

The inverse relationship between EGA and body weight on the one hand and duration of NPO, duration of IVF, duration of EBM, and duration of sucking on the other hand points to the fact that preterm infants tended to require IVF and other forms of enteral feeding for longer period compared to term infants. This practice puts preterm infants at risk of the various complications of IVF administration, particularly, nosocomial infections and ultimately, prolonged hospitalization. The mean duration of EBM feeding was considerably longer among preterm infants compared to term infants. This can be explained in terms of the practice of delaying direct suckling among preterm infants until the postconceptional age of about 34 weeks that may take several weeks depending on the gestational age at birth.

The negative correlation between the age at commencement of suckling and EGA or birth weight can be explained by our practice of delaying suckling in the smaller infants until they are 34 weeks postconception or 1.5 kg body weight. Prior to the postconceptional age of 34 weeks, preterm infants are fed by nasogastric tubes. However, tube feeding has been previously documented to be associated in our center with the occurrence of nosocomial infections.^[11]

It was observed that despite the restrictions imposed by the subsisting feeding protocols in the SCBU, the earlier suckling or EBM feeding was commenced, the shorter the duration of hospitalization. This observation lends credence to the practice of early commencement of breast milk feeding in the SCBU. The practice appears safe enough as it has not been shown to increase the risk of necrotizing enterocolitis.^[12]

It is attractive to recommend that in the absence of TPN, critically ill infants, term or preterm, should receive small aliquots of colostrum and breast milk early in life, preferably within the 1st days of life even when such babies must be kept on IVF therapy. The practice of minimal enteral nutrition has been suggested to improve weight gain, growth and is associated with less risk of necrotizing enterocolitis or hypoglycemia among critically ill infants.^[13,14] However, most centers in the developing world are yet to adopt the practice of minimal enteral nutrition for low birth weight babies. Further, early initiation of breastfeeding in the NICUs has been demonstrated to result in higher rate of exclusive breastfeeding postdischarge from the NICU in more technologically-advanced countries.^[15]

Conclusion

The findings in this study establish the relationship between the age at the commencement of enteral feeding and the duration of admission. The latter can be adopted to provide better clinical management of critically ill infants hospitalized in the SCBU in resource-poor settings. Although, the small sample size in the present study is acknowledged as a limitation, the study has established that the pattern of milk use in the SCBU needs to be improved, particularly with respect to the commencement of

aliquots of breast milk within an hour of life and by extension, to shorten the duration of hospitalization.

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Conflicts of interest

There are no conflicts of interest.

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