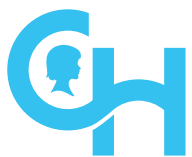


Discharge Feeding Algorithm for Babies

<32 Weeks or <1500 Grams

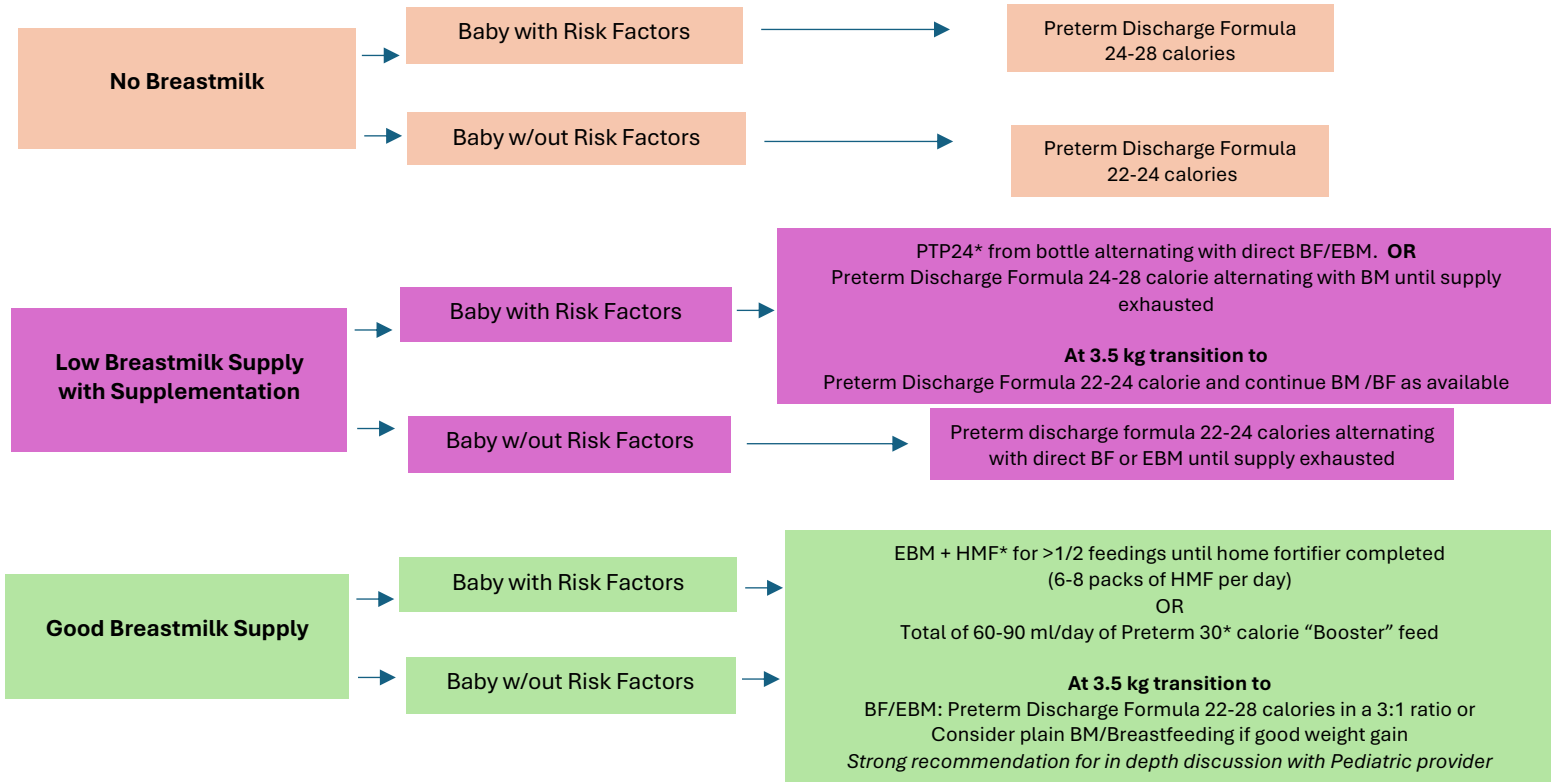


**Children's Hospital
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Division of Neonatology

Discharge Feeding Algorithm Babies <32 wk or <1500 gm

For Infants approaching DC, CGA >34 wk and >1800 gram and ~80% PO
Anticipate ~3 days on this regimen with good weight gain prior to DC



Risk Factors Include

Anthropometric: ≤ 1500 g BW GA and/or ≤ 32 weeks at birth; history of suboptimal weight gain with declining weight percentile or Z-score 1-2 weeks prior to discharge. At ≤ 37 weeks and/or ≤ 2 kg at dc

Biochemical: alkaline phosphatase ≥ 600 U/L, serum phosphorus ≤ 5.5 mg/dL

Nutritional: Total parenteral nutrition ≥ 4 weeks; total volume intake < 130 mL/kg per day; history of intolerance or use of low nutrient density nutrition (e.g., soy, protein hydrolysate, amino acid-based formulas, or unfortified human milk).

Miscellaneous: Osteopenia of prematurity, radiological evidence of bone demineralization and/or fracture(s); chronic use of mineral-wasting medications (e.g. furosemide)

Tips for After Discharge

Consider continuing until at least ~ 52 wk corrected GA and up to 1 year for neonates born < 32 wk GA, or at the discretion of your pediatrician

Always use CORRECTED GESTATIONAL AGE for growth charts until at least 2 years of age (even for late preterm neonates)

If weight gain is suboptimal (declining weight percentile or Z score), increase caloric concentration

Lactation support as available

May need a letter of medical necessity for WIC

Abbreviations

PTP24	Preterm 24 calorie formula * (Enfamil Premature)
PTDF	Preterm Discharge Formula (Neosure or Enfacare)
PT30	Preterm 30 Calorie Formula*
EBM	Expressed Breast Milk
BF	Breastfeeding

*Formula representative will need to be contacted to obtain products for post discharge by hospital representative

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