



ASEAN PREMATURITY DAY

For Nurses & Midwives

Organised By:



Best Practices For An Optimum Workplace Experience

Key Challenges Experienced in the Workplace



Manpower issues



Work schedule – shifts, long duties



Physical demands



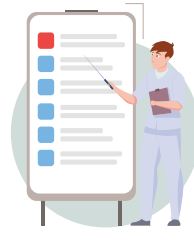
Emotional involvement with patient lives



Anger, abuse and discrimination



Exposure to risk



Other issues

Building Resilience and Beating Burnout



MANAGE The Superhero

- Best physical and mental performance under medium pressure (do not overload).
- Include intentional breaks for improved focus during work time.



TAME The Worrier

- 70 – 80% of thoughts can be negative.
- Make positive changes in channeling focus and energy for better mental health.



CHECK The Story

- Assess and identify threats or opportunities in various scenarios to come up with the best response.
- E.g. new environment, lack of staff, shift work, angry individuals.



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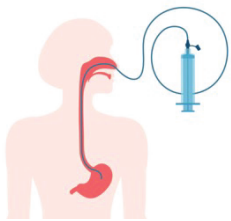


Safe Feeding Guidelines For Preterm Infants

Parenteral Nutrition



- Lifesaving therapy in cases of impaired gastrointestinal (GI) function secondary to congenital anomalies, prolonged GI intolerance or necrotizing enterocolitis (NEC).
- Offered in cases of birthweight under 1,500g / born at under 31 weeks.
- Recommended in cases where enteral feeding cannot be established, or needs to be stopped for a period of at least 48 hours. Parenteral nutrition can be stopped once baby tolerates enteral feeds that deliver the recommended nutritional volume intake, taking into account other factors and circumstances.



Enteral Nutrition

Colostrum

Small volume but higher protein among preterm infant mothers.



Donor Breastmilk

- Used in the absence of mother's own breast milk for infants at high risk of NEC.
- Use should be limited to establishing feeds in potentially high-risk infants or as short term support for infants with mothers seeking to establish expression.



Preterm Formula Milk

Indications for use:

- Infants born < 34 weeks at birth weight < 2,000g where breast milk options are unavailable.
- Feed to initial volume of 150 ml / kg as indicated by weight gain and volume tolerance.



Continuous monitoring of weight gain and height measurements should determine the need and continuation of parenteral nutrition. Enteral feeding should be initiated as soon as possible, especially for stable infants.



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Nutrition Management Of Premature Infants Upon And Post-discharge

Transitioning from Hospital to Home



Home Feeds Planning

- Monitor tolerance of home feeding regimen.
- Switch to post-discharge formula 1/2 days before leaving the hospital (if insufficient expressed breastmilk).



Home Feeds Planning

- Provide instructions on feed preparations.
- Encourage breastfeeding / provision of breastmilk to infant.
- Advise on feed plan.



Home Feeds Planning

- Consideration of parental goals.
- Recommendation of speech therapist if required.



Nutrition Goals At Follow-up

- Promote adequate growth catch-up
- Promote breastmilk feeding
- Prevent under- or overfeeding
- Address macronutrient or micronutrient deficits

Nutritional requirements reduce as infants are near term for gestational age (GA):

GA (Weeks)	34 – 36	39 - 41	Term Infant
Energy (kcal/kg)	127	110	102
Protein (g/kg)	3.1	2	1.5

When to consider fortification of expressed breastmilk with post-discharge formula?



Significant decline in weight z-score at discharge.



Birth weight <1.25kg with acceptable growth but poor bone status.



Persistent sub-optimal weight gain.



Intrauterine growth restriction (IUGR) with acceptable growth but poor bone status.

Individualised factors may also impact infant growth and need to be monitored. From this, suitable feed plans can be prepared to ensure nutrition needs are met.



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