Setbacks, step aside

Strong data support a new evidence-based standard of care in the fight against failure to thrive (FTT)

Assessing the impact of Fortini™ Infant

The **GROW-IN study** looked at the impact of energy- and protein-enriched formula (EPEF) on infants with poor growth. It evaluated Fortini Infant to see how a **ready-to-feed, 30 kcal/fl oz** EPEF could improve the transition from faltering to flourishing.

Study design

Prospective, open-label, multi-center intervention trial of 16 weeks*

Study population
26
infants with growth failure

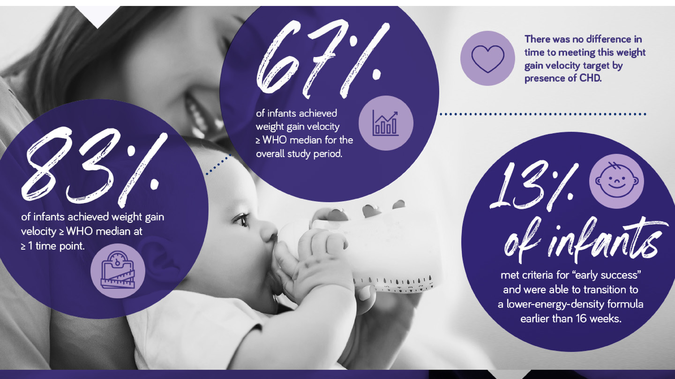
- 15 with congenital heart disease
- 9 with other organic causes
- 2 with non-organic causes

Fortini Infant is here to support great comebacks

Significant improvements were observed in all z-scores -
and the majority of infants achieved an appropriate rate of catch-up weight gain.

Weight-for-age	Length-for-age	Weight-for-length	HC-for-age
Z score +0.86 mean change from baseline	Z score +0.25 mean change from baseline	Z score +0.77 mean change from baseline	Z score +0.54 mean change from baseline
Average scores Baseline: -2.92 Week 16: -2.01 p = 0.0001	Average scores Baseline: -2.06 Week 16: -1.73 p = 0.003	Average scores Baseline: -2.02 Week 16: -1.30 p = 0.0001	Average scores Baseline: -1.50 Week 16: -0.85 p = 0.0001

HC = Head circumference



83% of infants achieved weight gain velocity ≥ WHO median at ≥ 1 time point.

67% of infants achieved weight gain velocity ≥ WHO median for the overall study period.

There was no difference in time to meeting this weight gain velocity target by presence of CHD.

13% of infants met criteria for "early success" and were able to transition to a lower-energy-density formula earlier than 16 weeks.

The tolerability that infants need to thrive

Fortini Infant was well tolerated throughout the study.

Infants showed decreases in:

- Frequency of spit-up (from week 4 to 16, $p < 0.04$)
- Flatulence (at 16 weeks, $p = 0.05$)
- Crying (at 2 and 16 weeks, $p < 0.02$)
- Gassiness (at 12 and 16 weeks, $p < 0.02$)

No significant differences from baseline observed for:

- Vomiting
- Fussiness
- Number of stools per day

No significant differences were found between the CHD and non-CHD group for mean daily intake (kcal/kg bodyweight/day) across visits, or mean daily caloric intake from study formula.

The study showed that Fortini Infant improved weight gain, and was safe and well-tolerated in infants with poor growth – with both cardiac and non-cardiac etiologies.

With Fortini Infant in your corner, you can help
turn setbacks into epic comebacks.

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FORMULATED TO THRIVE

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*Study objectives:
Primary: To improve weight as measured by change in weight-for-age z-score and weight gain velocity (g/day) ≥ median weight gain velocity for age.
Secondary: Improvements in other anthropometric z-scores, formula tolerance, and safety.
Design: Infants received Fortini Infant for up to 16 weeks, or until criteria for early success were met.

Fortini is a medical food for use under medical supervision for infants with or at risk of growth failure, increased energy requirements, and/or fluid restrictions.
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