

Policy record	
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The policy of breast milk substitutes in hospitals		General Directorate of Nutrition	None
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1 Purpose

- Promote breastfeeding and the optimal use of breastmilk substitutes.
- Assert the safety of breastmilk substitutes provided for newborns and infants in hospitals, as well as methods of preparing these nutrition supplements and their quality.
- Restrict infants' milk formula prescription to medical and social indications or after providing counseling on breastfeeding.
- Describe the method of securing, receiving, storing and prescribing breast-milk substitutes for newborns, infants and young children up to 24 months of age, depending on their health status at the hospital.
- The necessity of reporting any side effects resulting from breastmilk substitutes consumption.

2 Application scope

This policy applies to the storage, prescribing and use of breastmilk substitutes in the units participating in the maternal and child health services in hospitals affiliated with the Ministry of Health, and includes:

- Medical supplies and pharmacies departments at hospitals.
- Neonatal admission units.
- Infant and young child admission departments.
- Outpatient departments in the hospital.

3 Definitions

Requesting wet nurse

The parents or a parent requesting another mother (who did not bear or give birth to the infant) to breastfeed their infant.

Label:

Any written, printed, photographed, drawn or engraved statement on the product packaging

Breastfeeding dyad:

The practice of breastfeeding directly or through breast milk expression, either by the mother who give birth or a wet nurse who does not give birth to the infant.

Package:

Any form of product packaging for breast milk substitutes.

Prescription:

Writing a prescription of breast milk substitutes (milk formula) in the patients' paper medical records or electronic records by a physician without referring to the product's trade or brand name.

Breastmilk substitutes:

Any breastmilk substitute that is industrially formulated in accordance with nationally applicable International

Codex Alimentarius standards and in accordance with the standard specifications to meet typical nutritional requirements up to six months of age, and is an alternative formulated for infants' physiological (typical) characteristics including home-prepared foods.

Breastmilk Substitutes Code and its Executive Regulation:

Regulation issued by the Honorable Council of Ministers' Resolution No. 260. The objective of which is to provide safe and appropriate nutrition for infants in order to protect and promote breastfeeding and to ensure the correct use of breastmilk substitutes when needed, based on proper awareness, and through proper marketing and distribution methods, and to encourage and support breastfeeding.

4 Policy Statement

Hospital Health Directorates /Cluster is committed to the following:

- 1.4 Adherence to promotion, support and protection of breastfeeding.
- 2.4 Adopt the policy of the storage, prescribing and use of breastmilk substitutes to ensure safe nutrition to infant and young children.

5 Policies and procedures to support and protect breastfeeding in hospitals

5-1 Support breastfeeding for the new mothers and lactating mothers.

1. Hospitals should provide adequate health support to hospitalized new mothers and newborns, even if rooming and breastfeeding dyad were not implemented or their separation was a must.
2. Hospitals should provide the support needed to ensure the continuous breastfeeding among sick hospitalized mothers in all wards and departments and for young children in pediatric wards or departments, to ensure the continuation of breastfeeding.
3. Inpatient and outpatient cases that require medical breastfeeding consultation shall be referred to professionally trained health practitioners specialized in breastfeeding and infant feeding within 24 -72 hours.
4. The health practitioner records breastfeeding and infants' nutrition history in the inpatient's file for each mother with a child below two years of age and records the counseling provided on breastfeeding and /or infant nutrition.
5. All cases of insufficient breastmilk production shall be directly referred to a clinic specialized in breastfeeding counseling.

5-2 Requesting wet nurses for mother's incapable to breastfeed

1. Mothers or their families who were unable to breastfeed their child are referred to a social worker or a breastfeeding counselor to discuss the possibility of hiring a wet nurse before they start feeding breast-milk substitute or event after starting it to minimize its use and the continuation on formula feeding.
2. The wet nurse is referred to a breastfeeding specialist and infant feeding to give her appropriate counseling.
3. The parents' request and/or parent's consent for approval of wet nurses shall be recorded by the social worker in accordance with instructions given in this regard.

5-3 Breastmilk substitutes handling system:

1. The hospital is obligated to inform all health and non-health staff in the hospital to inform about of national code of breastmilk substitutes and its updated executive regulations.
2. Violations of the breastmilk substitutes code committed by the private companies, health practitioners or hospital staff (according to the attached report form) are monitored, and subsequent legal measures are taken in this regard in accordance with the provisions of the code.
3. Breastfeeding promotion program shall be contacted in case of supporting the implementation of the process and its executive regulations.

6 Policies and procedures for storage of breastmilk substitutes

6-1 Types of breastmilk substitutes:

1. That the physician (neonatologist, pediatrician, and related specialties) determines the types and quantities of breast milk substitutes according to the hospital category and the previous statistics for them.
2. All types of breast milk substitutes should be supplied to hospitals (see the appendix).



3. Priority should be given to ready-to-feed breast milk substitutes.

6-2 Supply and receipt:

1. Communication shall be direct with the medical supply in the Ministry of Health, the directorate, or the health assembly to secure breastmilk substitutes for hospitals without communicating with manufacturers or agents in accordance with the system mentioned above and instructions.
2. The secured breastmilk substitutes shall comply with the technical regulations and specification standard issued by Saudi Food and Drug Authority.
3. Hospitals are prohibited from receiving breast milk substitutes free of charge (no cost) from manufacturers or suppliers directly and according to the regulations and instructions.
4. Safety and quality must be ensured when providing breast milk substitutes (product components - expiry date - method of use – the integrity of the packaging and product.....).
5. Breastmilk substitutes are shipped and transported in accordance with the requirements of technical regulations and Saudi specification standards.

6-3 Breastmilk substitutes transport and storage chain in hospitals:

1. Breastmilk substitutes shall be stored in the hospital's warehouses and other sections in accordance with the Saudi regulations, specification standards, technical and health requirements.
2. Packages of ready-made breastmilk substitutes delivered for newborns up to 6 months of age bearing the Saudi Ministry of Health logo and National Unified Procurement Company for medical supplies (NUPCO) solely.
3. Receiving of breastmilk substitutes, cups and bottles shall be received by the medical supply at the hospital. Providing the production date less than third of its expiry period.
4. Hospitals shall return the quantity received from the supplier in the event that the products are close to expiration or upon notice any violation of the terms and specifications, or a sign of damage, or defect or other things that affect the safety and quality of the product, and taking the necessary measures according to the system and the circulars (memos) regulating that.

7 Policies and procedures for the use of breast milk substitutes

7-1 Description and dispensing of breast milk substitutes:

1. In some cases that indicated special formula (the neonatologist or pediatrician or related health practitioner) prescribes the appropriate type of breastmilk substitute according to the health status.
2. Medical indications for prescribing breast milk substitutes based on modern scientific research and evidence-based medicine.
3. Prescription of breastmilk substitute shall be recorded in the infant's file, specifying whether temporary or permanent, as the mother is supported by breastfeeding substitutes, temporarily or permanently.
1. Breastmilk substitutes shall be given free of charge throughout the breastfeeding period for those with a proven medical need for all types and children up to 24 months of age (see the appendix for supply as recommended by Council of health insurance).
2. Powdered formula or milk is used only in the absence of ready to feed (RTF).

7-2 Milk Formula room (place) for powdered breast milk substitutes:

Powdered milk preparation to be a liquid is required at a place that contains the following:

1. There should be a special area isolated from the rest of the neighboring rooms for the preparation of breast milk substitutes.
2. The designated area must meet all health and technical requirements.
3. Surfaces in such designated sites ought to be clean and sanitized to prevent Enterobacter sakazakii and others microbes widely spread and grow on the surfaces designated for preparing infant feeding.
4. All equipment's or tools for preparing feedings, such as the bottle or cup, rings and nipples, should be cleaned and sterilized before using them.
5. It is preferable that the location of the room is close to the most frequently used departments or units, for example, maternity and children's hospitals near the neonatal intensive care unit. (see the reference)

7-3 Preparation of the powdered breastmilk substitutes:

1. When necessary and for special and rare medical cases, preparation is done inside the hospital under



specific health controls and restrictions and high-quality safety precautions.

2. Wash hands thoroughly (with soap and water for 40 seconds) or more from the hospital health care provider (or mother) before preparing or while providing breast milk substitutes to the infant.
3. When preparing powdered breastmilk substitutes, the following should be carried out to ensure the safety and quality of the product:
 - a. It is the exact milk described in the patient's file and concise to the standard specifications.
 - b. It is free from signs of spoilage or precipitation, and the package is also free from abnormal feature.
 - c. Using healthy water and ensuring, through concerned authorities, that the water is safe for drink.
 - d. Water should first be boiled or heated to a temperature of no less than 70 degrees Celsius and then left to cool to room temperature (18-24) degrees Celsius.
5. Determine the amount of water first, then add the exact amount of powdered milk and mix it well to dissolve it in water - as it is written in the method of preparation on the product packaging label.
6. Preparations should only be heated when necessary, and the microwave should not be used for this.
7. Put an identification card on the prepared milk, including the patient's name (room or ward number), the name of the preparation, and the time and date of preparation.
8. Powdered milk can is used after opening for a month only, provided that it is kept under an appropriate temperature (18-24 degrees Celsius).
9. The prepared liquid milk is utilized within two hours of its preparation.

7-4 Health practitioner who is preparing the milk:

1. Should be one of the professional health practitioners (nursing - pharmacist - nutritionist).
2. Should have an experience in preparing formula or attended specialized training in this field.
3. should adhere to clothing that prevents contamination of the prepared milk (headcover - mask - gloves).

7-5 Storing, transporting and handling of prepared milk:

- If it is to be consumed within 2 hours of preparation, prepared milk can be kept in refrigeration where it can be kept only for 24 hours, with preserving the cooling temperature stable (4° - 8° C), recorded every 8 hours on a special label on the fridge door.
- In case of using the milk in various sections, rooms or intensive care sections, it is transferred as follows:
 1. The milk should be transferred in bags or cold containers for a period not exceeding (30 minutes).
 2. The milk should have the type, time, date and preservation degree written on it (Patient's name and room number) - if prepared for one patient.
 3. Prescribing the scientific name and not trademark that shows the manufacturer of the original products according to the Royal decree No. (333) dated on 9/8/1437 AH, and to be label to know the type of milk.
 4. In cases of formula stored in fridge or transferred by cold bag, it should be heated for about 15 minutes and left to cool at room temperature (18 - 25 degrees Celsius) before use.
 5. Dispose of the prepared milk if it has been stored in the refrigerator for more than 24 hours or if it has been left out of the fridge for more than 2 hours.

7-6 Taking samples of prepared milk:

1. A sample is taken from each prepared milk and kept in a cool place (4°C) for at least 72 hours for reference when needed.
2. Hospitals' infection control departments shall take samples periodically and analyzes them to ensure their safety.
3. The department mentioned above (or other sections that use the prepared milk) shall be reported in case there have been any notes after analyzing the sample.

7-7 How to provide breastmilk substitutes for infants and young children:

1. Use the ready-to feed formula immediately after opening, within an hour of opening (see package label instructions).
2. Use powdered breastmilk substitutes immediately after preparation, within two hours of preparation and at an appropriate temperature (18 - 24 degrees Celsius), or for 24 hours if kept in the refrigerator.
3. Provide the amount of milk upon demand and as approved by health practitioners (professional).
4. Milk can be provided for infants in different ways (cup, spoon, bottle or feeding tube), as approved by the health practitioners.



5. It is not preferable to use nipples when using breastmilk substitutes as an additional feeding for infants who are breastfed from their mothers due to the difference in jaw and tongue movement and rapid milk transfer with lack of self-control, this is to maintain breastfeeding.

7-8 Educating mothers and family members:

1. Health education shall be provided for each family, advised using breastmilk substitutes for every family member separately during each visit, with periodic follow-up. Education should contain the following topics:

- Risks of non-breastfeeding for both the mother and the infant.
- Educating the mother whose infant child is hospitalized in hospitals and is fed on breastmilk substitutes on the proper use.

7-9 Risks arising from breastmilk substitutes intake:

1. Any signs and symptoms suspected to be resulting from the use of breastmilk substitutes must be recorded in the medical file.
2. In case of suspect a milk contamination, it should be stopped, and this should be documented in the medical file. An urgent report is submitted to the neonatal intensive care unit director, from there to the medical director, then to the hospital director, with a copy redirected to the hospital's medical supplies. The approved method for reporting shall be followed accordingly. An alternative milk from another manufacturer is used until the product's safety, and suitability for the infant are ascertained.

8 Policies and procedures of continuous professional education on breastmilk substitutes

1. This policy shall be circulated to all health practitioners involved in newborns, infants and young children care.
2. Health practitioners are trained to implement this policy.
3. Trained practitioners who have received training in infant and young child nurturing in the hospital shall undertake the clinical training and supervision of breastmilk substitutes usage for infants and children inpatients and outpatients in hospitals.
4. Provide the update in scientific data on breastmilk substitutes without referring to the producing companies' pursuance of the Breastmilk Substitute Code and its Executive Regulations.
5. Provoking scientific research on breastmilk substitutes, taking into account its executive regulations.
6. Health practitioners shall adhere to Breastmilk Substitute Code and its Executive Regulations. They should not communicate directly with producers, suppliers and distributors.

9 Chronology

No.	Procedure	Party in charge	Form	Period
1	Support mothers to practice breastfeeding	Trained health practitioner – (22) hours in breastfeeding counseling	Patient's file	Continuous
2	Requesting a wet nurse	social worker Breastfeeding Counselor Patient Relations	Patient's file	Continuous
3	Circulating to implement the breastmilk substitutes Code and its executive regulations	hospital director health affairs director health cluster director	Circulation (memo)	3 days
4	Determining breastmilk substitutes types and quantities needed by the hospital	Neonatal unit physicians' and pediatricians	Form	periodic every 3 months
5	Sending the breastmilk substitutes request to the medical supply in the health directorate or health cluster.	hospital's medical supplies	Form	periodic every 3 months
6	Receiving the quantity and types of breast milk substitutes from the medical supply in the directorate to the hospital.	hospital's medical supplies	Form	periodic every 3 months / if additional products are required



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7	Storing types of breastmilk substitutes in warehouses	hospital's medical supplies	Form	Continuous
8	Storage of breastmilk substitutes	hospital's medical supplies	Form	Continuous
9	Storing types of breastmilk substitutes in the inpatient units of the hospital	Nursing	Form	Continuous
10	Description (type and quantity) of breastmilk substitutes, method of use, and indications for the use of breastmilk substitutes	pediatrician or neonatologist and related specialist such as Clinical Dietitian	patient's file	Continuous
11	In case that the patient referred to a clinical nutrition (CD) and milk is prescribed. - it is approved by the treating physician	clinical nutrition specialist treating physician	patient's file	Continuous
12	In special and rare medical cases, breast milk substitutes (powdered) are safely prepared to be ready for use	Nurse or nutritionists	patient's file	Continuous
13	Providing breastmilk substitutes for the infant, whether ready-made or prepared	Nurse or mothers	patient's file	Continuous
14	In suspect of any milk contamination, the attending physician or the director of the neonatal intensive care unit must be informed, a copy should be sent to the medical supplies, to hospital administration, and the to the health cluster or the directorate directors.	Health Practitioner	patient's file & Drugs and food reporting form	Continuous
15	If any side effects that are expected to be the result of consuming formula, should be reported to the authorized person in the health facility	Doctor in charge	patient's file & Drugs and food reporting form	Continuous
16	Educating mothers and family members on how to use breastmilk substitutes in an outpatient clinic and elsewhere	health care practitioner with (22) hours training in the field of breastfeeding counseling and infant feeding	patient's file	Continuous
17	Monitor and follow up the following indicators: 1. The types of breastmilk substitutes provided in hospitals shall be compared to what was required on monthly basis. 2. The percentage of distributed formulas compared to the received formulas. 3. The percentage of waste formulas. 4. Number of infants fed breastmilk substitutes in hospitals (formula) 5. Number of infants who suffer side effects due to using breastmilk substitutes.	1- hospital's medical supplies. 2-hospital's medical supplies. 3-hospital's medical supplies. 4- Head of Nursing department. 5- Specialist physician (Hospital Quality Management).	Performance indicators forms	Continuous

10 Procedure chart

Supporting breastfeeding mothers and requesting wet nurses	
Circulating the breastmilk substitutes code and executive regulations.	
Determining the quantities and types of breastmilk substitutes that the hospital needs.	
Requesting the quantities from the medical supply in the directorate or the health cluster.	
Receiving the types of breastmilk substitutes from the medical supply in the directorate.	
Storing breastmilk substitutes in appropriate designated places in the hospital.	
Description (type and quantity) of breastmilk substitutes, method of use, and indications for it use.	
Refer the patient to clinical dietitian and prescribe milk and approve by the physician.	
In special and rare medical cases, breastmilk substitutes (powdered) are safely prepared to be ready for use.	
Providing breastmilk substitutes for the infant, whether RFT or prepared.	
In suspect of any milk contamination, should be reported to the physician and copy to the medical supply and hospital administration	
If any side effects that are expected to be the result of consuming formula, reported to the physician	
Educating mothers and family members on how to use breastmilk substitutes in an outpatient clinic and elsewhere.	
Monitor and follow up the key performance indicator.	

11 Performance indicators

1. the number of infants fed breastmilk substitutes in the hospital.
2. The percentage of breastmilk substitutes waste.
3. The number of infants who suffer side effects as a result of using breastmilk substitutes.
- 4.

12 References

Arabic:

- Conditions and Specifications for ensuring Breastmilk Substitutes document, Ministry of Health 2017.
- Assemblé of Ministries' Decision No. 33 on providing breastmilk substitutes for newborns up to 24 months of age.
- Technical regulations and specification standard issued by the relevant Saudi Food and Drug Authority.

English:

- ABM Clinical Protocol #3: Supplementary Feedings in the Healthy Term Breastfed Neonate, Revised 2017, Ann Kellams, Cadey Harrel, Stephanie Omage, Carrie Gregory, Casey Rosen-Carole.
- Hale's Medications & Mothers' Milk 2021: A Manual of Lactational Pharmacology – An Essential Reference Manual on the Transmission of Medicine into Breast Milk
- Breast-milk Substitutes Marketing Saudi Code Executives Regulation (updated), 2019



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- How to Prepare Powdered Infant Formula in Care Settings, WHO, 2017
- Acceptable medical indications of breast milk substitutes, WHO and UNICEF, 2009
- A guide to infant formula for parents who are bottle feeding, UNICEF, UK
- WHO Indicators of infant and young child nutrition practice 2021
- <https://www.cdc.gov/nutrition/infantandtoddlernutrition/formula-feeding/infant-formula-preparation-and-storage.html>

13 Attachments

1. Breastmilk Substitutes list available at MOH Hospitals.
2. Violation report form for Breastmilk substitutes Code and executive regulations.
3. Memorandum of Nutritional Supplements (26-6-1442 AH)
4. The memorandum of Saudi health council and counsel of health insurance for free supply of milk formula.

List of Breast Milk Substitutes at MOH

SN	NUPCO Code	MOH Code	Item Description	Unit of Measure
52	5013170101500	995801000	REGULAR INFANT FORMULA LIQUID FOR BABY FROM 0-12 MONTHS 50-100ML	Bottle
53	5013170101700	995801002	PREMATURE INFANT FORMULA LIQUID 24KCAL/ OZ INCLUDE NIPPLE 50-100ML	Bottle
54	5013170107200	995801003	FORMULA POWDER HUMAN MILK FORTIFIER FOR PREMATURE INFANT - MODULAR FOR PRE-TERM USE ONLY -0.8 - 1.2 GM	Sachet
67	5013170107400	995801004	FORMULA LIQUID ENERGY DENSE 1 KCAL/ML NUTRITIONALLY COMPLETED GLUTEN FREE WITH PALM OIL READY TO USE FROM BIRTH UNTIL 12 MONTHS 1 KC AL/ML 90-125 ML	Bottle
79	5013170107600	995801005	FORMULA LIQUID ISOTONIC 1KCAL/ML NUTRITIONALLY BALANCED GLUTEN & LIQUID LACTOSE FREE FOR CHILDREN 1-12 YEAR 200 - 250 ML	Bottle
84	5013170107700	995801006	FORMULA LIQUID 1.5 KCAL/ML NUTRITIONALLY BALANCED GLUTEN & LACTOSE FREE FOR CHILDREN FROM 1-10 YEAR WITHOUT FIBER 200 - 250 ML	Bottle
92	5013170102300	995801008	FORMULA POWDER SEMI-ELEMENTAL PEPTIDE BASED COMPLETE DIET FOR 1-10 YEARS ENTERAL & ORAL HIGH CALORIE 1.0 KCA 350-450 GRAM	Canister
93	5013170102400	995801009	FORMULA LIQUID SEMI-ELEMENTAL PEPTIDE BASED COMPLETE DIET FOR 1-10 YEARS ENTERAL & ORAL HIGH CALORIE 1.0 KCA 200-250 ML	Bottle
65	5013170107300	995801010	NUTRITION COMPLETE POWDER FORMULA FOR DIETARY MANAGEMENT FOR INFANT WHO NEEDS ELEMENTAL (FREE AMINO ACIDS) WITHOUT THICKENING AGENT 0 - 12 MONTHS, NET WEIGHT 350 - 450 GRAM	Canister
94	5013170108200	995801012	FORMULA POWDER COMPLETE ELEMENTAL (FREE AMINO ACIDS) NUTRITIONALLY COMPLETED FOR CHILDREN 1-12 YEARS 350- 450 GRAM	Canister
76	5013170102800	995801016	FORMULA NUTRITION EXTENSIVELY HYDROLYZED WHEY PROTEIN BASED LACTOSE FREE NUTRITIONALLY COMPLETED FOR INFANT (LIQUID) 150 - 250 ml	
70	5013170107500	995801018	FORMULA POWDER SOY BASED NUTRITIONALLY COMPLETED FOR INFANTS / CHILDREN 350-450 GM	
71	5013170103000	995801020	FORMULA POWDER RICE BASED NUTRITIONALLY COMPLETED FOR INFANTS / CHILDREN 350 -450 GM	
72	5013170103100	995801022	FORMULA POWDER WITH HIGH MEDIUM CHAIN TRIGLYCERIDE 70-85%NUTRITIONALLY COMPLETED FOR INFANT/ CHLDREN 350 - 450 GM	Canister

88	5013170107800	995801028	DIABETIC FORMULA LIQUID DIABETIC REDUCED CARBOHYDRATE NUTRITIONALLY COMPLETE LIQUID 200 - 250 ML FOR ORAL AND TUBE FEEDING SUPPLEMENT	Bottle
89	5013170107900	995801030	RENAL FORMULA LIQUID FOR RENAL FAILURE PATIENTS FOR CHILDREN / ADULT FOR PATIENTS UNDER HEMODIALYSIS 200-250 ML	Bottle
90	5013170108000	995801031	RENAL FORMULA LIQUID FOR RENAL FAILURE PATIENTS (CHILDREN) 200-250 ML	Bottle
91	5013170108100	995801033	RENAL FORMULA LIQUID FOR RENAL FAILURE PATIENTS FOR CHILDREN / ADULT PATIENTS FOR PRE-DIALYSIS 200-250 ML	Bottle
101	5013170108300	995801035	THICKENER AGENT, SWALLOWING PROBLEM POWDER 100-400 GM (XANTHAM ACTIVE INGREDIENT)	Bottle
103	5013170108400	995801040	MEDIUM CHAIN TRIGLYCERIDE, LIQUID FORM (500 - 1000 ML)	Bottle
55	5013170401800	995801041	PREMATURE INFANT FORMULA POWDER FORPREMATURE 350-450 GM	
56	5013170401900	995801042	REGULAR INFANT FORMULA POWDER FOR BABY 0-12 MONTHS 350-450 GM	Canister
57	5013170104000	995801043	REGULAR INFANT FORMULA ANTI-REGURGITATION LIQUID FOR BABY FROM 0-12 MONTHS 50-100ML	Bottle
58	5013170402000	995801044	REGULAR INFANT FORMULA ANTI-REGURGITATION POWDER FOR BABY FROM 0-12 MONTHS 350-450 GM	Canister
59	5013170104100	995801045	REGULAR INFANT FORMULA LACTOSE FREE LIQUID FOR BABY FROM 0-12 MONTHS 50-100ML	Bottle
60	5013170402100	995801046	REGULAR INFANT FORMULA LACTOSE FREE POWDER FOR BABY FROM 0-12 MONTHS 350-450 GM	Canister
63	5013170104200	995801047	PREMATURE INFANT FORMULA LIQUID 30 KCAL/ OZ INCLUDE NIPPLE 50-100ML	Bottle
66	5013170402500	995801048	FORMULA POWDER COMPLETE ELEMENTAL (FREE AMINO ACIDS) NUTRITIONALLY COMPLETED FOR INFANT UP TO 12 MONTHS WITH THICKENING AGENT 350- 4 50 GRAM	Canister
68	5013170104300	995801049	FORMULA LIQUID ENERGY DENSE 1 KCAL/ML NUTRITIONALLY COMPLETED GLUTEN FREE WITHOUT PALM OIL READY TO USE FROM BIRTH UNTIL 12 MONTHS 1 KCAL/ML 150 -200 ML	Bottle
69	5013170402600	995801050	FORMULA POWDER ENERGY DENSE 1 KCAL/ML NUTRITIONALLY COMPLETED GLUTEN FREE WITH PALM OIL READY TO USE FROM BIRTH UNTIL 12 MONTHS 1 KC AL/ML 350 -450 GM	Canister
73	5013170402700	995801051	FORMULA POWDER VERY HIGH FAT AND LOW CARBOHYDRATE (3:1) FOR KETOGENIC DIET 350 - 450 GM	Canister
74	5013170402800	995801052	FORMULA POWDER VERY HIGH FAT AND LOW CARBOHYDRATE (4:1) FOR KETOGENIC DIET 350 - 450 GM	Canister



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75	5013170402900	995801053	RENAL FORMULA POWDERED FOR RENAL FAILURE PATIENTS (INFANT) 350- 450 GRAM	Canister
77	5013170403000	995801054	FORMULA NUTRITION EXTENSIVELY HYDROLYZED CASEIN BASED LACTOSE FREE NUTRITIONALLY COMPLETED FOR INFANT (POWDER) 350 -450 GM	Canister
80	5013170403100	995801055	FORMULA POWDER ISOTONIC 1KCAL/ML NUTRITIONALLY BALANCED GLUTEN & LACTOSE FREE FOR CHILDREN 1-12 YEAR 350 - 450 GM	Canister
81	5013170104400	995801056	FORMULA LIQUID ISOTONIC 1KCAL/ML NUTRITIONALLY BALANCED GLUTEN WITH LACTOSE FOR CHILDREN 1-12 YEAR 200 - 250 ML	Bottle
82	5013170403200	995801057	FORMULA POWDER ISOTONIC 1KCAL/ML NUTRITIONALLY BALANCED GLUTEN WITH POWDER LACTOSE FOR CHILDREN 1-12 YEAR- FOR ORAL AND TUBE FEEDIN G SUPPLEMENT,DIFFERENT FLAVOURS 350 - 450 GM	Canister
83	5013170104500	995801058	FORMULA LIQUID ISOTONIC 1KCAL/ML NUTRITIONALLY BALANCED GLUTEN & LIQUID LACTOSE FREE FOR CHILDREN 1-12 YEAR WITH FIBER 200 - 250 ML	Bottle
85	5013170104600	995801059	FORMULA LIQUID 1.5 KCAL/ML NUTRITIONALLY BALANCED GLUTEN & LACTOSE FREE FOR CHILDREN FROM 1-10 YEAR WITH FIBER	Bottle
85	5013170104600	995801059	FORMULA LIQUID 1.5 KCAL/ML NUTRITIONALLY BALANCED GLUTEN & LACTOSE FREE FOR CHILDREN FROM 1-10 YEAR WITH FIBER	Bottle
95	5050170300100	995801060	MODULAR PROTEIN POWDER SUPPLEMENT 250-450G	
96	5050170300300	995801061	MODULAR PROTEIN LIQUID SUPPLEMENT 20 - 50 ML	Packet
97	5020231100000	995801062	MODULAR CARBOHYDRATE SUPPLEMENT POWDER 250-450 GM	Canister
98	5013170403500	995801063	MODULAR FREE PROTEIN, HIGH CALORIES POWDER 250-450 GM	Canister
99	5020231100100	995801064	MODULAR HIGH FIBER POWDER SUPPLEMENT 1-4 GM	Sachet
100	5050000003100	995801065	MODULAR HIGH FIBER LIQUID SUPPLEMENT 20-50 ML	Packet
102	5020231100200	995801066	THICKENER AGENT, SWALLOWING PROBLEM POWDER 100-400 GM (STARCH ACTIVE INGREDIENT)	Canister
61	5013170402200	995801067	FORMULA POWDER HYPO-ALLERGENIC FOR INFANT 0-6 MONTHS 250-450 GM	Canister
62	5013170402300	995801068	FORMULA POWDER PARTIALLY HYDROLYZED HYPO-ALLERGENIC 250-450GM FOR INFANT 6-12 MONTHS	Canister
86	5013170403300	995801069	FORMULA POWDER 1.5 KCAL/ML NUTRITIONALLY BALANCED GLUTEN & LACTOSE FREE 400-500GM FOR ORAL / TUBE SUPPLEMENT - USE ONLY FOR CHILDR	Canister



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87	5013170403400	995801070	FORMULA POWDER PARTIALLY HYDROLYZED HYPO-ALLERGENIC 250-450GM FOR CHILDREN	Canister
64	5013170402400		INFANT FORMULA SEMI-ELEMENTAL PEPTIED BASE FROM 0-12 MONTH POWDER 350- 450 GRAM	Canister
78	5022110000000		HYPOALLERGENIC AMINO ACID BASED FOOD (CEREAL) 6 - 18 MONTHS 250 -450 GM	Canister



ضوابط الإحتياج لصرف حليب الأطفال للرضع المحتاجين إليه طبياً حتى عمر ٢٤ شهر

إستناداً على قرار مجلس الوزراء رقم (٣٣٣) وتاريخ ١٤٣٧/٨/٩ هـ المتضمن قيام المجلس الصحي السعودي بالتنسيق مع مجلس الضمان الصحي التعاوني لإعداد ضوابط منظمة لصرف حليب الأطفال للرضع المحتاجين إليه طبياً إلى عمر (٢٤) شهر المشمولين بالتأمين.

عليه فقد تم إعداد الضوابط المنظمة وبالتنسيق مع المجلس الصحي لتغطية تكاليف حليب الأطفال المؤمن لهم المحتاجين إليه طبياً إلى عمر (٢٤) شهراً طالما أنها وصفت من خلال الطبيب المعالج على أن تغطي الحالات التالية:

١. أمراض التمثيل الغذائي.
٢. أمراض البرنامج الوطني للفحص المبكر لحديثي الولادة للحد من الإعاقة.
٣. حساسية الحليب أو السكر.
٤. وجود مشاكل في الإمتصاص.
٥. الطفل الخديج وناقص النمو أو ناقص الوزن الشديد للعمر الحلمي بحيث يحتاج سرعات حرارية أو معززات نمو إضافية لحليب الأم.
٦. الأمراض الإستقلابية.



وزارة الصحة
Ministry of Health

حليب الأطفال في التأمين الصحي

يشمل الأطفال المؤمن لهم إلى عمر 24 شهر
ممن يعاني من المشاكل الصحية التالية:



وجود مشاكل في الامتصاص



حساسية الحليب أو السكر



أمراض البرنامج الوطني للفحص المبكر
لحديثي الولادة للحد من الإعاقة



الطفل الخديج أو ناقص النمو أو ناقص
الوزن الشديد من يحتاج إلى سمات
حرارية أو معززات نمو إضافة إلى
حليب الأم

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ضمان
مجلس التأمين الصحي
Council of Health Insurance

Breastmilk substitutes marketing Code violation report Form

This form is used to document the violations of the marketing code for breastmilk substitutes and related decisions by manufacturers, importers or marketers of breastmilk substitutes. Please attach any documents (photos/marketing publications/samples etc) and send them to the following mail: Nutrition @moh.gov.sa.

Violation Description:

1. When was the violation detected? (Day/month/year) Time.....
.....
2. Place of monitoring the violation: (city/health institution ... other)
.....
3. Name of the company marketing the product
.....
4. Description of the company's logo, in case the company name is not recognized
.....
5. The type of product being marketed for: Please tick (✓) the correct option

- () Milk formula for infants (0+ months)
- () Milk formula to follow growth (6+ months)
- () Milk formula to follow growth (+12 months)
- () Any nutrition product for children from 0-36 months of age.
- () Any type of food or liquid other than infant formula (0-6 months).
- () Complementary commercial foods or liquids, what are they?
.....
- () milk bottles or nipples
- () Any other product

6- Type of violation: Please tick (✓) the correct option

- () Marketing violation (television / radio / printed materials)
- () Internet pages (websites/images of applications/social networking sites)
- () Promotion in retail outlets
- () Free samples
- () Unscientific or inaccurate information or lectures for health care practitioner
- () Promotion in health institutions
- () Promoting health workers
- () Scholarships for health workers
- () Financial support (studies/research /awareness campaigns), salaries, other free services
- () Free gifts for health workers or health institutions



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- () Inadequate product labeling
- () Gatherings targeting pregnant women and mothers...etc.
- () Promotion in the community and public places (advertising posters/distribution of free samples/free gifts)
- () Communication of marketers by producing or importing companies with pregnant women or mothers
- () Rewards by companies marketing health workers for those who promote

7- Any other details or observations that were monitored:

.....
.....

8- Attachments: Please attach evidence of the violation:

.....
.....
.....
.....

Name of the offending officer of the violation:

.....

Address/Health Institution:

Contact number:

Email:



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١٤٤٤ - ١١٩١١٨٤
٩٤٤٤/٦/٢٦

تعميم عاجل وهام

المحترمين
المحترمين
المحترمين
المحترمين

سعادة مدراء عموم الشؤون الصحية بالمناطق
سعادة الرؤساء التنفيذيين للتجمعات الصحية
سعادة مدراء الشؤون الصحية بالمحافظات
سعادة مدراء العموم / التموين الطبي / الإلتزام / المستشفيات /
الرعاية المنزلية / الرعاية الصحية الأولية / الصيدلانية
السلام عليكم ورحمة الله وبركاته

بناء على برقية معالي رئيس الديوان الملكي رقم 17733 وتاريخ 1442/4/1هـ ومحضر اللجنة المرفق معها المكملات الغذائية والحلول المناسبة لها وحيث تضمن المحضر قيام وزارة الصحة بالتعميم على الممارسين الصحيين بمنع وصف المكملات الغذائية بناء على أسم العلامة التجارية للمكمل الغذائي والاكتفاء بالإشارة إلى العنصر أو المركب الغذائي المعني.

عليه أمل إطلاع سعادتكم وتوجيه الممارسين الصحيين المعنيين بمنع وصف المكملات الغذائية بناء على أسم العلامة التجارية للمكمل الغذائية والاكتفاء بالإشارة إلى العنصر أو المركب الغذائي المعني والإيعاز لهم بالرجوع للائحة الفنية للمكملات الغذائية رقم (18): SFDA.FD 552018 الصادرة من الهيئة العامة للغذاء

وتقبلوا سعادتكم أطيب تحياتي

والدواء.
البناء

مدير عام
الإدارة العامة للتغذية

أ.مشاري بن حمد الدخيل