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Rapid vs slow advancement of feeds in preterm babies less than 34 weeks in incidence of NEC and feed intolerance

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Objectives: To evaluate whether preterm neonates less than 34 weeks at birth receiving rapid enteral feeding advancement at 25-30 ml/kg/day to attain full feedings (180 ml/kg/day) and those receiving slow enteral feeding advancement at 15-20 mL/kg/day (180 ml/kg/day) are at increase in the incidence of necrotizing enterocolitis or feed intolerance.

Methods: The Study design is Retrospective cohort study. The Setting is Level III Neonatal Unit in Southern India. The subjects are Neonates born at < 34 weeks of gestational age and admitted to the NICU during study period were enrolled. The outcome is Mortality and major morbidity – NEC as per Bell staging, incidence of feed intolerance.

Results: Both groups had similar baseline characteristics. The average gain in weight, length and head circumference were significantly lower in the slow feeding group as compared rapid feeding group. The days to reach birth weight was less in rapid feeding group ($p = 0.04$). It was inferred that duration of hospital stay and parenteral nutrition was less in rapid feeding group was less compared to slow feeding group ($p = 0.04$). Rapid feeding group does not have increased episodes of feed intolerance or NEC compared to slow feeding group.

Discussion: The incidence of ROP in India and worldwide was comparable to our study. 61 babies weighing above 1500 grams were diagnosed with ROP. According to AAP screening guidelines, we would have missed the babies who weighed more than 1500 grams with stormy neonatal course. Safe level of oxygen usage has not been defined. Assisted ventilation and RDS were independent risk factors which was comparable to other studies.

Conclusions: Our results support rapid enteral feeding protocols (increments of 25-30 mL/kg/day) for enteral nutrition of stable preterm neonates less than 34 weeks of gestation.

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