Happy babies start with healthy tummies

Good Start® Plus

Comfort from the start

0+ months

Good Start Soothe™

Tummy Troubles

0+ months

Who should these products be recommended to?

Parents who need to, or choose to, introduce infant formula.

Parents who have formula-fed babies with common functional gastrointestinal disorders or mild tolerance issues.

Key Benefits

Our closest formula to breast milk, with probiotic *B. lactis.*

Easy to digest*. With our signature Comfort Proteins™, which have been clinically shown to promote softer stools,**[1] and a gastric emptying rate similar to that of breastfed infants[2].

Contains expert recommended levels of DHA[3].

DHA — Brain & Eye Development

Comfort Proteins™ — Easy to Digest*

Probiotic B. Lactis — Healthy Gut Flora

The first and only infant formula with *L. reuteri.*

With our signature Comfort Proteins™, reduced lactose[§], and expert recommended levels of DHA[3].

Over 90% of parents who switched to GOOD START SOOTHE said their baby was less fussy after the first feed[‡,4].

DHA — Brain & Eye Development

L. Reuteri — Tummy Friendly*

Comfort Proteins™ — Easy to Digest*

Reduced Lactose — 30% Less Lactose§

Benefits of Probiotics

B. lactis is a probiotic clinically shown to:

- Promote a balanced microbiota[5]
- Support the development of a healthy immune system[6]
- Improve markers of tolerance[7-10]

L. reuteri is a probiotic clinically shown to:

- Reduce crying time in colicky infants within 1 week[†,11]
- Reduce spit ups by 50% within 2 weeks[12]
- Lead to abdominal comfort and more regular stools[13]
- Promote the development of a healthy and balanced microbiota[14]

For more information visit nestlebaby.ca

Breast milk provides optimal nutrition for baby.

*Like all infant formulas.
**Compared to intact protein formulas.
§30% less lactose compared to other Good Start milk-based infant formulas.
‡Infants were exclusively formula fed; Canadian formulation differs slightly from the GOOD START SOOTHE formula used in the study.
†In breastfed infants.

For healthcare professional use only.

1. Czerkies L, et al. *Int J Pediatr.* 2018;201 8:4969576 doi: 10.1155/2018/4969576 2. Billeaud, et al. *Eur J Clin Nutr.* 1990;44:577-583 3. ADA/DC. *J Am Diet Assoc.* 2007;107:1599-1611 4. Czerkies, et al. *Pediatr Health Nutri.* 2019;1(1):1926. 5. Langhendries, et al. *JPGN.* 1995;21:177-182 6. Holscher et al. *JPEN.* 2013;36(1):1065-1165 7. Gibson, et al. *Br J Nutr.* 2009;101:1706-13 8. Ziegler, et al. *Monatsschr Kinderheilkd.* 2003;1:565-571 9. Saavedra, et al. *Am J Clin Nutr.* 2004;79:261-267 10. Saavedra, et al. *Pediatr Gastroenterol Nutr.* 1998;27(4):483 (abstr) 11. Chauk et al. J Pediatr. 2015;166(1):74-78. 12. Garofoli F et al. *Int J Food Sci Nutr.* 2014;65(5):646-648. 13. Coccorullo P et al. *J Pediatr.* 2010;157(4)L598-602. 14. Savino F et al. *Pediatrics.* 2010;126(3):e526-e53