

Early Nutrition, Growth, and Outcomes – What is the Evidence?

Brenda Poindexter, MD Professor of Pediatrics at Cincinnati Children's Medical Center Director of Clinical and Translational Research for the Perinatal Institute

Case Presentation

A 960-g female is born at 28 2/7 weeks gestational age. Birth weight plots between the 25-50th percentile. Length and head circumference also plot within normal limits. Diagnoses include respiratory distress syndrome and rule out sepsis and hyperbilirubinemia.

A central line is placed on date of birth and the patient is started on parenteral nutrition. The following table illustrates nutrition support during the first few days of life.

Day of Life	Parenteral Nutrition (PN)			Enteral Feeds of Human Milk	Notes/Comments
	Total Energy (kcal/kg/d)	Protein (g/kg/d)	Intralipid (g/kg/d)		
Birth	45	2	1	No	
1	60	2.5	1.5	No	
2	79	3.5	2	1 ml q 12 hrs	Minimal enteral feeds started
3	95	3.5	3	1.5 ml q 6 hrs	
4	100	3.5	3	1.5 ml q 3 hrs	

Nutrition Schedule

On day of life 5, the infant begins transitioning off central PN and onto enteral feedings of human milk.

Day of Life	Enteral Feeding Order	Human Milk Fortification	Notes/Comments
5	Advance by 1.5 ml q 6 hrs (0.3 ml/kg/hr)	No	CPN starts to be weaned
6	Continue advancement rate of 1.5 ml q 6 hrs	No	Feeding held x 1 for residual of 10 ml
7	Goal of 15 ml q 3 hrs reached (125 ml/kg/day)	22 kcals/oz	CPN discontinued
8	15 ml q 3 hrs	24 kcal/oz	
9	18 ml q 3 hrs (121 kcals/ 4.3 g protein)	24 kcal/oz	

At 4 weeks of age, she continues to tolerate full enteral feedings, but her weight plots below the 10th percentile on the growth chart.



Discussion Items

- How would you classify her growth and how might her growth impact future neurodevelopmental outcomes?
- How might the protein content of human milk change over the lactation period and what adjustments might you have to make to its fortification?
- Was her parenteral and enteral intake within the nutritional guidelines recommended by Dr. Poindexter? If not, what would you have recommended differently to optimize growth and neurodevelopmental outcome?
- What growth curves are we currently using at our institution?
- How often are we monitoring and documenting weight gain, head circumference, and length?
- How are we diagnosing postnatal growth failure?
- How does our current practice compare to the suggested guidelines for intravenous amino acid, lipid, and calorie intake during the first week of life?
- What is our policy on enteral feeding initiation and advancement?
- Do we have standardized enteral feeding guidelines in place? If so, do we follow them?
- What are the barriers we face in meeting the suggested enteral and parenteral guidelines?
- Are we tracking any neurodevelopmental outcomes?

Suggested Readings and Resources

Suggested Readings and Resources

- 1. Ehrenkranz R, Younes N, Lemons JA, et al. Longitudinal growth of hospitalized very low birth weight infants. *Pediatrics.* 1999;104 (2 Pt 1): 280-289.
- Stephens BE, Walden RV, Gargus RA, et al. First-week protein and energy intakes are associated with 18-month developmental outcomes in extremely low birth weight infants. *Pediatrics*. 2009;123: 1337-1343.
- Senterre T. Practice of enteral nutrition in very low birth weight and extremely low birth weight infants. In: Koletzko B, Poindexter B, Uauy R ed. Nutritional Care of Preterm Infants, 3rd ed. Karger AG. Basel, Switzerland; 2014:201-214.
- Embleton ND, Simmer K. Practice of parenteral nutrition in VLBW and ELBW infants. In: Koletzko B, Poindexter B, Uauy R, eds. *Nutritional Care of Preterm Infants*, 3rd ed. Karger AG. Basel, Switzerland; 2014:177-189.
- 5. Olsen IE, Groveman SA, Lawson ML, Clark RH, Zemel BS. New intrauterine growth curves based on United States data. *Pediatrics*. 2010; 125: e214-224.
- Poindexter BB, Langer JC, Dusick AM, Ehrenkranz RA. Early provision of parenteral amino acids in extremely low birth weight infants: relation to growth and neurodevelopmental outcome. *J Pediatr*. 2006;148: 300-305.



- 7. Schanler RJ. Human milk supplementation for preterm infants. *Acta Paediatr Suppl.* 2005; 94: 64-67.
- Cristofalo EA, Schanler RJ, Blanco CL et al. Randomized trial of exclusive human milk versus preterm formula diets in extremely premature infants. *J Pediatr.* 2013;163: 1592-1595 e1.
- 9. Colaizy TT, Carlson S, Saftlas AF, Morriss FH Jr. Growth in VLBW infants fed predominantly fortified maternal and donor human milk diets: a retrospective cohort study. *BMC Pediatr.* 2012;12: 124.
- 10. Radmacher PG, Lewis SL, Adamkin DH. Individualizing fortification of human milk using real time human milk analysis. *J Neonatal Perinatal Med.* 2014;*6:* 319-323.
- 11. Hair AB, Hawthorne KM, Chetta KE, Abrams SA. Human milk feeding supports adequate growth in infants </= 1250 grams birth weight. *BMC Res Notes*. 2013;6:459.