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Rapid Enteral Feeding in Preterm Neonates: NEC and Survival

Drs. Salhotra and Ramji must be congratulated on publishing the randomized controlled trial on fast advancement of enteral feeds(1). The write-up however ignores mortality from different causes, in the two groups. There seems to be an important message, which needs to be highlighted.

In the slow advancement of feeds (slow fed) group 53.8% completed the trial – the rest died (mortality 46.2%). In the fast advancement of feeds (fast fed) group, 74% completed the trial and only 26% died. 10 babies in the slow fed group died of sepsis compared to 3 in the fast fed group. Babies fed slowly, regained birth weight later. Their poor nutrition probable made them more vulnerable to infections.

Two babies in the fast fed group died of necrotizing enterocolitis (NEC), compared to none, in the slow fed group. These babies with NEC, also developed sepsis. Even

adding these, the total deaths from sepsis was 5 in the fast fed group. The death in the slow fed group was twice this number.

The death from sepsis is often slower and less dramatic than that from NEC and physicians do not recall it, that easily. What sticks in the mind is the odd case of NEC, developing in a child with rapid advancement of feeds. It requires a randomized-control-trial, like the present one, to bring out the increased mortality in the slow fed group. The present study suggests that every effort must be made to advance feeds rapidly, notwithstanding the slightest increase in NEC.

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