Nutritional intake during the first 2 years of life has the most important influence on growth\(^1\). Early and careful nutritional therapy may improve growth and reduce mortality in children of all ages with Chronic Kidney Disease (CKD)\(^2\). This guide aims to provide Healthcare Professionals with hints and tips for the infant and toddler age group.

- **Product choice:** Breast milk is the ideal option for infants. However, if an infant formula is used, a whey based formula should be encouraged\(^3\). If hyperkalaemia is present a low potassium infant formula can be used to replace part of the breast milk / standard infant formula\(^3\).

  **Renastart™** is a high energy powdered formula with low levels of protein, calcium, chloride, potassium, phosphorus and Vitamin A, containing whey protein, amino acids, carbohydrate, fat, vitamins, minerals, trace elements and the long-chain polyunsaturated fatty acids (LCPs): Arachidonic Acid (AA) and Docosahexaenoic acid (DHA). Renastart can be taken orally or via a feeding tube.

- **Energy supplements:** If an infant has faltering growth and requires an energy supplement, this could be added using a carbohydrate or a fat and carbohydrate based supplement. These can be added to foods, standard formula, tube feeds and oral nutritional supplements. Protein requirements differ depending on the child’s clinical situation and should be assessed individually by an experienced renal dietitian.

- **Tube feeding:** If a child’s oral intake fails to meet their recommended nutritional intake, growth and development can be affected. In these circumstances, to optimise nutrition, the majority of infants and toddlers will need to have a feed administered via a nasogastric tube or, if more long term, a gastrostomy\(^5\). The feed is tailored to the individual child and home circumstance\(^4\). A tube feed can also help to reduce parental anxiety associated with oral feeding\(^4\).

- **GI symptom management:** Vomiting, gastro-oesophageal reflux and disturbances in gastrointestinal motility are common in infants with CKD\(^4\). It is important that this is investigated and managed appropriately. Some strategies might include advice on positioning of the baby when feeding, using thickeners and specific medications to use or avoid\(^4\).

- **Weaning - introducing solid foods:** Feeding problems are common in children with CKD. However the introduction of solid foods should be encouraged at the age recommended by the Healthcare Professional to enable feeding development and to decrease food sensitisation\(^4\). Start with weaning foods such as baby rice or well pureed fruit or vegetables and continue to increase variety, texture and finger foods over the coming months\(^3\). Offer food before breast milk or infant formula. Cows’ milk may need to be restricted to prevent phosphate levels increasing\(^3\). In these instances, Renastart could be used as a drink.

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**IMPORTANT NOTICE:**

Renastart is a food for special medical purposes. Must be used under strict medical supervision with regular monitoring of nutritional status and electrolyte levels. For enteral use only. Not suitable as a sole source of nutrition.

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**References**