Patient ID Label

Name:

Unit No:

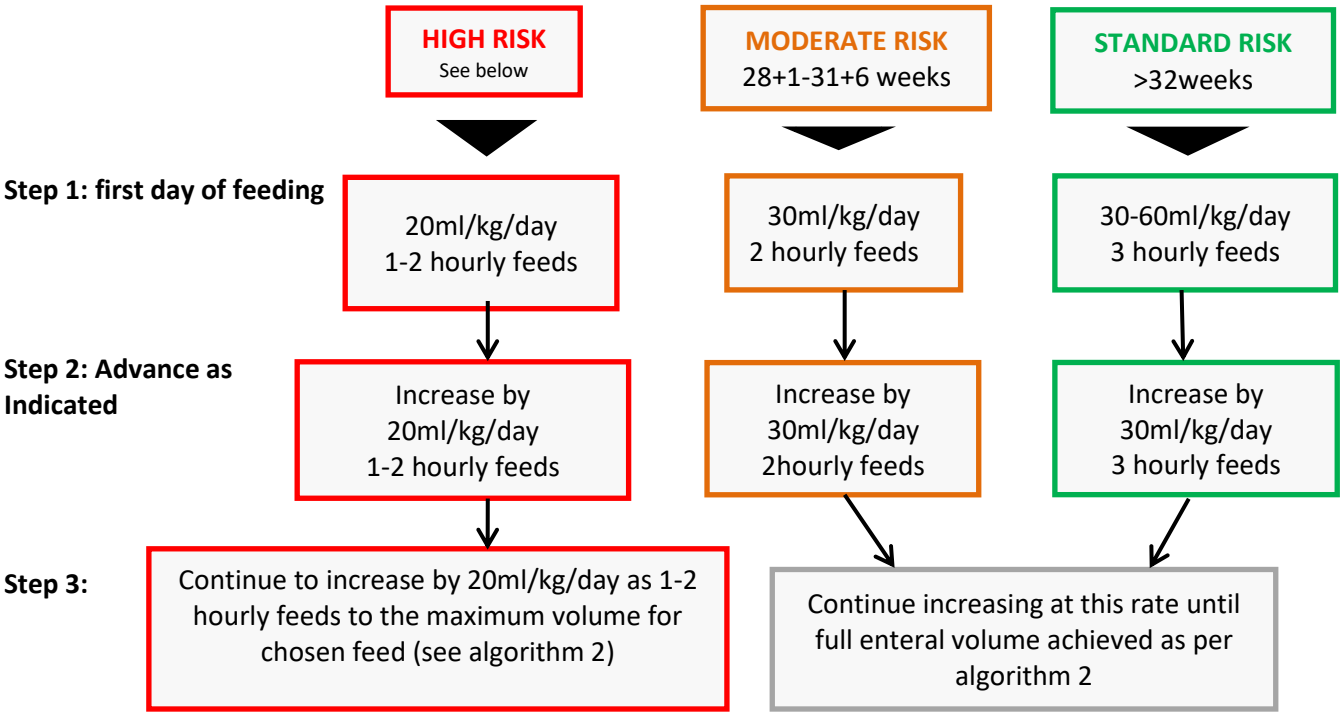
Date of Birth:

East of England Neonatal Network

Nutrition Care Pathway

Algorithm 1: Initiating and advancing feeds

- ✓ Commence feeding as close to birth as possible following clinical assessment
- ✓ There is no clear benefit to the use of minimal enteral feeds (Trophic feeds), however where used, maintain only as long as clinically indicated (and no more than 3-7 days).
- ✓ Infants can move between risk categories following clinical assessment



HIGH RISK: Infants are considered high risk if they meet the following criteria below:		**CAUTION:** should be taken in the following infants and managed as *either* **high** risk or **moderate** at clinician's discretion.	
	<28 weeks		**Severe SGA (<0.4th percentile AND > 34 weeks)**
	<1000g		**Preterm SGA (<2nd percentile AND < 34 weeks)**
	Unstable/hypotensive ventilated neonate		**Indomethacin or ibuprofen for PDA**
	Re-establishment of feeds following NEC or Gut surgery		**Complex congenital cardiac disease**
	Perinatal hypoxic ischemia with significant organ dysfunction		**Dexamethasone treatment**
	Absent/reversed end diastolic flow in infants < 34 weeks		**Polycythaemic infants**

Please manage my feeding as:

HIGH RISK **MODERATE RISK** **STANDARD RISK**

Birth weight	Gestation	Date, time & type of first feed	Trophic feeds? Y/N	Date feeds advanced	Date 150ml/kg achieved

Algorithm 2: Choice of milk feed

Fresh maternal breast milk is the first choice of milk for all babies unless clearly contraindicated.

Infants born with birthweight <1800g:

Expressed human milk/donor milk
Increase as per algorithm1 to 80-100mL/kg

Once tolerated for 24hrs add full strength fortifier.

↓

Standardised Fortification:
Increase to 150-165 (180*) mL/kg as per algorithm 1

↓

Target weight gain** achieved?

YES

Continue Standardised Fortification and growth monitoring

NO

Consider **Adjusted Fortification***
Serum urea <3mmol/L with a downward trend?

YES

Add protein powder*
Stage1 = ½ sachet/100mL mature milk
Stage2 = 1 sachet/100mL mature milk

NO

Examine alternative reasons for poor growth

If insufficient EHM use DHM (criteria) or preterm formula.
Don't exceed 150mL/kg SMA Gold Prem 1/165mL/Kg Nutriprem 1*
***requires regular consultation with a dietitian.**

Infants born with birthweight >1800g:

Establish breastfeeding/ expressed human milk, increasing to 165mL/kg as per algorithm 1.

Increase as tolerated to 180-200mL/kg if needed to achieve required growth

If insufficient human milk is available following lactation support, or if parental choice is not to give human milk, offer standard term infant formula.

Nutrient Enriched Post Discharge Formula should be considered only for infants born <1800g either just prior to discharge or when >2000g:

- Who have proven increased energy requirements (eg CLD on home oxygen)
- Who have continued poor growth, dropping > 2 centiles during neonatal stay
- On the advice of a Dietitian

All other babies should be discharged breastfeeding or on (F) EBM/term formula

** Target weight gain
20-23g/kg/day during weeks 23-25 gestation
17-20g/kg/day during weeks 26-29 gestation
13-17g/kg/day during weeks 30-34 gestation
10-13g/kg/day during weeks 35-37 gestation
8-11g/kg/day during weeks 38-41 gestation

Supporting mothers to express breast milk:

To facilitate the production and maintenance of breast milk, parents of preterm and sick babies require support to:

- ✓ Understand, through discussion and provision of resources, the importance of breast milk for their baby
- ✓ Commence hand expression. Preferably within 1-2 hours and definitely within 6 hours of delivery
- ✓ Express 8-10 times in 24 hours and at least once between midnight and 6am, until milk supply is established
- ✓ Avoid long gaps between expressions. Include at least one expression overnight.
- ✓ Receive regular skin to skin/kangaroo care with her baby
- ✓ Gradually increase milk expressed, reaching 250ml+ by day 4 of life and 650ml+ by 3 weeks. If daily volume <50ml by day 4 or <250ml by 3 weeks refer to lactation consultant/infant feeding team.

Expressing reviewed	Day of delivery Call to midwife within 4 hours post delivery	Day 1	Day 3	Day 5	Day 7	Day 9
Advice given and/or action taken	Benefits of breast milk discussed Y/N Supporting literature given Y/N **Date and time of first expression (hand or pump)……**					
Signed						