

Introduction

**Breastfeeding is the healthiest way to feed a baby. This should be promoted and supported.
Giving formula to a breastfed baby will reduce breastmilk supply.**

Purpose of the guidelines

The total annual spend in England and Wales for Cow's Milk Protein Allergy (CMPA) products is £59.9 Million. If a review of these products for continued need and wastage led to a 20% reduction in prescribing, then savings would be over £11.9 Million. This equates to £19,679 per 100,000 patients ([PRESCQIPP nov2016](#)).

The **quantity** of hypo-allergenic infant formulae prescribed has increased by 30% in 4 years whereas the **cost** has increased by 47% in that time (ePact data).

A North Hampshire CCG GPs audit has shown that 25% of infant formulae are prescribed inappropriately: either the wrong formula is used for the condition or age, or the wrong quantity.

The audit also revealed the variety of health professionals initially consulted for the conditions mentioned in these guidelines. Babies present indiscriminately to Health Visitors, GPs, Community Paediatric Nurses, Out of Hours GP Services, Paediatric specialists (Consultants, Registrars, Dietitians) or Emergency Services.

Therefore these guidelines aim to assist Health Professionals with diagnosing, signposting and managing common conditions and when to recommend or prescribe a specific infant formula.

Each condition has a stand-alone section and is laid out for easy printing, with a flow chart on page one and additional notes at the back. However they are presented together in this document as some infants can present with one or more conditions simultaneously. The different sections are available on the Wessex Healthier Together website (www.what0-18.nhs.uk) for easy navigation and live links.

The links can be sent directly by text message (SMS) to parents and carers during a consultation from the above website

The guidelines are targeted at infants 0-12 months. However, some of the prescribable items mentioned here can be used past this age, usually under the recommendation of a Paediatric Dietitian or Paediatrician.

Limitations of the guidelines:

The guidelines represent current standards developed with the best evidence available at this time (see reference list). They will be updated as new evidence, resources and products arise.

The recommended level of onward referrals to Paediatricians and Paediatric Dietitians in these guidelines may vary locally because of local services provision and different levels of experience within primary care. Please check with your local providers.

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