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Research update from the Baby Friendly Initiative

New review of the evidence on preterm breastfeeding published by WHO

A review of the current evidence regarding the feeding of low birth weight infants (i.e. below 2500g) has been published and confirms the following:

- Breastfeeding, or feeding with mother's own expressed breastmilk, is the best option for all such babies.
- Where this is unavailable, donor human milk would be the next best choice.
- Where neither is available, infants of <32 weeks gestation should receive pre-term infant formula.
- The timing of the introduction of solid diet should generally equate with that for babies born at term.
- Supplementation of breastmilk with calcium and phosphorus is recommended for babies with birth weight <1500g.
- Expressed breast milk should be offered by cup rather than bottle as this leads to higher rates of exclusive breastfeeding at discharge from hospital.
- Non-nutritive sucking has some benefits in terms of reduced hospital stay. Encouraging sucking on the 'emptied' breast, after expression of breast milk, may result in improved breastfeeding rates at discharge and at follow-up.
- Kangaroo mother care is recommended in clinically stable infants <2000g.
- Use of medications such as domperidone may help improve milk supply.

[Edmond K, Bahl R \(2007\) Optimal feeding of low-birth-weight infants: technical review. WHO](#)

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