

# GPs' quick prescribing reference guide

**Breastfeeding is best for baby & mother and is free. So support, encourage and promote at any opportunity**

Prescribe as first line	Should not routinely be commenced in primary care	Over the counter (OTC) products:
Prescribe as second line	Should not routinely be prescribed	Do not prescribe

- ➔ Direct parents/carers towards websites, resources and support groups (see full guideline), especially the Wessex Healthier Together website: [www.what0-18.nhs.uk](http://www.what0-18.nhs.uk). Use "text page to patient" tab
- ➔ Make full use of the GP Infant Feeding Network (UK) excellent website: <https://gpifn.org.uk>
- ➔ Emphasize the need to strictly follow manufacturer's instructions when making up formula milk

<b>Cow's Milk Protein Allergy (CMPA)</b>	Similac Alimentum <sup>®</sup>	<b>Extensively Hydrolysed formula (EHF)</b>	<ul style="list-style-type: none"> <li>• Take an allergy focused clinical history</li> <li>• Confirm diagnosis for mild-moderate symptoms by re-challenging</li> <li>• Diet sheets available for parents</li> </ul>
	SMA Althéra <sup>®</sup>		
	Aptamil Pepti 1 & 2 <sup>®</sup>		
	Nutramigen LGG 1 & 2 <sup>®</sup>		
	SMA Alfamino <sup>®</sup>	<b>Amino Acid formula (AAF)</b>	First line for anaphylactic reaction/severe reactions / reaction to breastmilk. These should be referred to secondary care
	Nutramigen Puramino <sup>®</sup>		
	Neocate LCP <sup>®</sup> and Syneo <sup>®</sup>		
	Elecare		
SMA Wysoy <sup>®</sup>	<b>Soya formula</b>	For >6 months only and if no allergy to Soy	
<b>Gastro-Oesophageal Reflux Disease (GORD)</b>	Enfamil AR <sup>®</sup>	<b>Thickening formula</b> (reacts with stomach acid)	<ul style="list-style-type: none"> <li>• Try non-medical intervention first (see flowchart), check especially for overfeeding</li> <li>• Follow preparation instructions carefully</li> <li>• Limited evidence of efficacy for GORD</li> <li>• Review regularly and consider CMPA</li> </ul>
	SMA Anti-reflux <sup>®</sup>		
	Aptamil Anti-reflux <sup>®</sup>	<b>Pre-thickened formula</b>	
	Cow&Gate Anti Reflux <sup>®</sup>		
	HiPP Organic Anti-Reflux		
Instant Carobel <sup>®</sup>	<b>Thickener</b>	If anti-reflux formula not practical/possible (e.g. using pre-term or specialised formula)	
<b>GORD if breastfed / anti-reflux formula not working</b>	Gaviscon Infant	<b>Alginate</b>	<ul style="list-style-type: none"> <li>• <b>Never use with anti-reflux formulae</b></li> <li>• Review regularly and consider CMPA</li> <li>• Limited evidence of efficacy for GORD</li> </ul>
<b>Secondary lactose intolerance</b>	Enfamil O-Lac <sup>®</sup>	<b>Lactose-free formula</b>	<ul style="list-style-type: none"> <li>• Only if symptoms cause significant distress</li> <li>• Recommend for up to 8 weeks at a time</li> <li>• Lactose needs to be re-introduced slowly to build up tolerance</li> </ul>
	SMA LF <sup>®</sup>		
	Aptamil LF <sup>®</sup>		
SMA Wysoy <sup>®</sup>	<b>Soya formula</b>	For >6 months only	
<b>Faltering growth (FG)</b>	Similac High Energy <sup>®</sup>	<b>Energy dense ready-to-use formula</b>	<ul style="list-style-type: none"> <li>• Ensure regular weight/length monitoring</li> <li>• Diet sheet available for parents</li> </ul>
	Infatrini <sup>®</sup>		
	SMA High Energy <sup>®</sup>		
<b>FG, Malabsorption, CMPA</b>	Infatrini Peptisorb <sup>®</sup>	<b>Energy dense EHF with MCT</b>	Under expert recommendation only
<b>Malabsorption +/- CMPA</b>	Aptamil Pepti-Junior <sup>®</sup>	<b>EHF with MCT</b>	
	Pregestimil Lipil <sup>®</sup>		MCT= Medium Chain Triglycerides
<b>Pre-term or IUGR (post discharge from hospital)</b>	Nutriprem 2 Powder <sup>®</sup>	<b>Powdered formula</b>	<ul style="list-style-type: none"> <li>• Follow hospital discharge instruction</li> <li>• Ensure review at 6 months corrected age</li> </ul>
	SMA Gold Prem 2 <sup>®</sup>		
	Nutriprem 2 liquid <sup>®</sup>	<b>Ready to use formula</b>	
	SMA Gold Prem 2 liquid <sup>®</sup>		
<b>Infantile Colic</b>	Infacol <sup>®</sup> / Dentinox <sup>®</sup> Colief / CareCo lactase drop	<b>Simeticone Lactase</b>	<ul style="list-style-type: none"> <li>• Currently not recommended due to lack of evidence</li> </ul>

## ➔ Quantity to prescribe for 28 days (approximate guide)

Birth to 6 months			> 6 months to 1 year		
Weight (kg)	400g tin	800g tin	Weight (kg)	400g tin	800g tin
3.5 - 5	7	3 <sup>1/2</sup>			
5.5 - 6.5	9	4 <sup>1/2</sup>			
7 - 7.5	11	5 <sup>1/2</sup>	Once food intake is established		
8 - 8.5	12	6	5-13	6-12	3-6
9 - 10	14	7			

Infant Formulae are for age 0-12 months unless advised by a Paediatrician/Paediatric Dietitian.  
**Review all prescriptions for children over 2 years**

# Guide quantities of formula to prescribe

For powdered formula, approximate number of tins for 28 days:

Birth to 6 months			> 6 months to 1 year		
Weight (kg)	400g tin	800g tin	Weight (kg)	400g tin	800g tin
3.5 - 5	7	3 <sup>1/2</sup>			
5.5 - 6.5	9	4 <sup>1/2</sup>			
7 - 7.5	11	5 <sup>1/2</sup>	Once food intake is established		
8 - 8.5	12	6	5-13	6-12	3-6
9 - 10	14	7			

These amounts are based on:

- Infants under 6 months being exclusively **formula** fed and drinking 150ml/kg/day of a normal concentration formula.  
*N.B.: Some infants may require more than 150mls/kg/day, e.g. those with faltering growth.*
- Infants 6-12 months requiring less formula as solid food intake increases. 600mls of milk per day once food intake is established is recommended, mostly to meet calcium requirements.

There is a considerable variation between individuals and wastage can be significant: leftover formula should be discarded at the end of a feed. Unused bottles of formula should be discarded if they have been kept at room temperature for 2 hours (See guide to bottle feeding leaflet for full information - click [here](#))

**Preparation methods need to be strictly followed to prevent contamination of milk.**

**Manufacturers' instructions regarding safe storage once opened and expiry of ready to drink formulae should be adhered to – this may differ from manufacturer to manufacturer.**

Formulae should not be used as a sole source of nutrition for infants over 6 months unless under dietetic or medical supervision.

**For ready-to-use energy dense formula:**

- Follow recommendations made by a Paediatrician or Paediatric Dietitian.

**For babies fed via feeding tubes:**

Where nutrition is provided via NG/NJ/PEG tubes, the Paediatric Dietitian will be involved. Depending on the area, the GP may need to prescribe appropriate monthly amounts of formula required as advised by the Dietitian (this may exceed the guideline amounts for other infants). However some areas have contracts and agreements with the company providing infant formula, which means that the GP does not need to issue a regular prescription (“off FP10” model). Check with your local Paediatric Dietitians (see contact list)

## Dos and Don'ts of Prescribing Specialist Infant Formulae

### Do:

- ✓ Promote & encourage breastfeeding if clinically safe / mother is in agreement.
- ✓ Refer where appropriate to secondary or specialist care - see advice for each condition.
- ✓ **Seek prescribing advice if needed in primary care from the health professional involved in the child's care, or Paediatric Dietitians (see contacts on [what0-18.nhs.uk](http://what0-18.nhs.uk)).**
- ✓ Prescribe only 2 tins initially until compliance/tolerance is established.
- ✓ Advise to follow the manufacturer's advice on safe storage once mixed or opened.
- ✓ Check any formula prescribed is appropriate for the age of the infant.
- ✓ Check the amount of formula prescribed is appropriate for the age of the infant and /or refer to the most recent correspondence from the Paediatric Dietitian.
- ✓ Review prescriptions regularly to ensure quantity is still age and weight appropriate.
- ✓ Review any prescription (and seek guidance from a Paediatric Dietitian if appropriate) where:
  - The child is over 2 years old
  - The formula has been prescribed for more than 1 year
  - Greater amounts of formula are being prescribed than would be expected
  - The patient is prescribed a formula for CMPA\* but able to drink cow's milk

### Don't:

- ✗ **Recommend lactose free formula (Aptamil LF<sup>®</sup>, SMA LF<sup>®</sup>, Enfamil O-Lac<sup>®</sup>) for infants with CMPA\*.**
- ✗ Recommend low lactose /lactose free formula in children with secondary lactose intolerance over 1 year who previously tolerated cow's milk (they can use Lactofree whole<sup>®</sup> or Alpro growing up drink<sup>®</sup> from supermarkets).
- ✗ Recommend soya formula (SMA Wysoy<sup>®</sup>) for those **under 6 months** with CMPA\* or secondary lactose intolerance due to high phyto-oestrogen content.
- ✗ Suggest other mammalian milks (goat's, sheep's...) for those with CMPA\* or secondary lactose intolerance.
- ✗ Suggest rice milk for those under 5 years due to high arsenic content.
- ✗ Prescribe Infant Gaviscon<sup>®</sup> if the infant is taking anti-reflux- formulae or separate thickeners.
- ✗ Suggest Infant Gaviscon<sup>®</sup> > 6 times/24 hours or if the infant has diarrhoea/fever, (due to Sodium content).
- ✗ Prescribe Nutriprem 2 Liquid<sup>®</sup> or SMA Pro Gold Prem 2 Liquid<sup>®</sup> unless there is a clinical need, and don't prescribe after 6 months of corrected age **unless** advised by a specialist.

**\*CMPA: Cow's Milk Protein Allergy**

