

Suggested Feeding Schedule for Newborn Infants Requiring Intensive Care Therapy

		CONCENTRATION			
Birth Weight	Day	12 cal/oz	24 cal/oz	cal/kg/d	ml/kg/d
1000 gm infant - Feedings every three hours (<1000 gm infants may be fed by continuous drip)	1	3 ml x 4			24
	2	5 ml x 4			
	3	8 ml x 4			17
	4	10 ml x 8			26
	5		10 ml x 8		64
	6		12 ml x 8		77
	7		14 ml x 8		90
	8		16 ml x 8		102
	9		18 ml x 8		115
1500 gm infant - Feedings every three hours	1	5 ml x 4			27
	2	8 ml x 4			
	3	10 ml x 4			
	4	13 ml x 4	13 ml x 4		42
	5		17 ml x 8		73
	6		20 ml x 8		85
	7		23 ml x 8		98
7		30 ml x 8		128	
128				128	
160				160	
Birth Weight	Day	10 cal/oz	20 cal/oz	cal/kg/d	ml/kg/d
2000 gm infant - Feedings every three hours	1	10 ml x 4			25
	2	15 ml x 8		20	60
	3	20 ml x 4	20 ml x 4	40	80
	4		25 ml x 8	67	100
	5		30 ml x 8	80	120
	6		40 ml x 8	107	160
	7		45 ml x 8	120	180
	8			then feedings every 4 hours	
2500 gm infant - Feedings every three hours	1	10 ml x 4			
	2	15 ml x 4	20 ml x 4	32	64
	3	20 ml x 4	25 ml x 4	54	80
	4		30 ml x 4		
	5		35 ml x 4	70	104
	6		40 ml x 4		
		50 ml x 4	96	144	
		60 ml x 8	129	192	
			then feedings every 4 hours		

NOTE: First feeding for all babies is sterile H₂O. For term babies, breast milk is preferred. A cow's milk or soy-based formula may be used initially after the sterile H₂O feeding. If a soy-based formula has been started, a more standardized cow's milk based formula should be substituted after tolerance of the full-strength soy formula for 2-3 days. For the premature infant, particularly those <1500 gm birth weight, a premature infant formula, breast milk or a soy-based formula may be used after the sterile water feeding. For the premature infant started on a soy-based formula, 24 cal/oz premature formula should be substituted within seven days. For these infants, breast milk may need to be fortified or alternated with one of the premature infant formulas to supply adequate amounts of calcium, phosphorus, sodium and protein.

Vitamins should be considered for preterm infants receiving less than 750 ml per day (unless on EPF) and/or any infant on breast milk.

Many infants will tolerate a more rapid increase in volume of feedings.

This feeding schedule should **not** be used for healthy full-term infants.

This feeding schedule is a guide only — it often will need to be modified.

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