In infants who are not ‘recovering’ and there are no signs of systemic illness … protein status should be closely evaluated and supplementation be instituted

Key Insights
The increased risk for poor growth and the nutritional challenges do not end when the preterm infant leaves the hospital, particularly for those breast-fed. This article outlines the requirements and suggests steps to ensure that protein intakes after discharge are adequate for recovering to a normal development.

Current knowledge
Programmed growth velocity is greatest in preterm infants approximately between 28 days and 1–2 months corrected age. Yet, studies examining growth after discharge show, for the most part, preterm infants do not grow as well as term counterparts at 3 and 8 years, and in adulthood. Until recently, the nutritional factors involved in the pathogenesis of this growth restriction were poorly studied.

Practical implications
Human milk fortification or nutrient-enriched formula is recommended after discharge. Regardless of how a preterm infant is fed, growth must be closely monitored, i.e. every 2–3 weeks, to ensure that they ‘recover’ or ‘catch back’ to their original birth weight percentile by 1–2 months corrected age.

Recommended reading

Small for gestational age: schematic of growth restriction between preterm and term infants at hospital discharge (see text for details).