

Evidence-Based Early Nutritional Practices for VLBW Infants: Recommendations and Evidence Quality

Practice	Strength of Recommendation*	Evidence Quality†
<p>Prompt provision of energy: Glucose infusion providing about 6 mg/kg/min Increase to about 10 mg/kg/d by 7 days of age Maintain blood sugar 50 – 120 mg/dL</p>	Recommended	B
<p>Prompt provision of parenteral amino acids: Initiate 3.0 g/kg/d within hours of birth Advance to 4.0 g/kg/d by 0.5 – 1.0 g/kg/d steps</p>	Recommended	B
<p>Initiate lipid emulsion within the first 24 to 30 hrs of birth Start 0.5 – 1.0 g/kg/d Advance to 3.0 to 3.5 g/kg/d by 0.5 – 1.0 g/kg/d steps</p>	Recommended	B
<p>Initiate trophic feedings by 5 days of age Provide about 10 mL/kg/d (human milk if possible) Begin advancing to 150 mL/kg/d by 10 – 20 mL/kg/d steps within the next several days</p>	Recommended	B

*Strength of Recommendation: strongly recommended; recommended; option; not recommended.

†Grade of Evidence Quality: A, Well-designed, RCTs performed on appropriate populations; B, RCTs with minor limitations, overwhelmingly consistent evidence from observational studies; C, Observational studies (case-control and cohort design); D, Expert opinion (case reports, reasoning from first principles).

Adapted with permission from Ehrenkranz RA. *Semin Perinatol.* 2007;31(2):48-55.