Nutrition for Your NICU Grad

It’s no surprise that NICU graduates have special nutritional needs. While in the NICU, the neonatologist and dietician made sure your baby received a combination of breast milk (either from the mother or from a donor) and special formulas and supplements made especially for preterm infants or babies with special nutritional needs. When you go home, you will follow a similar plan.

While human breast milk is the best food for all babies, in most cases your baby’s diet will need to be fortified to meet their goals for growth and development. You and your baby’s medical team will come up with a plan that is right for you and that supports your baby’s healthy growth and development. Here are some of the things you need to know.

**YOUR BABY HAS SPECIAL NUTRITIONAL NEEDS**

The type of nutrition your baby needs will depend on their unique medical history. Your baby's nutrition plan may be specialized to:

- **Support Accelerated Growth** – Babies who are born preterm or small for their gestational age will need to grow faster than other babies to catch up. This is especially important for babies who are born Very Low Birth Weight (VLBW describes babies born at a weight less than or equal to 1500 grams or 3 pounds 4 ounces).

- **Meet Increased Nutritional Demands** – NICU babies burn a lot of calories and need the best possible nutrition. If your baby was born preterm, the goal is to try to match the rate of growth they would have had in the womb. If your baby has had medical complications or needed surgery, they will need good nutrition and extra calories to help them heal.

- **Replace Missing Nutrients** – During the last few weeks of pregnancy babies receive important vitamins and minerals from their mom through the placenta. If a baby is born early, they miss out on these important nutrients.

- **Build the Immune System and Support their Maturing Digestive System** – Breast milk and colostrum (the thick, sticky milk you produce before your milk comes in) are low in fat and high in carbohydrates, protein and antibodies that your baby needs for their first meal. Breast milk also contains healthy bacteria that help the baby digest food and fight off infection. Any amount of breast milk a mother can pump is valuable! Ask to see a lactation counselor to get the help and support you need. If a mom can’t give her own breast milk to her baby, properly prepared breast milk from an appropriate milk donor may be used.

**DID YOU KNOW:** Solely breastfed NICU graduates should be seen within 48 to 72 hours of hospital discharge for weight and hydration check-up.
YOUR BABY’S GROWING BRAIN  No matter how your baby is fed (breast, bottle, tube or some combination), the goal is good, steady growth. We are especially interested in giving your baby what they need for proper brain development. As your baby grows, the care team will plot your baby’s length, weight and head circumference on a growth chart to make sure you are seeing healthy growth. If your baby was born preterm, you will use a growth chart specially designed to take into account your baby’s adjusted age.

ARE THEY GETTING ENOUGH NUTRITION?  In the NICU, your baby’s care team carefully measured all of your baby’s feedings and tracked their growth on a daily basis. When you go home, you and your baby’s medical team will make sure your baby stays on track. You will watch to see that:

- They are eating every two to four hours and producing several (6 to 8) wet diapers every day.
- They are gaining weight. During the first two months, gaining an ounce of weight everyday is ideal.
- Their head circumference is growing.

IMPORTANT: Do not change your baby’s diet without talking to your doctor.

IF NOT  If your baby is not meeting growth goals, they may be diagnosed with “Failure to Thrive” which means you and your baby’s doctors will need to make adjustments to your baby’s feeding routine to help them meet their goals. This may include:

- Adding more feedings
- Fortifying their feeding with formula to add additional calories and protein
- Introducing you to a lactation consultant (IBCLC) who can work with you to increase your breast milk supply and develop feeding strategies that are right for you and your baby
- Looking to see if your baby has a medical condition that is affecting their growth

YOU MAY NEED HELP  Feeding your NICU baby requires skill and patience. It is one of the most difficult skills that you and your baby will have to master. As you learn to work together, it may be frustrating. Ask for help. There are professionals who can assist you. Feeding problems are very common for NICU graduates. Infants with ANY of these feeding problems should be evaluated by a therapist who specializes in infant feeding:

- Has an uncoordinated suck/swallow/breathe pattern
- Has difficulty staying awake and alert while eating
- Sweats, hiccups, cries or breathes too quickly during feedings
- Is a slow eater (feedings take longer than 30 minutes)
- Has a lot of milk leaking from the corners of their mouth when they eat

A WORD ABOUT REFUX  Gastroesophageal Reflux (GERD) is when a baby spits up the feeding you have just given them. This is very typical in babies whose digestive tracks are still growing. Most of the time, GERD goes away on its own as your baby gets older. It is not a sign that you need to change your baby’s diet or formula. With patience and special positioning of your baby while they eat, it will get better. If it doesn’t go away, talk to your baby’s care team. They can tell you about special formulas, medications and therapies that can help.