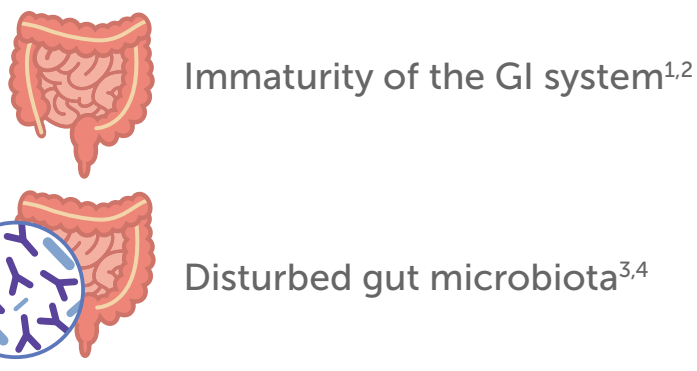


How Human Milk Oligosaccharides benefit preterm infants

Up to **50%** of preterm babies suffer from feeding intolerance¹

Feeding intolerance is linked to:

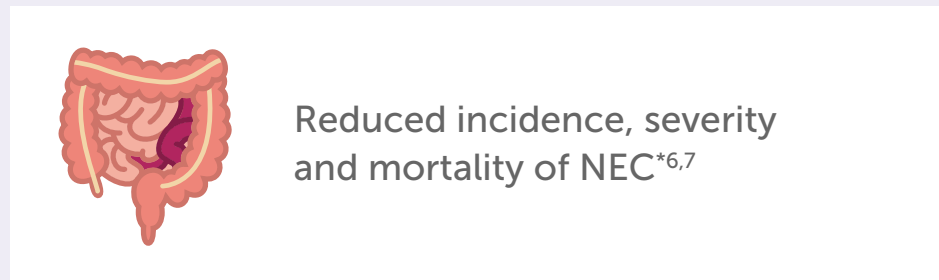


Goal in neonatal care:

Achieving timely enteral feeding is critical to support healthy growth and development, including the GI tract^{2,5}



First evidence suggests HMOs may reduce morbidity and mortality in preterm infants



Preterm infants may have insufficient HMO intake

Mother's own milk



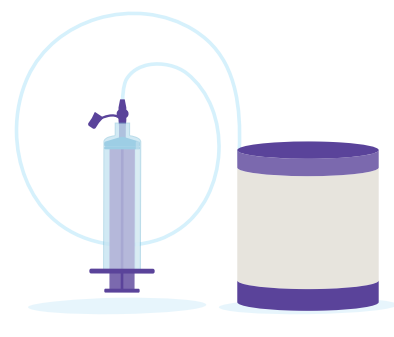
HMO levels may be reduced⁹

Donor human milk



Pasteurisation and sterilisation reduce HMO levels in human milk^{10,11}

Alternative feedings



Do not currently contain HMOs

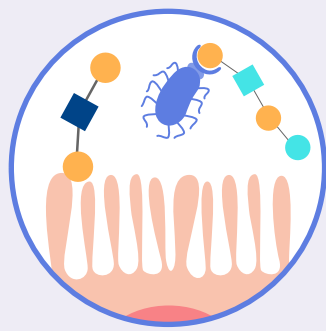
HMOs Help the Immune Defenses in 4 Main Ways¹²



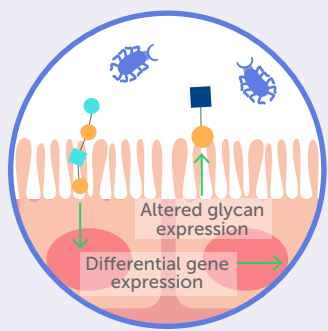
Promotes the growth of beneficial bacteria



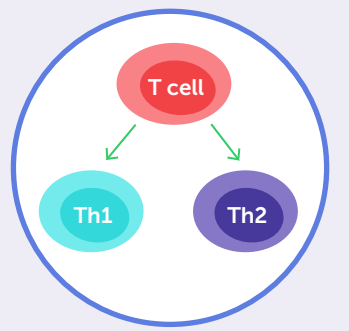
Prevents pathogen adhesion in the gut



Strengthens gut barrier function

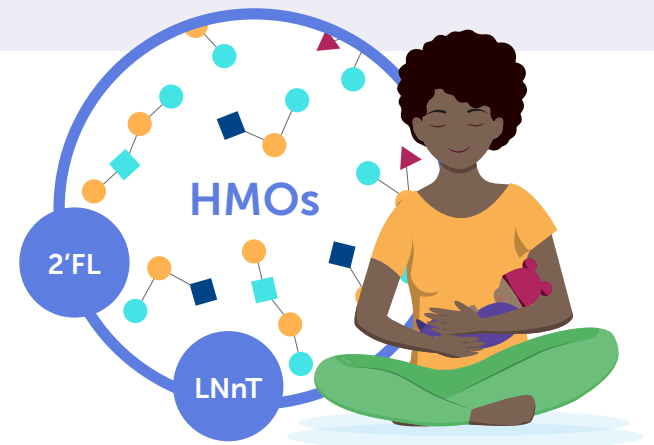


Educates the developing immune system

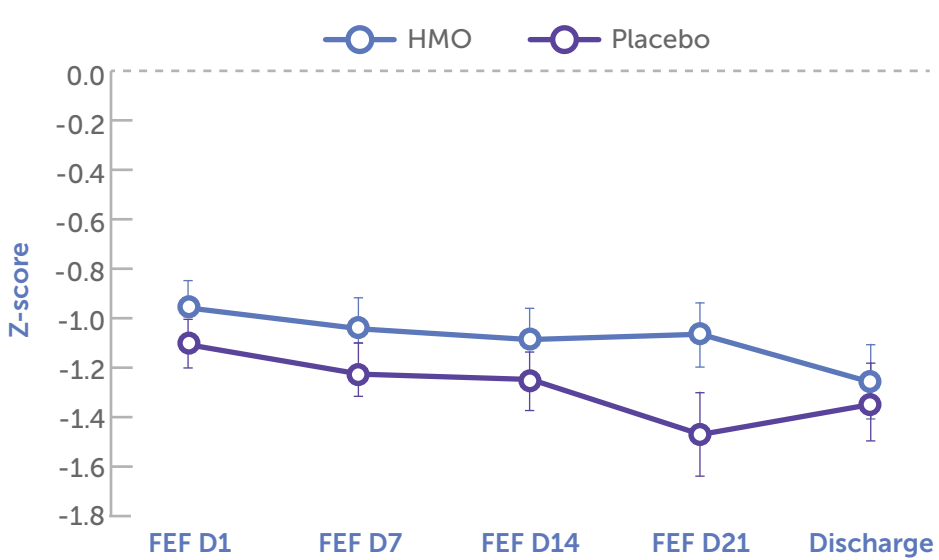


Evidence suggests that HMOs, 2'FL and LNnT, support timely full enteral feeding and early postnatal growth^{13***}

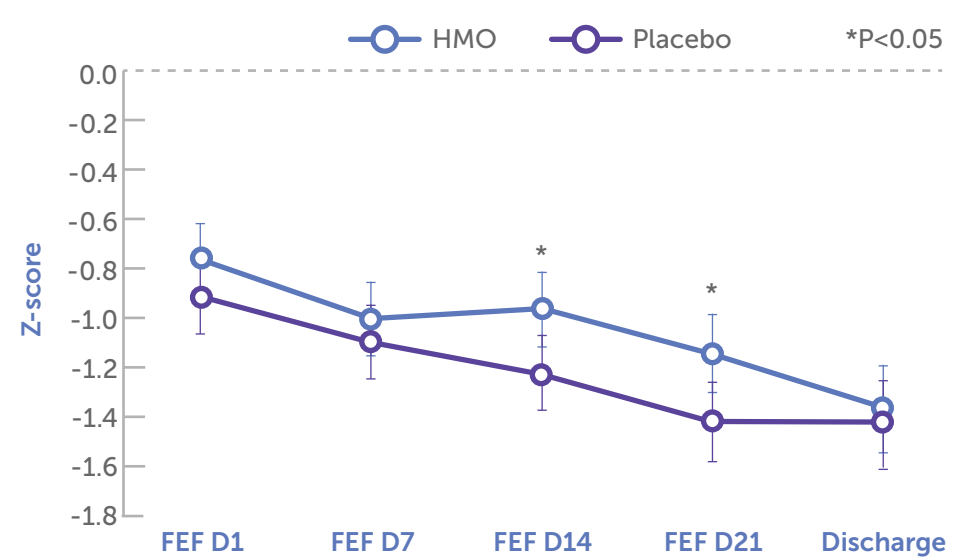
Supplementing 2'FL and LNnT supports adequate growth outcomes, in line with Fenton growth standards for preterm infants¹³



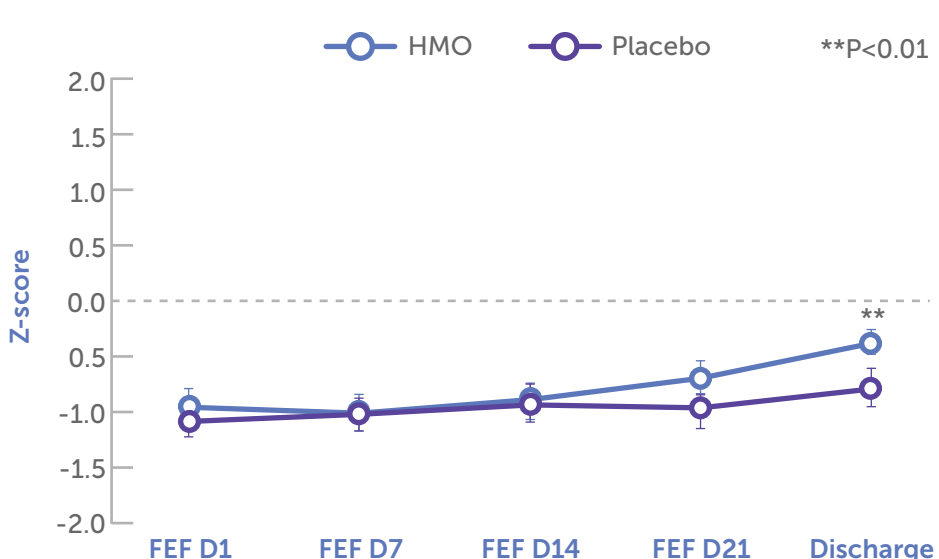
Weight for age Z scores



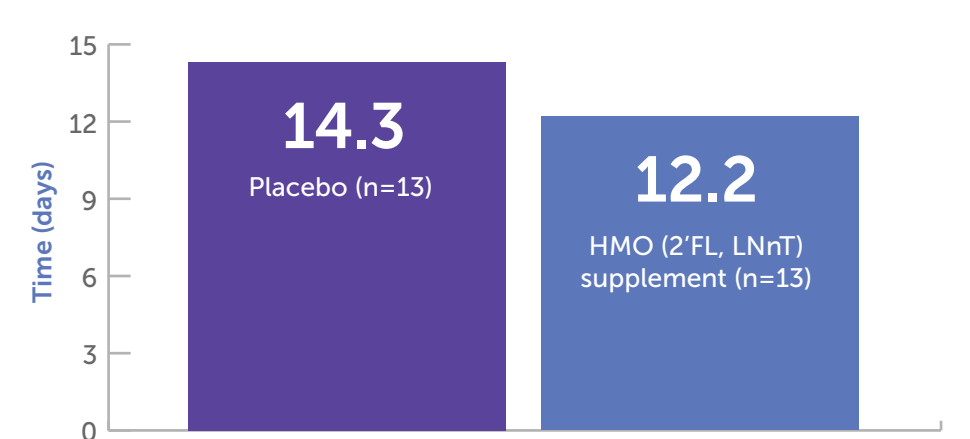
Length for age Z scores



Head circumference for age Z scores



Using 2'FL and LNnT, the mean time to reach full enteral feeding was **2 days shorter**^{13†}



†Time to reach full enteral feeding is a reliable indicator of feeding tolerance

Preterm infants are a vulnerable group of neonates which may have insufficient HMO intake. Supplementing the HMO 2'FL and LNnT supports early full enteral feeding and adequate growth in preterm infants.

*Pre-clinical study; **observational study in preterm infants; ***randomised, controlled, clinical study.
 FEF, full enteral feeding; FL, fucosyllactose; GI, gastrointestinal; HMO, human milk oligosaccharide; LNnT, Lacto-N-neotetraose; NEC, necrotising enterocolitis.
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