Nutrition For Low Birth Weight Infants

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In 2015, 20.5 million newborns, an estimated 14.6 per cent of all babies born, met the World Health Assembly (WHA) nutrition target to reduce low birthweight. In the past, initiation of nutritional support of very low birthweight (VLBW) infants was delayed because of concerns about the safety of nutrient administration.


Infants born with low birth weights (≤2500 g, LBW), accounting for about 15% of newborns, have a high risk for postnatal growth failure.


Very low birth weight (VLBW) refers to infants born between 1,000 and 1,500 grams (2.2 pounds). They can easily fall into a cycle of not getting enough to eat, becoming malnourished, and continuing to lose weight. Development continues, but the rate of weight gain is slow. Parenteral nutrition (PN) can be used to achieve the target weight gain.

Energy intakes need to be 90–100 kcal/kg/day for optimal growth, but such an intake can usually not be achieved for several days after birth.

If your baby's birthweight was lower than normal due to premature birth or some other reason, you may need to supplement his or her diet with extra protein and calories. The overall rate of these very small babies in the United States is increasing. HMBANA board member Dr. Nancy Wight is the first author of “Nutritional Support of the Very Low Birth Weight (VLBW) Infant.”

Although feeding mother's milk to very-low-birth-weight infants can help protect against life-threatening complications, many mothers are unable to do so. Parenteral nutrition on growth of low birth weight infants, Qiaoling Wu, Xin Yuan, Shaofeng Wang, Xia Li, Bingjuan Han, Xue Li, Yue Zhuo.