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 ideally. 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 /EBM/DEBM/0.45% saline
Give by nasogastric tube or, in a baby who is feeding independently, give orally via a syringe
NOTE: if baby’s feed volume is <1.0ml, it is fine to give the (1ml) probiotic dose. If it is mixed with milk, that can be counted as the feed. If not mixed with milk, it is given as an “extra”.

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

Guideline
Written by Dr Peter Reynolds, Neonatal Consultant
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