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Determination of each neutral oligosaccharide in the milk of Japanese women during the course of lactation

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Using reverse-phase HPLC after pyridylamination, we quantified the concentrations of major neutral oligosaccharides in the milk of sixteen Japanese women collected at 4, 10, 30 and 100 d postpartum. In colostrum and mature milk (30 d lactation), lacto-N-fucopentaose (LNFP) I was the most abundant oligosaccharide, followed by 2'-fucosyllactose (2'-FL) + lacto-N-difucotetraose (LNDFT), LNFP II + lacto-N-difucohexaose II (LNDFH II), and 3-fucosyllactose (3-FL). Together these accounted for 73 % of the total weight of neutral oligosaccharides in colostrum and mature milk. Changes in concentration occurred during the course of lactation. LNFP I and 2'-FL + LNDFT increased from 4 to 10 d postpartum, and then declined by 100 d. LNFP II + LNDFH II steadily increased during the first 30 d and then declined. In contrast, 3-FL increased steadily throughout the entire 100 d of study. Large differences were observed between our data and previously published data in Italian women, in terms of both the concentration and temporal changes of each oligosaccharide. These differences may be caused by different assay methodology, although racial differences cannot be ruled out.

Human milk oligosaccharides: Lactation period: Pyridylamination: High-performance liquid chromatography

The oligosaccharide fraction of human milk is the third largest solid component following lactose and lipid (Newburg & Neubauer 1995). Mature human milk contains 12–14 g oligosaccharides/l while human colostrum contains 20–24 g/l. Using matrix-assisted laser desorption/ionization MS (Stahl *et al.* 1994) and other methods, approximately 130 oligosaccharides have been found in human milk, with about eighty of them characterized. Based on their core structure, they are classified in twelve families. The secretor and Lewis phenotypes of lactating woman determine the structure of the terminal group of these carbohydrate chains, and have been used to characterize the

Lewis a and Lewis b blood group determinants (Watkins, 1966; Thurl *et al.* 1997).

Breast-fed infants appear to have fewer or less severe gastrointestinal and respiratory infections during the first year of life than formula-fed infants. Milk oligosaccharides may play a protective role. In the first instance, they act as a growth factor for intestinal bacteria such as *Bifidobacterium bifidum* (Gÿorgy *et al.* 1954; Yoshioka *et al.* 1983; McVeagh & Miller, 1997; Newburg, 2000). Human milk oligosaccharides containing N-acetylglucosamine are essential for the growth of *B. bifidum* (Gÿorgy & Rose, 1955). Bifidobacteria produce lactic acid by lactose fermentation,

Abbreviations: 2'-FL, 2'-fucosyllactose; 3-FL, 3-fucosyllactose; LNDFH, lacto-N-difucohexaose; LNDFT, lacto-N-difucotetraose; LNFP, lacto-N-fucopentaose; LNH, lacto-N-hexaose; LNH, lacto-N-neohexaose; LNT, lacto-N-neotetraose; LNT, lacto-N-tetraose.

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increasing the acidity of the intestinal environment, and thereby inhibiting the growth of pathogenic organisms.

Second, milk oligosaccharides act as direct inhibitors to pathogenic organisms (Andersson *et al.* 1986; Coppa *et al.* 1990, 2000; Dai *et al.* 1990; Cravioto *et al.* 1991; Kunz & Rudloff, 1993; Cervantes *et al.* 1995; Idota *et al.* 1995; Newburg, 1996, 1997, 1999; Zopf & Roth, 1996; McVeagh & Miller, 1997; Portelli *et al.* 1998; Miller & McVeagh, 1999; Newburg *et al.* 1999). It is known that some human milk oligosaccharides have structures analogous to glycoproteins and glycolipids on cell surface receptors for pathogens and that they bind competitively to pathogens in the gastrointestinal, respiratory, and urinary tract.

The amounts of oligosaccharides increase or decrease in human milk during the course of lactation to protect infants from viral or bacterial attack, but quantitative data for individual oligosaccharides are scarce (Coppa *et al.* 1999; Nakhla *et al.* 1999; Erney *et al.* 2000; Chaturvedi *et al.* 2001). Coppa *et al.* (1999) reported changes in several oligosaccharides in the milk of Italian women at different stages of lactation, but it is not known if this is representative of all women.

In the present study we report quantitative data on several neutral oligosaccharides in the milk of Japanese women throughout the course of lactation. In some quantitative methods of sugars utilizing pre-column derivatization (Chaturvedi et al. 1997; Yasuno et al. 1999), we used reductive amination with 2-aminopyridine and subsequent HPLC to determine each oligosaccharide content in the milk, because the procedures are easy and the derivatives are very sensitive to being quantified in HPLC analysis. These are well-established methods for the analysis and determination of some oligosaccharides and carbohydrate moieties of glycoproteins (Hase, 1994; Saito et al. 1998; Yanagida et al. 1999). The pyridylamination reaction proceeds in two steps; a coupling reaction (Schiff base formation) and reduction of the Schiff base. It has been reported that the methods have high recovery and reproducibility ($\pm 2\%$) and allow the determination of picomole levels of neutral and amino sugars (Takemoto et al. 1985). We used only a small quantity of milk (1 ml) to determine each oligosaccharide content with this method.

Materials and methods

Materials

Human milk samples were collected from sixteen women at 4, 10, 30 and 100 d postpartum. Two samples, one collected at 10 d and one at 100 d postpartum, were excluded from the analysis. All samples (approximately $3-5\,\mathrm{ml}$) at each lactation period were collected by hand into sterilized tubes, which were then stored at $-40\,^{\circ}\mathrm{C}$ until use. The ABO blood group of the donors was determined: A, three; B, five; O, seven; AB, one. The Rhesus blood group of all donors was positive.

3-Fucosyllactose (3-FL) and lacto-N-fucopentaose (LNFP) III were purchased from Funakoshi Co., Tokyo, Japan, and 2'-fucosyllactose (2'-FL), lacto-N-difucohexaose (LNDFH) II and lacto-N-hexaose (LNH) were from Seikagaku Co., Tokyo, Japan. Lacto-N-tetraose (LNT),

lacto-N-neotetraose (LNnT), lacto-N-difucotetraose (LNDFT), LNFP I, LNFP II, LNDFH I and lacto-N-neohexaose (LNnH) were obtained from Sigma, St Louis, MO.

Preparation of each oligosaccharide fraction from human milk

The milk samples were thawed and a portion of each (1 ml) was extracted with 4 volumes of chloroform—methanol (2:1, v/v). The emulsion was centrifuged at 3500 rpm for 30 min at 4°C and the lower chloroform layer and denatured protein were discarded. The upper layer was collected and the fraction was evaporated and then freezedried. The resulting powders were called the 'carbohydrate fraction'.

The carbohydrate fraction was dissolved in water (1 ml) and the solution passed through a Bio Gel P-2 (Extra fine, $<\!45\,\mu m$; Bio Rad Laboratories, USA) column (2.6 × 100 cm) which had been calibrated with 2 mg of each of galactose (monosaccharide), lactose (disaccharide), raffinose (tri-saccharide). Elution was done with water at a flow rate of 15 ml/h and ninety-five fractions of 5 ml were collected. Aliquots (0.25 ml) of each fraction were analysed for hexose using the phenol– H_2SO_4 method (Dubois $\it et~al.~1956$) and for sialic acid with the periodate–resorcinol method (Jourdian $\it et~al.~1971$). Peak fractions were pooled and freeze-dried.

Of fractions separated by the gel chromatography, the fraction, which was positive by the periodate-resorcinol method, was dissolved in 1 ml of 50 mm-Tris-hydroxyaminomethane (Tris)-HCl buffer (pH 8.7) and subjected to anion exchange chromatography with the DEAE Sephadex A-50 (Amersham Pharmacia Biotech UK Ltd., UK) column $(1.0 \times 40 \text{ cm})$ equilibrated with the same buffer. The unadsorbed components containing the neutral oligosaccharide fraction were eluted with the same buffer (100 ml) and the adsorbed components containing the acidic oligosaccharide fraction were eluted with 300 ml of linear gradient from 0 to 1.0 mm-NaCl in 50 mm-Tris-HCl buffer (pH 8.7). Elution was done at a flow rate of 15 ml/h and fractions of 5 ml were collected. Aliquots (0.25 ml) of each fraction were analysed for hexose. Peak fractions were pooled and freeze-dried. The neutral oligosaccharide in the unadsorbed fraction was dissolved in water (1 ml) and passed through a Bio Gel P-4 (Bio Rad, Extra fine, $<45 \,\mu\text{m}$) column ($2.6 \times 100 \,\text{cm}$) under the same condition as in the gel chromatography with Bio Gel P-2. Peak fractions were pooled and freeze-dried.

Quantification of each neutral oligosaccharide

The pyridylaminated derivative of each neutral oligosaccharide fraction was prepared according to the method of Kondo *et al.* (Kondo *et al.* 1990; Suzuki *et al.* 1991) as described in the analysis of galactosyloligosaccharides in Yakult products (Kimura *et al.* 1995) and commercial cows' milk (Kimura *et al.* 1997). Each sample was dried in a screw-cap tube $(16 \times 100 \text{ mm})$ under reduced pressure at room temperature. Coupling reagent $(100 \,\mu\text{l})$ (1·1 g 2-aminopyridine (Wako Pure Chemical Industries Ltd., Osaka, Japan) in 650 μ l acetic acid) was added to the

residue in the tube. The tube was sealed with a screw cap and heated at 90°C for 1 h, and then 100 µl of freshly prepared reducing reagent (195 mg borane-dimethylamine complex (Aldrich Chemical Company Inc., USA) in 1 ml acetic acid) was added. The tube was sealed again and heated at 80°C for 50 min. The resulting pyridylaminated derivatives were separated from the reaction mixture by electrodialysis using a Microacilyzer model G-1 (Asahi Kasei Co., Kanagawa, Japan) with a 120-10 cartridge, followed by freeze-drying. The detail of the electrodialysis procedure has been described elsewhere by Kimura *et al.* (1995).

Pyridylaminated oligosaccharide fractions were subjected to reverse-phase HPLC. The analysis was performed with an Inertsil ODS-3V column (4·6 × 250 mm, packed with 5 μl particles having 10 nm pore size; GL Sciences Inc., Tokyo, Japan) at 25°C in a column oven (CO-8020; Tosoh Co., Tokyo, Japan). The eluate was controlled by a multi-pump (CCMP-II; Tosoh) equipped with a CCP controller (PX-8020; Tosoh). Ammonium acetate (a/M pH 5·5) was used as solution A and 5% (v/v) methanol in 0·1 M-ammonium acetate solution (pH 5·5) as solution B. Elution was done at a flow rate of 1 ml/min and with a linear gradient from 0 to 100% of solution B in 60 min. Detection was done with a MCPD-3600 Photodiode Array Detector (Otsuka Electronics Co. Ltd,

Osaka, Japan) by monitoring the optical density of the eluates at 310 nm. Pyridylaminated oligosaccharides were dissolved in water (1 ml) followed by filtration through a DISMIC-13CP membrane (0.45 μm , cellulose acetate membrane; Advantec Toyo, Tokyo, Japan), and $10\,\mu l$ was injected. Identification was performed by corresponding the relative retention time of each peak to isomaltotetraose with that of the standard. The quantitative value of each pyridylaminated oligosaccharide was obtained by calculation of the ratio of the peak area compared with that of the standard.

The recovery of several oligosaccharides in this determining method has been described by K Kimura, C Ishihara and A Miyagi (unpublished results) in a Japanese patent report (potent number 3231103), and will be published in another paper.

Results

The representative Bio Gel P-2 chromatograms of the carbohydrate fractions extracted from the milk at each lactation stage are shown in Fig. 1. The fractions were separated into peaks 1 to 5. The fractions containing both neutral and acidic oligosaccharides were further subjected to anion exchange chromatography with DEAE Sephadex A-50. The neutral oligosaccharides fraction was separated

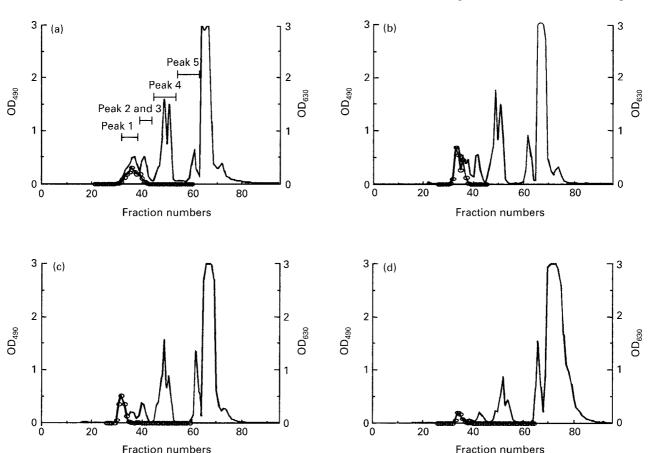


Fig. 1. Gel chromatograms of the carbohydrate fractions separated on a Bio Gel P-2 $(2.6 \times 100 \, \text{cm})$ column. Each fraction was analysed for hexose using the phenol– H_2SO_4 method at 490 nm (—) and for sialic acid with the periodate–resorcinol method at 630 nm $(-\bigcirc-)$. OD₄₉₀, optical density at 490 nm; OD₆₃₀, optical density at 630 nm. The carbohydrate fractions were separated from human milk at (a) 4, (b) 10, (c) 30 and (d) 100 d post partum.

Table 1. The neutral oligosaccharides quantified in human milk at several stages of lactation*

Oligosaccharide	Structure
3-FL	Galβ1-4(Fucα1-3)Glc
2'-FL	Fucα1-2Galβ1-4Glc
LNDFT	Fucα1-2Galβ1-4(Fucα1-3)Glc
LNT	Galβ1-3GlcNAcβ1-3Galβ1-4Glc
LNnT	Galβ1-4GlcNAcβ1-3Galβ1-4Glc
LNFP I	Fucα1-2Galβ1-3GlcNAcβ1-3Galβ1-4Glc
LNFP II	Galβ1-3(Fucα1-4)GlcNAcβ1-3Galβ1-4Glc
LNFP III	Galβ1-4(Fucα1-3)GlcNAcβ1-3Galβ1-4Glc
LNDFH I	Fucα1-2Galβ1-3(Fucα1-4)GlcNAcβ1-3Galβ1-4Glc
LNDFH II	Galβ1-3(Fucα1-4)GlcNAcβ1-3Galβ1-4(Fucα1-3)Glc
LNH	Galβ1-3GlcNAcβ1-3(Galβ1-4GlcNAcβ1-6)Galβ1-4Glc
LNnH	Galβ1-4GlcNAcβ1-3(Galβ1-4GlcNAcβ1-6)Galβ1-4Glc

³⁻FL, 3-fucosyllactose; 2'-FL, 2'-fucosyllactose, LNDFT, lacto-N-difucotetraose, LNT, lacto-N-tetraose, LNNT, lacto-N-neotetraose, LNFP, lacto-N-fucopentaose; LNDFH, lacto-N-difucohexaose; LNH, lacto-N-hexaose; LNNH, lacto-N-neohexaose; Gal, galactose, Fuc, fucose; Glc, glucose; Ac, acetyl.

by anion exchange chromatography and Bio Gel P-4 column chromatography, and designated as peak 3.

The area of peak 3, which contained the higher oligosaccharides, decreased relative to the others from 4 to 10 d postpartum. Subsequently, there was little change up to 100 d postpartum. The area of peak 4, which contained tetra- to hexa-saccharides, increased relative to the other peaks from 4 to 10 d postpartum, and then decreased up to 100 d postpartum. On the other hand, the area of peak 5, which contained tri- to tetra-saccharides, increased up to 100 d postpartum.

The oligosaccharides quantified in the present study are listed in Table 1. In recovery studies, greater than 90 % of each pyridylaminated oligosaccharide was recovered. It

was shown that each peak contained the following oligosaccharides by HPLC of peak 3 to 5: LNH and LNnH in peak 3; LNT, LNnT, LNFP I, LNFP II, LNFP III, LNDFH I and LNDFH II in peak 4; 3-FL, 2'-FL and LNDFT in peak 5 (Fig. 2) LNFP II and LNDFH II in peak 4, and 2'-FL and LNDFT in peak 5 were not separated from each other by the HPLC. Because peak 3 had too many peaks derived from higher oligosaccharides, we could not quantify LNH and LNnH.

The quantitative value of each and the mean concentration of each oligosaccharide in each lactation period are shown in Table 2. Characteristic changes in each oligosaccharide can be seen. The total oligosaccharide concentration calculated by summing all the compounds in the

Table 2. Concentration of each oligosaccharide (mg/l) in human milk at 4, 10, 30 and 100 d postpartum* (Mean values with their standard errors, and ranges)

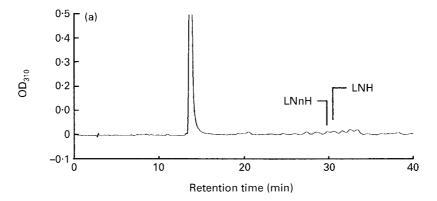
	Day of lactation								
	4 (n 16)		10 (<i>n</i> 15)		30 (n 16)		100 (<i>n</i> 15)		
	Mean	SE	Mean	SE	Mean	SE	Mean	SE	
3-FL	232.5	68-1	280.9	55.3	427.5	105⋅1	452.0	127.5	
Range	13.8-1009.3		3.7-766.0		23.0-1423.6		0.0-1491.8		
2'-FL+LNDFT	403.5	199.8	685.5	265.0	580.6	209.4	89.4	39.3	
Range	0.0-2	0.0-2482.5		0.0-3448.2		0.0-2448.7		0.0-599.1	
LNT	347.2	79.1	360.9	78.5	259.6	45.6	96-1	40.4	
Range	8.7–9	8.7-988.7		11.6-830.2		6.7-565.4		2.9-648.2	
LNnT	211.4	42.0	208.8	51.3	155.5	58.3	44.4	13.0	
Range	10.6-516.7		0.0-718.2		0.0-768.7		0.0-146.0		
LNFP Ĭ	968.7	205.6	1137.5	319.9	742.7	204.7	268.1	109-1	
Range	62-1-2772-5		0.0-4168.4		9.1-2665.3		0.0-1770.6		
LNFP ĬII	52.3	8.9	71.6	17.7	73.5	16.2	71.9	22.0	
Range	4.7-1	4.7-108.4		4.3-217.1		4.7-217.6		8.3-296.9	
LNFP II + LNDFH II	323.4	88.8	457.9	143.0	557.8	150-1	301.7	86.8	
Range	17.5-1057.5		21.2-2292.0		33.8-2238.0		27.1-1095.3		
LNDFH I	144.6	29.9	225.6		156.5	37.0	90.4	25.3	
Range	0.0-3		0.0-6			386.3	0.0-		
Total†	2683.6		3426.8		2953.7		1414.0		

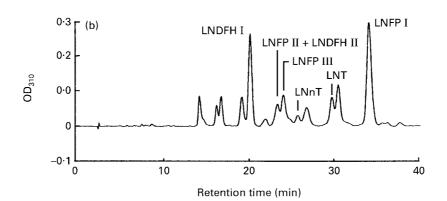
³⁻FL, 3-fucosyllactose; 2'-FL, 2'-fucosyllactose; LNDFT, lacto-N-difucotetraose, LNT, lacto-N-tetraose, LNnT, lacto-N-neotetraose, LNFP, lacto-N-fucopentaose; LNDFH, lacto-N-difucohexaose.

^{*} For details of procedures, see p. 62.

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 $[\]dagger$ The sum of the above oligosaccharides quantified in human milk in the present study.





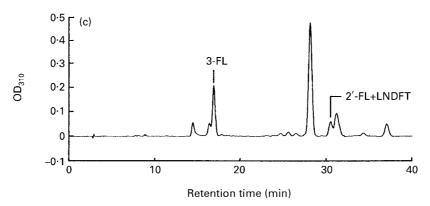


Fig. 2. High-performance liquid chromatogram of the derivatives with pyridylamination of (a), peak 3; (b), peak 4; (c), peak 5 separated from human milk at 4 d postpartum. OD₃₁₀, optical density at 310 nm; LNnH, lacto-N-neohexaose; LNH, lacto-N-hexaose; LNDFH, lacto-N-difucohexaose; LNFP, lacto-N-fucopentaose; LNT, lacto-N-tetraose; LNnT, lacto-N-neotetraose; 3-FL, 3-fucosyllactose; 2'-FL, 2'-fucosyllactose; LNDFT, lacto-N-difucotetraose.

present study increased from 2683·6 mg/l at 4 d postpartum to 3426·8 mg/l at 10 d postpartum, and then decreased to 1414·0 mg/l at 100 d postpartum. However, the concentration of individual oligosaccharides varied greatly among the donors and some oligosaccharides were not detected in specific lactation periods of some donors.

No relationship was observed between oligosaccharide content and the ABO blood group of the donors in the present study.

Discussion

These findings provide precise information about the concentration and pattern of change of individual neutral oligosaccharides in human milk. Large differences were observed between the data obtained in the present study and those reported by Coppa *et al.* (1999) for Italian women (Fig. 3). Coppa *et al.* (1999) may have overestimated the amounts because of overlapping of the

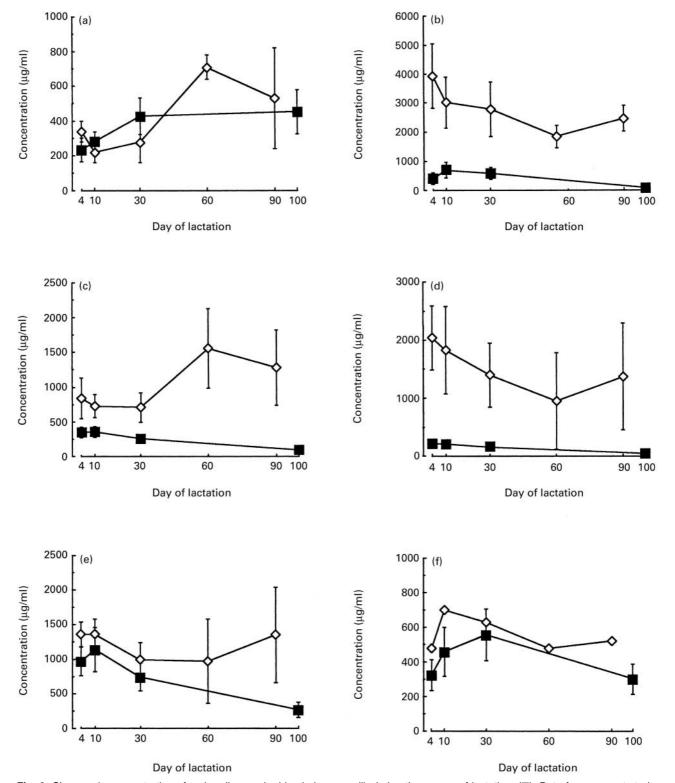


Fig. 3. Changes in concentration of major oligosaccharides in human milk during the course of lactation. (■), Data from present study (Japanese women); (♦), data from Coppa *et al.* (1999) for Italian women. (a) 3-FL; (b) 2′-FL + LNDFT; (c) LNT; (d) LNnT; (e) LNFPI; (f) LNFPII + LNDFHII.

peaks corresponding to several oligosaccharides. However, the differences could also be due to the small sample sizes in both studies and the natural variability among women. It is well known that the oligosaccharide content of milk varies according to blood groups Lewis a, b, or x and

their different secretory status (Thurl *et al.* 1997). Oligo-saccharide content in milk has also been suggested to vary according to racial group as shown by Erney *et al.* (2000). Methodological issues may also explain the differences between the two studies. We used HPLC analysis

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after pyridylamination of the fractions separated by gel filtration of the milk carbohydrates, whereas Coppa et al. (1999) used high pH anion exchange chromatography of the fractions separated directly from the milk by centrifugation and filtration with a 0.22 µm membrane. At the present time, it is not known whether one method is more accurate than the other.

In particular, the core oligosaccharides such as LNT, LNnT, LNH and LNnH in the present study were significantly lower than those reported by Coppa et al. (1999). It is possible that there is lower activity of the enzymes β 3 or β 6 N-acetylglucosaminyltransferase, which are involved in the biosynthesis of those oligosaccharides, in the lactating mammary glands of Japanese women.

In the present study, the contents of α 1-2 fucosyloligosaccharides increased from 4 to 10 d postpartum, and that of α 1-3/4 fucosyloligosaccharides increased from 4 to 30 d postpartum. This suggests that α 1-2 and α 1-3/4 fucosyltransferase activities are high in early lactation. The content of α 1-2 fucosyloligosaccharides started to decrease from 10 d postpartum, suggesting that α 1-2 fucosyltransferase activity decreased at this stage. On the other hand, the contents of α 1-3/4 fucosyloligosaccharides decreased from 30 to 100 d postpartum, suggesting that α 1-3/4 fucosyltransferase activity decreased from 30 to 100 d postpartum. These data also suggest that total fucosyltransferase activity is high in early lactation and decreases from 30 to 100 d postpartum. Wiederschain & Newburg (1995) reported that fucosyltransferase activity in milk is maximal in colostrum, and then decreases temporarily, followed by an increase until 30d postpartum. In the study of Coppa et al. (1999) the contents of 2'-FL + LNDFT and LNFP I were maximal at 4 d postpartum, whereas the content of LNFP II + LNDFH II was maximal at 10 d postpartum. The content of 3-FL was maximal at 60 d postpartum and then decreased. The difference in milk fucosyloligosaccharides contents between our data and Coppa et al. (1999) may be caused by differences in fucosyltransferase activities in the lactating mammary glands of Japanese v. Italian women.

Recently, Chaturvedi et al. (2001) determined the level of individual oligosaccharides in the milk of Mexican women. The α 1-3/4 fucosyloligosaccharide contents were similar to those of our study, whereas α 1-2 fucosyloligosaccharide content was higher, increasing from 7 to 14 weeks postpartum. Again, we do not know whether these differences are determined by ethnicity, Lewis blood group status, methodology or the small numbers of mothers. Only large-scale studies of lactating women in different populations using uniform methods will answer these questions.

Although we determined the content of the representative neutral oligosaccharides, human milk contains more than 100 different oligosaccharides (Newburg & Neubauer, 1995). Many oligosaccharides have large molecular weights. Unfortunately at present we cannot determine the content of individual higher oligosaccharides with any technique. The difference between the combined total of the oligosaccharides determined in the present study and the total oligosaccharide content of human milk reported in the literature (12-14 g/l in mature milk and 20-24 g/l in colostrum) reflects the large quantities of acidic and large-molecular-weight oligosaccharides in human milk.

It has been postulated that some of the human milk oligosaccharides act as analogues or homologues to host cell surface receptors for pathogens. LNT or LNnT inhibit attachment of Streptococcous pneumoniae (Andersson et al. 1986) to pharyngeal or buccal epithelial cells, and fucosyloligosaccharides inhibit the adhesion of enteropathogenic Escherichia coli (Cravioto et al. 1991; Cervantes et al. 1995) or heat-stable enterotoxin of E. coli (Cervantes et al. 1995; Newburg et al. 1999) to intestinal cells. Our data, showing that neutral oligosaccharide content is very high in colostrum and gradually declines as lactation proceeds, supports the hypothesis that oligosaccharides function as anti-infective factors in newborn infants whose immune systems are not mature.

Many of the milk oligosaccharides are growth factors for the intestinal micro-organisms Bifidobacterium, among the most concentrated being LNT and LNFP I (Göorgy & Rose, 1955). The high content of oligosaccharides in colostrum would be favourable for establishment of the Bifidus flora in the newborn colon. The oligosaccharide concentrations in the colostrums of preterm milk have been found to be significantly higher than full-term colostrum (Coppa et al. 1997), suggesting that the oligosaccharides act as anti-pathogenic factors and Bifidobacterium growth factors for the preterm babies, too.

Lactating mothers produce about 600-900 ml milk/d through the first year after delivery (Neville, 1995), and their babies take a few grams of oligosaccharides/d. On the other hand, the content of oligosaccharides in infant formula is low because bovine milk, the raw material for infant formula, has a significantly lower oligosaccharides content than human milk (Neeser et al. 1991). Since the composition of infant formulas is modelled on that of human milk, consideration should be given to the addition of human milk oligosaccharides, the third largest solute in human milk, to infant formula. Attempts to synthesise LNT, LNnT (Murata et al. 1999a) and fucosyloligosaccharides (Murata et al. 1999b; Farkas et al. 2000) have been made by transglycosylation with glycosyltransferase or glycosidase specifically for the purpose of addition to infant formula. Our data provide a basis for estimating the amounts that might be considered appropriate.

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