Government of Western Australia
North Metropolitan Health Service
Women and Newborn Health Service

NEONATAL MEDICATION GUIDELINE

PROBIOTIC SUPPLEMENT

Triple Bifidus which contains: *B. breve* M-16V, *B. infantis* M-63, *and B. longum* BB536

Scope (Staff):	Nursing, Medical and Pharmacy Staff
Scope (Area):	KEMH NICU, PCH NICU, NETS WA

This document should be read in conjunction with the Disclaimer.

Quick Links

Dose	Preparation & Administration	Side Effects & Interactions	Monitoring

Restrictions

Formulary: Unrestricted* (see dose section below)

Description

Probiotic - Triple Bifidus which contains: *B. breve* M-16V, *B. infantis* M-63, *and B. longum* BB536

Presentation

Sachet: 6 billion organisms (2 billion organisms of each strain) per 2 g sachet.

Storage

Store dry powder sachet at room temperature, below 25°C.

Dose

Prevention of necrotising enterocolitis (NEC) in preterm infants born at < 35 weeks gestation.

Do not prescribe unless consent has been confirmed.

**Restricted to inpatients of special care nursery. Discontinue when infant reaches 37 weeks corrected gestation or upon discharge from the neonatal unit.*

Oral:

Minimal enteral feeds (<50 mL/kg/day) – 1 mL of reconstituted supplement ONCE a day.

Nutritive enteral feeds (≥ 50 mL/kg/day) – 1 mL of reconstituted supplement TWICE a day.

Nil by Mouth - Probiotic supplement should be **WITHHELD**. See Administration section for more information regarding withholding probiotic supplementation.

Preparation

Reconstitute with sterile Water for Injection.

Oral

To prepare 6 mL of solution:

Reconstitution: Dilute the contents of **1 sachet (2 g)** with **5 mL water for injection** in a 10 mL syringe to make a final volume of **6 mL of reconstituted solution**.

Transfer 1 mL doses into individual oral syringes for each baby and discard remaining solution.

To prepare 12 mL of solution for multiple doses:

Reconstitution: Dilute the contents of **2 sachets (4 g)** with **10 mL water for injection** in a 20 mL syringe to make a final volume of **12 mL of reconstituted solution**.

Transfer 1 mL doses into individual oral syringes for each baby and discard remaining solution.

Unused reconstituted solution must be discarded after 30 minutes.

Administration

Do not administer unless consent has been confirmed.

- Administer dose immediately after reconstitution. Do not administer any later than 30 minutes after reconstitution.
- Administer after a feed or with at least 1 mL of feed.

Withholding of probiotics:

- Sepsis and NEC are associated with leaky gut and increased risk of bacterial translocation. Hence, continuation of probiotic supplementation during a period with suspected sepsis or NEC (e.g., change in abdominal findings, rising or high CRP) is best avoided. Continuation of milk feeding during the period of suspected sepsis or NEC will be at the discretion of the attending neonatologist.
- Consider withholding probiotic supplementation during periods of active immunosuppression. Avoid their use in leukemia, other malignancies and confirmed immunosuppressive disorders. Probiotics can be continued in infants on dexamethasone for CLD.
- Probiotic supplementation should be withheld while infant is ‘nil by mouth’.

Side Effects

Common: Diarrhoea

Serious: Nil

Comments

- Perform adequate hand hygiene protocols prior to reconstitution.
- Unused reconstituted solution must be discarded after 30 minutes.

Related Policies, Procedures & Guidelines

TGA redcap form – Doctor to complete when prescribing for the *first time* in the nursery.

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