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CLIPPINGS

A randomized trial of preterm formula fortification of breast milk in preterm infants (JAMA Pediatr. 2021;175:790-796)

Preterm infants often require fortification of expressed breast milk with human milk fortifiers (HMF) for achieving optimal growth which is often costly and barely affordable by many in Indian scenarios. Also the long term benefits of HMF in terms of growth and neurodevelopment are uncertain. Hence in this double blind control trial Chinnappan etal randomized 123 preterm neonates of less than equal to 34 wks. gestation and receiving at least 100 ml/kg of oral feed or 75% of total feeds as EBM to receive EBM fortified either with HMF or preterm formula (PTF). Outcomes compared were weight gain at discharge or 40 weeks (primary outcome with a noninferiority margin of 2 gm/kg/day)), common morbidities like incidence of NEC, feed intolerance and presence of extra uterine growth retardation at discharge (secondary outcomes). Baseline characteristics of enrolled infants were similar. The primary outcome was noninferior in the PTF as compared to HMF group (mean weight gain15.7 ±3.9 vs 16.3 ± 4.0 g/kg/d; mean difference, -0.5 g/kg/d; 95% CI, -1.9 to 0.7). There was fewer incidence of feed intolerance (1.4 vs 6.8 per 1000 patient-days; incidence rate ratio 0.19; 95% CI, 0.04 to 0.95), as well as the need to stop fortification for more than 24 hrs. in HMF group as compared to PTF group. The rest of the secondary outcomes were similar. In this trial emphasized that use of preterm formula might be a better option for fortification, especially in resource-restricted settings.

Antenatal Dexamethasone for Early Preterm Birth in Low-Resource Countries (N Engl J Med 2020; 383: 2514-25)

This multicountry, randomized trial was conducted with an objective to find out the safety and efficacy of antenatal glucocorticoids in women in low-resource countries who are at risk for preterm birth. A total of 2852 women from 29 secondary- and tertiary level hospitals across Bangladesh, India, Kenya, Nigeria, and Pakistan underwent randomization. The participants were assigned to intramuscular dexamethasone or identical placebo. The primary outcomes were neonatal death alone, stillbirth or neonatal death, and possible maternal bacterial infection; neonatal death alone and stillbirth or neonatal death were evaluated with superiority analyses. The possible maternal bacterial infection was evaluated with a noninferiority analysis with the use of a prespecified margin of 1.25 on the relative scale.

The study revealed that the use of dexamethasone resulted in significantly lower risks of neonatal death alone (relative risk, 0.84; 95% confidence interval [CI], 0.72 to 0.97; P=0.03) and stillbirth or neonatal death (relative risk, 0.88; 95% CI, 0.78 to 0.99; P=0.04) than the use of placebo. There was no increase in the incidence of possible maternal bacterial infection alsowas no significant difference in adverse events inbetween groups. The study highlighted that antenatal dexamethasone is safe and efficacious for early preterm birth in low resource countries. Authors advised to conduct further study to determine the most appropriate dosing regimen and safety and efficacy in late preterm pregnancy.

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