Use of Specialized Infant Formula during a Shortage

Given the shortage of hypoallergenic (extensively hydrolyzed and amino acid-based) infant formula, the following decision tree aims to support health care providers in temporarily guiding parents and caregivers toward the most appropriate choices, while reserving supply of specialized products for infants with medical conditions requiring these formulas. These recommendations only apply during this period of shortage and are not intended to replace clinical judgement. Parents and guardians should consult with a health care provider regarding their child’s symptoms and the need to switch to a different formula. See page 2 for list of alternate formulas.

Breast milk is available

- When possible, breastfeeding is recommended. Breastfeeding contains very low levels of allergenic proteins, and is the best option for most babies with or without food allergies.
- If exclusively breastfeeding, support continued breastfeeding.
- If breastfeeding is combined with formula feeding (mixed feeding): where possible, consider increasing milk production (increased feeding frequency/milk expression, galactagogues).
- If breastfeeding was stopped within the past 6 weeks: where possible and if desired, consider re-lactation.
- Refer to health care provider for assessment for elimination diet if child is reacting to breast milk.

Breast milk is not available/insufficient

Baby had reflux* symptoms prior to starting the extensively hydrolyzed formula or is newly presenting with reflux.

Try a thickened infant formula# OR A partially hydrolyzed formula

If reflux symptoms persist after a period of 7 to 14 days, refer to health care provider for further assessment.

Baby had mild** symptoms prior to starting the extensively hydrolyzed formula or is newly presenting with mild symptoms.

Try a partially hydrolyzed formula OR A regular formula (if > 6 months)

Sometimes feeding difficulties resolve as the baby grows, or with a different brand of formula than previously tried.

Baby had severe*** symptoms prior to starting on the extensively hydrolyzed infant formula or is newly presenting with severe*** symptoms. AND/OR Baby has a diagnosis from a health care provider of cow’s milk protein allergy or other conditions requiring extensively hydrolyzed formula (e.g. food protein-induced enterocolitis syndrome (FPIES), eosinophilic esophagitis (EoE), eosinophilic GI disorder (EGID)).

Health care provider reassessment recommended

Baby over 6 months:

Try a soy-based formula†

Formula not tolerated after 7 to 14 days or severe*** symptoms develop

Continue with extensively hydrolyzed formula

Baby under 6 months OR Suspected soy allergy†

Try an amino acid-based formula

*Reflex Symptoms, e.g. spitting up of feeding with discomfort, coughing, irritability during feeding
**Mild Symptoms, e.g. gastrointestinal discomfort (colic, gas, irritability), mild diarrhea +/- some blood in stool, constipation
***Severe Symptoms, e.g. immediate vomiting, difficulty breathing, generalized hives, loss of consciousness, failure to thrive, severe diarrhea +/- bloody stool.
#Not recommended for infants in the NICU
†While the majority of infants with cow’s milk protein allergy are able to tolerate soy formula, some may also have an allergy to soy protein, particularly among infants under six months of age. If a soy allergy is suspected, an extensively hydrolyzed or amino acid-based formula is recommended

This document has been developed by a group of Registered Dietitians and reviewed by representatives of: 1) the Canadian Pediatric Society – Nutrition and Gastroenterology Committee, 2) the Hospital for Sick Children - Department of Clinical Dietetics, Division of Gastroenterology, Hepatology & Nutrition and Division of Immunology and Allergy, 3) McMaster Children’s Hospital - Division of Gastroenterology, Hepatology & Nutrition, Division of Allergy & Immunology and Clinical Dietetics, 4) the Canadian Pharmacists Association, 5) Food Allergy Canada's Healthcare & Scientific Advisory Board, 6) the Canadian Society of Allergy and Clinical Immunology (CSACI), and 7) Dietitians of Canada
Use of Specialized Infant Formula during a Shortage

Given the shortage of hypoallergenic (extensively hydrolyzed and amino acid-based) infant formula, the decision tree on page 1 aims to support health care providers in temporarily guiding parents and caregivers toward the most appropriate choices while releasing supplies of these specialized products for infants with medical conditions requiring these formulas. These recommendations only apply during this period of shortage and are not intended to replace clinical judgment. Parents and caregivers should consult with a health care provider regarding their child’s symptoms and the need to switch to a different formula.

Thickened infant formulas (not suitable for tube feeding or use in NICU):
- Enfamil A+ for Frequent Spit Up (if infant not already on medication for reflux)

Partially hydrolyzed infant formulas, e.g.:
- Nestle GoodStart 1, 2 or Plus 1 or Plus 2
- Nestle GoodStart Soothe
- Enfamil A+ GentleComfort
- Similac Total Comfort

Partially hydrolyzed formulas for children > 12 months (or earlier at healthcare provider discretion)‡, used for severe medical conditions:
- Peptamen Junior
- PediaSure Peptide

Soy-based infant formulas:
- Similac Isomil with DHA
- Enfamil A+ Soy
- Nestle Good Start Alsoy

Extensively hydrolyzed infant formulas ‡:
- Nutramigen A+, Nutramigen A+ LGG
- Pregestimil
- Similac Alimentum

Amino acid-based infant formulas ‡:
- Neocate Infant DHA & ARA
- Puramino A+

Amino acid-based formulas for children > 12 months (or earlier at healthcare provider discretion) ‡ ‡:
- Neocate Junior - Equacare Jr
- Neocate Splash - Essential Care Jr
- Puramino Jr - Vivonex Pediatric

Reminder:
Extensively hydrolyzed formulas are NOT recommended for the prevention of food allergies. No formula has proven benefits for allergy prevention.

Formula Switching Tips
Start gradually: Start by replacing 1/4 of baby’s bottle with the new formula, and gradually increase

Be patient: It is normal that infants may take time to adjust to a new formula. Unless severe symptoms occur, continue with trial of new formula for 7-14 days

If breast milk is available, consider mixing with formula to improve tolerance

Important Reminders for Parents and Caregivers:

Do not attempt to make homemade infant formula. Commercial infant formula contains many important nutrients and components that cannot be recreated at home. Homemade infant formula can put an infant’s health at risk.

Do not use other formula substitutes such as cow’s milk, goat milk, evaporated milk, soy, oat, almond or rice beverages. These drinks are not nutritionally complete. The only beverage infants need is breast milk or infant formula.

Always prepare infant formula according to label directions. Do not dilute with extra water or other fluids.

Do not use breast milk from unknown sources or obtained online. Informal milk sharing is also not recommended, however the following resource provides additional guidance on this topic: https://cps.ca/documents/position/pasteurized-and-unpasteurized-donor-human-milk

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