Probiotic use on the Neonatal Unit

Information for parents

We can provide interpreters for a variety of languages, information in larger print or other formats (e.g. audio) - please call us on 01932 723553.

To use the Text Relay service, prefix all numbers with 18001.
Probiotics use for babies

Information for parents

Your views are most important and we want to keep you fully informed about how we plan to care for your baby. This leaflet explains some important feeding issues in premature babies including the use of probiotics.

We wish to inform you about a relatively new probiotic product, *Infloran*, which we give to certain babies, with the aim of protecting your baby and improving feeding outcomes.

What is different about feeding premature babies?

We know that premature babies tolerate milk best if it is introduced gradually. Until they are able to tolerate enough milk, we feed most premature babies with a special intravenous liquid feed called Parenteral Nutrition (“PN”) which contains amino acids, sugar, fat, vitamins and minerals to help your baby to grow.

Some babies find digesting milk difficult and take longer than others to manage this. Most babies remain very well, but around 5% of premature babies become unwell with a condition called ‘NEC’ (Necrotising Enterocolitis) in which there is inflammation of the gut.
About this leaflet

We hope that the information in this leaflet has been useful and clear. If you think that the leaflet could be improved, then please do tell us or leave comments in the comment box in the waiting area on the Neonatal Unit. Thank you.

Most babies who get NEC recover fully, but it can sometimes be serious, sometimes needs an operation, and can occasionally be life-threatening.

What can we do to try and prevent NEC?

Your choice in how you will feed your baby is one important factor. Breast milk is the best milk for your baby. It reduces the risks of bowel problems including NEC. Even small amounts of breast milk are important for your baby.

Early expression of breast milk starting as soon as possible after birth and ongoing frequent expression of breast milk are important for optimal early nutrition of your baby and successful lactation. We will support and encourage you if you choose to express breast milk.

If you are unable to or choose not to express breast milk we will advise on the most suitable alternatives, including donor breast milk.

Probiotics

There is now very good evidence that giving preterm babies small amounts of ‘healthy’ bacteria in their milk (like those bacteria found in live yoghurts and probiotic drinks that are now available in our supermarkets) reduces the risk of NEC, including in babies fed breast milk. These ‘healthy’ bacteria are called probiotics.
Is this a standard treatment?

It has been standard treatment in many neonatal units worldwide for many years. A number of neonatal units in the UK have now started giving probiotics routinely to preterm babies in the past few years, though it is not yet widespread practice in all units.

What do we know about probiotics and preterm babies?

Probiotics to prevent NEC have now been studied in over 7000 preterm babies. The evidence clearly shows that probiotic bacteria (specifically bifidobacteria and lactobacilli) are effective in reducing the incidence of NEC by more than half, and also reduce mortality. This means that probiotics protect babies against NEC and improve their survival chances.

Probiotics also improve the tolerance of milk feeds and may reduce gastro-oesophageal reflux, and may be used in more mature babies.

Are there any risks of being given probiotics?

Some people worry that a baby may actually get an infection from the probiotic bacteria, although so far this did not happen in any of the several thousand babies studied in the clinical trials.

In the unlikely event that this happened we have antibiotics available that kill probiotic bacteria. Rare cases of infection reported so far were relatively minor and easy to treat. The studies show that probiotics are safe to give.

How do we give probiotics?

We plan to start giving your baby probiotics on the first day (via the feeding tube, mixed into a little milk). We will normally carry on giving the probiotics once daily with the milk feeds until your baby reaches around 34 weeks corrected age, or until their discharge/transfer, whichever is sooner. Sometimes we may consider probiotics to be suitable for more mature babies if they have received a lot of antibiotics for example, or if they are having feeding difficulties.

If your baby is transferred back to your local hospital before 34 weeks corrected age, because probiotics are not yet widely used in other UK neonatal units, it is unlikely that ongoing probiotic treatment will be available after transfer.

Although probiotics are classed as food supplements in the UK, the production and quality control of the probiotic we will give to your baby (‘Infloran’) meets the highest standards as used in the manufacture of drug products. Infloran is a combination of lactobacillus and bifidobacterium.

Who should I ask if I have any queries?

The Doctors and Nurses on NICU should be able to answer any questions you might have about this or any other matters.