




# Plant-based, organic whole food blends for **tubie life**

-  Nutritionally complete blended meals made from real and recognizable foods fortified with vitamins and minerals
-  Designed for ease and convenience
-  Quality ingredients for tolerance



\*Independent plant-based formula survey.

 Complete nutrition

## Complete blended nutrition made from real and recognizable foods fortified with vitamins and minerals

New

Kate Farms® Pediatric Blended Meals come in 3 flavors and meet the nutritional needs of children ages 1-13 needing sole-source or supplemental nutrition and to encourage oral transitions.



Each product offers a variety of different real food ingredients



Easily digested organic pea protein



The equivalent of 0.4 cups\* or more of fruit and vegetables per pouch†



### Flavors inspired by meals at home

Mango & Straw, Squash & Carrot, and Banana & Blue flavors are 1 kcal/mL and come in 250 mL reclosable, easy-to-use pouches to normalize the meal experience.

### Nutritionally complete formulas

Kate Farms Pediatric Blended Meals meet or exceed 100% of the Dietary Reference Intake (DRI) of the 25 listed micronutrients/protein at:

 **875 mL**  
for ages 1-3

 **950 mL**  
for ages 4-8

 **1450 mL**  
for ages 9-13

 Made for Tolerance

### Quality ingredients for tolerance

- ✓ Naturally occurring organic pea fiber as a source of soluble and insoluble fiber to support normal bowel function and digestive health<sup>12</sup>
- ✓ Organic MCT oil for easy fat absorption
- ⊘ No common allergens such as milk, eggs, fish, shellfish, tree nuts, peanuts, wheat, soybeans, or sesame
- ⊘ No artificial sweeteners, no artificial flavors, colors, or preservatives
- ⊘ No corn

“ **Great variety**

*I like the variety offered here. This is a product that I would want my own child on.*

— Home care dietitian, Virginia



 Review of literature

Look inside!

## There has been an increase in the “trend to blend”

 **Did you know?** ~90% of pediatric patients requiring home enteral nutrition used blenderized tube feedings in varying amounts, according to a 2016 survey<sup>3</sup>

Patients and families are choosing blended tube feeding options for the following reasons<sup>4,5</sup>:



Perceived health benefits



Intolerance to other formulas



Desire for real foods or whole foods



Ability to participate in a meal experience with loved ones

Blended formulas may provide nutritional support for patients with intolerance to other formulas and gastrointestinal (GI) issues associated with developmental delays, such as nausea, reflux, gagging, or retching<sup>4,5</sup>

 Ease and convenience

### Kate Farms blended meals provide ease and convenience for an on the go lifestyle



- ✓ Ready-to-use, reclosable, single-serving pouches
  - Patients can take their pouch on the go with less mess, and save the rest for later†
- ✓ Easily connects to common tube feeding devices<sup>§</sup>
  - ENFit® compatible pouches and the formula flows through a 10 Fr feeding tube
- ✓ Versatile for any feeding method
  - Can be suitable for both oral and tube feeding use
- ✓ May be used with pump, gravity, or bolus feeding methods without thinning or dilution<sup>||</sup>

“ **Convenient packaging**

*The package is really great, this is a big change from what we have now and will be a game changer for parents.*

— Home care dietitian, Indiana



\*This value is for Squash & Carrot only.

†Mango & Straw and Banana & Blue contain a greater amount of fruit and vegetables per pouch.

‡Once opened, refrigerate and consume within 24 hours.

§Direct connection to Bolink® small cap and spike set.

||Kate Farms Pediatric Blended Meals were tested using Infinity® by Moog® and Covidien Kangaroo™ Joey pumps, large bore gravity bag, and 60 mL syringe.

# The broadest offering of plant-based organic formulas, including blended meals

#1 RECOMMENDED  
Plant-Based Brand\*



B4161 B4160

Kate Farms® Pediatric Peptides 1.0 and 1.5 & Pediatric Standard 1.2 provide nutritional support for children with:

- ✓ Cow's milk protein allergy (CMPA)
- ✓ Allergy to milk, eggs, fish, shellfish, tree nuts, peanuts, wheat, soybeans, and sesame
- ✓ Food protein-induced enterocolitis syndrome (FPIES)<sup>†</sup>
- ✓ Eosinophilic esophagitis (EoE)
- ✓ Celiac disease
- ✓ Protein-calorie malnutrition (PCM)/Failure to thrive (FTT)
- ✓ Crohn's disease
- ✓ A diagnosis of malnutrition
- ✓ Constipation



B4161

Kate Farms® Pediatric Peptides 1.0 and 1.5 also provide nutritional support for:

- ✓ Aging out of infant/junior elemental formula
- ✓ Celiac disease with malabsorption
- ✓ PCM/FTT on intact protein formulas
- ✓ Malabsorption on intact formulas
- ✓ Short bowel syndrome



B4149

Kate Farms® Pediatric Blended Meals provide nutritional support for children with:

- ✓ Intolerance to other formulas
- ✓ GI issues associated with developmental delays
- ✓ Reflux, gagging, or retching
- ✓ Parent/caregiver request for a whole food formula
- ✓ Constipation

When your patients need an easy-to-use blended tube feeding, make Kate Farms Pediatric Blended Meals your first choice

## We are here to support the national demand for formulas

Kate Farms Pediatric Formulas are in stock and available for patients

### Easy to use

- ✓ Reclosable container
- ✓ Oral and tube feeding use

### Nationally available

- ✓ Hospitals
- ✓ Home care
- ✓ [katefarms.com](http://katefarms.com)
- ✓ Amazon

### Eligible for insurance coverage

- ✓ Medicaid
- ✓ Medicare
- ✓ Private insurance
- ✓ Select WIC<sup>‡</sup> programs



Mark your orders as “**dispense as written**” or “**no substitutions**” to ensure patients receive your recommendation



### Request samples

Free shipping directly to your patient or office in 2 business days

\*Independent plant-based formula survey.

<sup>†</sup>Not appropriate for pea allergy.

<sup>‡</sup>WIC is a registered service mark of the U.S. Department of Agriculture for USDA's Special Supplemental Nutrition Program for Women, Infants, and Children.

References: 1. Calatayud M, Van den Abbeele P, et al. *Front Nutr*. 2021;8:700571. 2. Akin MB, Akin MS. *Dairy and Vet Sci J*. 2019;9(5):555773. 3. Epp L, Lammert L, et al. *Nutr Clin Pract*. 2017;32(2):201-205. doi: 10.1177/0884533616662992 4. Oparaji JA, Sferra T, et al. *Gastroenterology Res*. 2019;12(3):111-114. doi: 10.14740/gr1192 5. Johnson TW, Spurlock AL, et al. *J Altern Complement Med*. 2018;24(4):369-373. doi: 10.1089/acm.2017.0134