BOTTOM LINE
Stress is a powerful force that can impact the physical and cognitive development of our fragile neonatal patients. By following enteral feeding best practices, we can be assured that the nutrition we deliver is best supporting the growth and development of these neonates.

HIGHLIGHTS

Human Milk
Human milk is the recommended and preferred nutrition for most pre-term infants.¹

Formula Safety
Sterile, liquid enteral nutrition formulas should be used in preference to powdered, reconstituted formulas when possible.² Formulas should have a 4-hour hang time and administration sets should be changed every 4 hours.³

Equipment Accuracy
Enteral feeding pumps should deliver formula within 5% accuracy for neonates.³

Early Enteral Feeding
The benefits of early enteral nutrition are well established and can have a significant impact in minimizing the likelihood of inducing clinical neonatal stress.¹ These benefits include:

- Decreased incidence of indirect hyperbilirubinemia, cholestatic jaundice and metabolic bone disease
- Increased concentration of gastrin and other enteric hormones
- Fewer days to full enteral feedings
- Increased weight gain

Tube Feeding Delivery Method
Studies have shown that there is no single enteral feeding delivery method that is most appropriate for all neonates.¹ Rather, the method of feeding must be customized based on the patient’s condition and tolerance to the feeding schedule. For many neonates on enteral feeding, the slow-bolus method (bolus feeds given via syringe pump over 30 minutes to 2 hours), which mimics the fasting-feeding pattern, may be a well-tolerated feeding method. However, neonates with short gut syndrome or gut dysmotility may not be able to tolerate the bolus method and may benefit from a continuous enteral infusion.⁴

"Initiation of enteral feedings and advancement rates should be individualized based on a patient’s weight, age and clinical status."⁴

"Transpyloric continuous enteral infusion may be needed in infants with severe gastroesophageal reflux, marked delays in gastric emptying or both."⁴
REFERENCES


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