

Compact Advice

Digestibility and tolerability of formulae: What is “normal”?



The intestine is still very sensitive in the first months of life. This is why the topic of baby's digestion can be a topic of concern for parents whenever stool colour, consistency or frequency change or are different than expected.

A baby's bowel movements vary greatly from one baby to another and are also influenced by the food they eat. As long as the baby is thriving and gaining weight, wets their nappy regularly and has no complaints, parents usually do not need to worry about stool consistency.¹

What kind of bowel movement is “normal” in a baby?

Stool frequency

Highly individual: between 10 per day and 1 every 1 to 2 weeks in breast-fed babies. Less frequently (1 to 3 per day) in bottle-fed babies.²

Stool colour

It can vary and have a yellow, brown, green or grey colour – in both breast-fed and bottle-fed infants.³

Green stools are common with HA formulae. The reason is that it is digested faster due to the hydrolysed protein.

Stool consistency

In breastfed infants usually liquid to mushy. In bottle-fed infants rather mushy.²

Formulae containing galacto-oligosaccharides (GOS) can lead to softer stools, similar to that in breastfed babies.

Diarrhoea

Sudden loosening of the stool and increase in frequency (>3 times/24h) or at least 2 stools more than usual for this baby.²

Constipation

The baby has fewer than 2 bowel movements per week that are hard and perhaps even painful to pass.⁴



A paediatrician should be consulted in case of prolonged diarrhoea or constipation.

Tips with constipation

Baby gymnastics and allowing the baby to kick their legs stimulate digestion. Check if the correct amounts of powder and water were used when preparing baby's formula. Using the wrong ratio of powder to water can negatively impact the digestibility of the formula.

Do not add extra lactose to the bottle: excessive amounts of lactose can cause flatulence.

Prolonged gastrointestinal complaints should be checked with a paediatrician. The paediatrician can recommend the use of Comfort special formula. It loosens the stool and regulates baby's digestion. Special formulae should only be used under medical supervision.

A change in diet – switching from one formula to another or when weaning – may involve a period of adjustment until the gut has got used to the new food. During this phase, the consistency, colour and frequency of bowel movements may change and temporary bloating may occur.

This is why a change in diet should happen gradually, i.e. changing one bottle feed or leaving out one breastfeeding session per day. It is also important to adhere to the feeding guide and to use the measuring scoop that comes with the formula.

Reflux

Some babies spit up some formula after feeding. In most cases, this will not affect the child's development.

➤ **Tips: Let them drink smaller amounts and burp them very carefully. This will prevent regurgitation.**

If a baby spits up more frequently, anti-reflux formulae can be used upon consultation with the paediatrician. If further symptoms occur, such as severe vomiting, refusal to drink and failure to thrive, the infant must be seen by a doctor to determine whether they suffer from pathological reflux.¹

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Important information: Breastfeeding is best for babies. Infant formula should only be given upon the advice of paediatricians, midwives or other independent experts.

References:

1 Bundeszentrale für gesundheitliche Aufklärung. Stand: 15.03.2019. www.kindergesundheit-info.de (abgerufen am 29.09.2022) • 2 Posovszky C. GPGE-Leitlinie: Akute infektiöse Gastroenteritis im Säuglings-, Kindes- und Jugendalter (2019). www.awmf.org • 3 Bekkali N et al. Infant Stool Form Scale: Development and Results. J Pediatr. 2009;154(4):521-526 • 4 GPGE-Leitlinie: Funktionelle (nicht-organische) Obstipation und Stuhinkontinenz im Kindes- und Jugendalter (2022). www.awmf.org



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