**Topic Expert Group:** Nutrition

**Feeding of late preterm infants**


**Target group**
Late preterm infants and parents

**User group**
Healthcare professionals, neonatal units, hospitals, and health services

**Statement of standard**
Early nutrition, preferably using human milk, is established and feeding difficulties, growth, and breastfeeding are monitored during and after hospitalisation.

**Rationale**
Nutritional issues in late preterm infants do not always receive appropriate attention. (1)

Late preterm infants (34 to 36 weeks of gestation) comprise 6-7% of all births and about 75% of preterm births in Europe. (2) This population is at risk for short and long-term morbidities and adverse outcome, including a two- to five-fold increase in mild to moderate neonatal morbidities compared to infants born at term. These include hypoglycemia, poor feeding and nutritional compromise in the early neonatal period. (3–6) Furthermore, feeding difficulties are a dominant reason for delay in discharge of late preterm infants. (6,7)

Overall 30-40% of late preterm infants are not admitted to a neonatal department but are cared for in general maternity units. Late preterm infants should not be considered similar to term infants because they have unique, often unrecognised, medical vulnerabilities and nutritional needs that predispose them to high rates of morbidity and hospital readmissions. (4) They require nutritional support more frequently than term infants and they are less likely to be breastfed. (8,9)

Breastfeeding without adequate support may put these infants at risk of morbidities especially when discharged early. (10) Rates of readmission after initial hospital discharge are high because of jaundice, suspected sepsis and feeding difficulties. Parental education and timely outpatient follow-up by a provider knowledgeable in breastfeeding and preterm infant care are crucial in the proper management for these mother–infant dyads. (11) Mothers of late preterm infants should receive extended lactation support, frequent follow-up and, if necessary, delayed hospital discharge.

**Benefits**

**Short-term benefits**
- Reduced risk of neonatal morbidities including hypoglycaemia, poor feeding, and growth faltering (7–11)
**Long-term benefits**
- Reduced risk of readmissions and failure to successfully breastfeed, and improved long-term outcomes (7–11)

**Components of the standard**

<table>
<thead>
<tr>
<th>Component</th>
<th>Grading of evidence</th>
<th>Indicator of meeting the standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>For parents and family</td>
<td></td>
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</tr>
<tr>
<td>1. Parents are informed and counselled by healthcare professionals about the importance of early feeding and breastfeeding, and the need to establish breastfeeding before discharge. (see TEG Nutrition)</td>
<td>B (High quality)</td>
<td>Patient information sheet¹</td>
</tr>
<tr>
<td>2. Mothers are supported to breastfeed or where appropriate to express breast milk by healthcare professionals. (see TEG Care procedures)</td>
<td>B (High quality)</td>
<td>Parent feedback</td>
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<tr>
<td>For healthcare professionals</td>
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<tr>
<td>3. A unit guideline on infant nutrition, including initial triage of late preterm infants and for starting and increasing enteral/oral feeds, is adhered to by all healthcare professionals.</td>
<td>B (High quality)</td>
<td>Guideline</td>
</tr>
<tr>
<td>4. Training on infant nutrition, including the nutritional risks of late preterm infants, is attended by all responsible healthcare professionals.</td>
<td>B (High quality)</td>
<td>Training documentation</td>
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<tr>
<td>For neonatal unit</td>
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<tr>
<td>5. A unit guideline on infant nutrition, including initial triage of late preterm infants and for starting and increasing enteral/oral feeds, is available and regularly updated.</td>
<td>B (High quality)</td>
<td>Guideline</td>
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</table>

¹ The TEG Nutrition very much supports the need of good communication with families and regular sharing of key information, but it is not in favour of sharing information on each standard by a „parent information sheet“, which is term chosen by the Chair Committee. In our view, sharing multiple parent information sheets bears the risk of overloading families with a plethora of written information during a stressful time period, which may not be very helpful. We suggest to consider other means of sharing information.
For hospital
6. Training on infant nutrition, including the nutritional risks of late preterm infants, is ensured. B (High quality) Training documentation

For health service
7. A national guideline on infant nutrition, including initial triage of late preterm infants and for starting and increasing enteral/oral feeds, is available and regularly updated. B (High quality) Guideline
8. Outpatient or community-based follow-up is organised. B (Moderate quality) Audit report

Where to go – further development of care

<table>
<thead>
<tr>
<th>Further development</th>
<th>Grading of evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>For parents and family</td>
<td>N/A</td>
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<tr>
<td>N/A</td>
<td></td>
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<tr>
<td>For healthcare professionals</td>
<td>N/A</td>
</tr>
<tr>
<td>For neonatal unit</td>
<td>Audit and monitor nutritional risks of late preterm infants. A (Low quality)</td>
</tr>
<tr>
<td>For hospital</td>
<td>Evaluate benefits/cost ratio of introduction of enhanced care. A (Low quality)</td>
</tr>
<tr>
<td>For health service</td>
<td>Develop research and guidelines on nutritional care of late preterm infants. A (Low quality)</td>
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</tbody>
</table>

Getting started

Initial steps
For parents and family
- Parents are verbally informed about the importance of early feeding and breastfeeding support and about the importance of outpatient monitoring by healthcare professionals.
- The mother is encouraged to breastfeed.

For healthcare professionals
- Attend training on infant nutrition, including the nutritional risks of late preterm infants.

For neonatal unit
- Develop and implement a unit guideline on infant nutrition, including initial triage of late preterm infants and for starting and increasing enteral/oral feeds including criteria for safe discharge.
- Develop information material on the importance of early feeding and breastfeeding
support and about the importance of outpatient monitoring for parents.

### For hospital
- Support healthcare professionals to participate in training on infant nutrition, including nutritional risks of late preterm infants.
- Provide support for lactation consultants.

### For health service
- Develop and implement a national guideline on infant nutrition, including initial triage of late preterm infants and for starting and increasing enteral/oral feeds.
- Establish outpatient or community-based follow-up.

### Source


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