



Nutrition Advisory
Committee

NICU Enteral Feeding Guidelines Exclusive Human Milk Diet (EHMD) for ≤ 1250 g Babies*

Calorie/Protein Goals	<ul style="list-style-type: none"> • 110-130 kcal/kg/d, 3.5-4.5 g of protein/kg/d¹ • Calories and protein should be based on nutritional assessment
Initiation of Feeds	<ul style="list-style-type: none"> • Initiate feeds on day of birth or as soon as possible at 20 mL/kg/d² • Use Mother's Own Milk (MOM) or Donor Milk (DM)³
Advancement of Feeds	<ul style="list-style-type: none"> • Implement and adhere to feeding protocol/guidelines^{1,4} • Advance by 20-35 mL/kg/d²
Initiation of Fortification	<ul style="list-style-type: none"> • Early initiation of Prolact+ H²MF[®] has been shown to be safe⁵ • Consider initiation of the EHMD, Prolact+6 H²MF[®] (or Prolact RTF 26, if no MOM) at 60 mL/kg/d⁶
Fortification Goals	<ul style="list-style-type: none"> • Minimal volume goals to meet 4 g of protein/kg/d (based on term human milk⁴) <ul style="list-style-type: none"> ▪ 210 mL/kg/d: MOM or DM with Prolact+4 H²MF[®] ▪ 165 mL/kg/d: MOM or DM with Prolact+6 H²MF[®] ▪ 140 mL/kg/d: MOM or DM with Prolact+8 H²MF[®] ▪ 115 mL/kg/d: MOM or DM with Prolact+10 H²MF[®] • Further increase in concentration, volume, or caloric supplement may be needed to meet growth goals • Prolact CR[®] can be used per physician discretion or as part of feeding protocol to increase caloric intake⁶ • Do not add non-human milk-based modulars to an EHMD in order to maintain a 100% human milk diet
Vitamins & Iron	<ul style="list-style-type: none"> • 1 mL MVI (multivitamin) without Fe • Fe 2-4 mg/kg/d initiate after 2 weeks of age⁴ • Consider splitting dose twice a day for tolerance
Growth Goals	<ul style="list-style-type: none"> • Weight: 15-20 g/kg/d² • Length: ≥ 0.9 cm/wk² • Head Circumference: ≥ 0.9 cm/wk²
Transition off EHMD	<ul style="list-style-type: none"> • Consider using an EHMD until 34 weeks PMA (post-menstrual age)⁶ <ul style="list-style-type: none"> ▪ Consider transition off Prolact+ H²MF over 4 days <p><u>Example of Feeding Transition⁷:</u></p> <p>Day 1: 6 of 8 feeds as Prolact+ H²MF Day 2: 4 of 8 feeds as Prolact+ H²MF Day 3: 2 of 8 feeds as Prolact+ H²MF Day 4: Transition complete</p>

1. Koletzko B, Poindexter B, Uauy R, eds. Nutritional Care of Preterm Infants: Scientific Basis and Practical Guidelines. *World Review of Nutrition and Dietetics*; vol 110. Basel: Karger; 2014:209, 298.
2. Szekely L, Thompson M. Nutrition Assessment. In: Groh-Wargo S, Thompson M, Cox JH, eds. *Academy of Nutrition and Dietetics Pocket Guide to Neonatal Nutrition*. 2nd ed. Chicago, Illinois: Academy of Nutrition and Dietetics; 2016:5-9, 104. 3. Eidelman AI and Schanler RJ. Breastfeeding and the Use of Human Milk. *Pediatrics*. 2012;129: e827. 4. American Academy of Pediatrics Committee on Nutrition. Appendix R. In: Kleinman RE, Greer FR, eds. *Pediatric Nutrition*. 7th ed. Elk Grove Village, Illinois: American Academy of Pediatrics; 2014:96, 107, 1431. 5. Huston RK, Markell AM, McCulley EA, Gardiner SK, Sweeney SL. Improving Growth for Infants ≤1250 Grams Receiving an Exclusive Human Milk Diet. *Nutrition in Clinical Practice*. 2018;33(5):671-678. doi:10.1002/ncp.10054. 6. Baylor College of Medicine, Department of Pediatrics, Section of Neonatology. *Guidelines for Acute Care of the Neonate*. 26th ed. Houston, Texas; 2018-2019. 7. "Feeding Transition From an Exclusive Human Milk Diet". Prolacta Bioscience MKT-0223 Rev-3.

*This document is intended to provide a guideline for healthcare providers in the use of an Exclusive Human Milk Diet in infants ≤1250 g birth weight. The information within is the collective opinion of the Nutrition Advisory Committee, a committee sponsored by Prolacta Bioscience. As with all feeding guidelines, appropriate medical judgment should be exercised. Be sure to review your clinical experience and outcomes around the management of nutrition in very low-birth-weight infants.