

# Recommendations on optimizing child nutrition

**A pocket guide for  
healthcare professionals**

The Child Nutrition Advisory Group

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Child Nutrition Advisory Group  
兒童營養顧問小組

# Human milk is the ideal nutrition for infants

Human milk contains an ideal balance of nutrients for infants. It provides sufficient carbohydrates and protein to meet the metabolic demands of a rapidly growing infant, as well as essential lipids, vitamins, minerals and other nutrients essential for the optimal development of the central and peripheral nervous system. Its unique composition makes it easily digestible. Human milk is, therefore, the ideal food for infants.

The major nutritional components of human milk include:

- Protein
  - Comprised of ~60% whey protein, essential for growth and development<sup>1</sup>
  - *a*-lactalbumin, the dominant protein in the whey fraction of human milk, possibly promotes mineral absorption and possesses antimicrobial properties<sup>1</sup>
- Carbohydrates
  - Lactose, one of the main sources of energy in human milk; lactose concentration increases with duration of lactation<sup>2</sup>
- Lipids
  - Milk triacylglycerols, which provide the most energy for the breastfed infant
  - Linoleic acid (LA) and  $\alpha$ -linolenic acid (LNA), precursors for the synthesis of arachidonic acid (AA) and docosahexaenoic acid (DHA) – essential building blocks for the brain and central nervous system
- Nucleic acids, to support cell growth and division
- Vitamins and minerals, to promote optimal growth and development

Breastfeeding improves short- and long-term health outcomes, both for infants and their mothers. Breastfed infants have reduced incidence of diabetes and obesity later in life compared with formula-fed infants.<sup>3</sup> Nursing mothers also have less postpartum bleeding and a decreased risk of breast and ovarian cancers.<sup>3</sup> Breastfeeding enhances bonding between mother and child, a process shown to confer multiple benefits, including enhancement of cognitive development.

The World Health Organization (WHO) recommends human milk as the sole source of nutrition for the first 6 months of an infant's life.<sup>4</sup> These recommendations were made in 2001 following a systematic review of published literature on exclusive breastfeeding.

## Human milk substitutes

There are circumstances for when human milk substitutes should be used during the first 6 months of life. The *International Code of Marketing of Breastmilk Substitutes* of the WHO defines 'breast milk substitute' as:

*Any food being marketed or otherwise presented as a partial or total replacement for breast milk, whether or not suitable for that purpose.*<sup>5</sup>

# International standards governing infant milk formula

The *Codex Alimentarius* (Latin for 'Food Book') is a set of internationally accepted standards pertaining to food and food products. The main purpose of the *Codex* is to protect the health of consumers worldwide, promote fair practices in food trade, and promote coordination of all food standards work undertaken by international governmental and non-governmental organizations.

The *Codex* is maintained by the Codex Alimentarius Commission, an international body operating under the Joint Food and Agricultural Organization (FAO)/World Health Organization (WHO) Food Standards Programme.

**CODEX STAN 72-1981**, or the **Standard for Infant Formula and Formulas for Special Medical Purposes Intended for Infants**, governs the composition, quality and safety, including packaging and labeling of infant milk formula. Registered manufacturers of infant milk formula in Hong Kong all should adhere to this global standard.

## CODEX STAN 72-1981

CODEX STAN 72-1981 describes the essential composition of infant formulas, itemizing all nutrients that are required to be contained per 100 kcal and per 100 kJ of formula. For each nutrient, the standard states minimum and maximum or guidance upper levels, as appropriate.<sup>6</sup> The nutrients are categorized as essential or optional. Essential nutrients are summarized in Table 1. Table 2 lists a set of optional ingredients that may be added to infant formula in order to provide a formula composition as close as possible to that of human milk, and to ensure that the formula is suitable as the sole source of nutrition for infants.

CODEX STAN 72-1981 enumerates specific labeling requirements for infant milk formulas. These include:

- The text of the label and all other information accompanying the product should be written in the appropriate language(s)
- Sources of protein should be clearly stated on the label
- A complete list of ingredients should be declared on the label
- The amount of energy and the total quantity of each nutrient per 100 g or per 100 mL of formula should be declared on the label
- The expiry date of the product should be clearly stated on the label
- The label should contain clear graphical instructions illustrating the method of preparation of the formula, as well as instructions for storage after opening
- The label should contain a statement on the superiority of breastfeeding or human milk

## Other international standards

Other international standards governing the composition, packaging and labeling of infant milk formula include:

- The World Health Organization (WHO) *International Code of Marketing of Breastmilk Substitutes*<sup>5</sup>
- The European Union (EU) Commission directives on infant formulas and follow-on formulas<sup>7</sup>
- Policy statements from the American Academy of Pediatrics (AAP) Committee on Nutrition<sup>8</sup>
- Infant formula guidelines from the FAO<sup>9</sup>
- FAO/WHO *Recommended Nutrient Intake (RNI)* guidelines<sup>10</sup>

**Table 1. Essential nutrients of infant milk formula<sup>6</sup>**

	Unit	Minimum	Maximum	GUL
Energy	kcal/100 mL	60	70	-
	kJ/100 mL	250	295	-
Protein	g/100 kcal	1.8	3.0	-
	g/100 kJ	0.45	0.7	-
Total fat	g/100 kcal	4.4	6.0	-
	g/100 kJ	1.05	1.4	-
Linoleic acid	mg/100 kcal	300	-	1,400
	mg/100 kJ	70	-	330
α-linolenic acid	mg/100 kcal	50	Not specified	-
	mg/100 kJ	12	Not specified	-
Total carbohydrates	g/100 kcal	9.0	14.0	-
	g/100 kJ	2.2	3.3	-
Vitamin A	µg RE/100 kcal	60	180	-
	µg RE/100 kJ	14	43	-
Vitamin D3	µg/100 kcal	1	2.5	-
	µg/100 kJ	0.25	0.6	-
Vitamin E	mg α-TE/100 kcal	0.5	-	5
	mg α-TE/100 kJ	0.12	-	1.2
Vitamin K	µg/100 kcal	4	-	27
	µg/100 kJ	1	-	6.5
Thiamine	µg/100 kcal	60	-	300
	µg/100 kJ	14	-	72
Riboflavin	µg/100 kcal	80	-	500
	µg/100 kJ	19	-	119
Niacin	µg/100 kcal	300	-	1,500
	µg/100 kJ	70	-	360
Vitamin B6	µg/100 kcal	35	-	175
	µg/100 kJ	8.5	-	45
Vitamin B12	µg/100 kcal	0.1	-	1.5
	µg/100 kJ	0.025	-	0.36
Pantothenic acid	µg/100 kcal	400	-	2,000
	µg/100 kJ	96	-	478
Folic acid	µg/100 kcal	10	-	50
	µg/100 kJ	2.5	-	12
Vitamin C	mg/100 kcal	10	-	70
	mg/100 kJ	2.5	-	17
Biotin	µg/100 kcal	1.5	-	10
	µg/100 kJ	0.4	-	2.4
Iron	mg/100 kcal	0.45	-	-
	mg/100 kJ	0.1	-	-

	Unit	Minimum	Maximum	GUL
Calcium	mg/100 kcal	50	-	140
	mg/100 kJ	12	-	35
Phosphorus	mg/100 kcal	25	-	100
	mg/100 kJ	6	-	24
Magnesium	mg/100 kcal	5	-	15
	mg/100 kJ	1.2	-	3.6
Sodium	mg/100 kcal	20	60	-
	mg/100 kJ	5	14	-
Chloride	mg/100 kcal	50	160	-
	mg/100 kJ	12	38	-
Potassium	mg/100 kcal	60	180	-
	mg/100 kJ	14	43	-
Manganese	µg/100 kcal	1	-	100
	µg/100 kJ	0.25	-	24
Iodine	µg/100 kcal	10	-	60
	µg/100 kJ	2.5	-	14
Selenium	µg/100 kcal	1	-	9
	µg/100 kJ	0.24	-	2.2
Copper	µg/100 kcal	35	-	120
	µg/100 kJ	8.5	-	29
Zinc	mg/100 kcal	0.5	-	1.5
	mg/100 kJ	0.12	-	0.36
Choline	mg/100 kcal	7	-	50
	mg/100 kJ	1.7	-	12
Myo-Inositol	mg/100 kcal	4	-	40
	mg/100 kJ	1	-	9.5
L-Carnitine	mg/100 kcal	1.2	Not specified	-
	mg/100 kJ	0.3	Not specified	-

N.B. Values of the fields marked '-' are not provided. GUL=guidance upper level.

## Table 2. Optional ingredients for infant milk formula<sup>6</sup>

*Ingredients that may be added to infant formula in order to provide substances ordinarily found in human milk, and to ensure that the formula is suitable as the sole source of nutrition for the infant, or to provide other benefits that are similar to outcomes of populations of breastfed babies*

	Unit	Minimum	Maximum	GUL
Taurine	mg/100 kcal	-	12	-
	mg/100 kJ	-	3	-
Docosahexaenoic Acid (DHA)	% of fatty acids	-	-	0.5
Arachidonic Acid (AA)	If added, should reach at least the same concentration as DHA			
Eicosapentaenoic Acid (EPA)	If added, should not exceed the content of DHA			

# Use of human milk substitutes

There are circumstances for when human milk substitutes should be used during the first 6 months of life. These infant and maternal conditions are summarized in Table 3.

**Table 3. Acceptable medical reasons for use of human milk substitutes<sup>11</sup>**

## Infant conditions

- Infants who should only be fed specialized formula
  - Infants with classic galactosaemia
  - Infants with maple syrup urine disease
  - Infants with phenylketonuria
- Infants who may need additional milk substitutes for a limited period
  - Very low birth weight infants (ie, weighing less than 1,500 g)
  - Very pre-term infants (ie, born  $\leq 32$  weeks of gestation)
  - Infants at risk of hypoglycaemia

## Maternal conditions

- Maternal condition justifying permanent avoidance of breastfeeding
  - HIV infection
- Maternal conditions justifying temporary avoidance of breastfeeding
  - Severe illness
  - Herpes simplex virus type 1
  - Maternal medication (eg, psychotherapeutic drugs, cytotoxic chemotherapy)
- Maternal conditions during which breastfeeding may continue, although health problems may be of concern
  - Breast abscess
  - Hepatitis B and Hepatitis C
  - Mastitis
  - Tuberculosis
  - Substance use (eg, nicotine, alcohol)

Women typically choose whether or not to breastfeed during the antenatal period. The frequency and duration mothers intend to frequency vary. Various factors can influence breastfeeding decisions (Table 4).

**Table 4. Factors influencing breastfeeding decisions**

- Attitudes of significant other
- Attitudes of healthcare provider
- Institutional policies
- Maternal employment circumstances

Suitable feeding alternatives, recognized by the WHO and AAP (eg, infant formulas), might be considered when mothers cannot, or choose not to breastfeed.

# Trends in consumer behaviour on child nutrition

What are the various perceptions and practices of Hong Kong parents related to child nutrition? A recent Nielsen study, involving 400 mothers and 100 pregnant women, investigated mothers' perspectives on breastfeeding and how mothers obtained baby-related and breastfeeding information.<sup>12</sup>

The study found that only 10% of pregnant women surveyed had decided to breastfeed exclusively. About half intended to supplement breastfeeding with infant milk formula. For those intending to breastfeed exclusively, the average length of time they intended to breastfeed was 6.6 months.

Mothers who intended to breastfeed primarily will do so for nutritional reasons. This demonstrates that Hong Kong mothers are aware of the benefits of breastfeeding. The study found that mothers stopped breastfeeding primarily due to maternal issues (eg, not enough milk expressed, mother desiring to go back to work).

## ***Issues related to use of foreign milk formula brands***

Increased risk of purchasing fake products

Products unlikely to be compliant with Codex

No local authority regulating the quality of product

Text of product label not written in English or Chinese – increased risk of misdilution or use of product past expiry date

Storage during transportation to Hong Kong may have been compromised

## **Obtaining breastfeeding and other nutrition information**

The study also found that mothers used various means of obtaining baby-related and breastfeeding information. Notably, mothers consulted healthcare professionals, amongst others, to obtain breastfeeding information.

The majority of mothers used online and electronic sources to gather information. The study also found that the advice of friends, relatives and the media influenced mothers' decisions regarding choice of infant milk formula. Very few mothers consulted their healthcare professional for advice on which formula to use.

As a result of lack of guidance from healthcare professionals, many mothers have started to consider using foreign brands of infant milk formula (eg, Japanese brands). More than a quarter of pregnant mothers in this study stated that they intended to buy Japanese brand formulas for their children. Forty eight percent (48%) of these mothers chose Japanese infant formulas based on the recommendations of friends and relatives. Additionally 41% chose Japanese brands because of perceived gastrointestinal benefits of these formulas.



# Caring for your child's nutrition: The Child Nutrition Advisory Group

The **Child Nutrition Advisory Group** is a group of local specialist healthcare professionals with an interest in child nutrition. The Advisory Group, comprised of paediatricians, obstetrician-gynaecologists, dietitians and midwives, aims to:

- discuss key nutrition and dietary issues from conception to pregnancy to infancy and childhood, including breastfeeding, supplementary feeding and complementary feeding; and
- raise awareness of these issues amongst Hong Kong healthcare professionals and parents.

## Communicating child nutrition information to parents

Healthcare professionals play a crucial role in providing appropriate, targeted information to parents and pregnant women on optimal child nutrition practices. The Child Nutrition Advisory Group provides the following recommendations for disseminating appropriate child nutrition information to parents:

### 1. Educate mothers and pregnant women at point-of-care

All healthcare professionals involved in caring for women and infants – obstetricians, paediatricians, nurses, midwives, pharmacists and dietitians – should take the opportunity to educate mothers and pregnant women, at the point-of-care, on the importance of breastfeeding, and to encourage them to breastfeed exclusively for the first 6 months of life. If they are unable to, or have elected not to breastfeed, then they should be educated on the importance of selection of an appropriate infant milk formula. An educational encounter should encompass:

- Establishing current level of knowledge regarding optimum infant nutrition
- Addressing parents' specific nutritional concerns
- Correction of any misconceptions regarding optimum infant nutrition

### 2. Focused education during the antenatal period

The antenatal period is the most ideal period for providing parents with child nutrition information, as most mothers decide whether or not to breastfeed, and which infant milk formula to use should they elect not to breastfeed, during this period. The Advisory Group encourages healthcare professionals to focus their optimal nutrition education efforts during this period.

The Advisory Group's parental educational material, *Giving your baby the best start: Learn more about breastfeeding and Recommendations on optimal child nutrition*, are easy-to-read, easy-to-use leaflets intended for pregnant women and new mothers to read while in clinic waiting rooms or hospital premises. The Advisory Group encourages clinicians to discuss the contents of these leaflets with their patients.

### 3. Engage family members and friends

Whereas the provision of optimal nutrition is primarily the responsibility of a child's mother and father, decisions regarding nutrition practices – whether or not to breastfeed, and which infant formula to use should they elect not to breastfeed – are made with input from grandparents, siblings, other extended family members and friends. The Advisory Group strongly recommends that healthcare professionals employ multiple platforms to reach out to parents and their influencers. These include:

- Speaking at, or contributing their services to, local community programs for pregnant women and new mothers
- Organizing patient groups, and educating these mothers collectively on optimum child nutrition practices
- Contributing to online forums dedicated to pregnant women and new mothers



# Child nutrition recommendations from the Child Nutrition Advisory Group

In response to recent trends in Hong Kong consumer behaviour on child nutrition, the Child Nutrition Advisory Group has developed a set of recommendations on optimizing child nutrition.

The Advisory Group's *Giving your baby the best start: Learn more about breastfeeding* outlines the Group's advice to parents on the importance of breastfeeding. For mothers who choose not to breastfeed, *Recommendations on optimal child nutrition* elaborates on the Advisory Group's recommendations on how to select an infant milk formula.

## Selecting an infant milk formula: Key considerations

Healthcare professionals should take the opportunity to educate mothers and pregnant women on the importance of breastfeeding, and to encourage them to breastfeed exclusively at least for the first 6 months of life. If they are unable to, or have elected not to breastfeed, then they should be educated on the importance of selection of an appropriate infant milk formula.

### 1. Select a formula that complies with international standards

Infant milk formula developed and imported by formula manufacturers registered with the "Pre-Statutory Voluntary Registration Scheme" in Hong Kong should adhere to nutritional composition standards as outlined in *CODEX STAN 72-1981*. The Advisory Group encourages healthcare professionals to familiarize themselves with the nutritional composition of these officially registered infant formulas so that they may provide informed advice to mothers and pregnant women regarding this issue.

### 2. Select a formula that is labeled in a language that they understand, so that the formula may be reconstituted correctly, and unused formula is stored properly and discarded by the use-by date

Infant milk formula developed and imported by formula manufacturers registered with the "Pre-Statutory Voluntary Registration Scheme" in Hong Kong should adhere to labeling standards as outlined in *CODEX STAN 72-1981*, as well as with Hong Kong food labeling regulations. Importantly, the text of the label and all other information accompanying the product should be written in English, Chinese, or both languages.

Healthcare professionals should advise parents to check that the following information are stated on the label:

- Nutritional information
- List of ingredients, including food additives and allergens (if any)
- Instructions on preparation
- Best-before date
- Name of manufacturer and place of origin

### 3. Select a formula that is imported into Hong Kong under appropriate storage and transportation conditions

Compared with the first two selection criteria, this criterion cannot be directly assessed by a typical Hong Kong healthcare professional or parent. It is necessary, therefore, to rely on the assessment of the Government, which regulates the licensing and registration of infant milk formula manufacturers. The Advisory Group encourages the selection of infant milk formula developed and imported by formula manufacturers registered with the "Pre-Statutory Voluntary Registration Scheme" in Hong Kong to ensure rigorous, quality-controlled conditions during storage and transportation.<sup>13</sup>

#### **4. Select a formula that is produced by a manufacturer that provides after-sales support and education for parents, and that has a formal process of dealing with problems arising from the use of the formula, including product recalls**

Infant milk formula manufacturers officially registered in Hong Kong provide appropriate after-sales support and education for parents, and have formal processes for dealing with issues arising from the use of their products, including product recalls. The Advisory Group discourages the selection of foreign brand infant milk formulas, the manufacturers of which do not, or are unable to, provide appropriate after-sales support and parental education.

#### **5. Purchase formula from a reputable retail outlet**

Healthcare professionals should advise parents to purchase infant milk formula only from reputable retail outlets. The Advisory Group discourages parents from purchasing formula online.

# Frequently asked questions (FAQs)

## **Q. What specific advice should be given about water to be used for reconstituting infant formula?**

**A.** Ordinary tap water is adequate for use in preparing infant formula as long as it is boiled and cooled prior to use.

Bottled distilled water may also be used to reconstitute infant formula. Some bottled water labeled as 'natural mineral water' may have high levels of sodium that are not suitable for infants' use. Parents should be instructed to check the label when buying bottled mineral water to make sure that it does not contain more than 200 mg/L of sodium.<sup>14</sup>

## **Q. What advice can I give parents regarding switching from one infant formula to another?**

**A.** Parents often switch between different infant formula brands out of some concern related to their child's health, such as constipation, spit-up or colic. A parent will continue switching until his/her infant's health concern is resolved.

If a child, after a thorough history and physical examination, is determined not to be suffering from lactose intolerance or other condition that necessitates special feeding, switching to another, *Codex*-compliant infant formula brand can be safely attempted.

## **Q. What advice can I give parents regarding use of non-milk-based infant formulas, such as soy-based formulas?**

**A.** Soy-based infant formulas are milk-free and lactose-free. The protein in these formulas comes from soybean sources. If an infant is diagnosed to be lactose-intolerant, or is determined to be allergic to milk protein, the physician may recommend a soy-based formula as part of the management strategy for the infant's condition. It is important to note, however, that between 10% and 14% of infants with cow's milk protein allergy are also sensitized to soy.<sup>15</sup>

Soy-based formula should not be used in infants with food allergy during the first 6 months of life.<sup>16</sup> Soy-based formula can be considered for infants with cow's milk protein allergy aged 6 months or older.

When contemplating shifting their infant to a soy-based or other non-milk-based formula, parents should consult their healthcare provider, who will make the determination of the appropriateness of such a formula for the infant.

Finally, soy-based infant formula should comply with nutritional composition standards as outlined in *CODEX STAN 72-1981*, in particular the prescribed standard for protein. For infant formula based on soy protein isolate, *Codex* prescribes a minimum value of 2.25 g/100 kcal (0.5 g/100 kJ).

### **Important notice: Breastfeeding is still best for babies**

Pregnant women should be informed of the benefits and superiority of breastfeeding. Mothers should receive guidance on proper maternal nutrition and that the decision to avoid or discontinue breastfeeding may be hard to reverse. The introduction of partial bottle-feeding may have a negative effect on breastfeeding. Inappropriate feeding practices should be avoided so that breastfeeding is not discouraged. Mothers should be advised of the social and financial implications of the decision to formula-feed and the importance to the health of the infant to use infant formula properly. Misuse of human milk substitutes may pose health hazards. Therefore, read and follow preparation and storage instructions carefully.

# The Child Nutrition Advisory Group

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**Dr Henry AU YEUNG**, Specialist in Paediatrics

**Mr Leslie CHAN**, Dietitian

**Dr Nancy FOK**, Specialist in Obstetrics-Gynaecology

**Ms Sylvia LAM**, Dietitian

**Dr David LEE**, Specialist in Paediatrics

**Ms Shuit-Mui LIU**, Midwife

**Mr Terry TING**, Dietitian

**Dr Kai-Man YU**, Specialist in Obstetrics-Gynaecology

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MIMS (Hong Kong) Limited

27th Floor, OTB Building, 160 Gloucester Road, Wan Chai, Hong Kong

T +852 2559 5888 F +852 2559 6910

[enquiry.hk@mims.com](mailto:enquiry.hk@mims.com) [www.mims.com](http://www.mims.com)