

**BHS Prematurity Screening Guidelines**

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|  | **Who** | **What** | **When** |
| **Vitamin D deficiency** | < 37/40 or< 2 kg BW orMaternal risk factors (vit D def, dark skin, veiled) | **Cholecalciferol**: 500 international units (0.1 ml) oral daily | **Start** D5 (day 5)**Stop** 12 months corrected age |
| **Anaemia of prematurity** | < 34/40 or< 2 kg BW | **Ferrous sulphate** (Ferro-liquid) 6 mg/ml elemental Fe: 0.5ml (< 2 kg), 1.0ml (>2 kg)  | **Start** D14\* if tolerating full feeds**Stop** 6 months corrected age and taking some solids *\* not required if on pre-term formula or fortified EBM* |
| **Osteopenia of prem.** | < 28/40 or< 1 kg BW (ELBW)Screening: ALP, Ca, PO4 (and FBE/retics) 2nd weekly from 32/40 CGA until 36/40 CGA | **Calcium** 2 mmol/kg/day & **Phosphate** 2 mmol/kg/day NGT/oral bd dosing- adjust dosing for weight only if bloods abnormal | **Start** if PO4 ≤1.8 mmol/L or ALP ≥ 600 IU/L, recheck weekly bone bloods if on supplements, or 2nd weekly from 40/40 CGA if on supplements > 36/40**Stop** at 36/40 if bloods normal or at/after 40/40 CGA if 2 x bloods normal |
| **Neurological screening** | < 32/40 or ≥ 32/40 with risk factors (microcephaly, seizures, hypotonia, severe TCP, HIE, etc.) | Cranial ultrasound | 1st: Day 2/3\*2nd: Day 14\*3rd: 36/40 CGA\**\* timing can be adjusted to correlate with referring tertiary hospital* |
| **Retinopathy of prem. (ROP)** | < 30/40 or< 1250 g BW or> 1250 g BW/≥30/40 with risk factors (twin-twin transfusion, nitric oxide, hydrops, severe sepsis, IVH grade 3-4, ventilator requirement > 1 week) | Retinopathy screen occurs on Tuesdays (inform ophthalmology prior and write up eye drops the day before) | **Start** 30-32/40 CGA then- 1-2 weekly if high risk- 2-3 weekly if low risk**Stop** once retina fully vascularized (approx. 36/40 CGA)- some infants require post term screening to exclude late ROP |

BW – birth weight

CGA – corrected gestational age

TCP - thrombocytopenia

HIE – hypoxic ischaemic encephalopathy