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 osmolarity, which can be hard for infants to tolerate. Hyperosmolar feeds can bring concern of osmotic diarrhea, delaying catch-up goals.

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, losing precious time to the incremental “step-up 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.

3. Insufficient protein
   Standard infant formulas typically provide ≈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.

4. 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).

5. Mix-ups and contamination
   When mixing powdered formulas, there’s always a danger of mistakes or external contamination. 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.

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

It’s time to elevate the standard of care
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.

Coming in summer 2021.