



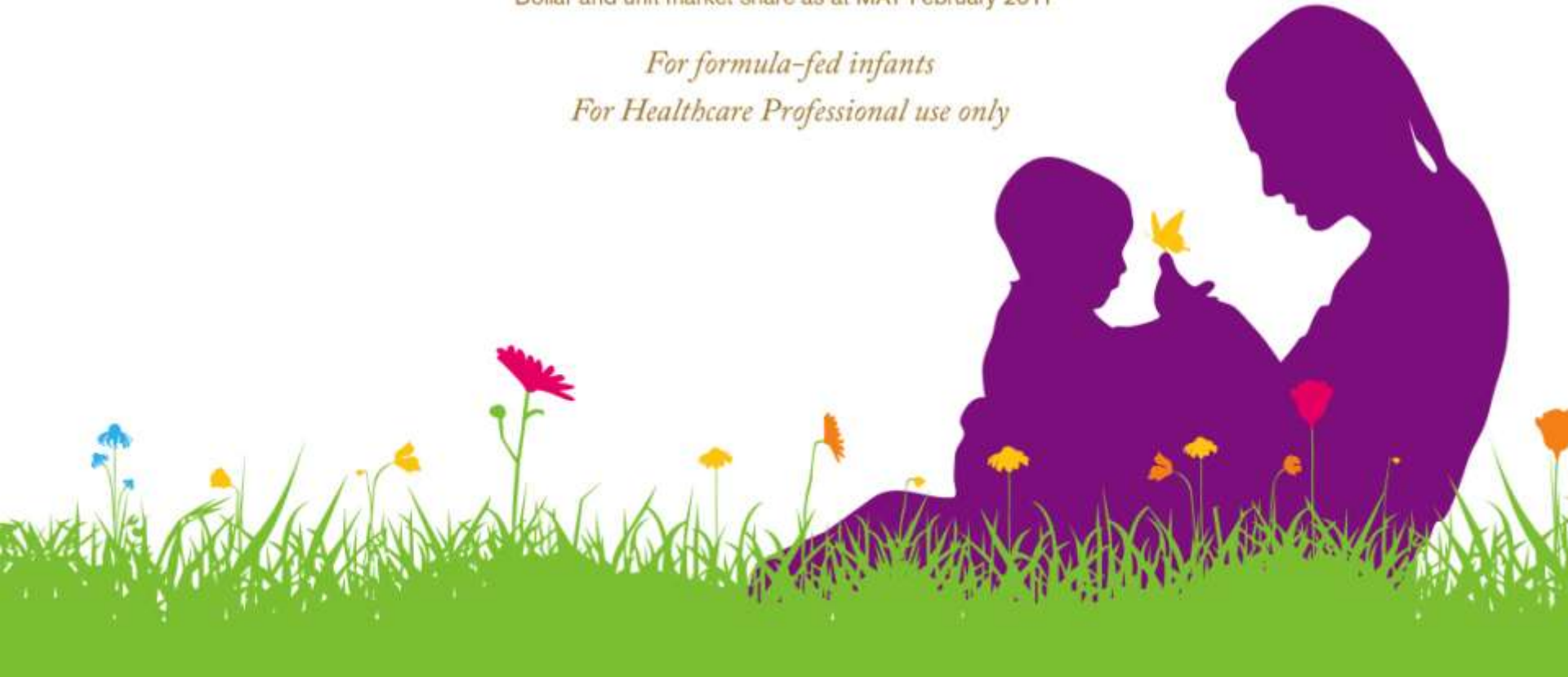
TRUST, INNOVATION

The leading GOLD infant formula in Australia¹

Dollar and unit market share as at MAT February 2011

For formula-fed infants

For Healthcare Professional use only



IMPORTANT STATEMENT: Breast milk is best for babies and provides ideal nutrition. Good maternal nutrition is important for preparation and maintenance of breastfeeding. Introducing partial bottle-feeding could negatively affect breastfeeding and reversing a decision not to breastfeed is difficult. Professional advice should be followed on infant feeding. Infant formula should be prepared and used as directed. Unnecessary or improper use of infant formula may present a health hazard. Social and financial implications should be considered when selecting a method of infant feeding.



S-26 GOLD® NEWBORN

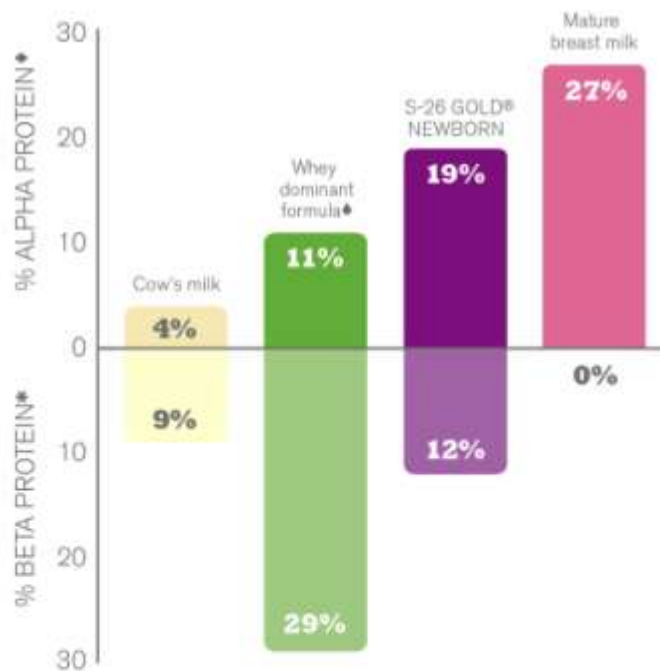
HIGHER QUALITY PROTEIN²

A protein profile closer to breast milk²

Among the most pronounced differences between infant formula and breast milk are the differences in protein composition⁸

Compared to other infant formulas⁴, S-26 GOLD® NEWBORN:

Percentage of total protein composition^{2,9}



Adapted from Lien et al. 2004.²

73% more ALPHA PROTEIN²

- The major whey protein in breast milk²
- More digestible than BETA PROTEIN⁹
- A whole protein for natural protein digestion and nutrition^{8,9}

and

59% less BETA PROTEIN²

- Not normally found in breast milk⁹
- The major whey protein in other whey-dominant infant formulas^{4,2}
- One of the less digestible proteins⁹
- Has been associated with allergy⁹

*Alpha-lactalbumin. *Beta-lactoglobulin.

⁴Compared to other whey-dominant, GOLD & standard formulas not enriched with alpha-lactalbumin and reduced beta-lactoglobulin.



S-26 GOLD® NEWBORN

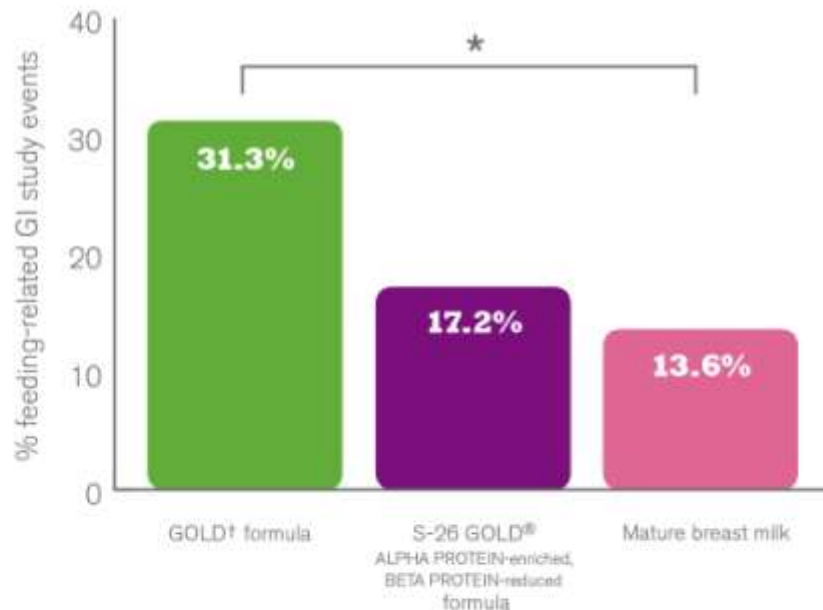
A PROTEIN PROFILE CLOSER TO BREAST MILK^{2,5}

Easy to digest⁵

A Wyeth clinical study (Davis, *et al.* 2008) enrolled 216 healthy term infants to investigate the plasma amino acids and gastrointestinal (GI) tolerance after 8 weeks when fed either mature breast milk (n=88 ITT)^Δ; GOLD + ALPHA PROTEIN-enriched, BETA PROTEIN-reduced infant formula (n=64 ITT)^Δ or GOLD[†] infant formula (n=64 ITT).⁵

Incidence of feeding-related GI study events by feeding group

(most commonly reported – constipation, regurgitation, abdominal pain, reflux, eructation, vomiting, diarrhoea)⁵



Adapted from Davis *et al.* 2008.⁵

* Statistically significant difference in feeding-related GI events between GOLD formula and breast milk ($p=0.015$).

The incidence of feeding-related GI study events was significantly different across feeding groups (ANOVA, $p=0.025$).

^Δ Intention to treat. [†] Non-alpha-lactalbumin enriched, non-beta-lactoglobulin reduced GOLD formula.

Note: The protein profile of the experimental formula (GOLD + ALPHA PROTEIN-enriched, BETA PROTEIN-reduced formula) is the same as S-26 GOLD[®] NEWBORN.





S-26[®] FEEDING GUIDE *changes*

S-26 GOLD[®] NEWBORN, S-26[®] ORIGINAL NEWBORN

Current Feeding Guide

Baby's age	Cooled boiled water (mL)	Level scoops of formula	Feeds per day
0–2 weeks	60	1	7
2 weeks–2 months	120	2	6
2–4 months	180	3	5
4–6 months	240	4	5
6 months +	240	4	4



New Feeding Guide

Baby's age	Cooled boiled water (mL)	Level scoops of formula	Feeds per day
0–2 weeks	60	1	7–9
2 weeks–3 months	120	2	6
3–6 months	180	3	5
6 months +	180	3	4–5





S-26® FEEDING GUIDE *changes*

S-26 GOLD® PROGRESS®, S-26® ORIGINAL PROGRESS®

Current Feeding Guide

Baby's age	Cooled boiled water (mL)	Level scoops of formula	Feeds per day	Solid feeds per day
6-9 months	240	4	4	2-3
9-12 months	240	4	3-4	2-3
12 months +	180	3	3	3+



New Feeding Guide

Baby's age	Cooled boiled water (mL)	Level scoops of formula	Feeds per day	Solid feeds per day
6-12 months	180	3	4-5	2-3
12 months +	180	3	3	3+



COMPARISON OF ESTIMATED DAILY ENERGY INTAKE *across three infant formula companies*

Age	Australia and New Zealand NRV EER range** (kJ/day)	Pfizer		Nestle*		Nutricia*	
		S-26 GOLD® NEWBORN (-kJ/day) 	Current	2011	NAN® Pro Gold 1 (-kJ/day)	NAN® HA Gold 1 (-kJ/day)	Karicare® Gold Plus 1 (-kJ/day)
0-1 week		1316	1301-1673	1680	1698	1152-1481	1103-1419
1-2 week		1316	1301-1673	1680	1698	1975-2633	1891-2522
2 weeks -1 month		2256	2231	1866	1887	1975-2633	1891-2522
1 months	1800-2000	2256	2231	2333	2358	2469-2962	2364-2837
2 months	2100-2400	2820	2231	2799	2830	3292	3152
3 months	2200-2400	2820	2789	2799	2830	3292	3152
4 months	2200-2400	3760	2789	3266	3302	3292-4114	3152-3940
5 months	2300-2500	3760	2789	3266	3302	3292-4114	3152-3940
6 months	2500-2700	3008	2231-2789	1960-2613	1981-2641	3292-4114	3152-3940

■ Reduced kJ/day to be more consistent with NRV recommendations.

* The range of EER for infants encompasses the EER for girls and boys respectively for each age group starting at 1 month.

† All information relating to products that are not manufactured by Pfizer, has been calculated from information published by the relevant manufacturers on their product labels or website as at 21 February 2011. Approximate energy intake was calculated based on reconstitution rate, grams of powder per day, prepared volume intake and energy per 100 mL, as indicated on the respective labels and/or websites.



TRUST, INNOVATION

The leading GOLD infant formula in Australia¹

S-26 GOLD[®] NEWBORN:

- Australia's No. 1 GOLD infant formula¹ – leading in innovation
- Higher quality protein – a protein profile closer to breast milk^{2,5}
- A protein profile closer to breast milk^{2,5} – easy to digest⁵

*Compared to other whey-dominant, GOLD & standard formulas not enriched with alpha-lactalbumin and reduced beta-lactoglobulin.





Do you or your clients have a question?

The Pfizer Nutrition Careline is a free call service offered to parents and healthcare professionals. Staffed by a qualified midwife and dietician, who can provide advice and support on a range of topics.

AUSTRALIA: 1800 552 229 www.pfizernutrition.com.au NEW ZEALAND: 0800 443 229 www.pfizernutrition.co.nz

REFERENCES: **1.** Aztec Synovate data (National Grocery and IMS) as at MAT February 2011. \$ and unit market share of First Age Gold excluding prescribed formula, 0–6 months. **2.** Lien EL, Davis AM, Euler AR, and the Multicenter Study Group. Growth and safety in term infants fed reduced-protein formula with added bovine alpha-lactalbumin. *J Pediatr Gastroenterol Nutr* 2004; 38(2): 170–176. **3.** Birch EE, Hoffman DR, Uauy R, Birch DG, Prestidge C. Visual acuity and the essentiality of docosahexaenoic acid and arachidonic acid in the diet of term infants. *Pediatr Res* 1998; 44: 201–209. **4.** Willatts P, Forsyth JS, DiModugno MK, Varma S, Calvin M. Effect of long-chain polyunsaturated fatty acids in infant formula on problem solving at 10 months of age. *Lancet* 1998; 352: 688–691. **5.** Davis AM, Hamis BJ, Lien EL, Pramuk K, Trabulsi J. α -Lactalbumin-rich infant formula fed to healthy term infants in a multicenter study: plasma essential amino acids and gastrointestinal tolerance. *European J Clin Nutr* 2008; 62: 1294–1301. **6.** Alves-Rodrigues A, Shao A. The science behind lutein. *Toxicol Lett* 2004; 150: 57–83. **7.** Schalch W, Dayhaw-Barker P, Barker FM II. The carotenoids of the human retina. In: Taylor A, ed. *Nutritional and Environmental Influences on the Eye*. Boca Raton, Fla: CRC Press; 1999: 1–36. **8.** Lien EL. Infant formulas with increased concentrations of α -lactalbumin. *Am J Clin Nutr* 2003; 77(suppl): 1555S–8S. **9.** Heine WE, Klein PD, Reeds PJ. The importance of α -Lactalbumin in infant nutrition. *J Nutr* 1991; 121: 277–283.

S-26 GOLD® NEWBORN is a Pfizer formula. Professional advice should be followed.

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