The Special Nutritional Needs of Premature Infants

Premature infants are often discharged from the hospital with a body weight well below that of a healthy term infant at birth⁵. In fact, studies suggest that premature infants are often discharged weighing little more than half the appropriate weight for a term infant at the equivalent CA². At hospital discharge, premature infants often have low body stores of nutrients and deficient bone mineralization, plus they need more calories¹. That makes sense, given that these babies were born early and without the benefit of the last few weeks of development in the womb. In one study, to be considered premature, the requirement for inclusion was a birth weight below 1750 g².

In the hospital, premature infants receive specially designed preterm infant formulas designed to meet their increased nutritional needs². They can’t usually stay on these formulas when released from the hospital, however, because there is a real possibility that these concentrated formulas would give them too high levels of some fat-soluble vitamins, which could be dangerous⁶.

Therefore, special nutrient-enriched post-discharge formulas have been developed². They provide the extra vitamins and nutrients premature infants need, like more protein and calcium. A double-blind, randomized study conducted by Carver et al evaluated the growth of premature infants with birth weights <1800 g who were fed a nutrient-enriched formula (22 Calories/fl oz) or a term formula (20 Calories/fl oz) from hospital discharge to 12 months’ CA¹. The results showed that growth was improved in premature infants fed a nutrient-enriched post-discharge formula after hospital discharge to 12 months’ CA¹.

It is likely that both breastfed and formula-fed premature infants will need nutritional supplementation after hospital discharge⁵. So it makes sense for this to be a post-discharge formula like Enfamil® EnfaCare®, rather than a standard term formula² and to have moms continue it until 9 to 12 months’ CA¹².

The Enfamil EnfaCare Differences

Enfamil EnfaCare has a more nutrient-dense composition than Enfamil PREMIUM® and was designed to provide added nutrients in the same caloric density, so a premature infant can receive extra nutrients in the same quantity of formula. This can be especially important in tiny stomachs.

**Protein:**

The level of protein in Enfamil EnfaCare is 2.8 g/100 Calories, which is 33% more protein than that in Enfamil PREMIUM formulas.

**Calcium:**

The calcium level of Enfamil EnfaCare is 120 mg/100 Calories, which is 54% more calcium than that in Enfamil PREMIUM formulas. The calcium:phosphorus ratio is about 1.8:1, similar to that of human milk*.

The Importance of DHA Levels

Enfamil® EnfaCare® has a DHA level similar to the average worldwide level of breast milk†.

†Average level of DHA in worldwide breast milk is 0.32±0.22% (mean ± standard deviation of total fatty acids) based on an analysis of 65 studies of 2474 women.

Premature infants fed Enfamil EnfaCare, in a program of Enfamil formulas‡, achieved growth similar to that of healthy breastfed infants⁴

Nourish the brain to help premature infants achieve developmental milestones⁴

Post-discharge Nutrition

Premature infants are discharged increasingly earlier⁴, so proper post-discharge nutrition can be especially important. Studies show post-discharge formulas are successful in promoting growth when continued until 9 to 12 months¹². That’s why continuing to feed Enfamil EnfaCare is so important. It’s one less thing for new moms to have to worry about.

Moms can trust Enfamil EnfaCare to nourish their post-discharge preterm infants and help support their premature infants in achieving developmental milestones.