

TIP SHEET

Primary Care for Preterm Infants & Children

Recommendations and guidelines for providing care for preterm infants and children come from a variety of national organizations including the American Academy of Pediatrics (AAP), the Centers for Disease Control (CDC), and the Advisory Committee on Immunization Practices (ACIP). The Primary Care for Preterm Infants and Children Tip Sheet summarizes key recommendations from the associated toolkit to support primary care pediatric providers as they care for preterm infants and children.

NUTRITION: Monitor growth carefully using adjusted age on appropriate growth charts. Always support breastfeeding. Supplement with post-discharge formulas when indicated. Do not overfeed.	
Monitoring Growth	Use corrected age (adjusted for prematurity) until at least 2 years of age. <ul style="list-style-type: none"> • WHO growth chart until 2 years • CDC growth chart for children 2-20 years
Breastfeeding	Always promote breastfeeding.
Post-Discharge Formulas	Length of use of post-discharge formulas (usually EnfaCare® or NeoSure®) is controversial without standard recommendations but should not replace breast milk in an adequately growing infant. Informal suggestions for formula-fed infants: <ul style="list-style-type: none"> • BW >1800 grams – may not be necessary • BW 1501-1800 grams – up to 3 months • BW 1001-1500 grams - up to 6 months • BW 751-1000 grams - up to 9 months • BW <750 grams - up to 12 months <p>Caloric density of formulas will depend on weight gain in the NICU and other medical issues. Monitor growth carefully and do not overfeed infants who are gaining weight very rapidly.</p>
Reflux	Reflux is almost universal in preterm infants and in most cases treatment with positioning or pharmacological agents is not indicated and may cause harm.
Vitamin Supplementation	VITAMIN D: Almost all infants need Vitamin D supplementation. <ul style="list-style-type: none"> • 400 IU per day recommended <1 year old • Formulas in US contain at least 400 IU per liter • Supplement all breastfeeding infants taking less than 1 liter of formula per day IRON: Almost all preterm infants should receive iron supplementation. They are iron deficient unless they received blood transfusions. <ul style="list-style-type: none"> • Maintenance dose 2-3 mg/kg/day for 6 to 12 months (until dietary intake is sufficient) • Treatment dose 4-6 mg/kg/day if anemic

DISCLAIMER: The recommendations in this publication do not indicate an exclusive course of treatment or serve as a standard of medical care.

IMMUNIZATIONS: Follow standard recommendations by chronological age except for special recommendations for Hepatitis B Vaccine and Rotavirus Vaccine.

Hepatitis B Vaccine	Hepatitis B vaccine is the only routine childhood vaccine that has been shown to produce insufficient immunogenicity in preterm and low birth weight babies. A dose received by an infant <2000 grams AND <1 month of age does not count towards the primary series.
Rotavirus Vaccine	Infants generally do not receive rotavirus vaccine in the NICU (though a few NICUs administer it at discharge). The first dose of Rotavirus Vaccine must be administered by age 14 weeks 6 days. If not previously given, consider administering at the first outpatient visit for infants 6 weeks to 14 weeks 6 days.
Palivizumab (Synagis®)	<p><i>Do not miss the opportunity to protect vulnerable children from Respiratory Syncytial Virus infections.</i></p> <p>Consider for patients in the following categories:</p> <ul style="list-style-type: none"> • Infants < 12 months at start of RSV season if less than 29 weeks GA at birth or less than 32 week GA and O2 requirement for at least 28 days • Infants < 12 months with hemodynamically significant heart disease (may consult with cardiologist) or with pulmonary abnormality or neuromuscular disease that impairs the ability to clear secretions • Children < 24 months at the start of RSV season with chronic lung disease on medical therapy (oxygen, chronic corticosteroid, or diuretic therapy) within 6 months of start of RSV season • Complete recommendations: https://pediatrics.aappublications.org/content/134/2/415.full

SCREENING: Preterm infants and children need more frequent hearing and ophthalmologic screenings and careful monitoring for neurodevelopmental and psychosocial issues.

Neurodevelopmental	<ul style="list-style-type: none"> • Surveillance at every WCC visit • Evidence based tools at 9, 18, 30 months • Autism spectrum disorder screening tool at 18 months and 2 years
Hearing Screening	<ul style="list-style-type: none"> • ABR screening (such as ALGO) prior to discharge • If inpatient screen was not passed, repeat outpatient screening as quickly as possible and by one month of age. Identify any hearing deficit using ABR by 3 months of age. Begin intervention by 6 months of age. • If inpatient screen was normal, repeat hearing screening by 30 months. Screen earlier for high-risk conditions, such as history of CMV infection, meningitis, ECMO, and hyperbilirubinemia requiring exchange transfusion • Audiology referral advised at any time for concerns or language delays.
Ophthalmologic Screening	<ul style="list-style-type: none"> • Monitor for retinopathy of prematurity (ROP) until mature retinae for birth weight ≤1500 g or GA ≤30 weeks or selected infants either 1500-2000 g or GA >30 weeks • For all, follow up ophthalmologic exam 4-6 months after NICU discharge and yearly
Psychosocial Screening	<ul style="list-style-type: none"> • At every WCC and other visits as feasible

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