

Breast Milk Substitutes

Infant Formulas

Breast milk is best for babies, and it is recommended that breastfeeding or expressed breast milk is continued until your child is at least 12 months of age. It can be hard to go back to breastfeeding after you have started a breast milk substitute (infant formula). If you are having problems with breastfeeding, your midwife, maternal and child health nurse or a lactation consultant can provide assistance.

If breastfeeding or giving expressed breast milk is not an option, you will need to select a breast milk substitute. There are a number of different brands available and each brand has a range of standard and some specialised formulas to meet the specific needs of some babies.

The following information is provided to help you understand a little more about the choices available.

Barwon Health does not recommend any particular formula brand. Infant formula brands used by the hospital are changed frequently with no preference or allegiance to any formula company.

From Birth Infant Formula

(Labelled as 'Starter', 'Step1', 'Newborn' or 'Suitable from Birth')

- Suitable for use from Birth to 12 months, although formulated to best meet the nutritional requirements of full-term infants from 0 - 6 months.
- Look for a brand that has more whey protein than casein protein, as this is more similar to breast milk and thus more easily digested. This information appears in the nutrition panel as 'Whey: Casein'. Examples of suitable whey: casein ratios include 70:30 or 60:40.

Infant Formula 6 - 12 months

(Labelled as 'Follow-on', 'Step 2' or 'Progress')

- Formulated to meet the nutritional requirements of infants from 6 to 12 months of age and have a higher protein and iron content compared to the 'From Birth/Starter/Step1' formulas.



- Designed to be used as the main source of nutrition during the introduction of solids, and in addition to the diet once a child is eating a wide variety of family foods.

AR Anti-Regurgitation/Anti-Reflux (Thickened) Formula

Reflux is when stomach contents are brought back up, either into the oesophagus or the mouth.

- Thickener is added to thicken the formula on mixing with stomach acid.
- May help reduce mild to moderate regurgitation.
- Check with your doctor, paediatrician or maternal and child health nurse before changing to an anti-reflux formula, as reflux is common and most babies don't need treatment unless they are in pain or their growth is affected. These products should only be used as part of a medically-supervised treatment for reflux.
- For more information, see the list of websites on the last page for a link to the Royal Children's Hospital reflux fact sheet.

Low Lactose Formula

Lactose is the natural sugar in milk; including breast milk, cow's milk, goat's milk and infant formulas made from these milks.

- In low lactose formulas, 95% of the lactose has been broken down.
- Used for babies with lactose intolerance.
- May be used for babies with chronic diarrhoea, who may be unable to digest lactose.
- Check with your maternal and child health nurse, paediatrician, doctor or dietitian before changing to a low lactose formula, as these should only be used as part of a medically-supervised treatment for lactose intolerance.

Soy Formula

- Made from soy beans and does not contain animal products.
- Only recommended when there is a medical reason for avoiding a cow's milk-based formula; for example, babies diagnosed with the rare medical condition called 'galactosaemia'.
- Not the best choice for babies with a cow's milk allergy, as often infants with a cow's milk allergy will also be allergic to soy.
- Soy protein is a low quality protein when compared to cow's milk protein.
- Soy formulas are lactose free, but are not recommended as the best choice for babies with lactose intolerance.
- Not recommended for general use or for babies under 6 months of age.



- Not suitable for premature babies.

Check with your maternal and child health nurse, paediatrician, doctor or dietitian before changing to a soy formula.

HA (hypoallergenic) Partially-Hydrolysed Formula

- The protein has been partially hydrolysed (broken down).
- Originally designed to help reduce the risk of allergy in high risk infants (i.e. those with a strong family history) but there is now limited evidence that this is the case.
- NOT suitable for infants with a confirmed diagnosis of cow's milk protein allergy.

'Gold' Formulas

'Gold' labelling indicates the addition of long chain polyunsaturated omega 3 fatty acids, also referred to as 'PUFA' or 'LCs'. These fats are also found in breast milk. They are generally not included in standard formulas because full-term babies can make these fats naturally from the fats in regular formula.

Organic formula

Whether or not to use an organic formula is a personal choice. There are many suitable infant formulas that are not organic, but will still adequately meet your baby's nutritional requirements.

Formulas with A2 milk

Research has not shown A2 milk to be any better for health than regular milk, so selecting an infant formula made from A2 milk is a matter of personal choice. It is worth comparing prices as many less expensive infant formulas made from regular milk will adequately meet your baby's nutritional requirements.

Comfort formula

'Comfort' labelling can be confusing because no specifications exist for the term 'comfort' in the Food Standards Australia New Zealand (FSANZ) code. Several manufacturers produce breast milk substitutes with 'comfort' on the label, however, the modifications made to these products vary from brand to brand and may include any of the following:

- Using up to 100% partially hydrolysed (broken down) whey as the protein source.
- Slightly reduced lactose content.
- Addition of a different probiotic to the one usually used in infant formulas.
- Addition of specially treated vegetable oil.

It is not recommended that 'comfort' formulas be used as a first choice breast milk substitute. Check with your maternal and child health nurse, paediatrician, doctor or dietitian before changing to a 'comfort' formula.



Goat's milk-based infant formula

Safe for infants up to 12 months, although there are no nutritional or medical reasons for using goat's milk in preference to a cow's milk-based formula.

Other additives used in infant formulas

The following components are sometimes added to infant formulas. None are essential, although some may be of benefit in certain situations:

Nucleotides

- Found in breast milk and permitted as an additive in infant formula.

Lutein

- Found in breast milk and permitted as an additive in infant formula.

Probiotics

- Live microorganisms which are 'friendly bacteria', such as Bifidus.

Prebiotics

- Ingredients that promote the growth of good bacteria (or probiotics) and may assist with digestion.

Other milks, including cow's milk, goat's milk and soy drink

The following milks are unsuitable as the main milk drink for babies: fresh milk, full cream, reduced fat, low fat, skim, evaporated, powdered, sweetened condensed, UHT/longlife, goat's milk, soy milk, rice milk, almond milk and coconut milk. These milks do not have all the nutrients necessary for babies less than 12 months of age. Only breast milk or a breast milk substitute (infant formula) is recommended as the main source of milk until your child is 12 months old and eating a good variety of solid foods. In babies over 6 months of age, fresh full cream milk may be used in small amounts - for example, added to mashed potato or cereal - but not as the main source of milk. When your baby is over 12 months old, it is okay to stop using formula and change to full cream cow's milk.

Toddler milks (1 - 3 years of age)

- Not suitable for babies under 12 months of age.
- Not necessary if your child is eating a good variety of healthy foods and drinking 500-600ml of cow's milk per day.

Encourage your child to drink from a cup, rather than a bottle, after 12 months of age.



Specialised infant formulas are available for particular medical conditions. These products are not discussed in this document as most are prescribed by paediatric specialists or used in the hospital setting.

Check with your maternal and child health nurse, paediatrician or dietitian if you are unsure about the best choice for your baby.

A note about changing brands

Different infant formula manufacturers use different scoop sizes and thus, the recipes for the amount of water to use per scoop will vary from brand to brand. Take care to **only** use the scoop that comes with the product and double check the recipe on the tin to make sure the correct amount of water is used per scoop. If you do change formulas, it is a good idea to throw away any old scoops to avoid confusion or mixing the formula incorrectly. If the infant formula is made up using the wrong scoop, your baby may be drinking formula that is too concentrated or too diluted to meet their needs.

Useful websites:

1. Preparation of Infant formula

http://www.who.int/foodsafety/publications/micro/PIF_Bottle_en.pdf

2. Australian Breastfeeding Association

<https://www.breastfeeding.asn.au>

3. Royal Children's Hospital information sheets

Reflux (GOR): http://www.rch.org.au/kidsinfo/fact_sheets/Reflux_GOR/

4. NHMRC Infant feeding summary for health workers

http://www.nhmrc.gov.au/files/nhmrc/publications/attachments/n56b_infant_feeding_summary_130808.pdf

5. Healthy Eating for Infants, Children and Teenagers

<http://www.eatforhealth.gov.au/eating-well/healthy-eating-throughout-all-life/healthy-eating-infants-children-and-teenagers>

