

Introducing HiPP anti-reflux

FSMP (food for special medical purposes), suitable for the management of infant reflux and regurgitation for infants from birth to 12 months.

- Proven to significantly reduce daily episodes of regurgitation as well as overall fewer regurgitation episodes⁸
- Whey dominant formulas have proven faster gastric emptying than casein-dominant formulas⁶
- Protein composition that is closer to first infant milk formula
- Thickened with carob bean gum which has been shown to reduce regurgitation and contributes to normalising oesophageal pH levels⁹



Comparison chart



	HiPP	Aptamil	Cow & Gate	SMA
Whey dominant	✓	✗	✗	✓
Thickener	Carob bean gum	Carob bean gum	Carob bean gum	Potato starch
Preparation	Boil water, leave for 45 mins	Boil water, leave for 45 mins	Boil water, leave for 45 mins	Boil water, cool for 30 mins*
FSMP / prescribable	FSMP – on shelf	FSMP – on shelf	FSMP – on shelf	FSMP – on shelf

*Cool water in bottle to lukewarm before adding powder

References: 1. Vandenplas J et al. J Pediatr Gastroenterol Nutr 2009;49:498-547, 2. Lightdale J et al. Gastroesophageal reflux: management guidance for the paediatrician Pediatrics 2013, 3. NICE guideline NG1 (2021) Gastro-oesophageal reflux disease in children and young people: diagnosis and management. Available at: www.nice.org.uk/guidance/ng1/resources/gastroesophageal-reflux-disease-in-children-and-young-people-diagnosis-and-management-51035086789(Accessed 29/09/2021), 4. NHS. Reflux in babies. Available at: <http://www.nhs.uk/conditions/reflux-babies/pages/Introduction.aspx#medical-advice>, 5. First Steps Nutrition Trust. Available at: www.firststepsnutrition.org, 6. Gastric emptying in infants with or without gastro-oesophageal reflux according to the type of milk. Ref: Billeaud C et al. Eur J Clin Nutr. 1990 Aug;44(8):577-83, 7. Gastric emptying using three different formulas in infants with gastroesophageal reflux. Ref: Tolia V, Lin CH, Kuhns LR (1992). J Pediatr Gastroenterol Nutr 15:297-301, 8. Nutritional Observation- Practical Experience Report AR 2011, 9. Borelli O et al. Ital Gastroenterol Hepatol 1997;29:237-42, 10. Living with reflux. Available at: www.livingwithreflux.org

Important notice: Breastfeeding is best for babies. It is recommended that HiPP anti-reflux milk is only used on the advice of a doctor, midwife, health visitor, public health nurse, dietician or pharmacist. Do not use if baby is allergic to cow's milk or suspected as such.

Always ensure the formula is prepared according to the instructions on the packaging. Use with a fast flow teat.

For healthcare professional use only.



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WE'RE BIG
on feeding solutions

For the dietary management
of reflux and regurgitation

What is infant reflux?

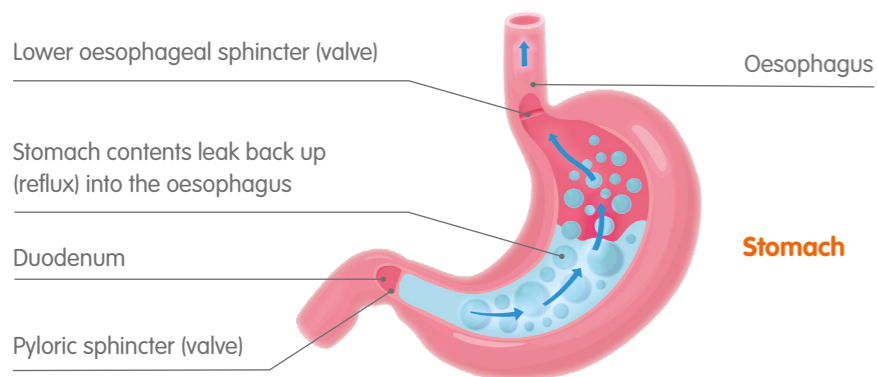


Gastro-oesophageal reflux (GOR) is defined as the passage of the gastric contents into the oesophagus with or without regurgitation or vomiting¹.

It is often referred to as possetting and is effortless and non-projectile. Infant reflux and regurgitation are considered common physiological processes that may occur several times a day in healthy infants.

It's a normal occurrence, but it can be more problematic in some infants.

Symptoms generally peak at around 4-6 months and the problem will usually be resolved by 12-14 months¹. It is caused if the lower oesophageal sphincter is immature or does not function at the right time, so that the gastric contents can move back into the oesophagus². About 40% of infants will experience symptomatic reflux and it is equally common in both breast fed and bottle fed infants³.



Symptoms of reflux and regurgitation



- Frequent regurgitation with marked distress^{3,5}
- Frequent hiccups or coughing⁴
- Constant or sudden crying⁴
- Frequent ear infections⁴

"These can give the impression that the infant is in discomfort. These symptoms are distressing to caregivers. The symptoms may or may not indicate an underlying medical problem."

Living with Reflux¹⁰

Gastro-oesophageal reflux disease (GORD)

GORD is a serious condition that should be referred to a specialist. GORD is when the symptoms of GOR lead to further complications that merit clinical management.³

'Red flag' symptoms suggesting a disorder other than GOR:

- Unexplained feeding difficulties (refusing to feed, gagging or choking)³
- Arching neck/back during or after feeds⁴
- Chronic cough³
- Hoarseness³
- Projectile vomiting³
- Bile stained (green or yellow/green) vomit³
- Feeding or swallowing difficulties³
- Single episode of pneumonia
- Faltering growth³
- Chronic diarrhoea³
- Haematemesis³
- Blood in stools³
- Fever³

Management options

NICE 2021 Guidelines for management of reflux³

In breastfed babies:

- A trained professional carry out a breastfeeding assessment
- With persistent regurgitation, consider trialling alginate therapy for 1-2 weeks

In formula fed babies:

- Review feeding history
- Reduce feeding volumes if excessive for the infants weight
- Offer trial of smaller and more frequent feeds
- Offer trial of thickened formula. If a thickened formula is unsuccessful, stop and offer alginate therapy for 1-2 weeks

Support, reassurance and practical advice for parents:

- Burping baby regularly throughout feeding⁴
- Giving baby smaller but more frequent feeds⁴
- Avoid over-feeding¹⁰
- Hold baby upright for a period of time after feeding⁴
- Ensure nappies and clothing are not too tight around baby's stomach¹⁰
- Avoid exposure to smoke (tobacco/other): this causes irritability¹⁰

Trial of thickened formula (in formula fed babies):

Specialist, anti-reflux formulas contain a thickening agent such as carob bean gum, corn or rich starch. These decrease regurgitation, vomiting frequency and volume compared to unthickened formulas.

"Where there are significant symptoms of frequent regurgitation with marked distress, thickener added to milk or a thickened formula is recommended for trial, only after a review of feeding history, and a reduction in feed volumes where appropriate or an increase in frequency of feeds has been attempted."

First Steps Nutrition Trust⁵

"Using thicker milk formulas that are less likely to be brought back up – these are available to buy without a prescription, but only try them if advised to by a healthcare professional." **NHS⁴**