Why choose Infatrini for infants with faltering growth?

The Infatrini range is the most researched ENDF*, with proven clinical results

15yrs of research

15 CLINICAL STUDIES and more research ongoing

Covering a wide range of paediatric conditions

- CRITICALLY ILL
- CYSTIC FIBROSIS
- FALTERING GROWTH
- NEURODISABILITIES
- INFECTIONS – SEPSIS
- GI SURGERY
- CONGENITAL HEART DISEASE
- GI DISORDERS
- RESPIRATORY DISEASES
- CARDIAC SURGERY

* Data on file

Energy and Nutrient Dense Feed

Tailored nutrition for malnourished and/or fluid restricted infants in need of catch up growth

Contains up to **52% more energy****

Contains up to **73% more protein****

Contains up to **50% more** of most **micronutrients** and **vitamins****

Energy dense - 1kcal/ml

Optimal **protein-energy ratio** (10.2% of energy from protein) meeting global recommendations for catch-up growth & growth quality[1]

Unique prebiotic blend scGOS/lcFOS (9:1)

LCPUFAs (DHA,AA)

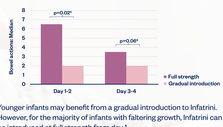
Low osmolality (360 mOsmol/kg H2O) supporting tolerance

** compared to standard INF

Clinically demonstrated to be well tolerated[2]

Consistently shown to be tolerated in a range of complex patients

Infatrini appears to be well tolerated in infants when administered from day 1



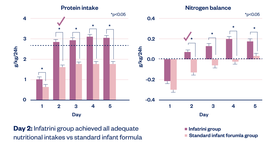
Younger infants may benefit from a gradual introduction to Infatrini. However, for the majority of infants with faltering growth, Infatrini can be introduced at full strength from day 1.

Quickly achieving nutritional targets

Energy and protein targets met **within 2 days**

Infants receiving Infatrini had a significantly higher intake of nutrients after day 1[3]

Positive nitrogen balance 3 days earlier



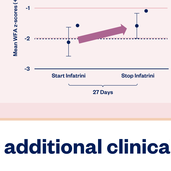
Day 2: Infatrini group achieved all adequate nutritional intakes vs standard infant formula

*than infants receiving standard infant formula

Reaching growth goals in challenging patients

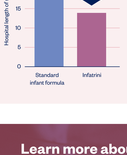
Weight gain achieved matches that of healthy infants[4]

Infants receiving Infatrini demonstrated a significant increase in weight-for-age z-score[4]



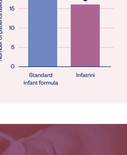
Supporting additional clinical benefits

Reduction in length of hospital stay[5]



Contributing to your patients and your clinical goals

Reduction in antibiotic use[6]



Learn more about how Infatrini can help critically ill infants

Fuelling comebacks from growth setbacks

References:

1. WHO/FAO/UNU 2007; Golden, Food Nutr Bull. 2009.
2. Evans S, *et al.* J Hum Nutr Diet 2006;19: 59-7.
3. Cui Y, *et al.* JPEN J Parenter Enteral Nutr 2018; 42: 196-204.
4. Eveleens RD, *et al.* J Hum Nutr Diet 2019; 32; 3-10.
5. Scheeffer VA, *et al.* JPEN 2020; 44(2): 348-54.

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