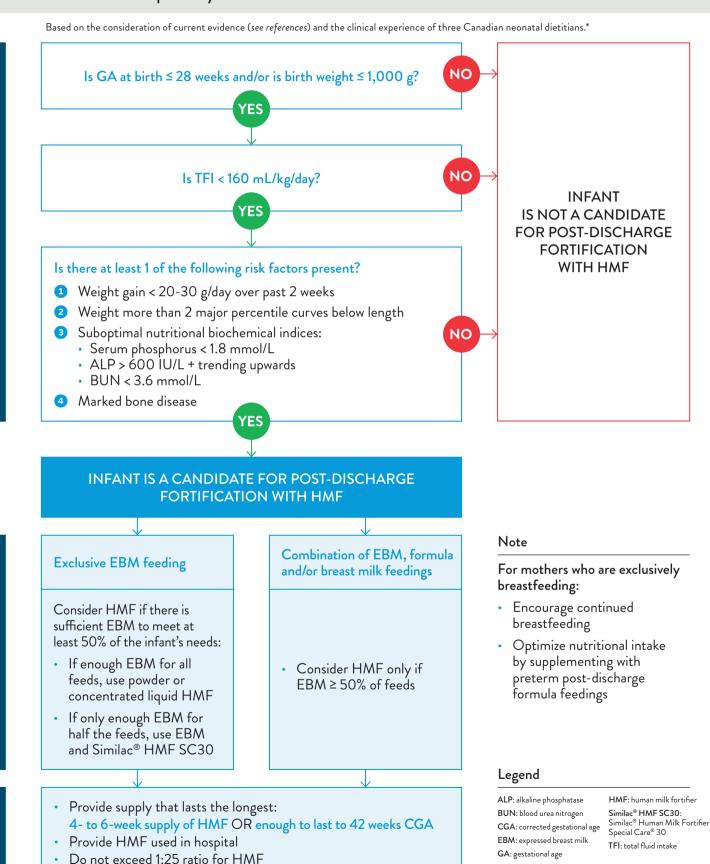
## CONSIDERATIONS FOR HOME USE OF HUMAN MILK FORTIFIER (HMF)

## A Decision Aid Developed by Canadian Neonatal Dietitians



## Is any one of the following criteria fulfilled?

- 40-42 weeks CGA
- Adequate growth velocity for GA
- Excessive growth velocity (> 40 g/day)
- Weight ≥ 3.6 kg
- TFI > 160 mL/kg/day
- Biochemical indices WNL if previously abnormal

Consult a pediatric outpatient dietitian:

NO

- Assess further need of
- Assess requirement for nutrition intervention



YES

Is TFI > 180 mL/kg/day? Is growth adequate for GA?

Are nutritional biochemical indices normal?



Transition to

breastfeeding/unfortified EBM

PDF (22 Cal/oz) if BM not available

- · Feed a combination of EBM bottle feeds and 24 Cal/oz preterm postdischarge formula feeds
- Use preterm, postdischarge formula exclusively if mother is not breastfeeding and EBM is not available

Consult a pediatric outpatient dietitian to assess need for additional follow-up or nutrition intervention

## Legend

BM: breast milk HMF: human milk fortifier CGA: corrected gestational age PDF: post-discharge formula TFI: total fluid intake EBM: expressed breast milk GA: gestational age WNL: within normal limits

\* Thank you to Kirsten Kotsopoulos, RD, Jessny Maureaye, RD, and Natalie Millar, RD for their careful consideration of current evidence-based practice in the development of this practice algorithm intended to provide guidance on community use of HMF. Research supports the fortification of preterm infant feedings post discharge and there are several key studies evaluating the use of HMF for this purpose. Additional research on the post-discharge use of HMF would be beneficial. Health care professionals are encouraged to adapt their practice according to the clinical context and their professional judgement.

This tool is made available by Abbott Laboratories Co.

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