

CASE STUDY



Click here to order a sample of Neocate LCP[^]

Olivia: A complex CMPA diagnosis journey with multiple formula transitions

PATIENT PROFILE



Female infant
28 weeks old



Born at full term
(39+2 weeks)



Birth weight: 3.25kg
(50th – 70th centile)



Delayed CMPA diagnosis

MEDICAL HISTORY

- Vaginal birth
- Family history of atopic disease (asthma, eczema and hay fever)
- Laryngomalacia, diagnosed after birth – Omeprazole (PPI) commenced
- Tiny heart murmur (PDA), diagnosed at 3 weeks
- Suspected late-onset sepsis, diagnosed at 3 weeks – antibiotics prescribed then shortly after discontinued
- Umbilical cord site granulation, diagnosed at 5 weeks – antibiotics prescribed
- Specialist hospital referral at 22 weeks due to occasional blood in stool. Positive raised faecal calprotectin test; however, later deemed not clinically indicated or applicable to this case

FEEDING AND SYMPTOM HISTORY

Olivia was breastfed for **1.5 weeks** before transitioning to 100% formula feeding.

At **6 weeks old**, Olivia was assessed by the dietitian, who advised smaller and more frequent feeds to aid reflux symptoms, while encouraging Carobel use and continuation on EHF.

At **9 weeks old**, Olivia was admitted to hospital due to worsening nappy rash and looser stools. Olivia was transitioned onto Neocate LCP (AAF) and her symptoms improved within 1-2 days. Carobel was discontinued as reflux also improved.

Olivia's dietitian on the switch to Neocate at 9 weeks:

“No special tricks for feeding were needed, just parental support”

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

At **5 weeks old**, Olivia presented to the GP with a rash on her face, persistent reflux, and bowels not opening for 3–4 days. GP advised transitioning from standard infant formula to an EHF. Carobel (feed thickener) was also prescribed due to reflux symptoms, partially attributed to laryngomalacia. Olivia had multiple GP visits around this time due to ongoing symptoms, triggering a dietetic referral.

During admission to hospital for a respiratory infection at **15 weeks old**, Olivia's mother reported worsening dry skin after one-off use of a coconut moisturiser. Medical team advised transitioning to Alfamino (AAF) due to a suspected coconut allergy, despite this not being based on clinical evidence (Neocate LCP does not contain coconut protein).

FEEDING AND SYMPTOM HISTORY

At **22 weeks old**, a CMPA reintroduction phase was initiated by the medical team during another hospital admission, as they were convinced it may be something else causing occasional blood in stool. Reintroduction of cow's milk was discontinued on day 4 at dietitian's request due to worsening blood in stool and CMPA diagnosis was confirmed. Reflux symptoms caused by laryngomalacia had previously masked some of the early signs of CMPA.

Olivia's dietitian on her last review:

“Couldn't be better at this stage - absolutely thriving”

16

17

18

19

20

21

22

23

24

The AAF was later changed to a synbiotic AAF (Neocate Syneo) to further support the gut and was well tolerated, with no bowel changes.

At **24 weeks old**, Alfamino was subject to a product recall¹, therefore the dietitian advised transitioning to an alternative infant AAF (Neocate LCP), which was readily accepted by Olivia. As she had been started on allergy formula at a very young age, formula palatability was not an issue. Within 4–5 days on Neocate, Olivia's reflux symptoms, rash, and blood in stool had improved.

Olivia is currently progressing well with dairy-free weaning, and her dietitian reports normal growth outcomes on Neocate*, tracking on the 91st - 98th centile for weight and height.



MANAGING FORMULA CHANGES

A good relationship between the dietitian and Olivia's mother, which included consistent communication, education and reassurance, were key to building trust and reducing parental anxiety around transitioning formulas. Maintaining open communication with hospital teams about the best course of action for Olivia was a central role of the dietitian in this case.

KEY TAKEAWAYS

- Olivia's growth continued a normal trajectory, despite a complex presentation of symptoms and several formula changes, which were well tolerated and accepted.
- As the primary experts on formula composition and dietary management of CMPA, dietitians should feel confident to challenge feeding decisions from other members of the medical team. For example, the decision to switch formula based on suspected coconut allergy. In this case, the formula change from Neocate LCP to Alfamino due to a suspected coconut allergy was not supported by clinical evidence, since Neocate LCP includes a highly refined coconut oil that has been purified to remove the allergenic protein component. Additionally, Olivia had exposure to other potential allergens at the time, which could have contributed to her symptoms.

Managing formula changes in infants with CMPA can be challenging and concerning for parents, but in Olivia's case, following multiple changes in formula, the transition onto Neocate AAF was successfully managed and well tolerated.

*Neocate Syneo.

Abbreviations: **AAF** = amino acid formula; **CMPA** = cow's milk protein allergy; **EHF** = extensively hydrolysed formula; **PDA** = patent ductus arteriosus; **PPI** = proton pump inhibitor
Patient name has been changed to protect anonymity.

^Product can be provided to patients upon the request of a Healthcare Professional. They are intended for the purpose of professional evaluation only.

IMPORTANT NOTICE: Breastfeeding is best. Foods for Special Medical Purposes should only be used under medical supervision. May be suitable for use as the sole source of nutrition for infants from different ages, and/or as part of a balanced diet from 6 months onwards. Refer to label for details

Reference: 1. Nestle Website: (<https://www.nestle.co.uk/en-gb/media/sma-infant-formula-follow-on-formula-recall>). Accessed 22/05/26.