Vitamin and Mineral supplementation for neonates

BRIEF ADMINISTRATION GUIDE

For detailed information refer to The Australasian Neonatal Medicines Formulary

Note: Shaded text indicates where Health NZ Waikato practice differs from ANMF

1. Medicine

1.1. Indications:

Prematurity (see specifics in table under 1.3 Dose)

- For fat soluble vitamin supplementation (Vitamin A, D, E and K) in fat malabsorption conditions, please refer to <u>Management of Conjugated Hyperbilirubinaemia in NICU procedure (1486)</u>
- For calcium and phosphate supplementation for metabolic bone disease, please refer to <u>Metabolic Bone Disease of</u> <u>Prematurity (6474)</u> and the <u>calcium oral (2903)</u> and <u>phosphate oral (6370)</u> guidelines
- For vitamin K (phytomenadione) refer to <u>Vitamin K (phytomenadione) for neonates (2980)</u>
- For iron refer to Iron (ferrous sulfate) for neonates guideline (6629)

1.2. Route and Presentation:

Oral

- Retinol (Vitamin A) supplied as Vitamin A oral drops 333.3 microgram per 1 drop (=1111 units per drop) (prepared by Optimus)
- Cholecalciferol (Vitamin D) supplied as cholecalciferol oral drops 10 microgram per 1 drop (= 400 units per drop) (Puria®)
- Folic acid available as 50 microgram/mL oral liquid (prepared by Biomed)

Note: vitamin A (Optimus brand) and folic acid (Biomed brand) are Section 29 products

1.3. Dose:							
Supplement	RDI	Indication	Dose	Duration			
Retinol (Vitamin A)	250 microg/day	<37w or <2.5kg, *hold dose while on SMOF lipid	<mark>333microgram</mark> = 0.03ml daily	Until discharge (<u>not</u> prescribed on postnatal ward)			
Cholecalciferol (Vitamin D)	5 microg/day 400-1000 IU/day	 all infants from Day 1, *hold dose while on SMOF lipid low serum vitamin D levels 	If current weight is ≤ 1 kg give <mark>2 drops</mark> once daily If current weight is > 1 kg give 1 drop once daily	Until first birthday (prescribe for babies on postnatal ward)			
Folic acid	50 microg/day	<37/40, Breastmilk only (at least 50%)	1ml (50 microgram) daily	Until discharge (<u>not</u> prescribed on postnatal ward)			

2. Preparation and Administration

2.1. Compatible fluids:

Breastmilk, artificial formula, sterile water for dilution

2.2. Administration method

- Draw up prescribed dose in an oral syringe or use dropper provided with the bottle
- 2.3. Monitoring:
- As per clinical requirements (no special monitoring required for vitamin supplementation)

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2.4. Storage and Stability

- Store at room temperature, below 25°C
- Vitamin A: Once opened, store refrigerated and discard after 60 days.
- Vitamin D: Once opened, use within 90 days.
- Folic acid: Discard 7 days after opening
- Bottles for all supplements are shared between babies **except cholecalciferol (Vitamin D).** Each baby should be given their own cholecalciferol bottle to ensure the dropper remains clean.

2.5. Competency for Administration:

This procedure is carried out by, or under, the direct supervision of a registered nurse/registered midwife who holds current Health NZ Waikato Generic Medicine Management skills verification.

3. Associated Documents

- Management of Conjugated Hyperbilirubinaemia in NICU procedure (Ref. 1486)
- Vitamin K (phytomenadione) for neonates drug guideline (Ref. 2980)
- Metabolic Bone Disease of Prematurity (Ref. 6474)
- Calcium oral for neonates drug guideline (Ref.2903)
- Phosphate Oral for neonates drug guideline (Ref.6370)
- Iron (ferrous sulfate) for neonates drug guideline (Ref. 6629)
- Probiotic (Infloran) for neonates drug guideline (Ref.2931)
- Fluid orders for neonates guideline on refeeding syndrome (5439)

4. References

- ESPGHAN Committee on Nutrition (Ref: J Ped Gastro Nutr. Jan 2010; 50(1): 85-91)
- Eur Pediatr. 2015; (174:565-576) an expert position paper
- <u>https://www.starship.org.nz/guidelines/osteopenia-of-prematurity</u>
- Matejek T et al. <u>Parathyroid hormone reference values</u> and association with other bone metabolism markers in very low birth weight infants. J Mat-Fet and Neonatal Med. 2019.
- <u>Nutrient Reference Values for Australia and NZ including recommended dietary intakes.</u>

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