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

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

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.[1]

		Enfamil NeuroPro™ EnfaCare® *per 100 kcal*	Similac® NeoSure® *per 100 kcal*
DHA	Supports brain development and cognitive outcomes[2,3]	**0.32% of fatty acids**	0.25% of fatty acids
Choline	Supports neural tube development[4]	**24 mg**	16 mg
Iodine	Required for the synthesis of thyroid hormones essential to brain development[5]	**21 mcg**	15 mcg
Vitamin A	Modulates neurogenesis, neuronal survival, and synaptic plasticity[6]	**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.[7]

		Enfamil NeuroPro™ EnfaCare® *per 100 kcal*	Similac® NeoSure® *per 100 kcal*
Calcium	Recommended by experts to support bone health[7]	**120 mg**	105 mg
Phosphorus		**66 mg**	62 mg
Vitamin D	Helps the body absorb calcium	**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[1]

Maternal antibody transfer that helps protect the newborn mostly occurs in the third trimester[8]

Bones normally accrete 80% of minerals in the third trimester[7]

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

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.[16]

IMMUNE DEVELOPMENT

Unique need:

Immunity normally develops when maternal antibody transfer occurs, mostly in the third trimester.[8]

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

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.[13,14]

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.

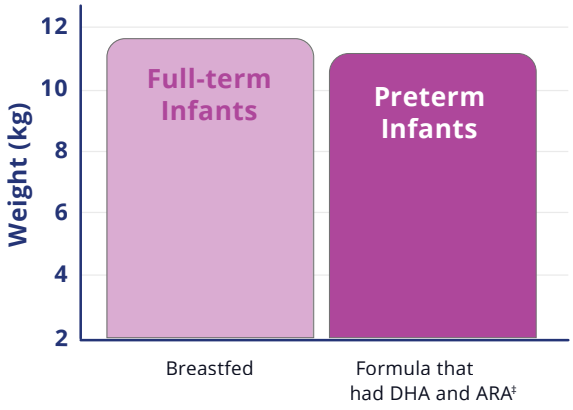
Subsets of premature infants fed formula with added DHA and ARA had better neurocognitive function, visual attention, visual evoked response time, and visual acuity than premature infants fed non-supplemented formula.[9]

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).*[3]

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.[†3]

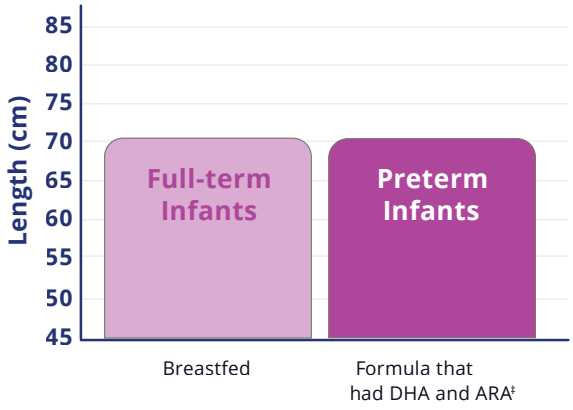
Weight

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:

Pediatric Nutrition
CONTINUING EDUCATION FOR CLINICIANS

CME opportunities with PNCE.org

WAVE
A HELPING HAND FROM HOSPITAL TO HOME

with Premature Nutrition Care Plan Discharge Form

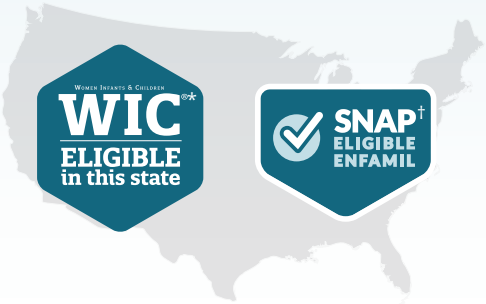
Enfamil® Helping Hands for Special Kids Program™
and
Enfamil® Multiple Birth Program

Enfamil EnfaCare drive to thrive
support for the journey ahead

Enfamil 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.

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