

# FORTINI™ COMPARISON CHART



Fortini Infant replaces the risks of concentrating formula with the confidence of a nutritionally complete and ready-to-feed formula.

## SEE HOW FORTINI MEASURES UP

	CONCENTRATING STANDARD FORMULA	FORTINI
<b>Time needed</b>	<p>Can require a lengthy step-up process to higher calorie concentrations<sup>1,2</sup></p> <p>Recipes may need regular updating</p>	<p>Well-tolerated at full strength from day one by most infants<sup>3*</sup></p>
<b>Tolerability</b>	<p>Increases osmolality due to concentrating and fortifying,<sup>4</sup> which can impact tolerability</p> <p>Hyperosmolality creates risk for osmotic diarrhea<sup>4-6</sup></p>	<p>Equivalent tolerability as standard infant formula (20 kcal/fl oz)<sup>7-9</sup></p> <p>Lower osmolality (360 mOsm/kg H<sub>2</sub>O) than concentrated standard infant formula<sup>†</sup></p> <p>Osmolality within the American Academy of Pediatrics guidelines (&lt;450 mOsm/kg H<sub>2</sub>O)<sup>11</sup></p>
<b>Protein</b>	<p>Usually contains around 8% of calories from protein, even when concentrated – falling short of recommendations for catch-up growth</p>	<p>Delivers 10.3% of calories from protein</p> <p>Meets WHO/FAO/UNU guideline for percentage of energy from protein (9-12%) for catch-up growth<sup>12</sup></p>
<b>Energy</b>	<p>Requires concentrating to reach recommended caloric intake for catch-up growth with manageable volume</p>	<p>Fortini provides the highest energy in the smallest volume to support higher energy requirements and/or fluid restrictions</p>
<b>Nutritional Profile</b>	<p>Risk of unbalanced macronutrient, vitamin and mineral content</p>	<p>Created to meet the unique nutritional needs of infants with or at risk of FTT</p>
<b>Errors &amp; Contamination</b>	<p>Parents and caregivers must adhere to complicated recipes</p> <p>Risk of mixing errors<sup>13-15</sup> and contamination<sup>16-18</sup></p> <p>Powdered formulas are not sterile</p>	<p>Experts recommend sterile liquid formulas for infants in healthcare facilities to reduce the risk of microbial contamination<sup>19,20</sup></p> <p>No mixing, fortifying, or supplementing needed</p> <p>Ensures FTT infants get the exact nutrition and the exact calories you recommend</p>

Fortini is indicated for the unique nutritional needs of infants from birth up to 18 months of age (or 19.8 lbs/9 kg) with or at risk of growth failure, increased energy requirements, and/or fluid restrictions due to conditions such as congenital heart disease, chronic lung disease, respiratory syncytial virus, neurological syndrome or neuro-disabilities, cystic fibrosis and non-disease-related FTT.

\*Normal changes in stool frequency and consistency may occur in the first few days after starting babies on Fortini. Infants <12 weeks of age may benefit from a graded introduction to Fortini.

† Versus standard infant formula at 30 kcal/fl oz (460-507 mOsm/kg)<sup>10</sup>

**References:** 1. Homan. Am Fam Physician. 2016;94:295-9. 2. Slicker, et al. Congenit Heart Dis. 2013;8:89-102. 3. Evans, et al. J Hum Nutr Diet. 2006;19:191-7. 4. Steele, et al. J Hum Nutr Diet. 2013;26:32-7. 5. Pereira-da-Silva, et al. Eur J Clin Nutr. 2008;62:274-8. 6. Fomon, et al. J Pediatr. 1999;134:11-4. 7. Cui, et al. JPEN J Parenter Enteral Nutr. 2018;42:196-204. 8. van Waardenburg, et al. Clin Nutr. 2009;28:249-55. 9. Scheeffler, et al. JPEN J Parenter Enteral Nutr. 2020;44:348-54. 10. Third party laboratory testing of standard infant formulas commercially available in United States. Eurofins, Madison, Wisconsin. 11. Committee on Nutrition; American Academy of Pediatrics. Pediatrics. 1976;57:278-85. 12. World Health Organization; Food and Agriculture Organization of the United Nations. Protein and amino acid requirements in human nutrition. 2007. 13. Renfrew, et al. Arch Dis Child. 2003;88:855-8. 14. Plaster, et al. J Am Diet Assoc. 1996;96:A-64. 15. Altazan, et al. Pediatr Obes. 2019;14:e12564. 16. Rocha Carvalho, et al. JPEN J Parenter Enteral Nutr. 2000;24:296-303. 17. Fagerman. Nutr Clin Pract. 1992;7:31-6. 18. Labiner-Wolfe, et al. Pediatrics. 2008;122 Suppl 2:S85-90. 19. Steele, et al, eds. Infant and Pediatric Feedings: Guidelines for preparation of human milk and formula in health care facilities. 3rd ed. Chicago: Academy of Nutrition and Dietetics; 2019. 20. Corkins, et al. Nutr Clin Pract. 2013;28:263-76.