**Probiotics**

**Background:** Strong evidence now exists that probiotics significantly reduce NEC and mortality in preterm babies (1). There is also evidence that they improve feed tolerance and are safe (2). The use of Infloran (Lactobacillus acidophilus / Bifidobacterium infantis) is established (3). Reduction in bacterial diversity through the use of antibiotics is harmful and can lead to significant morbidity and mortality (4).

**Options:**
Any baby born <34 weeks or <1500 g  
± Any other baby admitted to NICU and given antibiotics (Consultant Decision)

**Procedure:**
Start on Day 0. No parental consent is needed, but an information leaflet is provided in each admission pack.
Prescribe Infloran 250 mg (one capsule) once daily (each organism approx. 1 x 10^9 cfu)
Open capsule and mix contents with 1.0ml of 0.45% saline/EBM/DEBM
Give by nasogastric tube or, in a baby who is feeding independently, give orally via a syringe

**When to stop probiotics:**
Consider withholding in any baby who is seriously unwell, septicaemic, and/or has NEC – please discuss with attending consultant

Stop on discharge home. If being transferred to another hospital, the probiotic may be given on the day of transfer if due, but will not be continued in the receiving hospital unless they also have a policy of giving probiotics.

**References**
(1) Probiotics for the prevention of NEC in preterm infants. AlFaleh K, Anabrees J. Cochrane 2014 [LINK]
(3) Hartel C et al. Prophylactic Use of Lactobacillus acidophilus/Bifidobacterium infantis Probiotics and Outcome in Very Low Birth Weight Infants J. Pediatrics (165),2,285-289 August 2014 [LINK]

**Guideline**
Written by Dr Peter Reynolds, Neonatal Consultant  
Agreed by Neonatal Consultants and Nurses, updated Feb 2015  
Review date Feb 2016