

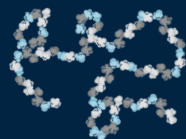


FOR MEDICAL PROFESSIONALS

Infant Formula Protein Comparison

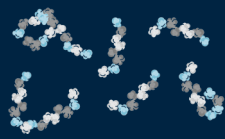


Intact (not hydrolyzed) whey and/or casein protein



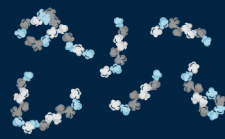
- High quality protein
- Easy to digest
- 70:30 whey:casein

Partially hydrolyzed soy protein



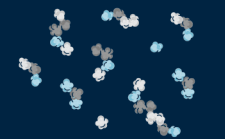
- High quality protein
- Easy to digest
- 100% soy protein, partially hydrolyzed
- Plant based-protein

Partially hydrolyzed whey protein



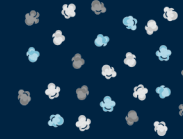
- High quality protein
- Easy to digest
- 100% whey protein, partially hydrolyzed
- 10x smaller protein than intact (not hydrolyzed) whey and/or casein protein
- Clinically shown to:
 - Deliver gastric emptying similar to breastmilk at 30 minutes[†]
 - Have faster gastric emptying[†]
 - Promote softer stools[†]
- May reduce the risk of developing atopic dermatitis*

Extensively hydrolyzed whey protein



- High quality protein
- Easy to digest
- 100% whey protein, extensively hydrolyzed
- Clinically proven to be hypoallergenic
- Ultrafiltered for low residual allergenicity
- 80% small peptides and 20% amino acids
- Promotes more soft and less liquid or hard stools

Amino acid



- Easy to digest
- Clinically demonstrated to meet the AAP criteria for hypoallergenicity¹
- 100% amino acids, which are the building blocks of proteins

* For healthy infants who are not exclusively breastfed and who have a family history of allergy, feeding a 100% whey protein partially hydrolyzed infant formula from birth up to 4 months of age instead of a formula made with cow's milk proteins may reduce the risk of developing atopic dermatitis throughout the first year. The scientific evidence for this is limited, and not all babies may benefit. Partially hydrolyzed formulas **should not be fed to infants who are allergic to milk or infants with existing milk allergy symptoms**. If you suspect a baby is allergic to milk, or if a baby is on a special formula for the treatment of allergy, their care and feeding choices should be under a doctor's supervision.

[†] Versus intact (not hydrolyzed) protein formulas.

1. Nowak-Węgrzyn A, et al. *Clin Pediatrics*. 2015;54:264-272.

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