Nutrition in the neonatal unit

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NB This is an edited version of the training given to staff in NWLPN during 2008-9
To obtain more detail please see recommended reading
Areas discussed

- Growth
- Type of enteral feed
- Nutritional considerations
Growth

- Good growth in babies is an indicator of wellbeing
- Getting the nutrition right early on may help enhance progress towards discharge
• But attaining good growth can be a challenge in preterm infants
• Weight length & head circumference collected accurately and interpreted together is the optimum method
• Preterm growth is more rapid than in any other group
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Type of enteral feed

Human milk
Human milk benefits

- **Short term benefits**
  - Reduced sepsis & NEC
  - Better enteral tolerance

- **Long term benefits**
  - Reduced risk heart disease
  - Neurodevelopmental outcome preserved even if poor growth?
Human milk - choices

- Preterm
- Expressed
- Term
- Drip
- Single
- Pooled

- Fresh
- Frozen
- Pasteurised
- +/- Fortified
Milk - first choice mothers own

• *Miracle et al 2000 JOGNN – good paper on ways to encourage women with expressing*
• Mothers who had elected not to breast feed gave following reasons;
  • *No role model*
  • *Perceived as painful*
  • *Perceived as time consuming*
• All did provide breast milk after discussion with neonatal staff

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Nutritional considerations with human milk

Focussing on babies <1500g
Need to supplement
In babies < 1500g?
Need to supplement in babies < 1500g?

- Protein: yes
- Minerals: yes
- Vitamins: yes
- Energy: not really
• Resources
• King CL 2005. Human milk for preterm infants – when and how to fortify. *Infant vol 1 no 2 p14-17*

• *NB there are plans for a discussion document around breast milk fortification to be produced during 2010 jointly by the Neonatal dietitians interest group (NDIG) and BLISS*