

Slow enteral feeding protocol can reduce instances of death in extreme preterm infants

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A standardized slow enteral feeding (SSEF) protocol significantly reduces the incidence of necrotizing enterocolitis (NEC), or death of intestinal tissue, and death in infants with extremely low birth weight, according to a new study.

The study, published today in the OnlineFirst version of the *Journal of Parenteral and Enteral Nutrition (JPEN)*, the research journal of the American Society for Parenteral and Enteral Nutrition (A.S.P.E.N.), found the use of SSEF resulted in a significant reduction in NEC and accompanying death in infants with a [birth weight](#) below 750 grams or 1.65 pounds.

NEC is a devastating neonatal illness especially in extremely [low birth weight](#) premature infants with a mean incidence of seven to nine percent and a fatality rate of 15 to 30 percent. In addition to short-term complications such as feeding intolerance, intestinal obstruction, and short-bowel syndrome, surviving infants have poorer neurodevelopmental outcomes, and represent a huge financial burden to the health care system.

While NEC continues to be a significant cause of mortality and morbidity in extreme preterm infants, the increased use of human breast milk and implementation of standardized feeding protocols have helped to reduce its incidence. However, this new study has shown a way to further reduce NEC with the use of SSEF, particularly in infants with extremely low birth weight. The infants in the study on the slower

protocol had a significant reduction in NEC and death and demonstrated comparable weight gain and head growth at discharge from the neonatal intensive-care unit (NICU) without prolonging the NICU stay.

The study authors recommend that more research be done to conclusively assess the slower protocol's full effect and other related short-term and long-term outcomes in infants with extremely low birth weight.

Provided by American Society for Parenteral and Enteral Nutrition

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