

Optimal levels of Linoleic Acid in early life: what do we know?



breastfeeding for the first 6 months followed by continued breastfeeding and the right complementary nutrition up to 2 years of age and beyond to achieve optimal growth, development and health.1 Infant formula should be designed to provide adequate nutrient and energy levels to facilitate healthy infant growth

The World Health Organisation recommends exclusive

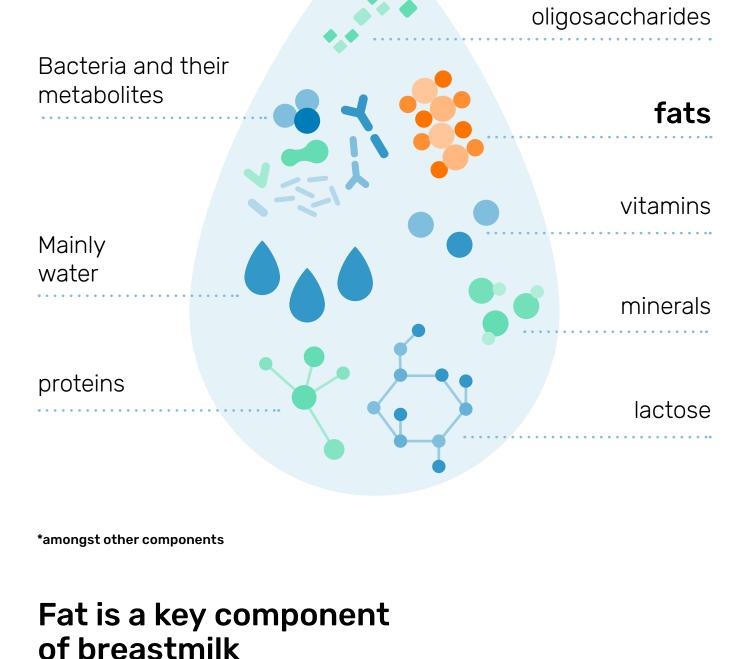
and development for those infants that do not have access to exclusive breastfeeding.2

BreastMilk: What's in it?

nutritional and bioactive components*

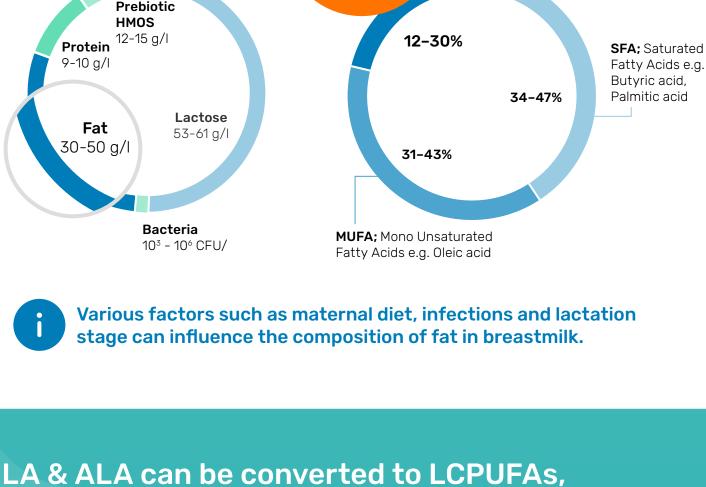
human milk

Breastmilk is an amazing complex and diverse matrix of



energy in breastmilk contain the essential fatty acids LA and **ALA Prebiotic**

Fat provides 50% of the



Breast milk and

infant formula

PUFA; Poly

Unsaturated Fatty

Acids e.g. LA, ALA,

Omega-3 fatty acids

c18:3n-3

a-linolenic ACID

(aLA)



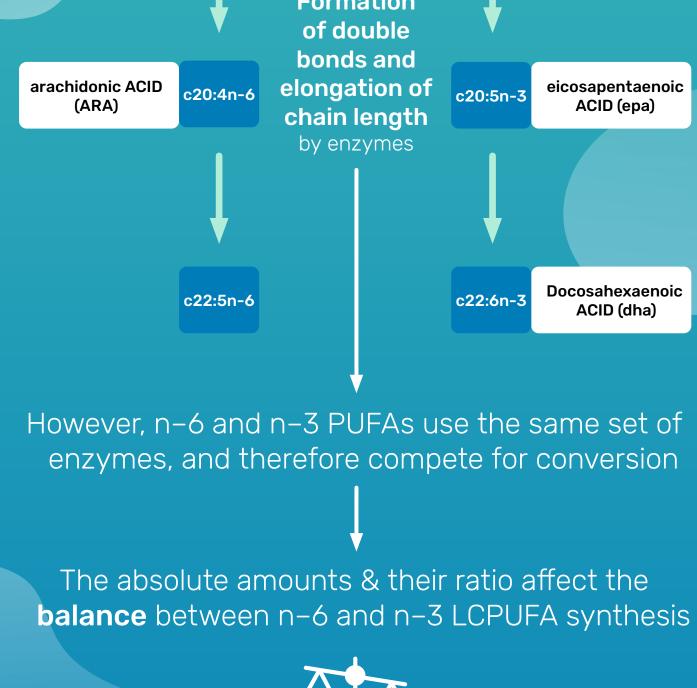
including ARA & DHA, by enzymes

c18:2n-6

Omega-6 fatty acids

linoleic ACID

(LA)



tissue system

adipose

growth

Key

messages

from paper

The amount and balance of dietary LA and ALA intake as

well as the preformed n-6 and n-3 LCPUFAs in early life

nutrition have the potential to affect Icpufa status. This

has an impact on the **development** and **function** of:



age, genetics,

requirements for

optimal short and longterm developmental outcomes are unclear

important to point out that

no two breastmilk samples

fat in breastmilk.

are the same.

i

brain

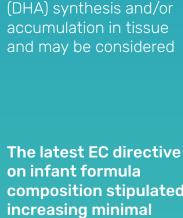
immune



Various factors such as maternal

diet, infections and lactation stage can influence the composition of

A clear gap in knowledge exists regarding the potential impact of LA and ALA levels in infant formula in the presence of preformed LCPUFAs as in current



Infant DHA status is dependent on

(preformed) dietary

by LA/ALA ratio

A relatively high LA intake in infants could

reduce n-3 LCPUFA

LCPUFA provided, but

may also be influenced

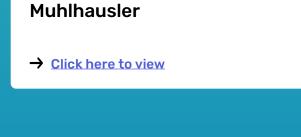
increasing minimal LA and lowering maximal ALA contents in infant formula, thereby increasing LA/ **ALA-ratios**, with the mandatory addition of preformed DHA and optionally ARA.

Hence, an urgent need exists for well-designed clinical intervention trials to create clarity about optimal and safe levels of LA and long-term implications on functional health outcomes.

formulas.

Check out the short interview

More information

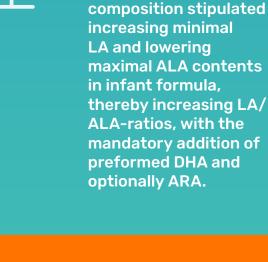




https://apps.who.int/gb/archive/pdf_files/WHA55/ea5515.pdf

- 2. EFSA Panel on Dietetic Products, Nutrition and Allergies (NDA). EFSA Journal 12.7 (2014): 3760. Accessed here: https://efsa.onlinelibrary.wiley.com/doi/abs/10.2903/j.efsa.2014.3760 Based on the paper: Carlson et al. Advances in Nutrition. 2021; 00:1-14.
 - **Danone Nutricia**

Campus



with last author Dr. Beverly References: 1. WHO, Secretariat. Infant and young child nutrition: 55th World Health Assembly (2002). Accessed here:

Check out the paper by Carlson et al. in Advances in Nutrition → Click here to read