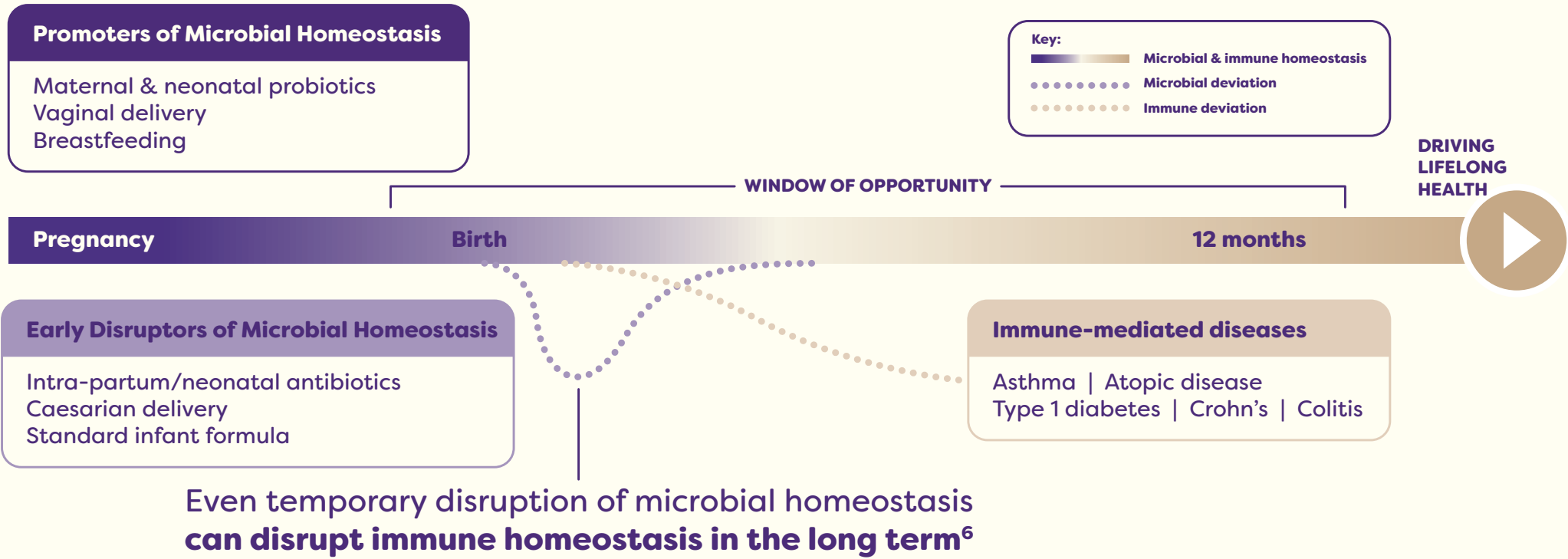


What Impacts the Infant Gut Microbiota?

The first 1000 days of life is a critical window of opportunity¹⁻⁶.

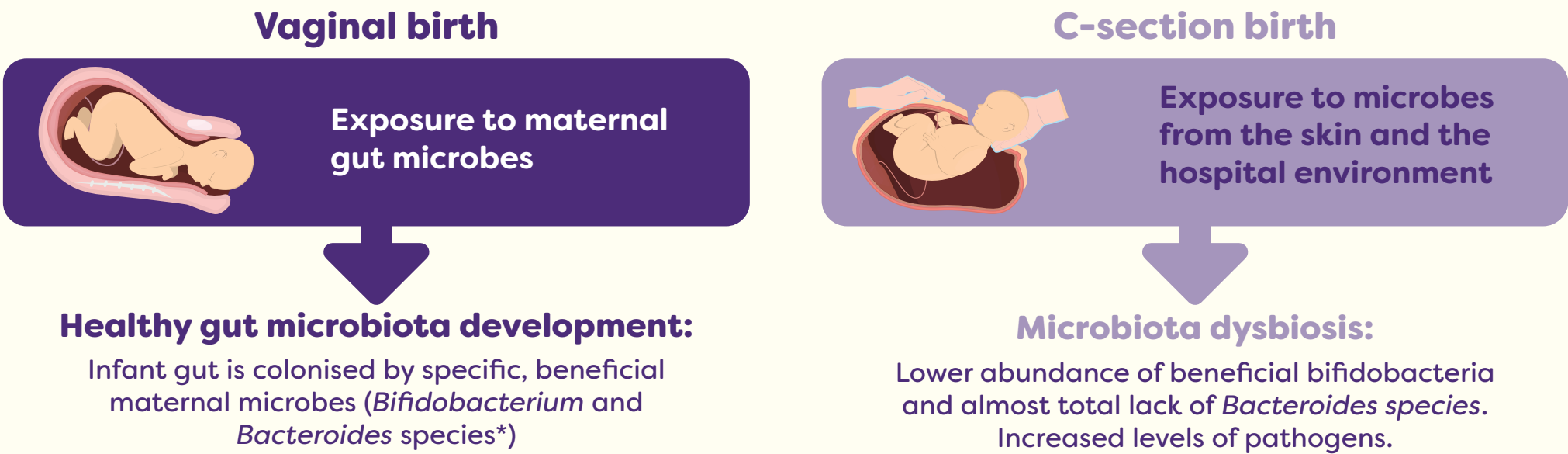


Source: 1. Miguel et al. 2015; 2. Scholtens, et al. 2012; 3. Nguyen et al. 2016; 4. Martin et al. 2010; 5. Dogra et al. 2021; 6. Amenyogbe et al., 2017; 6. Adapted from Amenyogbe N, et al. 2017 (Amenyogbe N, et al. Front Pediatr 2017;24(5):111).

Impact of mode of delivery on gut microbiota

45% of all deliveries were Caesarean (2024/25)¹

C-section birth is a major disruptor of early gut microbiota development²



Microbial dysbiosis in early life is associated with gastrointestinal infections and carries long term health risks.

Why breast milk supports beneficial bifidobacteria in the gut?

Human milk oligosaccharides (HMOs) in breast milk promote the dominance of specific HMO-degrading *Bifidibacterium* species* in the infants' gut, such as *B. longum subsp. infantis*, *B. bifidum*, and *B. breve* -> protection against infectious and immune related diseases.

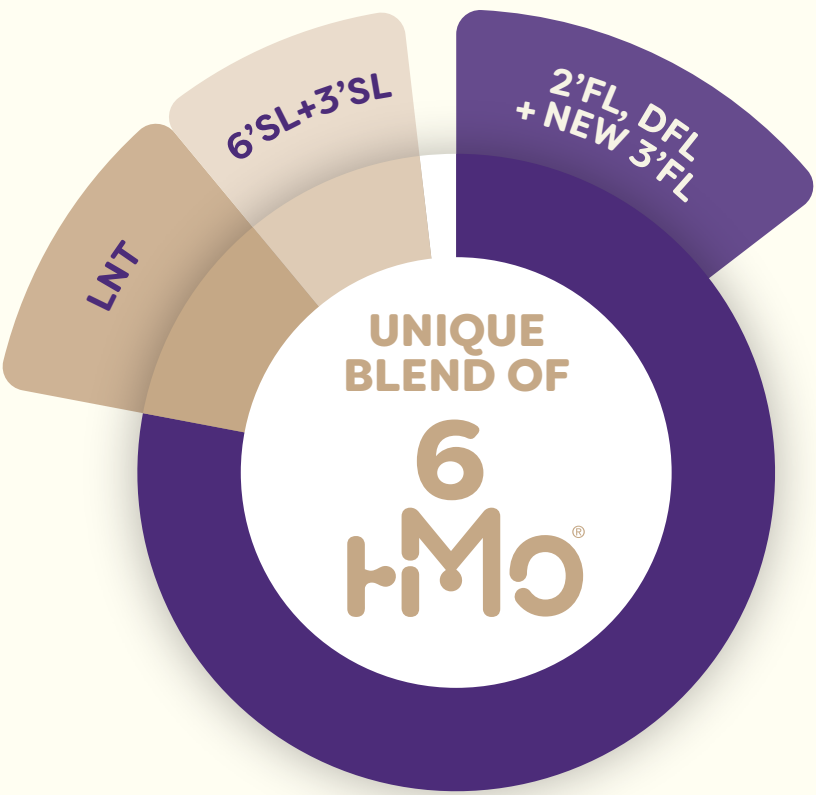
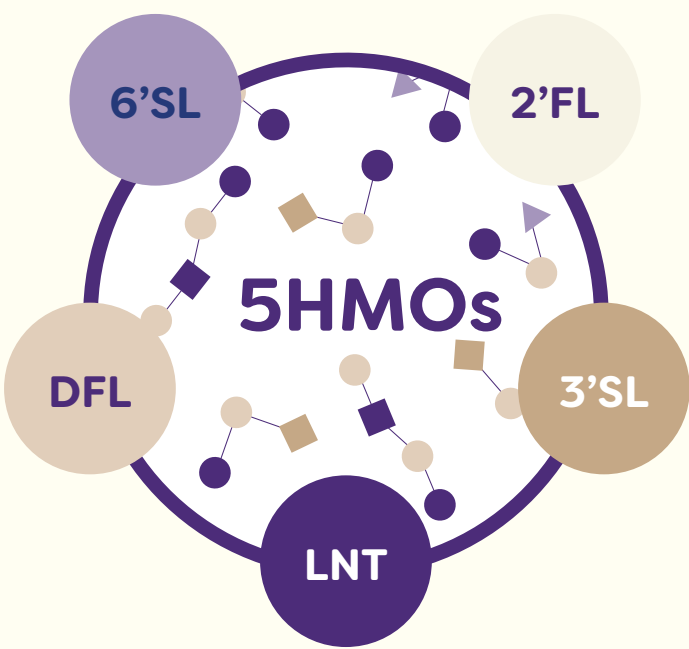
*Other bacteria, such as some species of *Bacteroides* or *Lactobacillus* can also ferment HMOs to some extent



A clinical study shows:

Feeding formula with a blend of 5HMOs (2'FL, DFL, LNT, 3'SL, 6'SL) can³:

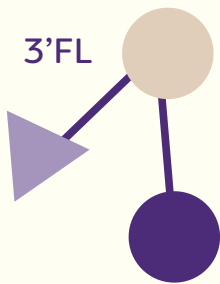
- ✓ shift the gut microbiota of C-section born infants closer to breastfed and vaginally born infants
- ✓ by increasing beneficial *Bifidobacterium*



SMA[®] Advanced is the only formula range with adapted blend of multi-fibres levels per stage

NOW WITH 3'FL

- 2nd most abundant fucosylated⁴
- The only major HMO that increases with lactation period⁵



Now representing 56% of major HMOs and all 3 HMO families in breast milk⁶⁻¹²



SCAN HERE TO LEARN MORE



IMPORTANT NOTICE: We believe that breastfeeding is the ideal nutritional start for babies and we fully support the World Health Organisation's recommendation of exclusive breastfeeding for the first six months of life followed by the introduction of adequate nutritious complementary foods along with continued breastfeeding up to two years of age. We also recognise that breastfeeding is not always an option for parents. We recommend that healthcare professionals inform parents about the advantages of breastfeeding. If parents choose not to breastfeed, healthcare professionals should inform parents that such a decision can be difficult to reverse and that the introduction of partial bottle-feeding will reduce the supply of breast milk. Parents should consider the social and financial implications of the use of infant formula. As babies grow at different rates, healthcare professionals should advise on the appropriate time for a baby to begin eating complementary foods. Infant formula and complementary foods should always be prepared, used and stored as instructed on the label in order to avoid risks to a baby's health. The product be used only on the advice of independent persons having qualifications in medicine, nutrition, pharmacy, or other professionals responsible for maternal and child care. • **Follow-on Milk** only suitable for babies over 6 months as part of a mixed diet. It should not be used as a substitute for breast milk during the first 6 months of life. The decision to start weaning or to use this product before 6 months, should be made only on the advice of a doctor, midwife, health visitor, public health nurse, dietitian or pharmacist, based on baby's individual needs. • **Toddler Milk** is suitable for young children from 1-3 years, as part of a varied, balanced diet and it is not a breast milk substitute.

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