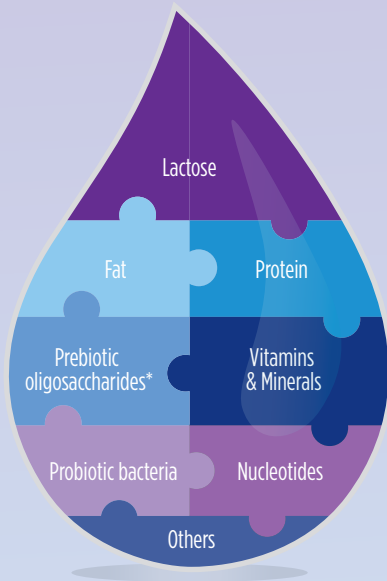


# How to manage mild-to-moderate Cow's Milk Allergy (CMA)

## Breastmilk is the best source of nutrition<sup>1,2</sup>

Breastmilk contains all of the nutrition an infant needs.<sup>1,2</sup> Importantly, breastmilk contains lactose, probiotics, and prebiotics that help stimulate the gut microbiome and immune system.<sup>2,3</sup>

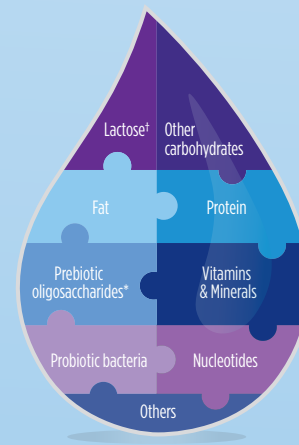
### Breastmilk composition<sup>5,11</sup>



## Aptamil® AllerPro SYNEO™ infant formula contains more of the components of breastmilk

compared to other formulas recommended by ASCIA for the first choice management of mild-to-moderate CMA in infants aged 0 to 6 months<sup>4-10</sup>

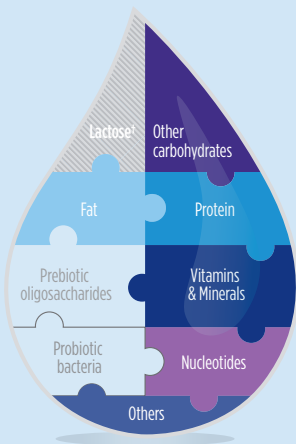
### Extensively hydrolysed formula



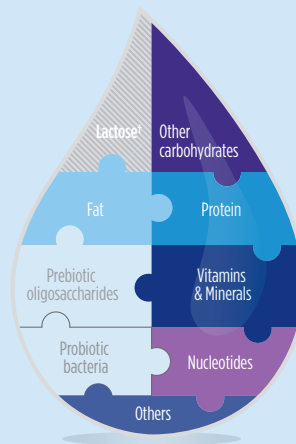
Aptamil® AllerPro SYNEO™ (Nutricia®)<sup>6</sup>

### Extensively hydrolysed formula (PBS listed)

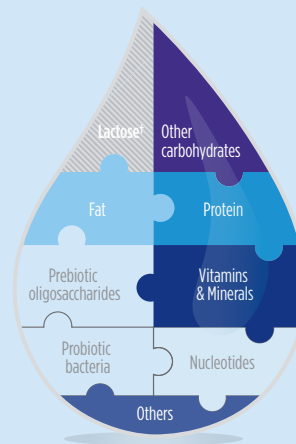
### Rice based formula



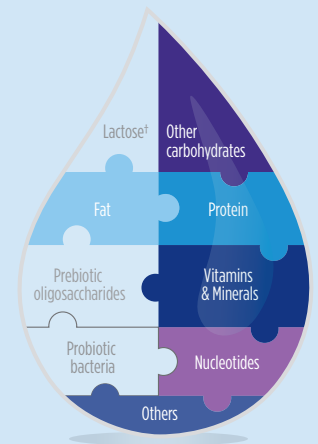
Aptamil® Gold + Pepti-Junior® (Nutricia®)<sup>7</sup>



Alfaré (Nestlé®)<sup>8</sup>



Novalac Allergy (Aspen®)<sup>9</sup>



Alula Gold Allergy (Sanulac®)<sup>10</sup>

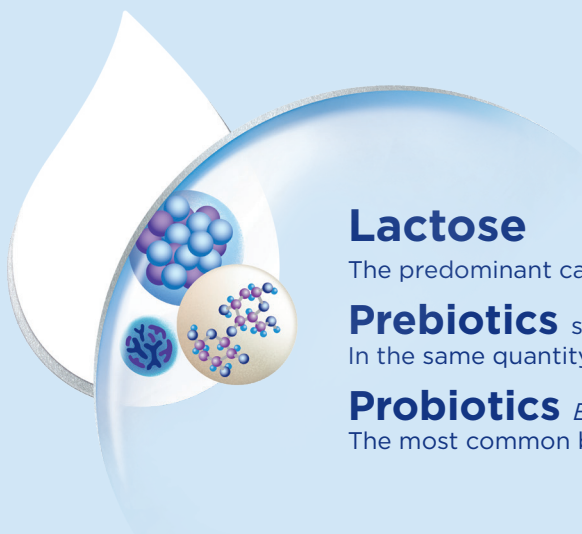
For illustrative purposes only. These pictorial representations are not drawn to scale and represent solid components only, not quantity. Greyed out puzzle pieces = ingredients not added in formula; grey stripes = low lactose ( $\leq 0.3$  g/100 mL formula).<sup>12</sup>

\*Prebiotic oligosaccharides: In breastmilk = HMO;<sup>11</sup> In Aptamil® AllerPro SYNEO™ = scGOS and lCFOS in a 9:1 ratio.

†Formula with lactose: Aptamil® AllerPro SYNEO™ 2.9 g/100mL; Formula with low lactose ( $\leq 0.3$  g/100 mL): Aptamil® Gold + Pepti-Junior® <0.1 g/100mL, Alfaré <0.01 g/100mL, Novalac Allergy <0.00135 g/100mL; Formula with no detectable lactose: Alula Gold Allergy.<sup>6-10,12</sup>

This information is correct as of 10 February 2023. Information sourced from products' list of ingredients. Some of the ingredients above are not mandated by the ANZ Food Standards Code for Infant Formula Products, so the comparison is not exhaustive. Each product is different and should be assessed separately against the individual needs of each patient.

# Aptamil® AllerPro SYNEO™ for the management of CMA, contains ingredients that are inspired by breastmilk



## Lactose

The predominant carbohydrate in breastmilk<sup>5</sup>

## Prebiotics

scGOS and IcFOS in a 9:1 ratio  
In the same quantity as total HMOs in mature breastmilk<sup>11</sup>

## Probiotics

*Bifidobacterium breve* M-16V  
The most common bifidobacteria species in breastmilk<sup>13</sup>

### Lactose has key benefits in the management of CMA and should not be unnecessarily avoided<sup>3,14,15</sup>

- Main carbohydrate in breastmilk<sup>5</sup>
- Safe for consumption by infants with mild-to-moderate CMA<sup>16</sup>
- Increases palatability<sup>15</sup>
- May increase the absorption of calcium and zinc<sup>15</sup>
- May increase the growth of beneficial gut bacteria<sup>3,14</sup>

### Benefits of synbiotics for infants with CMA Synbiotics = Probiotics + Prebiotics

- Supports infants with CMA, who often have an altered gut microbiota<sup>17,18</sup> and are more susceptible to infections<sup>19–21</sup>
- Helps to rebalance the gut microbiota to be more similar to healthy breastfed infants<sup>22</sup>

†Exploratory outcomes show this to be associated with clinical benefits to gut, respiratory and skin outcomes<sup>22,23</sup>

## 50 years of breastmilk research: Empower parental confidence with the right help

Learn more  
about CMA  
management



### General advice only.

For Healthcare Professional use only – not for distribution to the general public.

**BREASTMILK IS BEST FOR BABIES:** Professional advice should be followed before using an infant formula. Partial bottle feeding could negatively affect breastfeeding. Good maternal nutrition is important for breastfeeding and reversing a decision not to breastfeed may be difficult. Infant formula should be used as directed. Improper use of infant formula may affect the health of the baby. Social and financial implications should be considered.

**Abbreviations:** ASCIA, Australasian Society of Clinical Immunology and Allergy; CMA, cow's milk allergy; HMO, human milk oligosaccharides; IcFOS, long-chain fructo-oligosaccharides; scGOS, short-chain galacto-oligosaccharides.

**References:** 1. Meyer R *et al. Allergy*. 2020;75:14–32. 2. Martin R *et al. Benef Microbes*. 2010;1(4):367–82. 3. Heine RG *et al. World Allergy Organ J*. 2017;10:14. 4. ASCIA. Guide for milk substitutes in cow's milk allergy. 2023. [https://www.allergy.org.au/images/stories/pospapers/ASCIA\\_HP\\_Guide\\_CMA\\_Milk\\_Substitutes\\_2023\\_3.pdf](https://www.allergy.org.au/images/stories/pospapers/ASCIA_HP_Guide_CMA_Milk_Substitutes_2023_3.pdf). Accessed Mar 2023. 5. Ballard O and Morrow AL. *Pediatr Clin North Am*. 2013;60:49–74. 6. Nutricia. Aptamil® AllerPro SYNEO™ 1. 2023. <https://nutricia.com.au/aptamil/products/allerpro-syneo-1>. Accessed Mar 2023. 7. Nutricia. Aptamil® Gold + Pepti-Junior®. 2023. <https://nutricia.com.au/paediatrics/product/aptamil-gold-pepti-junior>. Accessed Feb 2023. 8. Nestlé Health Science. Alfare®. 2023. [www.nestlehealthscience.com.au/brands/alfamino-alfare](http://www.nestlehealthscience.com.au/brands/alfamino-alfare). Accessed Feb 2023. 9. NovaNutrition. Novalac Allergy. [www.novanutrition.com.au/products/novalac-allergy](http://www.novanutrition.com.au/products/novalac-allergy). Accessed Feb 2023. 10. Sanulac Nutritionals. Alula Gold Allergy. [www.meandmychild.com.au/s26/gold/allergy-infant](http://www.meandmychild.com.au/s26/gold/allergy-infant). Accessed Mar 2023. 11. Kunz C *et al. Annu Rev Nutr*. 2000;20:699–722. 12. Australia New Zealand Food Standards Code - Standard 2.9.1 - Infant formula products. Updated 2022. [www.legislation.gov.au/Details/F2022C00239](http://www.legislation.gov.au/Details/F2022C00239). Accessed Mar 2023. 13. Soto A *et al. J Pediatr Gastroenterol Nutr*. 2014;59:78–88. 14. Francavilla R *et al. Pediatr Allergy Immunol*. 2012;23(5):420–7. 15. Maslin K *et al. Pediatr Allergy Immunol*. 2018;29(8):857–62. 16. Giampietro *et al. Pediatr Allergy Immunol*. 2001;12:83–6. 17. Canani RB *et al. ISME J*. 2016;10(3):742–50. 18. Thompson-Chagoyan OC *et al. Pediatr Allergy Immunol*. 2010;21(2 pt 2):e394–400. 19. Woicka-Kolejwa K *et al. Postepy Dermatol Alergol*. 2016;33(2):109–13. 20. Fiocchi A *et al. Nutrients*. 2021;13(11):3795. 21. Sorensen K *et al. Immun Inflamm Dis*. 2022;10(3):e572. 22. Van der Aa *et al. Clin Exp Allergy*. 2010;40:795–804. 23. Van der Aa *et al. Allergy*. 2011;66:170–7.

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