



# From hospital to home... we'll keep nourishing their development.

Enfamil NeuroPro™ EnfaCare® provides specialized that supports preterm infants' growth and development after discharge.

NEW  
larger size!



# Preterm babies have unique nutritional needs.



## BRAIN DEVELOPMENT

### Unique need:

Preterm babies can miss out on brain growth in the third trimester, when it normally doubles in weight.<sup>1</sup>




		Enfamil NeuroPro™ EnfaCare® per 100 kcal	Similac® NeoSure® per 100 kcal
DHA	Supports brain development and cognitive outcomes <sup>2,3</sup>	0.32% of fatty acids	0.25% of fatty acids
Choline	Supports neural tube development <sup>4</sup>	24 mg	16 mg
Iodine	Required for the synthesis of thyroid hormones essential to brain development <sup>5</sup>	21 mcg	15 mcg
Vitamin A	Modulates neurogenesis, neuronal survival, and synaptic plasticity <sup>6</sup>	450 IU	350 IU
Vitamin D	Helps support brain development	70 IU	70 IU
Protein	Supports the continued growth of the preterm baby	2.8 g	2.8 g



## BONE GROWTH

### Unique need:

Bones normally accrete 80% of their minerals in the third trimester.<sup>7</sup>

		Enfamil NeuroPro™ EnfaCare® per 100 kcal	Similac® NeoSure® per 100 kcal
	Calcium	120 mg	105 mg
	Phosphorus	66 mg	62 mg
	Vitamin D	70 IU	70 IU

# Enfamil NeuroPro™ EnfaCare® provides nutrition that supports catch-up growth.

Our enriched nutrition is specially designed to support brain development, bone growth, and the immune system during premature babies' first year... with a whey-to-casein ratio to support tolerability.



**Brain weight** normally increases >200% in the third trimester<sup>1</sup>



**Bones** normally accrete 80% of minerals in the third trimester<sup>7</sup>



**Maternal antibody transfer** that helps protect the newborn mostly occurs in the third trimester<sup>8</sup>



Preterm babies **typically can't digest** proteins as easily as older infants, so the whey-to-casein ratio needs to be considered<sup>13,14</sup>



According to experts, preterm infants discharged before a weight of 2000 g need enriched nutrition to meet their unique needs and should be given fortified human milk or fortified preterm infant formula for **at least 12 weeks after discharge**.<sup>16</sup>





## IMMUNE DEVELOPMENT

### Unique need:

Immunity normally develops when maternal antibody transfer occurs, mostly in the third trimester.<sup>8</sup>

		Enfamil NeuroPro™ EnfaCare® per 100 kcal	Similac® NeoSure® per 100 kcal
<b>DHA</b>	Has anti-inflammatory effects <sup>9</sup>	<b>0.32% of fatty acids</b>	<b>0.25% of fatty acids</b>
<b>Vitamin A</b>	Required for immune competence <sup>10</sup>	<b>450 IU</b>	<b>350 IU</b>
<b>Vitamin C</b>	Supports cellular functions of both the innate and adaptive immune systems	<b>16 mg</b>	<b>15 mg</b>
<b>Vitamin E</b>	One of the most effective nutrients known to modulate immune function <sup>11</sup>	<b>4 IU</b>	<b>3.6 IU</b>
<b>Selenium</b>	Plays an important role in immune response	<b>2.8 mcg</b>	<b>2.3 mcg</b>
<b>Vitamin D</b>	Can modulate innate and adaptive immune responses <sup>12</sup>	<b>70 IU</b>	<b>70 IU</b>



## DIGESTIVE NEEDS

### Unique need:

Preterm babies typically can't digest proteins as easily as older infants, so the whey-to-casein ratio needs to be considered.<sup>13,14</sup>



DHA=docosahexaenoic acid

\* Based on a whey:casein ratio patterned after early breast milk, 3-5 days after lactation begins.

Enfamil NeuroPro™ EnfaCare® has not been shown superior to Similac® NeoSure® in supporting infant brain, bone, immune, and digestive development. Similac® NeoSure® is a registered trademark of an entity unrelated to Mead Johnson & Company, LLC.



# Our clinical outcomes support choosing Enfamil NeuroPro™ EnfaCare® for preterm infants.



DHA and ARA have been shown to support cognitive and visual development outcomes in premature infants.<sup>9</sup>



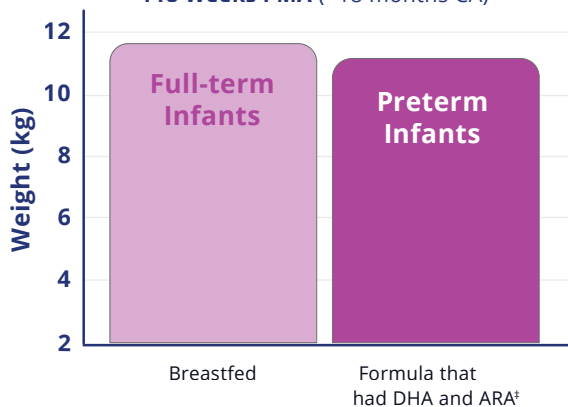
Infants fed DHA had higher psychomotor and mental development scores compared with infants fed the same program of Enfamil® formulas without DHA and ARA (now discontinued).<sup>\*3</sup>



**Demonstrated to help promote catch-up growth similar to full-term breastfed infants** when offered in a program of Enfamil® formulas fed through 12 months CA.<sup>†3</sup>

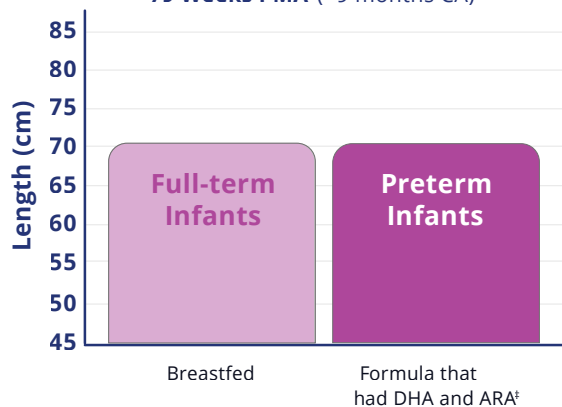
## Weight

118 Weeks PMA (~18 months CA)



## Length

79 Weeks PMA (~9 months CA)



CA=corrected age

\* Assessed by Bayley Scales of Infant Development II Mental Development Index (MDI) and Psychomotor Development Index (PDI) to all infants at 118 weeks PMA (18 months after term) when used in a program of Enfamil® Premature, Enfamil® EnfaCare®, and Enfamil® Infant. Studied before the reformulation of Enfamil NeuroPro™ EnfaCare®.

† Study was conducted before the reformulation of Enfamil NeuroPro EnfaCare. Some infants in this study were fed formulas that had DHA from a first source, but data are not shown in the graph.

‡ Enfamil® Premature, Enfamil® EnfaCare®, and Enfamil® LIPIL®.

# We support more than just preterm infants. We support those who care for them.

Some of our programs and collaborations include:



CME opportunities with PNCE.org



A HELPING HAND FROM  
HOSPITAL TO HOME

with Premature  
Nutrition Care Plan  
Discharge Form



Infamil® Helping  
Hands for Special  
Kids Program™  
and  
Infamil® Multiple  
Birth Program



Infamil Family  
Beginnings® program



EnfaCare® Wonder Bag  
with Enfamil NeuroPro™ EnfaCare® samples

Eligible for the Women, Infants, and Children (WIC®) Program and the Supplemental Nutrition Assistance Program (SNAP)† in all 50 states regardless of state contract.



\* WIC is a registered trademark of the United States Department of Agriculture (USDA) for the Women, Infants, and Children Program. No endorsement of any brand or product by the USDA is implied or intended.

† SNAP is a federal government-supported program that offers nutrition assistance to qualifying low-income individuals and families.

**References:** 1. Guihard-Costa AM, Larroche JC. Differential growth between the fetal brain and its infratentorial part. *Early Hum Dev.* 1990;23(1):27-40. doi:10.1016/0378-3782(90)90126-4. 2. Schwarzenberg SJ, Georgieff MK, Committee on Nutrition. Advocacy for improving nutrition in the first 1000 days to support childhood development and adult health. *Pediatrics.* 2018;141(2):e20173716. 3. Clandinin MT, Van Aerde JE, Merkel KL, et al. Growth and development of preterm infants fed infant formulas containing docosahexaenoic acid and arachidonic acid. *J Pediatr.* 2005;146(4):461-468. doi:10.1016/j.jpeds.2004.11.030. 4. Zeisel SH. Choline: critical role during fetal development and dietary requirements in adults. *Annu Rev Nutr.* 2006;26:229-250. doi:10.1146/annurev.nutr.26.061505.111156. 5. Delange F. The role of iodine in brain development. *Proc Nutr Soc.* 2000;59(1):75-9. doi:10.1017/s0029665100000094. 6. Olson CR, Mello CV. Significance of vitamin A to brain function, behavior and learning. *Mol Nutr Food Res.* 2010;54(4):489-495. 7. Mimouni FB et al. In: Koletzko B, Poindexter B, Uauy R, eds. *Nutritional Care of Preterm Infants: Scientific Basis and Practical Guidelines.* Vol 110. Karger; 2014:140. 8. Simister NE. Placental transport of immunoglobulin G. *Vaccine.* 2003;21(24):3365-3369. doi:10.1016/s0264-410x(03)00334-7. 9. Harris WS, Baack ML. Beyond building better brains: bridging the docosahexaenoic acid (DHA) gap of prematurity. *J Perinatol.* 2015;35(1):1-7. doi:10.1038/jp.2014.195. 10. Rakshasbhuwankar AA, Patole SK, Simmer K, Pillow J. Vitamin A supplementation for prevention of mortality and morbidity in moderate and late preterm infants. *Cochrane Database Syst Rev.* 2019;2019(5):CD013322. Published May 13, 2019. doi:10.1002/14651858.CD013322. 11. Lewis ED, Meydani SN, Wu D. Regulatory role of vitamin E in the immune system and inflammation. *IUBMB Life.* 2019;71(4):487-494. doi:10.1002/iub.1976. 12. Aranow C. Vitamin D and the immune system. *J Invest Med.* 2011;59(6):881-886. doi:10.2310/JIM.0b013e31821b8755. 13. Demers-Mathieu V, Qu Y, Underwood MA, Borghese R, Dallas DC. Premature infants have lower gastric digestion capacity for human milk proteins than term infants. *J Pediatr Gastroenterol Nutr.* 2018;66(5):816-821. doi:10.1097/MPG.0000000000001835. 14. Hay WW Jr, Hendrickson KC. Preterm formula use in the preterm very low birth weight infant. *Semin Fetal Neonatal Med.* 2017;22(1):15-22. doi:10.1016/j.siny.2016.08.005. 15. Kunz C, Lönnerdal B. Re-evaluation of the whey protein/casein ratio of human milk. *Acta Paediatr.* 1992;81(2):107-112. 16. Kleinman RE, Greer FR. Nutritional needs of the preterm infant. In: Kleinman RE, Greer FR, eds. *Pediatric Nutrition.* 8th ed. American Academy of Pediatrics; 2019:151-152.

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