



Nutramigen[®] with Enflora[™] LGG^{®*}

For Cow's Milk Allergy

* LGG is a registered trademark of Valio Ltd.

INDICATION

Nutramigen with Enflora LGG is an iron-fortified, lactose-free, galactose-free, hypoallergenic infant formula designed for newborns and infants who are allergic to the intact proteins in cow's milk and soy formulas, as well as other foods. Nutramigen with Enflora LGG contains extensively hydrolyzed protein to avoid an immune system response by reducing the allergen exposure, and the probiotic LGG to help support the strength of the intestinal barrier and support digestive health. Nutramigen with Enflora LGG is also appropriate for infants with galactosemia.

Long-Term Usage

In cases of severe and multiple food allergies or intolerances, Nutramigen with Enflora LGG is sometimes continued as a milk substitute in the diet of children. This and similar supplemental use of Nutramigen with Enflora LGG in the diet beyond 12 months of age may make a significant contribution to maintenance of good nutrition in such patients. When Nutramigen is used as a milk substitute, the total calcium content of the diet should be assessed.

Extended use of Nutramigen with Enflora LGG (or other infant formulas) as a sole source of diet is most appropriately monitored by physicians and nutritionists on a case-by-case basis, with attention to developmental as well as nutritional implications of such a dietary regimen.

PRODUCT FEATURES

- Hypoallergenic, lactose-free and galactose-free
- Clinically proven to manage colic due to cow's milk protein allergy **fast**—often within 48 hours^{1,2,†}
- Nutritionally complete
- Contains the probiotic LGG to help support the strength of the intestinal barrier and support digestive health
- Has DHA and ARA, important nutrients also found in breast milk, that promote brain and eye development³⁻¹⁰
- Clinically proven in over 70 clinical studies[†]
- Has been demonstrated in two clinical trials to help infants build tolerance after 12 months of feeding^{11,12}
- Proven to promote skin health in infants through 18 months of age^{13,†}
- Proven to promote gastrointestinal (GI) health within 1 week of use^{14,†}

DHA and ARA Fatty Acid Nutrients[‡]

- DHA – 17 mg
- ARA – 34 mg

† Some studies were prior to the addition of DHA, ARA and LGG.

‡ Per 100 Calories.

NUTRIENTS[§]

(Normal Dilution)

	Per 100 Calories (5 fl oz)	Per 100 grams Powder (500 Cal)
Protein, g	2.8	13.9
Fat, g	5.3	26
Linoleic acid, mg	860	4300
Carbohydrate, g	10.3	51
Water, g	133	1.4

Vitamins/Other Nutrients

Vitamin A, IU	300	1490
Vitamin D, IU	50	250
Vitamin E, IU	2	9.9
Vitamin K, mcg	9	45
Thiamin (Vitamin B ₁), mcg	80	400
Riboflavin (Vitamin B ₂), mcg	90	450
Vitamin B ₆ , mcg	60	300
Vitamin B ₁₂ , mcg	0.3	1.49
Niacin, mcg	1000	5000
Folic acid (Folacin), mcg	16	80
Pantothenic acid, mcg	500	2500
Biotin, mcg	3	14.9
Vitamin C (Ascorbic acid), mg	12	60
Choline, mg	24	119
Inositol, mg	17	84

Minerals

Calcium, mg	94	470
Phosphorus, mg	52	260
Magnesium, mg	8	40
Iron, mg	1.8	8.9
Zinc, mg	1	5
Manganese, mcg	25	124
Copper, mcg	75	370
Iodine, mcg	15	75
Selenium, mcg	2.8	13.9
Sodium, mg	47	230
Potassium, mg	110	550
Chloride, mg	86	430

[§] Product nutrient values and ingredients are subject to change. Please see product label for current information.

NUTRIENT FACTS

Nutrient Density	20 Calories/fl oz
Protein (% calories)	11
Fat (% calories)	48
Carbohydrate (% calories)	41
Potential Renal Solute Load (mOsm/100 Calories) ¹⁵	25
Potential Renal Solute Load (mOsm/100 mL) ¹⁵	16.9
Osmolality (mOsm/kg water)	300
Osmolarity (mOsm/L)	270
Lactose-Free	Yes
Galactose-Free	Yes

PRODUCT FORM

Nutramigen® with Enflora™ LGG® is available in powder. For ordering information, please refer to page 260.

COMPOSITION

Ingredients: Powder: Corn syrup solids (45%), vegetable oil (palm olein, soy, coconut and high oleic sunflower oils) (26%), casein hydrolysate (milk)^{ll} (17%), modified corn starch (7%) and less than 2%: *Mortierella alpina* oil[¶], *Cryptocodium cohnii* oil[#], *Lactobacillus rhamnosus* GG (LGG), vitamin A palmitate, vitamin D₃, vitamin E acetate, vitamin K₁, thiamin hydrochloride, riboflavin, vitamin B₆ hydrochloride, vitamin B₁₂, niacinamide, folic acid, calcium pantothenate, biotin, ascorbic acid, choline chloride, inositol, calcium citrate, calcium hydroxide, calcium phosphate, magnesium oxide, ferrous sulfate, zinc sulfate, manganese sulfate, cupric sulfate, sodium iodide, sodium selenite, sodium citrate, potassium citrate, potassium chloride, L-cystine, L-tyrosine, L-tryptophan, taurine, L-carnitine.

ll Modified to be better tolerated in milk-allergic babies.

¶ A source of arachidonic acid (ARA).

A source of docosahexaenoic acid (DHA).

POTENTIAL ALLERGENS

Nutramigen with Enflora LGG contains milk and soy. Nutramigen with Enflora LGG is hypoallergenic. Allergic reactions to extensively hydrolyzed casein formulas are not commonly reported.

PREPARATION OF FEEDINGS

The baby's health depends on carefully following these instructions. Proper hygiene, preparation, dilution, use and storage are important when preparing infant formula. Powdered infant formulas are not sterile and should not be fed to premature infants or infants who might have immune problems, unless directed and supervised by a doctor.

Discuss with parents whether they need to use cooled, boiled water for mixing and whether they need to boil clean utensils, bottles and nipples in water before use.

POWDER

1. Wash hands thoroughly with soap and water before preparing formula.
2. Pour the desired amount of water into the bottle. The amount necessary depends on the desired amount of formula. See following chart.
3. Mix powder formula with cool water (35–75°F); it should feel cool on your wrist. Do not warm. Warming can limit benefits of LGG. Microwaving formula can cause serious burns to baby.

NOTE: Never use hot tap water.

4. Shake for about 5 seconds.

Use the following chart for correct amounts of water and powder. Use scoop in can to measure powder. Store **DRY** scoop in its original can.

To Make**	Water	Powder	Weight
2 fl oz bottle	2 fl oz	1 packed level scoop	9 g
4 fl oz bottle	4 fl oz	2 packed level scoops	18 g
6 fl oz bottle	6 fl oz	3 packed level scoops	27 g
8 fl oz bottle	8 fl oz	4 packed level scoops	36 g
1 quart	28.5 fl oz	1½ packed level household measuring cups	129 g

** Each scoop adds about 0.2 fl oz to the amount of prepared formula.

Failure to follow these instructions could result in severe harm. Once prepared, infant formula can spoil quickly. Either immediately feed or immediately cover and refrigerate at 35–40°F (2–4°C) for no longer than 24 hours. Do not use prepared formula if it is unrefrigerated for more than a total of 2 hours. Do not freeze prepared formula. After feeding begins, use within 1 hour or discard.

Powder Storage (cans)

Store cans at room temperature. After opening can, keep it tightly covered, store in a dry area and use contents within 1 month. Do not freeze powder, and avoid excessive heat. Use by date on the bottom of can.

CAUTION

This product is not recommended for routine use in very low-birth-weight infants. Some of these infants may be at increased risk of developing gastrointestinal complications.

Use product by date on container. Nutritional powders are not sterile.

WARNING: Do not use a microwave oven to prepare or warm formula. Serious burns may result.

Product information can also be found at MeadJohnson.com/pediatrics

REFERENCES

1. Lothe L, Lindberg T, Jakobsson I. Cow's milk formula as a cause of infantile colic: a double-blind study. *Pediatrics*. 1982;70:7-10.
2. Lothe L, Lindberg T. Cow's milk whey protein elicits symptoms of infantile colic in colicky formula-fed infants: a double-blind crossover study. *Pediatrics*. 1989;83:262-266.
3. Birch EE, Hoffman DR, Uauy R, et al. Visual acuity and the essentiality of docosahexaenoic acid and arachidonic acid in the diet of term infants. *Pediatr Res*. 1998;44:201-209.
4. Birch EE, Garfield S, Hoffman DR, et al. A randomized controlled trial of early dietary supply of long-chain polyunsaturated fatty acids and mental development in term infants. *Dev Med Child Neurol*. 2000;42:174-181.
5. Birch EE, Hoffman DR, Castañeda YS, et al. A randomized controlled trial of longchain polyunsaturated fatty acid supplementation of formula in term infants after weaning at 6 wk of age. *Am J Clin Nutr*. 2002;75:570-580.
6. Hoffman DR, Birch EE, Castañeda YS, et al. Visual function in breast-fed term infants weaned to formula with or without long-chain polyunsaturates at 4 to 6 months: a randomized clinical trial. *J Pediatr*. 2003;142:669-677.
7. Hoffman DR, Birch EE, Castañeda YS, et al. Maturation of visual and mental function in 18-month old infants receiving dietary long-chain polyunsaturated fatty acids (LCPUFAs) (abstract). *FASEB J*. 2003;17:A727-A728. Abstract 445.1.
8. Hoffman DR, Birch EE, Birch DG, et al. Impact of early dietary intake and blood lipid composition of long-chain polyunsaturated fatty acids on later visual development. *J Pediatr Gastroenterol Nutr*. 2000;31:540-553.
9. Birch EE, Castañeda YS, Wheaton DH, et al. Visual maturation of term infants fed long-chain polyunsaturated fatty acid-supplemented or control formula for 12 mo. *Am J Clin Nutr*. 2005;81:871-879.
10. Morale SE, Hoffman DR, Castañeda YS, et al. Duration of long-chain polyunsaturated fatty acids availability in the diet and visual acuity. *Early Hum Dev*. 2005;81:197-203.
11. Canani R, Nocerino R, Terrin G, et al. Effect of Lactobacillus GG on tolerance acquisition in infants with cow's milk allergy: a randomized trial. *J Allergy Clin Immunol*. 2012;129:580-582, 582 e1-5.
12. Berni Canani R, Nocerino R, Terrin G, et al. Formula selection for management of children with cow's milk allergy influences the rate of acquisition of tolerance: a prospective multicenter study. *J Pediatr*. 2013;163:771-777 e1.
13. Oldæus G, Anjou K, Björkstén B, et al. Extensively and partially hydrolysed infant formulas for allergy prophylaxis. *Arch Dis Child*. 1997;77:4-10.
14. Berezin S, Schwarz SM, Glassman M, et al. Gastrointestinal milk intolerance of infancy. *Am J Dis Child*. 1989;143:361-362.
15. Fomon SJ, Ziegler EE. Renal solute load and potential renal solute load in infancy. *J Pediatr*. 1999;134:11-14.