

# Babies $\leq 1500\text{g}$

	Labinic Probiotic	Caffeine citrate	BMF	Abidec	Ferrous Fumarate (Galfer 140mg/5ml)
<b>Dose</b>	0.1 ml BD	5mg/kg once daily, and only increase to 10 mg/kg if needed  (write as caffeine citrate)	2% BMF each feed	0.3ml BD	0.15ml/kg/dose BD
<b>Times</b>	02:00 , 14:00	08:00	All feeds	10:00 , 22:00	04:00 , 16:00
<b>Start at</b>	When minimum feed volume 1.0 ml achieved	Switch to po/ng when tolerating 70 ml/kg/day	Feed volume 150 ml/kg/day	Feed volume 150 ml/kg/day	When 4 weeks old <u>and</u> full enteral feeds if on MEBM – 'Fortified or Unfortified'

1. Applies to all VLBW babies ( $\leq 1500\text{g}$ )
2. All feeds and medications to be aligned to even hours (flexibility allowed)
3. All medications to be mixed with feeds
4. Aim is maximum one medication per feed (does not include BMF)
5. If oral medication is missed, don't automatically add it to the next feed. Most are not critical medicines
6. Iron – dose is per kg, twice daily dose, started at 4 weeks age. Not needed if on preterm formulas or Infatrini.
7. Other oral supplements: Try to use minimum dose, avoid mixing with sodium phosphate, Labinic
8. Try to avoid using BMF at 4% due to high osmolality (consultant decision to use)

# Babies >1500g

	Labinic Probiotic (if <34 weeks)	Caffeine citrate (if needed)	Abidec	Ferrous Fumarate (Galfer 140mg/5ml)
<b>Dose</b>	0.2 ml OD	5mg/kg once daily, and only increase to 10 mg/kg OD if needed  (write as caffeine citrate)	0.6ml  OD	0.15ml/kg/dose BD  To a maximum of 0.3ml BD (babies at or over 2kg).  Switch to 0.6 ml once daily at 4hrly feeds (give at 16:00 hrs)
<b>Times</b>	14:00	08:00	10:00	04.00 / 16.00
<b>Start at</b>	Feed volume >1.0 ml	Switch to po/ng when tolerating 70 ml/kg/day	Feed volume 150 ml/kg/day	When 4 weeks old <u>and</u> full enteral feeds if on MEBM if on MEBM – 'Fortified or Unfortified'.

1. Babies >1500g do not normally require BMF
2. Mix medications with feeds where possible, aim is one medication per feed
3. If oral medication is missed, don't automatically add it to the next feed if there's another supplement due. Most are not critical medicines, but could be added to another feed when no supplement is due.
4. Flexibility is needed when babies are on 3 hourly feeds, and oral supplements can be delayed to be given with a feed
5. Other oral supplements: Try to use minimum dose, try to avoid mixing with sodium phosphate and Labinic
6. Do not give calcium and Phosphate with the same feeds
7. Ferrous fumarate is given at a maximum of 0.3ml BD. When babies move to 4 hourly feeds, switch to 0.6ml once daily (for discharge see below)  
Not needed if on preterm formula or Infatrini.
8. Stop Labinic at a corrected age of 34 weeks (risk of NEC low). Consultant decision to continue.

# TIMING ORAL SUPPLEMENTS

(2hrly feeds, < 1500 grams)

**Caffeine citr. 08**

**Abidec 10 and 22**

**Labinic 02 and 14**

**Ferrous fum. 04 and 16**

# TIMING ORAL SUPPLEMENTS

(3hrly feeds, > 1500 grams)

**Caffeine citr.                      08**

**Abidec                                      10**

**Labinic                                    14**

**Ferrous fum.                      04 and 16** (if 4 hrly feeds: 0.6 ml at 16:00 hrs)

## Rationale for change

1. Safety - High osmolalities of some feeds with some oral additives at some volumes
2. Inconsistent administration prescribing and practices
3. Stopped routine supplementation of phosphate, as concerns about secondary hyperparathyroidism when giving prophylactic phosphate, as it alters the calcium:phosphate ratio (refer to Metabolic bone disease guideline)
4. Current review of feeding guidelines and a need to balance benefits to risks

## Aims:

1. Minimising osmolality of feeds in highest risk population i.e. safety
2. Ensuring that nutritional aims are met where possible
3. Early introduction of BMF (2% at 150ml/kg/d) to support growth and bone mineralisation
4. Targeted supplementation of phosphate, calcium and Vitamin D based on bone profile, Vitamin D levels and Parathormone levels
5. Consistency of feeding, prescribing and administration practices

## Preparing for Discharge:

1. Ex-preterm babies (<36 weeks) should routinely have:
  - a. **Multi Vitamins (Abidec)** - all babies regardless of milk type or fortification (2%)
  - b. **Folic Acid** – start from 35 weeks if on unfortified breastmilk or on term formula. Not if fortified breast milk or preterm formula.
  - c. **Iron** – start 4 weeks after birth (which might be after discharge) if on breastmilk (with or without fortifier) or term formula
2. Labinic is normally stopped when the baby is transferred to another hospital unless they use it
3. If baby is on mixed feeds, then follow guidance for the majority (>50%) milk intake.