The absence of a unified local policy for Donor EBM use in preterm infants was associated with inconsistent practice in commencing DEBM and transitioning to preterm formula

Donor EBM use in a local Neonatal Unit

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Introduction

- Following preterm delivery, lactation onset is often delayed, and maternal milk may not be sufficient to meet the infant's needs.
- In this situation, DEBM -when available- should be used as an alternative or complementary feed for VLBW.
- Aim To assess Pinderfields neonatal unit practice against the neonatal network guidelines regarding commencing DEBM in preterm infants and transitioning from DEBM to preterm formula.

Method

- Retrospective data collection for Preterm infants born at 27+0–33+6 gestation with birth weight <1500 grams admitted between July 2019 to December 2020.
- The network guidelines recommends commencing DEBM in high and medium risk infants if maternal EBM is insufficient/not available by D3 of life.
- DEBM can be transitioned to preterm formula at 25% per day commencing at 3 weeks of age/after 2 weeks of tolerating full enteral feeds, whichever is later.

Low	Medium	High
>1500g AND Gestation **>31+6** AND Clinically well	**1000-1500g** AND Gestation **>29+6**	**800g-999g** OR Gestation **27+0 - 29+6**

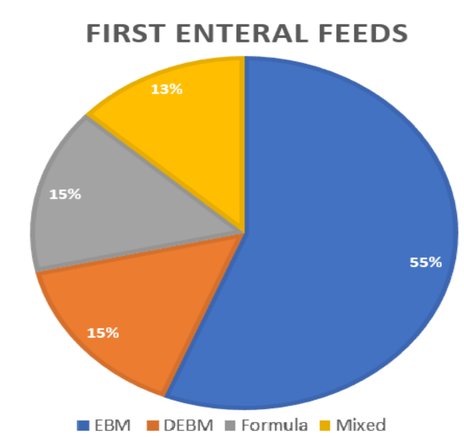
Main results

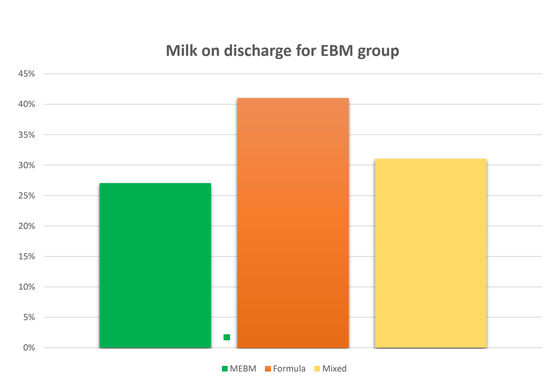
- 92 preterm infants fulfilled the criteria
- 21/92 infants were eligible for DEBM
- 14/21 infants were commenced on DEBM as first feed
- The remaining 7/21 were commenced on preterm formula.
- In 35% of infants on DEBM, transitioning was started earlier than recommended in the network guideline

Conclusion

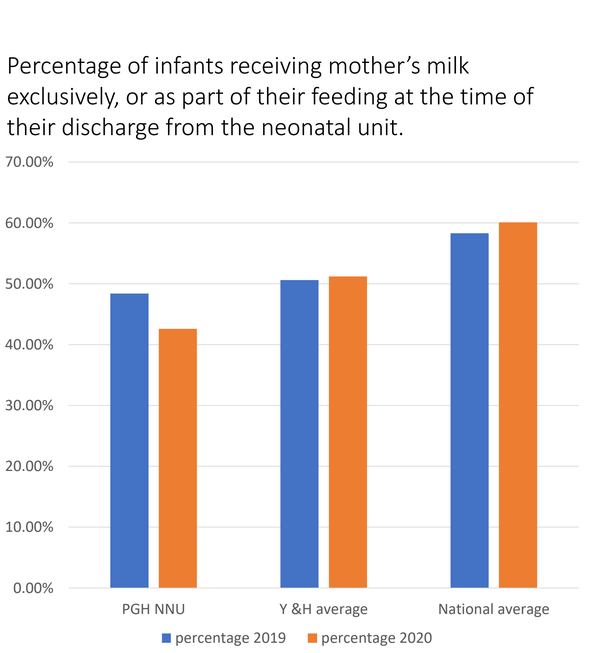
- Standards for commencing DEBM in preterm infants and transitioning to preterm formula were variable.
- Emphasizing the importance to establish a unified local policy for commencing, advancing, and transitioning of DEBM in preterm infants.







Percentage of infants receiving mother's milk exclusively, or as part of their feeding at the time of their discharge from the neonatal unit.



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