Q. Does my baby need vitamin or mineral supplements at home?

A. Preterm babies on formula require Vitamin D for bone growth until they are getting enough in their formula alone (about 750 mL to 1000 mL or 25 to 33 ounces per day). D-Vi-Sol, Poly-Vi-Sol, Tri-Vi-Sol or Baby D Drops are fine. If your baby is formula fed, an iron supplement may not be needed if you are giving your baby the type that says "iron fortified". Some preterm babies (those with birth weights below 2 pounds) will be given added iron drops (Fer-In-Sol) in addition to the iron in the formula. All breastfed premature babies need iron drops and Vitamin D to meet their needs, as both are low in breastmilk. Your baby's needs may vary, so be sure to check with your Doctor or Dietitian.

Q. Who can I call about my baby's growth and feeding after I leave?

A. Your baby's Doctor, who may be a Pediatrician (specialist in treating babies and children), will be following your baby's growth very closely in the beginning and can answer your feeding questions. If your baby was born at or below 1250 g (2 pounds 12 ounces), they will be scheduled to come back to see the team in the Developmental Follow-up Clinic, which includes a Dietitian. The Dietitian in the NICU can provide more information about your baby's nutrition follow-up.

If you have further questions about your baby's diet, contact:

- Cindy Ulrich, Registered Dietitian
 Neonatal Intensive Care Unit
 Children's Care Program
 London Health Sciences Centre
 519-685-8500, extension 65610
 or pager 14903
- Megan Marcy, Registered Dietitian Developmental Follow-up Clinic Children's Care Program London Health Sciences Centre 519-685-8500, extension 53082

Q. Does my baby need extra water? What about fruit juice?

A. Babies usually don't need extra water, except during very hot weather, or if fever or diarrhea is present. Babies get enough Vitamin C from breastmilk or formula and later on from fruits and vegetables. Fruit juice is not



important to give your baby. Once baby is interested in taking a cup, a maximum of 4 ounces per day of fruit juice may be given, so that enough formula or breastmilk is also taken. Avoid fruit "drinks" and crystals.

Q. When should I give my baby other foods?

A. When your baby is about 6 months corrected age, you can start adding other foods into the diet. The first foods given should be those high in dietary iron such as iron fortified infant cereal, strained meat, fish and poultry and well-cooked legumes. Foods are fed from a spoon starting with "small tastes" one or two times daily to see how your baby accepts them. Foods should not be fed from a bottle so your baby learns how to eat them. Each new food can be started every 3 to 5 days when baby is in good spirits, starting with a teaspoon and slowly working up to a few tablespoons. Always offer your baby breast milk or formula feedings before solids until 9 to 12 months corrected age to ensure good nutrition and growth. Introduce a cup when your baby can hold things. Wait until your baby is one year of age corrected to switch from breastmilk or formula to cow's milk to reduce the risk of iron deficiency anemia. When you start cow's milk it should be whole milk (3.25%), not 2% or skim. Do not use reduced fat milks until after age 2.

Age (corrected)	New food introduced	Why?
0-6 months	Breast milk or infant formula	Provides good nutrition
		Your baby is not yet ready for solid foods
6-9 months	Infant cereals enriched with iron	Provides a dietary source of iron
	Strained meats, fish and poultry	Provides additional protein, B vitamins and iron
	Well cooked legumes (e.g. Chick peas, kidney beans)	Provides added Iron, protein and B vitamins
	Cooked egg, 1-3 times/week Yogurt (no honey added)	
	Strained vegetables	Provides additional vitamins and minerals
	Strained fruits	Introduces new food flavours and textures
		For better acceptance, offer vegetables before fruit
	Toast Creamed cottage cheese	Encourages chewing
9-12 months	Finely diced or mashed table foods (remove baby portion before seasonings are added) Finger foods	Introduces new textures. Encourages chewing, co-ordination and independence Babies born early or who have ongoing medical problems may have more difficulty with lumpier textures. In this case pureed foods should be made thicker and lumpier gradually
12 months	Whole cow's milk (3.25%)	Earlier weaning of iron fortified formula may increase the risk of iron deficiency anemia. Continue supplemental iron if breastfeeding until 12mos corrected age to reduce the risk of iron deficiency anemia.

Feeding Your Premature Baby





Feeding at Discharge and Beyond

By the time your baby is ready to go home, they will be taking all feeds by breast and/or bottle for at least 2 days and will be gaining at least 20 g (2/3 of an ounce) per day. It is important that your baby is able to feed well and gain weight without giving some tube feedings before discharge. Feeding can be very difficult for some preterm babies. If your baby is past their due date and is still requiring 1/3 to 1/2 of their feeds by tube, tube feedings may be suggested for home.

Q. Can I feed my premature baby the same as other babies?

A. Premature babies are usually fed the same as term babies when they go home. Breastmilk or formula is the most important source of nutrition for all babies. Premature babies should be older when they start on solid foods or change to whole cow's milk. Treat your baby as if they were born on their due date. This is called adjusted or corrected age.

Q. How fast should my baby grow?

A. Your baby should be gaining at least 1 ounce per day or 7 to 8 ounces per week after they go home. The next 2 to 3 months at home is a time of very rapid growth for most preterm babies. This is called catch-up growth. You will be asked to take your baby to the Doctor 2 to 3 days after you go home. Your baby's weight gain is one of the best ways to tell if they are getting enough to eat.

Q. How often should I breastfeed my premature baby at home?

A. Breastfeeding infants will need to feed every 2 to 3 hours during the day or between 8 to 12 times in a 24 hour period to meet needs for growth.



Q. How will I know my baby is getting enough to eat?

A. You will know your baby is getting enough milk if they are growing well. Premature babies are smaller and have less well developed muscles that are important for feeding so they will often need supplements to breastfeeding when they go home. You will need to keep pumping your breasts after feeding at least 2 to 4 times/day at home to help maintain good milk volumes. A nipple shield may be needed to help your baby get milk more easily at the breast. These added steps are often required for 4 to 6 weeks after discharge when your baby is around 2 to 4 weeks past their due date. By this time your baby will be bigger and stronger and be able to take milk from your breast more easily.

Q. Will I need to give extra supplements or bottles if I am Breastfeeding?

A. Preterm babies born below 30 weeks are often not able to meet their needs for growth due to weak muscles for feeding. This causes your baby to get a lower amount of milk from the breast and tire more easily. If your premature baby also has lung disease, they may have more problems feeding because they are working harder to breathe and eat. A good milk supply (> 750 mL/day) going home will help your baby to take some feeds by the breast alone. However, supplemental bottles are usually needed to "top up" your baby after breastfeeding. Small amounts of human milk fortifier or formula powder may be added to your breastmilk at home to give a high amount of nutrition in a smaller volume. Good growth is needed to help your baby achieve full breastfeeding.

Note: if your baby needs a formula or additive to breastmilk that comes in powder form, careful mixing is required to avoid infection. The Dietitian will review this with you prior to discharge.

Q. I have chosen to bottle feed my Preterm baby. Is a special formula needed when I take my baby home?

A. Many preterm babies go home on a regular iron fortified formula made for term babies. Be sure to look for "iron fortified" on the can because some brands have low iron types as well. The concentrated liquid form is cheaper than "ready to feed". All formula fed babies should also receive a source of Omega 3 (DHA) and Omega 6 (ARA) fatty acids in their formula for the first year of life using corrected age. Preterm discharge formulas (Neosure, Enfacare) are needed if your baby was born below 3 pounds. Some premature babies are unable to take enough formula to meet their needs. In these cases, special instructions for making more concentrated feedings will be given by the Dietitian. Note: if the formula you choose comes in a liquid concentrate this should be used instead of the powder form to reduce the risk of infection from powders. If your baby requires a formula that only comes in powdered form, your Dietitian will review how to mix this prior to discharge.



Q. How much formula will my baby be drinking at home?

A. Most bottle fed preterm babies may be taking 2 or more ounce every 3 hours by the time they go home. At least eight feedings in a 24 hour period are usually required to meet your preterm baby's growth needs. Formula is needed for your baby until one year of age, using corrected age. Before you make any change in your baby's formula, check with your Doctor or Dietitian.

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Special Ins	structions