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 750ml to 900ml or 25 to 30 ounces per day). D-Vi-sol, Poly-Vi-Sol or Tri-Vi-Sol 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 under 1 kg at birth with very low iron stores at discharge) will be given added iron drops as 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. Babies 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 infants 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 1250g (2 pounds 12 ounces), s/he will be scheduled to come back to see the team in the Developmental Follow-up Clinic, which includes a Dietitian. You can contact the Clinic prior to your appointment if you have questions regarding feeding and growth. The Neonatal Dietitian 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,
St. Joseph's Health Centre, London.
(519) 646-6100, extension 65610
or pager 10291.

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

Breastfed babies do not need extra water. Formula fed babies usually don't need extra water, except during very hot weather, or if fever or diarrhea is present. You can tell if your baby is getting enough fluid if he/she has 6-8 wet diapers a day. Babies get enough Vitamin C from breastmilk or formula and later on from fruits and vegetables. So 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.



When should I give my baby other foods?

When your baby is 6 months corrected age, you can begin adding other foods into his/her diet. The first food is usually an iron fortified single grain (rice) baby

cereal made very thin with breast milk or formula and fed from a spoon once a day. Foods should not be fed from a bottle so your baby learns how to eat them. Other new foods can be started every 3-5 days when baby is in good spirits, beginning 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. Start helping your baby use a cup when he/she 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, 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 |
| į. | 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 yolk 1-3 times/week Yogurt (no honey added) | Egg white should not be given until 12 months to avoid a possible allergic reaction |
| | Strained vegetables Strained fruits | Provides additional vitamins and minerals |
| | Strainea Iruits | Introduces new food flavours and textures |
| @ | | For better acceptance, offer vegetables before fruit. |
| | Toast Creamed cottage cheese | Encourages chewing |
| 9-12 months | Finely dice 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 | Egg white, cooked, whole cow's milk | Earlier introduction of egg white might cause an allergic reaction |

Feeding Your Premature Baby





Feeding at Discharge and Beyond

By the time your baby is ready to go home, s/he will be taking all feeds by breast and/or bottle for at least 3 days and will be gaining at least 15 to 20g (1/2 to 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 his/her due date and is still requiring 1/3 to 1/2 of his /her feeds by tube, tube feedings may be needed for home.

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

A. Premature babies are usually fed the same foods 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 changed to whole cow's milk. Treat your baby as if s/he were born on his/her due date. This is called adjusted or corrected age.

Q. How fast should my baby grow?

A. Your baby should be gaining 5 to 8 ounces per week after s/he goes home.

The next 2 to 3 months after discharge 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 s/he is 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 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 he/she is having lots of wet diapers (6-8/day), pale urine that does not have a strong smell, regular bowel movements, seems happy after nursing and is growing steadily. Premature babies have a weaker suck and less efficient feeding pattern. This is because they are smaller and have less well developed muscles that are important for feeding. You will need to continue pumping your breasts after feeding 2 to 3 times/day when you go home to help maintain good milk volumes. A nipple shield may also be suggested to help your baby get milk more easily at the breast. These added steps may be needed for 4 to 6 weeks after discharge or when your baby is around 2-4 weeks past his/her 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 at < 30 weeks/<1500g are often not able to meet their nutritional needs for growth due to immature feeding and weak sucking ability. This causes your baby to get a lower amount of milk from the breast and tire more easily. If your baby has Bronchopulmonary Dysplasia, they may also have more problems feeding because they are working harder to breath and eat. If you have maintained good pumping habits and have an excellent milk supply at discharge (>750ml/day), the chances your baby can receive most or all of his/her feedings from breastfeeding alone are very good. In this case, 1-2 supplemental bottles may be 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 so that your baby gets a high amount of nutrition in a smaller volume. The sooner s/he builds muscle and grows, the more easily s/he will be able to get what s/he needs from breastfeeding alone.

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 an iron fortified formula like Similac Advance, Enfamil or Nestle Good Start. Be sure to look for "iron fortified" on the can because some brands have low iron types as well. The concentrated liquid or powder form is cheaper than the ready to feed kind. 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 recommended if your baby was born below 3 to 3.5 pounds. All preterm discharge formulas are iron fortified and contain omega 3 & 6 fatty acids. 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.



Q. How much formula will my baby be drinking when s/he goes home?

A. Most bottle fed preterm babies may be taking 2 or more ounces every 3 hours by the time they go home. Eight feedings in a 24hour period are usually required to meet you r 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.

| Name | | | |
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| Special In | structions | | |
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