## Intravenous nutrition

<table>
<thead>
<tr>
<th>All babies &lt;37 weeks' gestation with delay in reaching full enteral feeds or birthweight &lt;1,500 g: Initiation of amino acid and lipid within 12 hours of birth</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Infants ≤1,000 g:</strong></td>
</tr>
<tr>
<td><strong>Infants &gt;1,000 g or infants ≤1000 g without central venous access:</strong></td>
</tr>
</tbody>
</table>

### Recommended volumes for babies <37 weeks' gestation

<table>
<thead>
<tr>
<th>Fluid ml/kg.day</th>
<th>Day 1</th>
<th>Day 2</th>
<th>Day 3</th>
<th>Day 4</th>
<th>Day 5</th>
<th>Day 6</th>
<th>Day 7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lipid (SMOF)</td>
<td>1 g/kg.day</td>
<td>2 g/kg.day</td>
<td>3 g/kg.day (continue 3 g/kg.day lipid until the day IVN finishes; do not chart lipid on the day P100 will finish)</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

### Enteral nutrition for preterm (<37 weeks' gestation) or low birthweight (<2,500 g at birth)

#### Reasons to withhold feeds
- Bile stained aspirates (see Withholding Feeds Guideline)

#### Start enteral feeds
- Within 24 hours of birth (can wait up to 72 hours for breastmilk)

#### Feed type 1st choice
- Expressed breastmilk (EBM)

#### If born at <32 weeks’ gestation OR birthweight <1,800 g
- Add breastmilk fortifier when feed volume reaches 5 ml per feed.
- 1 packet FM85 fortifier added to 25 ml EBM

#### If breastmilk not available
- If born at <32 weeks’ gestation OR birthweight <1,800 g start feeds with preterm formula (PTF). Otherwise use term formula (NIF).

#### Starting volume, feeding route and frequency
- Begin 1 ml bolus feeds 2 – 6 hourly (as extra fluid) via nasogastric or orogastric tube and increase as tolerated until 1 ml 2 hourly.
- Feed volume then increased by 1 ml, every 6 to 24 hours.

#### Probiotics
- Start Labinic 0.16 ml once daily for babies ≤ 32 weeks’ or ≤ 1,500 g once tolerating > 1 ml q4 hourly. Continue until 36 weeks’ gestation or discharge.

#### Recommended increase
- 20 – 35 ml/kg.day per 24 hours (see table below)

### Breastmilk fortifier duration

- Fortifier use reduces as the baby transitions to breastfeeds and stops at discharge. There is no need to cease fortifier at a specific weight. Consider reducing feed volume to 150 ml/kg.day if the baby is inappropriately crossing centiles upward.

### Preterm formula duration

- If the baby is growing well preterm formula can be stopped at 36 weeks’ CGA (or earlier if crossing centiles upwards but consider reducing feed volume first). Consider post discharge formula if born at <33 weeks’ CGA or <1,500 g birthweight.

### Growth monitoring

- **At any time if growth is inadequate, consider referral to dietitian**
- Weight – Level 3 alternate days; Levels 1 and 2 twice weekly.
- Length (with neonatometer when feasible) and head circumference – weekly, plotted on growth chart.

### Iron supplementation

- Started 2 weeks after birth [1-3] unless on FM85 Fortifier or preterm formula feeds (as these both contain sufficient iron for prophylactic dose). Starting dose is 0.5 ml/kg.day ferrous sulphate (3 mg/kg.day elemental iron).
- Iron-deficiency anaemia: increase dose to 1 ml/kg.day ferrous sulphate (6 mg/kg.day) or commence ferrous sulphate at 0.5 ml/kg.day (3 mg/kg.day) in babies receiving FM85 or preterm formula.

### Vitadol C in NICU

#### Based on 2010 ESPGHAN recommended nutrient intake

- **Vitamin D**
  - 800 – 1000 IU per day

#### Prescribe on discharge

- **for preterm (<37 weeks’ gestation) or <2,500 g at birth**
  - Vitadol C 0.3 ml once per day (and remain at this dose until first birthday)
  - Ferrous sulphate 0.5 ml/kg/day (3 mg/kg/day of elemental iron) to be increased as weight increases. Vitamin and iron supplements should be continued until the infant’s first birthday.[4]

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CGA = corrected gestational age

March 2017
Recommended speed of increasing feeds

<table>
<thead>
<tr>
<th>Weight</th>
<th>Increase by &lt;30 ml/kg.day</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;800 g</td>
<td>1 ml per feed per 24 hours</td>
</tr>
<tr>
<td>800 - &lt;1250 g</td>
<td>1 ml per feed per 12 hours</td>
</tr>
<tr>
<td>1250 - &lt;1750 g</td>
<td>1 ml per feed per 8 hours</td>
</tr>
<tr>
<td>1750 g - 2500 g</td>
<td>1 ml per feed per 6 hours</td>
</tr>
</tbody>
</table>

Please note
- Lipid emulsions have a low osmotic load and are isotonic. Amino acid and dextrose solutions are hypertonic. Therefore the co-infusion of lipid with P100 and dextrose into peripheral veins is encouraged and may also exert a protective effect on vascular endothelium to prolong venous patency and reduce risk of thrombophlebitis [5][6].
- Some infants with a gestation at birth ≥32 weeks and birthweight ≥1800 g may require fortifier or preterm formula to ensure adequate growth.
- Some infants who are demand feeding will take volumes in excess of 200 ml/kg.day of expressed breastmilk or term formula.
- FM85 fortifier added to 180 ml/kg.day EBM supplies 3 mg/kg.day iron; therefore, if 0.5 ml/kg.day ferrous sulphate (prophylaxis dose) is added, this will provide 6 mg/kg.day iron (treatment dose).

Newborn Services, Auckland City Hospital

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References