

Nutritional interventions for moderate- to late-preterm infants show no effect

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Routine nutrition interventions to support moderate- to late-preterm infants until full nutrition with mother's breast milk does not impact outcomes, according to a study published in the *New England Journal of Medicine*.

Tanith Alexander, Ph.D., from University of Auckland in New Zealand, and colleagues randomly assigned 532 moderate- to late-preterm infants (born at 32 weeks 0 days to 35 weeks 6 days gestation) who had intravenous access and whose mothers intended to breastfeed to one of the following: intravenous amino acid solution (parenteral nutrition) or dextrose solution until full feeding with milk was established; milk supplement given when maternal milk was insufficient or mother's breast milk exclusively with no supplementation; and taste and smell exposure before gastric tube feeding or no taste and smell exposure.

The researchers found that the mean body fat percentage at 4 months was similar among the infants who received parenteral [nutrition](#) and those who received dextrose solution (26.0 versus 26.2 percent) and among the infants who received milk supplement and those who received mother's breast milk exclusively (26.3 versus 25.8 percent). Among the infants who were exposed to taste and smell and those who were not, the time to full enteral feeding was similar (5.8 versus 5.7 days).

"Our findings support an approach that concentrates on providing [mothers](#) with necessary lactation support, thereby maximizing the likelihood of attaining exclusive [breast-milk](#) feeding," the authors write.

More information: Tanith Alexander et al, Nutritional Support for Moderate-to-Late–Preterm Infants — A Randomized Trial, *New England Journal of Medicine* (2024). [DOI: 10.1056/NEJMoa2313942](https://doi.org/10.1056/NEJMoa2313942)

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