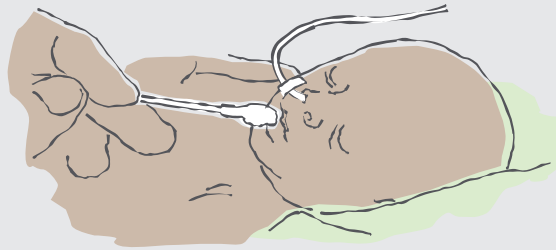


Feeding in the NICU



IV Nutrition

When your baby is born extremely early, the stomach and intestines are not fully developed. This means the gut is not as ready to receive food as that of a baby born at full term. During the first few days of life, very premature babies may be fed intravenously with a fluid containing carbohydrate, fat, vitamins, and minerals. This is known as total parenteral nutrition (TPN).

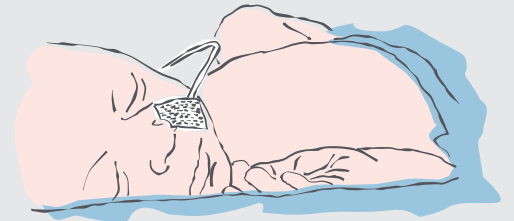


Oral Swabs

Many neonatal intensive care units (NICUs) swab or drip small amounts of your colostrum inside your baby's mouth. The colostrum provides important antibodies for your baby and helps prepare the gut to receive larger feeds of your breastmilk.

Gavage Feeding

Since many premature babies aren't born with the sucking and swallowing reflexes necessary to feed by mouth, your breastmilk will initially be fed to your baby through a feeding tube that is inserted either through the nose or mouth and ends in the stomach.



Fortifiers

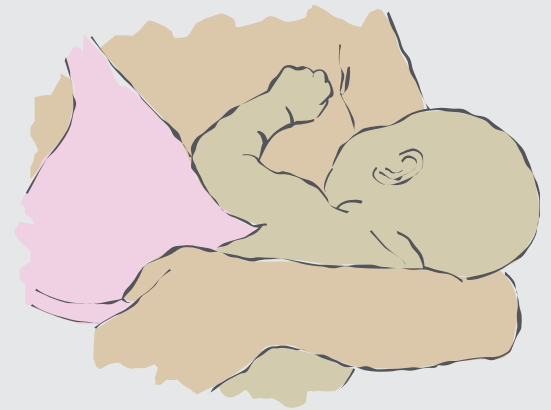


Extremely premature babies have very special nutritional needs. No matter how much you pump or what you add to your diet, your breastmilk alone cannot provide all the nutrients needed to help your tiny baby grow and develop appropriately. This is why fortifiers need to be added to your breastmilk. Fortifiers provide a concentrated form of nutrients that includes protein, calories, and minerals that your baby needs. There are two types of fortifiers available: cow milk-based fortifiers and human milk-based fortifiers.

Extremely premature babies, those weighing less than 1250 grams at birth, are at risk for many complications. Studies show that a 100% human milk-based diet (mother's own milk or donor breastmilk, if mother's own milk is unavailable, combined with Prolacta's 100% human milk-based fortifiers) is associated with fewer complications, as compared with babies fed cow milk-based formulas or fortifiers.^{*1,2,3}

Feeding by Mouth

Once your baby develops the skills to coordinate sucking, swallowing, and breathing, he/she will be ready to feed by mouth. Babies develop this skill at different times. When your baby will be ready to feed by bottle or at the breast depends on several factors that include how early your baby was born, what kind of breathing support they have needed, and how sick they have been.



*Outcome measures were statistically based on average weight data.

References:

1 Abrams SA, Schanler RJ, Lee ML, Rechtman DJ. Greater mortality and morbidity in extremely preterm infants fed a diet containing cow milk protein products. *Breastfeed Med.* 2014;9(6):281-285. doi:10.1089/bfm.2014.0024 **2** 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(6):1592-1595.e1. doi:10.1016/j.jpeds.2013.07.011 **3** Sullivan S, Schanler RJ, Kim JH, et al. An exclusively human milk-based diet is associated with a lower rate of necrotizing enterocolitis than a diet of human milk and bovine milk-based products. *J Pediatr.* 2010;156(4):562-567.e1. doi:10.1016/j.jpeds.2009.10.040

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