

Establishment of enteral feeding in preterm infants

ID	Country	How would you rate the overall quality of the standard "Establishment of enteral feeding in preterm infants"?	Do you have any recommendations on how to improve the standard "Establishment of enteral feeding in preterm infants" (e.g. rational, benefits, components)?		Is there any important evidence or useful guidelines you would recommend to be included in the standard "Establishment of enteral feeding in preterm infants"?		Do you think the standard "Establishment of enteral feeding in preterm infants" is relevant in your country?		Do you have any conflict of interest (e.g. financial support or consulting of industry)?		Please specify if you are responding as an individual or on behalf of an organisation.
			Response	Response	Response	Response	Response	Response	Response	Response	
1	Czech Republic		4	No	No		Yes		No		Individual
2	Poland		5	No	I don't know		Yes		No		Individual
3	Estonia		4	I don't know	No		Yes		No		Individual
4	United States		4	No	No		Yes		Yes - Please enter your conflict(s) of interest.	I am a practicing neonatologist who is also employed by industry	Individual
5	Portugal		5	No	No		Yes		No		Associação Portuguesa de Enfermagem Pediátrica e Neonatal
6	United Kingdom		4	Yes - Please make your recommendation(s) below.	More research could be completed to answer the question if the routine measurement of gastric residual volume could guide the initiation and delivery of enteral feeding. It is quite widespread in neonatal and paediatric intensive care units, but has little underlying evidence to support it. It is unclear if the routine measurement of GRV is beneficial or harmful in preterm infants. Those who routinely measure GRV are attempting to identify necrotising enterocolitis early and aim to prevent complications by withholding or reducing feed volume. Could a trial of no gastric residual volume measurement be feasible in neonatal units? Two separate trials in the UK of not measuring GRV routinely, one in PICUs and one in NNUs have been established.	Yes - Please specify below, which evidence should be added (DOIs, references) to the standards and why.	Yes		No		Individual
7	Slovakia		5	No	No		Yes		No		Section of Nurses Working in Neonatology, part of the Slovak Association of Nurses and Midwives is an organizational unit of the Slovak Medical Society
8	Czech Republic		4	No	I don't know		Yes		No		Individual
9	Romania		5	No	No		Yes		No		ANMCS
10	Poland		5	Yes - Please make your recommendation(s) below.	Section Rationale I can not agree that if MOM is not available it is not clear which type of milk we should use. First choice -MOM, second Donor milk, If donor milk is not available -Formula as a third choice. Formula can be consider in macrosomic babies and in the newborn of diabetic mother or in newbors with threatening hypoglycemia	Yes - Please specify below, which evidence should be added (DOIs, references) to the standards and why.	Yes		No		Coalition for Premies
11	Croatia		5	No	No		Yes		Yes - Please enter your conflict(s) of interest.	Cooperation with Nutricia and Thermo Fisher Scientific.	Croatian Society for Neonatology and Neonatal Intensive Medicine