



Short communication

Quantification of prebiotics in commercial infant formulas



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ARTICLE INFO

Article history:

Received 13 February 2015

Received in revised form 23 July 2015

Accepted 25 July 2015

Available online 29 July 2015

Keywords:

Infant formula

Prebiotics

GOS

FOS

Maltodextrins

ABSTRACT

Since breastfeeding is not always possible, infant formulas (IFs) are supplemented with prebiotic oligosaccharides, such as galactooligosaccharides (GOS) and/or fructooligosaccharides (FOS) to exert similar effects to those of the breast milk. Nowadays, a great number of infant formulas enriched with prebiotics are disposal in the market, however there are scarce data about their composition. In this study, the combined use of two chromatographic methods (GC-FID and HPLC-RID) for the quantification of carbohydrates present in commercial infant formulas have been used. According to the results obtained by GC-FID for products containing prebiotics, the content of FOS, GOS and GOS/FOS was in the ranges of 1.6–5.0, 1.7–3.2, and 0.08–0.25/2.3–3.8 g/100 g of product, respectively. HPLC-RID analysis allowed quantification of maltodextrins with degree of polymerization (DP) up to 19. The methodology proposed here may be used for routine quality control of infant formula and other food ingredients containing prebiotics.

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1. Introduction

Although human milk is considered the best food to satisfy the nutritional needs of newborn, there are some situations where breastfeeding must be interrupted and infants are fed with infant formula (IF) or cases where mothers cannot produce enough milk to supply all of their baby's nutritional needs and they combine breast and IF feeding. The knowledge gained on chemical composition and biological properties of human milk allows adapting the composition of IFs to meet nutritional needs of newborn.

Human milk contains 8–13 g/L of a complex mixture of oligosaccharides which is about 20-fold higher than those of bovine milk (Urashima, Taufik, Fukuda, & Asakuma, 2013). This is one of the factors that explain, the higher level of intestinal bifidobacteria and lactobacilli, as well as the lower incidence of bacterial infections found in breast-fed infants (Barile & Rastall, 2013).

Since Gibson and Roberfroid (1995) introduced the concept of prebiotics as “non-digestible oligosaccharides that reach the colon without being hydrolysed and are selectively metabolized by health-positive bacteria such as bifidobacteria and lactobacilli thereby exerting a beneficial effect on the host health”, extensive research has been carried out to identify prebiotic components. A growing number of *in vitro* and *in vivo* studies also show that prebiotics could induce beneficial physiological effects in the colon and also in extra-intestinal compartments or contribute towards the reduction of dysbiosis risk and associated intestinal and systemic pathologies (Roberfroid et al., 2010). Several other studies

strongly suggest that human milk oligosaccharides (HMOs) act as prebiotics (Bode, 2009; Engfer, Stahl, Finke, Sawatzki, & Daniel, 2000) and have a wide range of biological activities. However, as HMOs are very complex glycans, their production at industrial scale is very difficult (Bode, 2009).

Only the enzymatic synthesis of some prebiotic such as galactooligosaccharides (GOS) and fructooligosaccharides (FOS) is a feasible alternative to produce them in the food industry. Particularly, it has been shown that the addition of different amounts of GOS, FOS or GOS/FOS mixtures to IF stimulates the growth of bifidobacteria and lactobacilli (Ben et al., 2008; Boehm et al., 2002; Moro et al., 2002), produces changes in the short chain fatty acids, making the profile of these acids closer to that observed in breast-fed infants (Knol et al., 2005), improves the stool characteristics (frequency, pH and softening) (Ben et al., 2008; Fanaro et al., 2005; Moro et al., 2002) and reduces the incidence of allergic manifestations and infections during the first two years of life (Arslanoglu et al., 2008).

IFs are composed basically by carbohydrates (54–61 g/100 g of product) and proteins (11–15 g/100 g of product). Depending on the type, sugars such as lactose, corn syrup, sucrose or starches have been successfully used as a source of carbohydrates (Morales, Olano, & Corzo, 2004). Besides, in the last years, prebiotic oligosaccharides have been added to IFs to mimic the benefits attributed to HMOs (Barile & Rastall, 2013; Braegger et al., 2011; Cilla, Lacomba, Garcia-Llatas, & Alegria, 2012). Despite the increasing use of prebiotics in IF production, there are scarce data about their prebiotic composition. In this work, a study on the carbohydrate composition of 24 commercial IFs, selected as representative of the Spanish market, has been carried out. Special attention has been paid to the determination of prebiotic carbohydrates.

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2. Materials and methods

2.1. Reference substances and samples

Analytical reference substances such as fructose, galactose, glucose, myo-inositol, lactose, maltulose, maltose, kestose, nystose and maltodextrins with a degree of polymerization (DP) from 2 to 5 were purchased from Sigma (St. Louis, MO, USA). Raftilose® and Wako® FOS were from Orafiti (Orafiti, Barcelona, Spain) and Wako (Chemical Industries, Osaka, Japan), respectively. Vivinal® GOS were from Domo (Friesland Campina Domo, Amersfoort, The Netherlands).

Twenty-four IFs were purchased from several Spanish chemist's, corresponding to starting and follow-up formulas without prebiotics ($n = 8$), 4 with lactose (C) and 4 lactose free (LF), and prebiotic-enriched IF ($n = 16$), 3 with FOS (PFOS), 7 with GOS (PGOS), and 6 with mixtures of GOS/FOS (PGOS/FOS). Table 1 shows their carbohydrate composition as indicated on the product labels. All samples were analysed before their expiry date and all determinations were done in duplicate.

2.2. Determination of carbohydrates

Before chromatographic analysis, fat and protein interfering materials were removed by precipitation, using Carrez reagents (Moreno, Olano, Santa-Maria, & Corzo, 1999).

Carbohydrate (monosaccharides, disaccharides, GOS and FOS) quantification was carried out by GC-FID, following the method

Table 2

Repeatability of the used GC method for determination of carbohydrates in a commercial infant formula containing prebiotics, prepared four times and analysed on the same day and on different days (4 days).

Carbohydrate	Concentration (mg/100 g of product)			
	Same day (four replicates)		Daily (during 4 days) (one replicate)	
	Average value	RSD* (%)	Average value	RSD (%)
Fructose	0.33	4.4	0.33	4.6
Galactose	0.02	8.3	0.02	8.8
Glucose	0.18	4.7	0.19	5.3
Myo-inositol	0.06	4.3	0.05	4.5
Sucrose	0.18	5.6	0.17	4.4
Lactose	41.6	3.9	41.7	3.6
Maltose	0.30	7.3	0.32	6.8
Trisaccharides	0.60	6.3	0.59	7.3
Tetrasaccharides	0.59	7.3	0.56	7.6
Pentasaccharides	0.25	6.9	0.27	7.4
Hexa and heptasaccharides	0.26	9.9	0.23	12.3

* RSD: Relative standard deviation.

of Montilla, van de Lagemaat, Olano, and del Castillo (2006). Analysis of maltodextrins were performed by HPLC-RID according to Corzo-Martínez, Copoví, Olano, Moreno, and Montilla (2013).

To quantify GOS in IFs containing maltodextrins and to avoid interference in the GC analysis, samples were incubated at 37 °C for 24 h with α -amylglucosidase (Megazyme®3300, Bray Co.

Table 1

Carbohydrate composition of infant formulas available at the Spanish market, according to their package labels.

Product code	Total carbohydrates	Lactose	Prebiotics	Maltodextrins	Inositol	Observations
		(g/100 g product)			(mg/100 g)	
Infant formula without prebiotics						
Conventional (C)						
C1	57.8	57.8			80.0	
C2	61.7	– ^a		–	–	mdx
C3	60.0	–		12.3	–	Starch
C4	55.6	–		–	9.9	mdx
Lactose free (LF)						
LF1	58.6			–	36.0	mdx
LF2	60.8			60.8	9.9	mdx
LF3	57.6			36.1	47.0	mdx
LF4	55.0			–	30.0	mdx
Infant formula with prebiotics						
With fructooligosaccharides (PFOS)						
PFOS1	53.3	–	5.7	–	45.0	FOS/inulin
PFOS2	56.0	–	3.0	–	45.0	FOS/inulin
PFOS3	50.8		5.7	50.8	25.0	Without lactose
With galactooligosaccharides (PGOS)						
PGOS1	50.1	46.0	3.5	2.5 ^b	32.0	GOS
PGOS2	55.0	–	1.5	1.5	51.0	GOS.mdx ^{c,d}
PGOS3	62.9	–	2.2	–	25.0	GOS.mdx
PGOS4	56.4	–	1.9	–	30.0	GOS.mdx
PGOS5	61.7	–	2.6	–	26.0	GOS.mdx
PGOS6	55.6	35.6	2.5	19.4	24.4	GOS.mdx
PGOS7	50.9	45.3	2.8	5.0	27.2	GOS.mdx
With galactooligosaccharides and fructooligosaccharides (PGOS/FOS)						
PGOS/FOS1	59.0	56.5	3.9		25.0	GOS/FOS
PGOS/FOS2	59.3	41.9	3.8	–	24.7	GOS/FOS.mdx ^d
PGOS/FOS3	59.3	41.9	3.8	–	24.7	GOS/FOS.mdx
PGOS/FOS4	59.3	41.9	3.8	–	24.7	GOS/FOS.mdx
PGOS/FOS5	55.7	19.7	3.8	–	23.0	GOS/FOS.mdx
PGOS/FOS6	53.6	–	2.9	–	–	GOS/FOS.mdx

^a The data did not appear on the label.

^b High molecular mass dextrin.

^c mdx: Maltodextrins.

^d Infant formula containing GOS.mdx and GOS/FOS.mdx were treated with α -amylglucosidase.

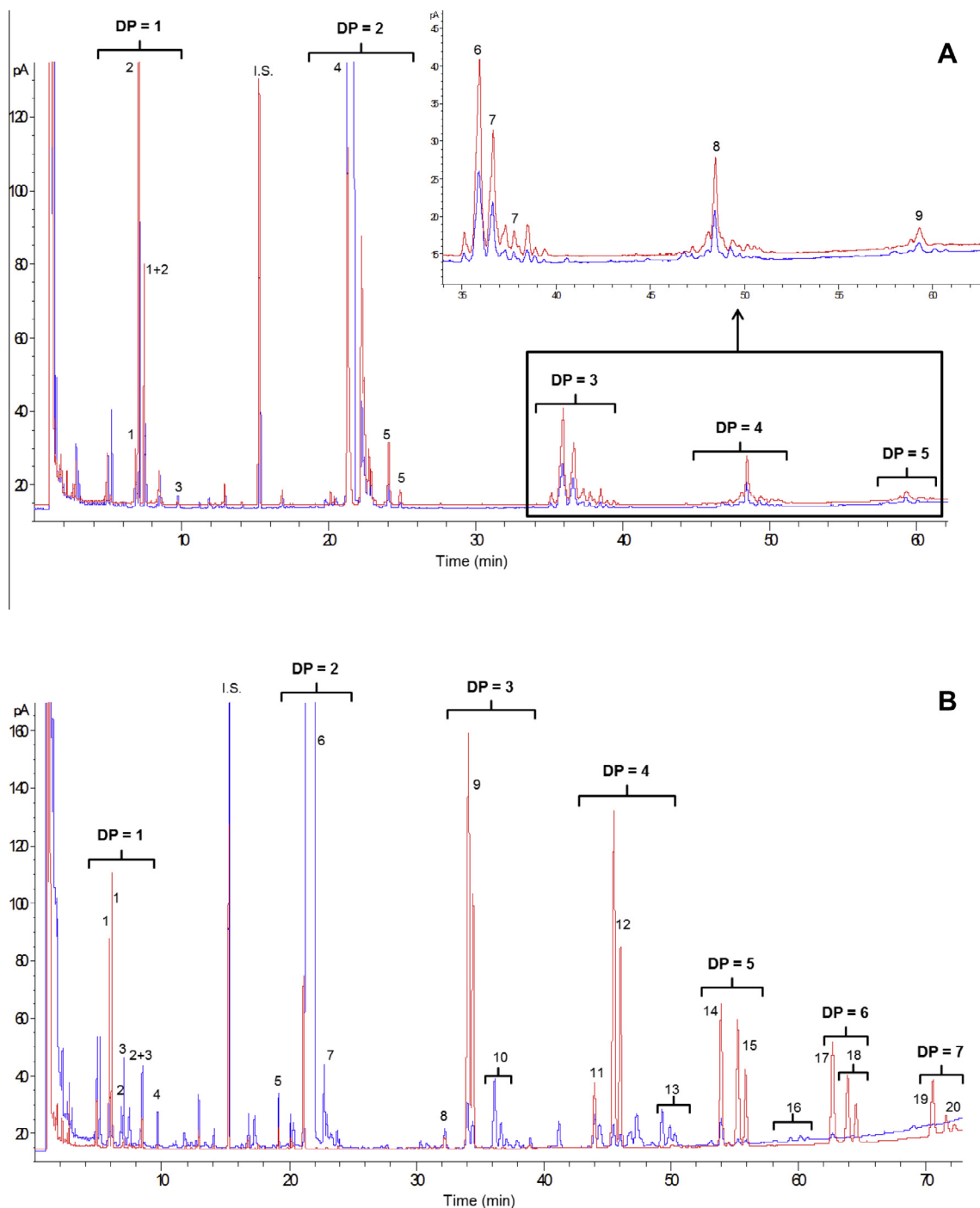


Fig. 1. GC-FID profiles of trimethylsilyl oximes (TMSO) of the carbohydrates present in (A): commercial Vivinal® GOS (red) and infant formula with GOS (blue). Peaks: 1: Galactose, 2: Glucose, 3: Myo-inositol, I.S.: Internal standard (phenyl-β-D-glucoside), 4: Lactose, 5: 6-Galactobiose, 6: 4'-Galactosyl-lactose, 7: 6'-Galactosyl-lactose, 8: 4'-Digalactosyl-lactose, 9: 4'-Trigalactosyl-lactose; and (B) commercial Raftilose® FOS (red) and infant formula with FOS (blue). Peaks: 1: Fructose, 2: Galactose, 3: Glucose, 4: Myo-inositol, 5: Sucrose, 6: Lactose, 7: Maltose, 8: Kestose, 9: Trifructosaccharides, 10: Maltotriose, 11: Nystose, 12: Tetrafructosaccharides, 13: Maltotetraose, 14: Fructosyl-nystose, 15: Pentafructosaccharides, 16: Maltopentaose, 17: Difructosyl-nystose, 18: Hexafructosaccharides, 19: Trifructosyl-nystose, 20: Heptafructosaccharides. DP: Degree of polymerisation. (For interpretation of the references to colour in this figure legend, the reader is referred to the web version of this article.)

Wicklow, Ireland) (330 U/mL IF reconstituted at 100 mg/mL) in order to remove them.

3. Results and discussion

The GC method of Montilla et al. (2006) has been used in this study to determine carbohydrate composition of commercial IFs. The repeatability was calculated using an IF containing prebiotics

and four replicates of this formula were analysed daily during the following 4 days (Table 2). As it can be observed, the repeatability was acceptable for all measured carbohydrates showing relative standard deviations (RSD) below 10%, with the exception of hexa and heptasaccharides (12.3%); these results were similar to those obtained by Montilla et al. (2006).

GC profiles of the carbohydrates found in the starting and follow-up IFs with prebiotics are depicted in Fig. 1. The used GC

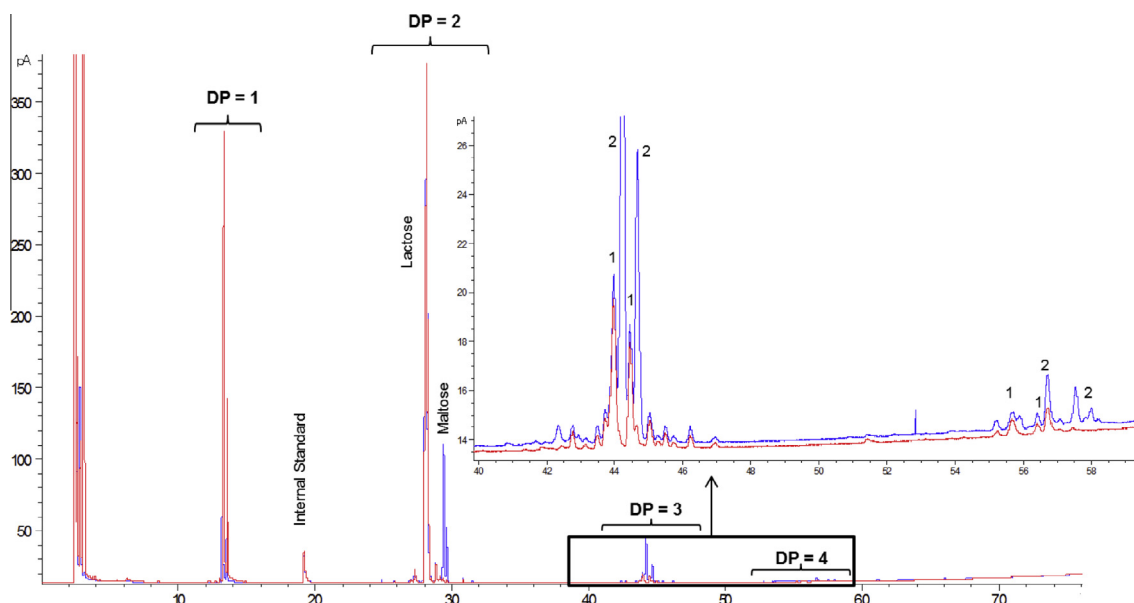


Fig. 2. GC-FID profiles of TMSO derivatives of carbohydrates present in a commercial infant formulas with maltodextrins and GOS before (blue) and after (red) of α -amylglucosidase treatment. (1) GOS; (2) maltodextrins. DP: Degree of polymerisation. (For interpretation of the references to colour in this figure legend, the reader is referred to the web version of this article.)

Table 3

Carbohydrate content encountered (g/100 g) in the commercial infant formula under study (data shown as average value \pm SD).

Product code	Fructose	Galactose	Glucose	Myo-inositol	Sucrose	Lactose	Maltose	GOS	FOS	Maltodextrins (DP 3–19) ^a	TCH ^b
C1		0.21 \pm 0.00	0.27 \pm 0.01	0.07 \pm 0.00		70.1 \pm 1.2					70.77
C2	0.02 \pm 0.00	0.25 \pm 0.01	0.39 \pm 0.02	0.03 \pm 0.00		30.7 \pm 1.7	1.43 \pm 0.06			11.7 \pm 2.7	44.62
C3	0.01 \pm 0.00	0.26 \pm 0.00	0.15 \pm 0.00	0.05 \pm 0.00		45.5 \pm 0.3	0.20 \pm 0.00			0.8 \pm 0.2	46.96
C4	0.05 \pm 0.00	0.05 \pm 0.00	1.59 \pm 0.04	0.08 \pm 0.01		22.2 \pm 0.6	4.98 \pm 0.11			22.5 \pm 0.2	51.53
LF1	0.05 \pm 0.00		1.27 \pm 0.04	0.01 \pm 0.00			5.73 \pm 0.20			41.0 \pm 0.6	48.14
LF2	0.04 \pm 0.00	0.07 \pm 0.00	0.99 \pm 0.00	0.01 \pm 0.00			3.01 \pm 0.01			27.8 \pm 5.7	31.88
LF3	0.03 \pm 0.00		3.96 \pm 0.04	0.03 \pm 0.00			7.02 \pm 0.05			45.7 \pm 2.1	56.84
LF4	0.03 \pm 0.00		1.53 \pm 0.01	0.03 \pm 0.00			5.11 \pm 0.01			30.1 \pm 1.6	36.85
PFOS1	0.34 \pm 0.17	0.02 \pm 0.00	0.19 \pm 0.10	0.05 \pm 0.00	0.17 \pm 0.06	41.6 \pm 1.7	0.30 \pm 0.03		1.75 \pm 0.07	4.3 \pm 0.5	48.74
PFOS2	0.13 \pm 0.01	0.08 \pm 0.00	0.17 \pm 0.01	0.06 \pm 0.00	0.13 \pm 0.01	47.5 \pm 2.7	0.37 \pm 0.00		1.57 \pm 0.06	5.3 \pm 0.7	55.27
PFOS3	0.05 \pm 0.00	0.13 \pm 0.01	0.69 \pm 0.03	0.03 \pm 0.00	0.19 \pm 0.01		2.87 \pm 0.13		5.00 \pm 0.25	35.9 \pm 0.2	44.90
PGOS1	0.03 \pm 0.01	0.16 \pm 0.01	1.29 \pm 0.04	0.05 \pm 0.00		44.5 \pm 1.0	0.39 \pm 0.01	3.16 \pm 0.14			49.58
PGOS2	0.03 \pm 0.00	0.23 \pm 0.01	0.92 \pm 0.02	0.06 \pm 0.00		45.2 \pm 0.9	0.32 \pm 0.01	1.70 \pm 0.04		1.7 \pm 0.3	50.18
PGOS3	0.04 \pm 0.00	0.13 \pm 0.00	1.16 \pm 0.00	0.04 \pm 0.00		38.5 \pm 0.0	1.57 \pm 0.02	2.24 \pm 0.05		11.3 \pm 0.7	55.05
PGOS4	0.03 \pm 0.00	0.12 \pm 0.02	0.81 \pm 0.09	0.04 \pm 0.00		49.1 \pm 0.0	0.54 \pm 0.07	1.86 \pm 0.14		2.3 \pm 0.1	54.80
PGOS5	0.03 \pm 0.00	0.15 \pm 0.01	1.28 \pm 0.13	0.04 \pm 0.00		36.4 \pm 3.5	1.57 \pm 0.17	2.35 \pm 0.05		11.1 \pm 0.3	52.9
PGOS6	0.05 \pm 0.00	0.13 \pm 0.01	1.09 \pm 0.09	0.02 \pm 0.00		35.0 \pm 3.1	0.82 \pm 0.09	2.39 \pm 0.07		14.5 \pm 1.9	53.99
PGOS7	0.05 \pm 0.00	0.16 \pm 0.00	1.34 \pm 0.02	0.05 \pm 0.00		46.3 \pm 3.2	0.72 \pm 0.02	2.68 \pm 0.14		4.2 \pm 0.7	55.49
PGOS/FOS1	0.03 \pm 0.00	0.12 \pm 0.01	1.59 \pm 0.14	0.03 \pm 0.01	0.01 \pm 0.00	51.1 \pm 4.0		3.67 \pm 0.11	0.13 \pm 0.02		56.70
PGOS/FOS2	0.04 \pm 0.00	0.20 \pm 0.04	1.83 \pm 0.16	0.04 \pm 0.00	0.01 \pm 0.00	39.9 \pm 3.8	1.28 \pm 0.24	3.73 \pm 0.16	0.16 \pm 0.00	26.2 \pm 2.3	73.39
PGOS/FOS3	0.16 \pm 0.21	0.17 \pm 0.01	0.64 \pm 0.14	0.03 \pm 0.00	0.05 \pm 0.05	38.5 \pm 2.0	1.14 \pm 0.12	3.64 \pm 0.18	0.13 \pm 0.01	15.0 \pm 1.8	60.09
PGOS/FOS4	0.03 \pm 0.00	0.12 \pm 0.01	1.60 \pm 0.16	0.03 \pm 0.00	0.01 \pm 0.00	33.9 \pm 3.1	1.22 \pm 0.09	3.79 \pm 0.15	0.09 \pm 0.00	11.1 \pm 0.3	52.40
PGOS/FOS5	0.07 \pm 0.01	0.18 \pm 0.01	2.06 \pm 0.10	0.03 \pm 0.00	0.01 \pm 0.00	19.2 \pm 0.9	2.15 \pm 0.11	3.70 \pm 0.03	0.08 \pm 0.01	19.4 \pm 2.3	46.81
PGOS/FOS6	0.04 \pm 0.00	0.11 \pm 0.00	1.22 \pm 0.02	0.07 \pm 0.00	0.04 \pm 0.00	29.5 \pm 0.6	1.69 \pm 0.03	2.28 \pm 0.20	0.25 \pm 0.05	21.5 \pm 1.7	56.74

Product code: Like in Table 1.

^a Values obtained by HPLC analysis.

^b TCH: Total carbohydrates. Each value is the sum of fructose, galactose, glucose, myo-inositol, sucrose, lactose, maltose, GOS, FOS and maltodextrins (DP 3–19).

method allowed the quantification of fructose, galactose and glucose, myo-inositol, lactose, and prebiotic oligosaccharides GOS and FOS with a degree of polymerization (DP) of up to 7. Fig. 1 also shows carbohydrate profiles of commercial Vivinal® GOS (Fig. 1A) and Raftilose® FOS (Fig. 1B), which are commonly added to IF. It can be observed that the chromatographic profiles of commercial GOS and FOS were similar to those found in IFs, containing these

carbohydrates. The chromatographic profiles of IFs containing GOS and maltodextrins after hydrolysis using α -amylglucosidase are also shown in Fig. 2. In this case, the previous hydrolysis of maltodextrins allowed the quantification of GOS.

Table 3 shows the carbohydrate composition of the analysed commercial IFs. In general, fructose, glucose and galactose, were

detected in the majority of the studied IFs. Their concentrations were quite similar to those previously found in other IFs (Morales et al., 2004). Among them, glucose was the major monosaccharide being in highly variable amounts. Regarding to fructose, only three samples showed contents higher than 0.1 g/100 g, probably due to the presence of free fructose in the products with added FOS. The galactose content was higher than those found by Morales et al. (2004) and similar to those obtained by Troyano, Villamiel, Olano, Sanz, and Martínez-Castro (1996) in commercial sterilized milks. Myo-inositol, a polyalcohol that may play a significant role in the prevention of bronchopulmonary dysplasia and retinopathy in premature infants (Hallman, Saugstad, Porreco, Epstein, & Gluck, 1985), was present in all IFs at concentrations significantly higher than those reported for Spanish commercial milks (Troyano et al., 1996), but similar to the found by Woollard, Macfadzean, Indyk, McMahon, and Christiansen (2014). As expected, with the exception of the lactose-free IFs, lactose was the main carbohydrate in all studied products, with amounts varying between 19.2 and 70.1 g/100 g. Maltose was found in most of the analysed IFs in a range from 0.2 to 7 g/100 g. This compound is usually not added as ingredient in IFs and its presence may be related to the partial hydrolysis of the added maltodextrins during processing. Some low amounts of sucrose were found in the formulas enriched with FOS and in those enriched with GOS/FOS mixtures (0.13–0.19 and 0.01–0.05 g/100 g, respectively). Maltulose was also detected in five IFs in a range from 0.05 to 0.23 g/100 g (data not shown). This isomer of maltose was detected for the first time in IF by Morales et al. (2004), who found a wide variability from 0.13 to 0.8 g/100 g product, attributing this to differences in processing conditions.

The analysis of maltodextrins by HPLC-RID allowed the quantitative determination of oligosaccharides with DP of up to 19. As it can be seen from the Table 3, maltodextrins were the second major component (after lactose) of most of the studied products with contents varying from 0.84 to 45.7 g/100 g of product. Among them, the most abundant compounds were those with DP between 3 and 6 (data not shown).

In the IF containing prebiotic oligosaccharides the content of FOS and GOS were in the ranges of 1.6–5.0 and 1.7–3.2 g/100 g, respectively. In products enriched with FOS and GOS mixtures, the content was in the range of 0.08–0.25 and 2.3–3.8 g/100 g, respectively.

Some of these values and especially those referred to the products enriched with FOS were below the officially declared values on the labels. These differences are probably due to the difficulties of quantification of oligosaccharides with a high DP (inulins), since it was specified on the labels that these formula contained these polysaccharides.

The analysed IFs presented prebiotic oligosaccharide contents in the range of 2.0–6.4 g/L (considering IF reconstitution of 12.5% w/v). In Europe, IFs are supplemented with prebiotic oligosaccharides according to Directive 2006/141/CE, which allows addition of these carbohydrates in amounts of up to 8 g/L. Different studies have shown that this concentration limit is strictly respected and that the most commonly assayed prebiotics used in IFs are FOS, GOS and GOS/FOS mixtures (in a 9:1 ratio) at concentrations ranging between 1.5 and 8 g/L (Braegger et al., 2011). Several experimental studies have revealed that at these concentrations, prebiotics had a significant bifidogenic effect (Ben et al., 2008; Euler, Mitchell, Kline, & Pickering, 2005), modulated the intestinal flora and the immune system (Fanaro et al., 2005) and provided beneficial effects for formula-fed infants (Boehm et al., 2005). Also, the amounts of prebiotics added to IF were generally well tolerated and they did not produce adverse side effects (crying, regurgitation or vomiting) (Boehm et al., 2002; Closa-Monasterolo et al., 2013).

4. Conclusion

This study shows that the analysed IFs present carbohydrates content within the range indicated on the package labels. The combined utilisation of GC and HPLC techniques allows an overall quantification of the carbohydrate fraction, including prebiotic oligosaccharides. GC-FID and HPLC-RID are rapid, simple, cheap, and powerful analytical techniques commonly found in academic and industrial laboratories. In addition, GC presents high resolving power, sensitivity and selectivity which enables the determination of higher oligosaccharides in foods that are often present at low concentrations.

The results have demonstrated the usefulness of GC as a powerful tool for the analysis of mono-, and disaccharides, as well as GOS, FOS and their mixtures in IFs. Furthermore, the methodology proposed here may be used for routine quality control of IF and other food ingredients containing prebiotics.

Acknowledgments

This work has been supported by projects AGL2011-27884 and AGL2014-58205-REDC from Ministerio de Economía y Competitividad; ALIBIRD-CM S-2013/ABI-272 (Comunidad de Madrid).

References

- Arslanoglu, S., Moro, G. E., Schmitt, J., Tandoi, L., Rizzardi, S., & Boehm, G. (2008). Early dietary intervention with a mixture of prebiotic oligosaccharides reduces the incidence of allergic manifestations and infections during the first two years of life. *Journal of Nutrition*, 138(6), 1091–1095.
- Barile, D., & Rastall, R. A. (2013). Human milk and related oligosaccharides as prebiotics. *Current Opinion in Biotechnology*, 24(2), 214–219.
- Ben, X. M., Li, J., Feng, Z. T., Shi, S. Y., Lu, Y. D., Chen, R., et al. (2008). Low level of galacto-oligosaccharide in infant formula stimulates growth of intestinal Bifidobacteria and Lactobacilli. *World Journal of Gastroenterology*, 14(42), 6564–6568.
- Bode, L. (2009). Human milk oligosaccharides: Prebiotics and beyond. *Nutrition Reviews*, 67(s2), S183–S191.
- Boehm, G., Lidestri, M., Casetta, P., Jelinek, J., Negretti, F., Stahl, B., et al. (2002). Supplementation of a bovine milk formula with an oligosaccharide mixture increases counts of faecal bifidobacteria in preterm infants. *Archives of Disease in Childhood. Fetal and Neonatal Edition*, 86(3), F178–F181.
- Boehm, G., Stahl, B., Jelinek, J., Knol, J., Miniello, V., & Moro, G. E. (2005). Prebiotic carbohydrates in human milk and formulas. *Acta Paediatrica*, 94(s449), 18–21.
- Braegger, C., Chmielewska, A., Decsi, T., Kolacek, S., Mihatsch, W., Moreno, L., et al. (2011). Supplementation of infant formula with probiotics and/or prebiotics: A systematic review and comment by the ESPGHAN committee on nutrition. *Journal of Pediatric Gastroenterology and Nutrition*, 52(2), 238–250.
- Cilla, A., Lacomba, R., Garcia-Llatas, G., & Alegria, A. (2012). Prebiotics and nucleotides in infant nutrition; review of the evidence. *Nutrición Hospitalaria*, 27(4), 1037–1048.
- Closa-Monasterolo, R., Gispert-Llaurado, M., Luque, V., Ferre, N., Rubio-Torrents, C., Zaragoza-Jordana, M., et al. (2013). Safety and efficacy of inulin and oligofructose supplementation in infant formula: Results from a randomized clinical trial. *Clinical Nutrition*, 32(6), 918–927.
- Corzo-Martínez, M., Copoví, P., Olano, A., Moreno, F. J., & Montilla, A. (2013). Synthesis of prebiotic carbohydrates derived from cheese whey permeate by a combined process of isomerisation and transgalactosylation. *Journal of the Science of Food and Agriculture*, 93, 1591–1597.
- Engfer, M. B., Stahl, B., Finke, B., Sawatzki, G., & Daniel, H. (2000). Human milk oligosaccharides are resistant to enzymatic hydrolysis in the upper gastrointestinal tract. *American Journal of Clinical Nutrition*, 71(6), 1589–1596.
- Euler, A. R., Mitchell, D. K., Kline, R., & Pickering, L. K. (2005). Prebiotic effect of fructo-oligosaccharide supplemented term infant formula at two concentrations compared with unsupplemented formula and human milk. *Journal of Pediatric Gastroenterology and Nutrition*, 40(2), 157–164.
- Fanaro, S., Boehm, G., Garssen, J., Knol, J., Mosca, F., Stahl, B., et al. (2005). Galacto-oligosaccharides and long-chain fructo-oligosaccharides as prebiotics in infant formulas: A review. *Acta Paediatrica*, 94(s449), 22–26.
- Gibson, G. R., & Roberfroid, M. B. (1995). Dietary modulation of the human colonic microbiota: Introducing the concept of prebiotics. *Journal of Nutrition*, 125(6), 1401–1412.
- Hallman, M., Saugstad, O. D., Porreco, R. P., Epstein, B. L., & Gluck, L. (1985). Role of myoinositol in regulation of surfactant phospholipids in the newborn. *Early Human Development*, 10(3–4), 245–254.
- Knol, J., Scholtens, P., Kafka, C., Steenbakkers, J., Gross, S., Helm, K., et al. (2005). Colon microflora in infants fed formula with galacto- and fructo-

- oligosaccharides: More like breast-fed infants. *Journal of Pediatric Gastroenterology and Nutrition*, 40(1), 36–42.
- Montilla, A., van de Lagemaat, J., Olano, A., & del Castillo, M. D. (2006). Determination of oligosaccharides by conventional high-resolution gas chromatography. *Chromatographia*, 63(9–10), 453–458.
- Morales, V., Olano, A., & Corzo, N. (2004). Ratio of maltose to maltulose and furosine as quality parameters for infant formula. *Journal of Agricultural and Food Chemistry*, 52(22), 6732–6736.
- Moreno, F. J., Olano, A., Santa-Maria, C., & Corzo, N. (1999). Determination of maltodextrins in enteral formulations by three different chromatographic methods. *Chromatographia*, 50(11–12), 705–710.
- Moro, G., Minoli, I., Mosca, M., Fanaro, S., Jelinek, J., Stahl, B., et al. (2002). Dosage-related bifidogenic effects of galacto- and fructooligosaccharides in formula-fed term infants. *Journal of Pediatric Gastroenterology and Nutrition*, 34(3), 291–295.
- Roberfroid, M., Gibson, G. R., Hoyles, L., McCartney, A. L., Rastall, R., Rowland, I., et al. (2010). Prebiotic effects: metabolic and health benefits. *British Journal of Nutrition*, 104, S1–S63.
- Troyano, E., Villamiel, M., Olano, A., Sanz, J., & Martinez-Castro, I. (1996). Monosaccharides and myo-inositol in commercial milks. *Journal of Agricultural and Food Chemistry*, 44(3), 815–817.
- Urashima, T., Taufik, E., Fukuda, K., & Asakuma, S. (2013). Recent advances in studies on milk oligosaccharides of cows and other domestic farm animals. *Bioscience, Biotechnology, and Biochemistry*, 77(3), 455–466.
- Woollard, D. C., Macfadzean, C., Indyk, H. E., McMahon, A., & Christiansen, S. (2014). Determination of myo-inositol in infant formulae and milk powders using capillary gas chromatography with flame ionisation detection. *International Dairy Journal*, 37(2), 74–81.