

Rate of advancement of feeding volume does not impact survival

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groups, respectively (adjusted risk ratio, 0.96; 95 percent confidence interval, 0.92 to 1.01; $P = 0.16$). Late-onset sepsis occurred in 29.8 and 31.1 percent of infants in the faster- and slower-increment groups, respectively (adjusted risk ratio, 0.96; 95 percent confidence interval, 0.86 to 1.07). Necrotizing enterocolitis occurred in 5.0 and 5.6 percent of [infants](#) in the faster-increment and slower-increment groups, respectively (adjusted risk ratio, 0.88; 95 percent [confidence](#) interval, 0.68 to 1.16).

"The speed of increment in feeding volumes also did not affect the risks of late-onset sepsis, necrotizing enterocolitis, or death during hospitalization," the authors write.

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(HealthDay)—For very preterm or very low-birth-weight infants, advancing feeding volume in faster increments versus slower increments is not associated with a difference in survival without moderate or severe neurodevelopmental disability at 24 months, according to a study published in the Oct. 10 issue of the *New England Journal of Medicine*.

Jon Dorling, M.D., from Dalhousie University in Halifax, Nova Scotia, Canada, and colleagues randomly assigned very preterm or very [low-birth-weight](#) infants to daily milk increments of 30 mg/kg body weight (faster increment, 1,224 infants) or 18 mL/kg body weight (slower increment, 1,246 infants) until they reached full feeding volumes. Survival without moderate or severe neurodevelopmental disability at 24 months was assessed as the primary outcome.

The researchers found that the primary outcome occurred in 65.5 and 68.1 percent of infants assigned to the faster- and slower-increment

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