Standard parenteral nutrition for preterm infants: impact on amino acid intake

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Introduction

Early and aggressive amino acid (AA) supplementation (3-4 g/kg/day since birth) is recommended in preterm infants to prevent catabolism and long term adverse consequences1. Inadequate early nutritional intake was suspected in our institution with individualised parenteral nutrition (IND PN) due to prescribing and compounding delay. Ready-to-use standard parenteral nutritions (STD PN) for the first 5 days of life were developed2 and implemented to improve nutritional support.

Method

Population

Retrospective case-control study:
Neonatology and Pediatric Intensive Care Unit
From April 2008 to February 2010

Inclusion criteria:
- Preterm infants with
  - birth weight (BW) ≤ 1500 g
  - gestational age (GA) ≤ 32 weeks
  - PN during the first five days of life

Outcome: cumulative amino acid intake (parenteral and enteral) during the first 5 days of life.

Case: STD PN

Case: STD PN

Control: IND PN

Control: IND PN

64 infants included (23 STD PN – 41 IND PN)

- BW 1.9 ± 0.2 vs 1.0 ± 0.2 kg, p=0.03
- GA 29.6 ± 1.3 vs 29.0 ± 2.2 weeks, p=0.27

Intakes of 3 g/kg/day was reached at day 4 in both groups (figure 1)

Cumulative AA intakes was improved by STD PN during the first 5 days (figure 2)

Supplementary intakes in the STD PN group remain constant over the time (no day effect, p=0.7).

Results


Figure 1: Daily AA intakes (parenteral and enteral)

Figure 2: Cumulative AA intakes (parenteral and enteral)

Conclusion

Cumulative amino acid intakes improvement by STD PN during the first 5 days of life of preterm infants, was due to earlier nutritional supplementation. However, European recommendations being reached only at day 4, an increase of amino acid concentration in the formula should be considered.