-judgmental information and advice using your knowledge, expertise and empathy helps parents make confident and informed choices.

It is unsurprising that many of the hundreds of thousands of parents in the UK look to pharmacies for support and advice about infant feeding, alongside advice on other aspects of looking after their newborn.

Breastfeeding is, of course, the best option, with numerous health and other benefits for both baby and mother. The Department of Health recommends exclusive breastfeeding for the first six months of life. Breastfeeding should continue beyond the first six months, along with appropriate types and amounts of solid foods once the weaning process has been started.

A range of help and advice is available for mothers who want to continue breastfeeding. Information can be found via the Infant Feeding Category Hub available on the Training Matters website at: tmmagazine.co.uk/infant-feeding-hub.

It may also be useful to collect details on resources in your local area that you can then pass on.

Some parents may need to, or choose to, formula feed or combination feed using breast milk and infant formula. Pharmacy technicians play a key role in providing non-judgmental information and advice to help parents make confident and informed choices.

In the pharmacy, only pharmacists and pharmacy technicians can give advice on infant feeding. By keeping up to date with relevant continuing professional development (see panel overleaf), you can support parents with your knowledge, expertise, assurance and empathy. It's this expert health and wellness focus, of course, that makes pharmacies different, and which brings parents back time and time again.

INFORMATION FOR HEALTHCARE PROFESSIONAL USE ONLY



REGISTER NOW TO JOIN THE COMMUNITY

of **SMA® Nutrition** Infant Feeding Champions

Pharmacists are invited to sign up and register their team as **SMA® Nutrition** Infant Feeding Champions

Champions will receive training resources to help them support parents to make the right nutritional decisions in the first 1,000 days of their baby's life, from conception up to two years – a vitally important period for healthy baby development.¹



TO RECEIVE YOUR FREE RESOURCE PACK

To receive your free resource pack simply scan this QR code with your smartphone and complete the online registration form, or go to www.p3pharmacy.co.uk/infant-feeding-hub and register as an Infant Feeding Champion today!

REFERENCE: 1. Koletzko et al. Early nutrition programming of long-term health. *Proceedings of the Nutrition Society* 2012; 71: 371–378.

SMA® Nutrition UK and Ireland

PREPARING FOR BABY WITH A

pharmacy visit

Pharmacies are where about a quarter of pregnant women come to do a 'rehearsal shop', where they look at the baby section, seek advice and see what's on offer. After the birth, your customers will be confident that you will provide them with expert guidance, when they are short of sleep, and potentially stressed about doing what is right for their baby.

When it comes to baby milks, the law says only healthcare professionals are allowed to offer specific advice. So, if a customer asks about formula milks, they must be referred to a pharmacy technician or pharmacist. By providing good advice at times of high emotion, you build a trusted relationship that will keep mothers coming back as their baby grows and their health and wellbeing needs change.





Further information and support

SMA® Nutrition believes community pharmacy can be a valuable and accessible source of advice for parents and has produced a range of resources to support you:

- The SMA® Nutrition Healthcare Professional website (smahcp.co.uk) hosts a wealth of information that will enable you to support parents and their babies
- Online continuing professional development training on infant feeding is available at: tmmagazine.co.uk/infant-feeding-hub.
- View the Infant Feeding Guide at: infantfeedingguide.co.uk
- The SMA Careline® (0800 081 81 80) is available for healthcare professionals and parents alike. Our team have over 100 years' cumulative experience with backgrounds in nursing, childminding and midwifery. The team are available 24/7, 365 days of the year to support you with answers and information on a range of different topics from breastfeeding and feeding issues, to allergies and questions on our product range.

The Live Chat service is also available 9am – 5pm Monday to Friday at: smababy.co.uk/sma-careline.

For breastfeeding support, the following sources of information can be useful for your customers:

- The NHS website (nhs.uk/conditions/pregnancy-and-baby/pages/breastfeeding-help-support.aspx) provides useful information and advice about breastfeeding
- The Breastfeeding Network (breastfeedingnetwork.org.uk) is an independent source of support and information
- The National Breastfeeding Helpline (0300 100 0212, nationalbreastfeedinghelpline.org.uk) provides independent, confidential, mother-centred, non-judgmental breastfeeding support and information
- LaLeche (laleche.org.uk) is an international charitable organisation founded to give information and encouragement, mainly through mother-to-mother support, to all women who want to breastfeed their babies.

About SMA® Nutrition

SMA® Nutrition has been leading baby nutrition research for over 100 years and develops formulas that reflect the latest research and innovation to help meet the nutritional needs of babies. Every product has a tailored nutrient profile for each stage of growth and development.



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WHAT'S GOING ON IN THE WORLD OF INFANT FEEDING JULY 2018

happenings

Formulas change to reflect new science

The infant formulas that parents use today have been developed over many decades to reflect new scientific understanding about nutritional needs of babies.

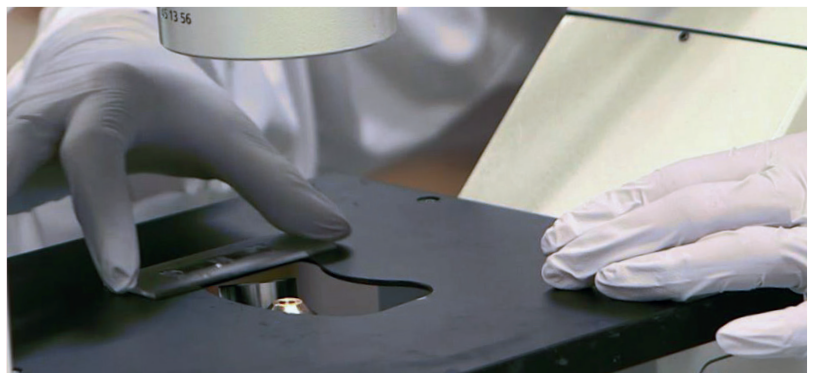
Back in the 1930s, the protein content of formula was reduced to allow for the relatively immature kidneys of the newborn human.¹ Since then there have been successive improvements to formula, including fortification with iron and long-chain polyunsaturated fatty acids, as well as changes to the ratio of added calcium and phosphorus.

Developments in infant feeding continue as manufacturers attempt to improve performance to attempt to close the gap between the unmatched benefits of breast milk and formula. An exciting development that builds on emerging science has seen the introduction of formula with added human milk oligosaccharides, or HMOs (see opposite).

Formula with hydrolysed proteins has been developed, which have been shown to reduce the risk of eczema in babies with a family history of allergy, when compared to standard formula.² In these milks, proteins have been broken up into smaller pieces, which reduces the risk of a baby developing an allergic response.

An immature gut means that up to 55 per cent of babies have gastrointestinal symptoms, such as colic, constipation and diarrhoea, in the first few weeks and months of life.³ Formulas that contain partially hydrolysed whey protein may be easier for the immature gut to digest.⁴

Formulas with added easily-digestible starch have also been developed for babies with frequent regurgitation (reflux). In its 2015 guidance, NICE recommends a trial of a thickened formula as a measure for formula-fed infants with frequent regurgitation associated with marked distress.⁵



REFERENCES: 1. Infant Formula: Evaluating the Safety of New Ingredients, Institute of Medicine (US) Committee on the Evaluation of the Addition of Ingredients New to Infant Formula. Washington (DC): National Academies Press (US); 2004. 2. von Berg A et al. *J Allergy Clin Immunol* 2008; 121: 1442–1447. 3. Iacono G et al. *Dig Liver Dis* 2005; 37: 432–438. 4. Billeaud C et al. *Eur J Clin Nutr* 1990; 44: 577–583. 5. Gastro-oesophageal reflux disease: recognition, diagnosis and management in children and young people. NICE guideline. Jan 2015.

The 2019 Infant Feeding Guide

Available now!



The latest innovation

The latest innovation in infant formula is the addition of human milk oligosaccharides (HMOs). After lactose and lipids, HMOs are the third most common solid component of breast milk.¹ Hundreds of research papers have been published over the last 10 years suggesting a range of biological activity for HMOs.

The first formula range containing HMOs, **SMA® ADVANCED**, is now available to parents in the UK and Ireland. It contains the widely-studied human milk oligosaccharides 2'FL and LNnT which are structurally identical to two of the most abundant HMOs found in breast milk.

Its launch follows publication of a clinical trial of a formula containing 2'FL and LNnT. This trial found the formula was well-tolerated and that babies grew in an age-appropriate way when compared to World Health Organization (WHO) standard growth charts and to babies feeding on control formula without HMOs.¹

The trial also found a series of other promising findings in its secondary outcomes. These results are statistically significant and in line with the known biological activity of HMOs.²

Babies using the formula containing HMOs had:

- 70 per cent lower risk of parent-reported, physician-validated bronchitis
- 55 per cent lower risk of parent-reported, physician-validated lower respiratory tract infections
- Significantly reduced risk of using antipyretics and antibiotics
- Fewer night time awakenings at two months



A clinical trial of a formula containing human milk oligosaccharides found that babies using it grew in accordance with WHO growth standards, and at the same rate as a group fed a control formula.¹

However, these findings are from secondary outcomes and need further research to be confirmed.

HMOs are distinct from plant and cows' milk-based oligosaccharides such as GOS and FOS added to some infant formula. Although HMOs in formula are not directly derived from breast milk, a sophisticated manufacturing process means they are structurally identical to breast milk HMOs. GOS and FOS are not found in breast milk and have simpler structures than HMOs.

HMOs are a selective food source for the 'good' bacteria in the baby's gut.² Research on HMOs suggests they block gut pathogens from causing infections and boost cells of the immune system both in the gut and elsewhere in the body. GOS and FOS have a different effect on gut pathogens, and less effect on cells of the immune system, when compared to HMOs.^{3,4}

REFERENCES: 1. Puccio G et al. Effects of Infant Formula With Human Milk Oligosaccharides on Growth and Morbidity: A Randomized Multicenter Trial *Journal of Pediatric Gastroenterology and Nutrition* 2017;64: 624–631

2. Bode L. Human milk oligosaccharides: Every baby needs a sugar mama *Glycobiology* 2012; 22 1147–1162

3. Comstock S et al. Dietary Human Milk Oligosaccharides but Not Prebiotic Oligosaccharides Increase Circulating Natural Killer Cell and Mesenteric Lymph Node Memory T Cell Populations in Noninfected and Rotavirus-Infected Neonatal Piglet *J Nutr* 2017; 147: 1041–7

4. EFSA Panel on Dietetic Products, Nutrition and Allergies (NDA). Scientific Opinion on the substantiation of a health claim related to Immunofortis® and strengthening of the baby's immune system pursuant to article 14 of Regulation EC No 1924/2006 *EFSA Journal* 2010; 8: 1430.

How to support your customers with their infant feeding questions

Four out of five mothers who choose to use infant formula will stick to a particular brand, and 75 per cent will go elsewhere if they cannot find what they want,¹ so it is important to offer a good range to keep your customers happy.

Typically a range of products will offer: first milks from 0–6 months; follow-on milks from 6–12 months and growing-up milks from 12 month to three years.

As well as regular products suitable for most babies (including organic ranges) there are specialist milks available for specific feeding issues, including soy protein milks and lactose-free formulas. In addition, there are product ranges designed to compete with supermarket own brands.

Being able to explain the choices available demonstrates what your pharmacy offers to support parents' important decisions on infant feeding, building customer loyalty.

REFERENCE: 1. Nunwood, TNS, July–Sept. 2013.

Research aims for **future improvements**

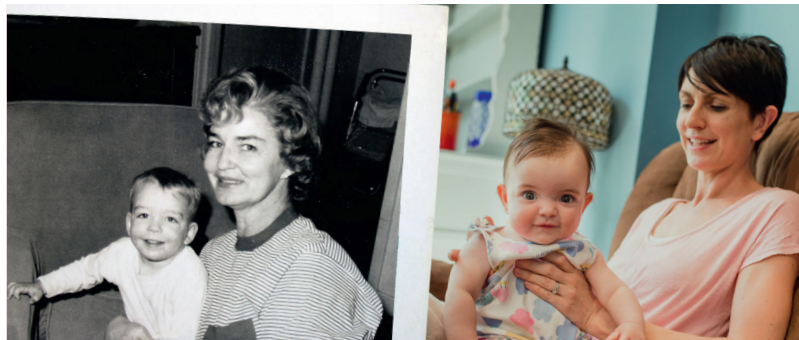
Scientific research on infant feeding continues to identify ways that might make infant formula better, and so improve the health and development of babies.

Nestlé currently employs more than 800 researchers who work with academics from leading universities to improve infant feeding products and ensure babies' healthy growth and nutrition.

A recent focus for research for Nestlé has been the role of human milk oligosaccharides (HMOs), resulting in a landmark clinical trial of formula containing two HMOs, and the subsequent launch of the new SMA® ADVANCED range, with formulas containing two HMOs.¹

REFERENCE: 1. Puccio G et al. Effects of Infant Formula With Human Milk Oligosaccharides on Growth and Morbidity: A Randomized Multicenter Trial *Journal of Pediatric Gastroenterology and Nutrition* 2017;64: 624–631.

Changes to infant formula: **learning from the science**



Infant formula has been changed and updated in response to increased scientific understanding multiple times over the past 100 years.

Over the years, infant formula has become more complex in response to accumulating scientific knowledge about infant feeding. SMA®, for example, first became available to UK mothers in 1925, but it was not long before it was improved as the vital role of vitamins in human health came to light. From the 1930s to the 1950s, first carotene, then niacin, vitamin C and vitamin D and then vitamins E and B12 were added. In the 1960s, SMA® was the first infant formula developed to have

whey dominant protein. Whey can be demineralised and this allows for the development of formula with a balance of minerals. SMA® products have been pioneers in terms of improving the quality and reducing the level of protein in infant formula to better meet the needs of babies. Just over 20 years ago SMA® was first fortified with long chain polyunsaturated fatty acids. These are now an established ingredient and will be in all European infant milks from February 2020.

Infant feeding hub keeps you up to date



The product information and advice you give needs to be accurate and up to date, and the Infant Feeding Category Hub, available on the Training Matters website, is a good resource to meet the training needs of pharmacy technicians.

The hub's continuing professional development modules are accredited by the National Pharmacy Association and cover topics such as:

- Responsive feeding
- Specialist milks

- Infant feeding and allergy risk
- Allergy to cows' milk protein

A new module on the role of human milk oligosaccharides (HMOs) in infant feeding will be available shortly, giving you the background to an exciting new innovation in infant formulas.

Each module will only take you around 15 minutes to complete, and will give you the information and knowledge to help advise your customers with confidence.

IMPORTANT NOTICE: The World Health Organisation (WHO) has recommended that pregnant women and new mothers be informed on the benefits and superiority of breastfeeding – in particular the fact that it provides the best nutrition and protection from illness for babies. Mothers should be given guidance on the preparation for, and maintenance of, lactation, with special emphasis on the importance of a well-balanced diet both during pregnancy and after delivery. Unnecessary introduction of partial bottle-feeding or other foods and drinks should be discouraged since it will have a negative effect on breastfeeding. Similarly, mothers should be warned of the difficulty of reversing a decision not to breastfeed. Before advising a mother to use an infant formula, she should be advised of the social and financial implications of her decision: for example, if a baby is exclusively bottle-fed, more than one can (400 g) per week will be needed, so the family circumstances and costs should be kept in mind. Mothers should be reminded that breast milk is not only the best, but also the most economical food for babies. If a decision to use an infant formula is taken, it is important to give instructions on correct preparation methods, emphasising that unboiled water, unsterilised bottles or incorrect dilution can all lead to illness.