

**Yurika Erliani<sup>1</sup>, Ria Yoanita<sup>2</sup>***<sup>1</sup>Medical Degree staff of Neonate ward of Sekayu Hospital, South Sumatera, Indonesia**<sup>2</sup>Pediatric Specialist of Sekayu Hospital, South Sumatera, Indonesia***Address for Correspondence: serviceheb@gmail.com****Background**

The WHO report cited from State of the world mother 2007 (2000-2003 data) stated that 27 % of neonatal deaths caused by under-month infants and low birth weight.<sup>1</sup>

**Case illustration**

A 27-week-old girl with a birth weight of 845 grams, was born spontaneously from G3P2A0 with a history of premature rupture of the membranes during the week. No signs of respiratory distress. There was found leukocyte count reached 39700 cells/ $\mu$ L. Antibiotics given intravenously starting the first day until the 7<sup>th</sup> day. Parenteral nutrition using 10% dextrose and was replaced using KAEN 4A and 5% aminofusinpae and priming using breast milk 3 mL per 6 hours was carried out via OGT. Enteral feeding was increased by 2 mL per 2 hours per day by looking at drinking tolerance. At the age of 15 days, the baby was getting standard formula milk nutrition (1:25 mL) 20 mL per 3 hours. At age 23, baby with late-onset neonatal sepsis. At the age of 44 days, the baby's condition is stable, the suction reflex is rather strong, and weighs 1600 grams.

**Discussion**

Early feeding is an important part of the care of premature babies to encourage growth and maturation of the gastrointestinal tract.<sup>2</sup> In premature babies with very low birth weight (VLBW), parenteral nutrition should be given before enteral feeding can be given properly.<sup>2</sup> It is recommended that drinking be started within the first 24 hours.<sup>3</sup> A meta-analysis study comparing early feeding (<2 days) and late feeding (>2 days) in preterm infants received a mean weight gain of 70 grams/kgBW/week in the early group feeding and 71 grams/kgBW/week in the late feeding group.<sup>4</sup> Weight gain every week is the standard used to determine adequate postnatal growth.<sup>5</sup>

## References

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