



Neocate®



Breastfeeding is best for babies. Good maternal nutrition is important for breastfeeding. Partial bottle feeding could negatively affect breastfeeding. Reversing a decision not to breastfeed may be difficult. Improper use of infant formula may affect the health of the baby. Social and financial implications should be considered.

COW'S MILK ALLERGY MANAGEMENT GUIDE

FOR HEALTHCARE PROFESSIONALS ONLY - NOT FOR DISTRIBUTION TO THE GENERAL PUBLIC

TWO SYMPTOMS **TELL A STORY**

92% OF INFANTS WITH COW'S MILK ALLERGY (CMA) SUFFER FROM TWO OR MORE SYMPTOMS^{1,2}



DERMATOLOGICAL

Up to 90% of CMA infants will have atopic dermatitis/ eczema, urticaria,







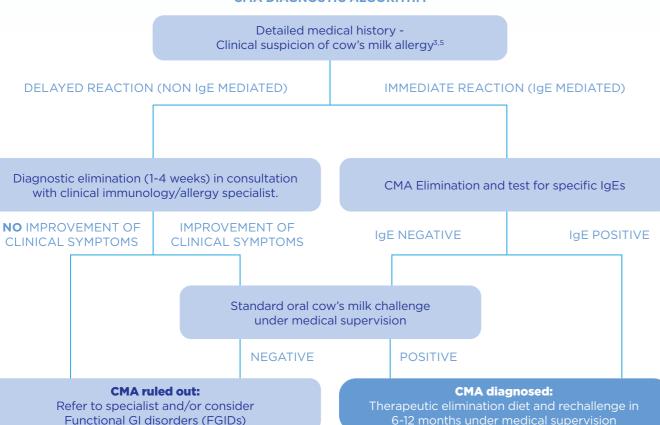


RESPIRATORY

GASTROINTESTINAL

Up to 60% of CMA infants will have diarrhoea, constipation, vomiting, frequent regurgitation, blood/mucus

CMA DIAGNOSTIC ALGORITHM



WHICH FORMULA IS RIGHT FOR YOUR PATIENTS?

CMA DIAGNOSED

Under 6 months of age OR

over 6 months of age with

faltering growth and presenting

with mild-moderate symptoms

of CMA

Extensively Hydrolysed

Formula (EHF)

Intact cow's milk protein

is broken down into small

peptides and amino acids

(extensively hydrolysed)

of infants with CMA, not

and are tolerated by:

• 90% (Pepti-Junior)

• 97% (Allerpro)

anaphylaxis7,8

ASCIA emphasises that while breast milk is the first choice for all infants including those with food allergy, a specialised formula is recommended for infants with confirmed CMA when breast feeding is not possible. Below is a summary, for the full range of specialised formulae and indications in CMA, please see the ASCIA Guide⁶ by scanning the QR code.





Over 6 months of age with NO faltering growth and without soy allergy

Soy Infant Formula

Karicare® Soy Milk **Infant Formula**



Aptamil[®] **Allerpro SYNEO**







Contains Prebiotics (GOS/ FOS), Lactose, Probiotic Bifidobacterium Breve. Nucleotides and LCP's

Aptamil® **Pepti-Junior**



Extensively hydrolysed contains < 0.1g lactose per 100ml, Nucleotides, 50% MCT and LCP's

FOR SEVERE ALLERGY

Severe CMA, Anaphylaxis or Eosoniphilic Oesaphagitis

Amino Acid Formula (AAF)

Amino acids are protein in its simplest, completely broken down form and therefore hypoallergenic. Amino acids are not derived from cow's milk.

Refer to "Red Flags" for when to use AAF.

Neocate® SYNEO

SYMPTOMS

PERSIST





Contains Prebiotics (FOS/FOS) & Probiotic Bifidobacterium Breve, 33% MCT. Nucleotides and LCP's

Neocate GOLD



Contains Nucleotides, LCP and 33% MCT

Neocate[®]



Contains Nucleotides and LCP's

Neocate® Junior Unflavoured

PBS



Contains Nucleotides 33% MCT

Neocate® Junior Vanilla



Contains Nucleotides, 33% MCT and pre-biotic fibre

RED FLAG INDICATORS FOR WHEN TO USE AN AAF9

REFER THE PATIENT TO A SPECIALIST WHEN THESE ARE ENCOUNTERED:



EHF Failure

EHF Failure is when symptoms do not resolve within 2-6 weeks on an EHF. On these cases, it is recommended to step up to an AAF.



Faltering Growth

Infants with CMA are at increased risk of poor linear growth. Infancy is a critical developmental stage.

Choosing an effective formula for children with food allergy is important to avoid growth deficits and optimise long-term outcomes. In these cases, it is recommended to step up to an AAF.

Neocate has been proven to support normal growth and promote catch up growth in infants with CMA.



Severe Gastrointestinal Allergies

Infants with severe complex gastrointestinal allergies (i.e. food induced enterocolitis and eosinophilic gastrointestinal disorders) seem to benefit from AAF.

IMAP advises use of an AAF where there are severe and persisting gastrointestinal symptoms in non-IgE mediated CMA.



Anaphylaxis

BSACI, EAACI, and IMAP guidelines recommend the use of AAF in severely allergic infants to mitigate possible risk.

LEARN MORE



Our Nutricia Careline team of dietitians, nutritionists and midwives are here to help with any questions.

Call us on 1800 438 500 (Australia) or email nutriciacareline@danone.com



Nutricia Paediatrics

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References: 1. Host A and Halken S. Allergy 1990;45:587-96. 2. Fiocchi A et al. WAO Journal 2010;3(4):57-161. 3. Koletzko et al. JPGN 2012;55:221-229. 4. Hill DJ et al. Clin Exp Allergy 2007;37:808-22. 5. ASCIA guide to cow's milk dairy allergy; https://www.allergy.org.au/patients/food-allergy/cows-milk-dairy-allergy (cited February 2024). 6. ASCIA guide to milk substitutes: https://www.allergy.org.au/hp/papers/guide-for-milk-substitutes-cows-milk-allergy (cited February 2024). 7. Vandenplas Y et al. Arch Dis Child 2007; 92:902-908
8. Giampietro FG et al. Pediatr Allergy Immunol 2001; 12:83-86. 9. Nutricia Red Flag campaign, UK 2019.
10. Meyer R et al. J Allergy Clin Immunol 2018;6(2):383-99.

Nutricia Australia Pty Ltd. The Zenith, Tower B, Level 12, 821 Pacific Highway, Chatswood, NSW, 2067, Australia.

