



Vitamin & Mineral Supplementation for pre-term and small for gestational age (SGA) infants – Summary advice for primary care prescribing post hospital discharge

- The below guidance has been summarised from the three local acute trusts Neonatal guidelines to support appropriate primary care prescribing (Salisbury Foundation Trust, Royal United Hospital NHS Foundation Trust and Great Western NHS Foundation Trust)
- These vitamin guidelines are based on the British Dietetic Association Neonatal Dietitians endorsed clinical guidelines – *The routine supplementation of vitamins and iron and the management of zinc deficiency in preterm and small for gestational age infants [here](#)*
- Always follow the prescribing advice from your discharging hospital trust/specialist or contact them directly if you have queries.

1. Multivitamin Supplements (Abidec Multivitamin Drops):

Infants born < 37 weeks regardless of weight		
Feed Type	Multivitamins required	When to stop
Fortified breast milk (SMA GoldPrem® or Nutriprem®) Nutriprem® 1 & 2 SMA GoldPrem® 1& 2 Standard/Specialist/High calorie Term formula Unfortified breast milk	Abidec 0.6ml OD *See alternatives listed later in document if out of stock (Caution contains peanut oil. Manufacturers guidance is to avoid in patients with peanut or soya allergy.)	GP to continue until 12 months of age



2. Iron Supplements (Sodium Feredetate 27.5mg/5ml):

Feed Type	Dose of Sodium Feredetate 27.5mg/5ml		When to stop
	AT BIRTH: Pre-term and birth weight <1.8kg	AT BIRTH: Term or LMPT* and birth weight 1.8kg -2.5kg	
Fortified breast milk with Nutriprem® fortifier	WW**≥1.5kg	1ml OD	GP to continue until 6 months of age if born at term and <2.5kg or 12 months of age if pre-term
Breast milk or predominantly breast milk in combination feeding	1ml OD		
Standard/Specialist/High Calorie Term Formula	0.5ml OD		GP to continue until 6 months of age if born at term and <2.5kg or 12 months of age if pre-term
Nutriprem® 1& 2 SMA GoldPrem® 1&2 Fortified breast milk with SMA GoldPrem Fortifier	None		N/A

*Late to moderate pre-term, i.e. 32-37 weeks

** WW (Working weight)



3. **Colecalciferol (Vitamin D) 300iu/day and Folic acid (folate) 50micrograms OD** may be requested for some babies to be continued post-discharge but can be stopped by GP once >2kg unless otherwise directed by a specialist.

See guidance on alternative supplementation in the event of supply issues with Abidec below.

Born < 34 weeks and/or < 1.8kg On reaching 1.8kg-2.0kg or at discharge	Multivitamins
Fortified breastmilk (Gold Prem® or Nutriprem® fortifier) (including fortified breastmilk feeding post discharge) OR Gold Prem® 2 OR Nutriprem® 2 OR Term/Specialist/High Calorie Term Formula	Healthy Start (5 drops) OR Colecalciferol (400units/day)
Unfortified breastmilk and/or breastfeeding	DaliVit® 0.6ml/day
Born 34-37weeks and >1.8kg	Multivitamins
Breast milk or Term Formula	Healthy Start (5 drops) OR 400IU/day Vitamin D (NOT per kg)

References:

1. British Dietetic Association (BDA) Neonatal Dietitians (2024). The routine supplementation of vitamins and iron and the management of zinc deficiency in preterm and small for gestational age infants. Available from [Position Statements and Clinical Guidelines - British Dietetic Association \(BDA\)](#)
2. Vitamin and Iron Supplements for Newborns, Salisbury NHS Foundation Trust – available on request from Salisbury Dietetic Team
3. Vitamin & mineral prescription guide for all preterm or small for gestational age infants: <34 gestation OR birthweight <2kg OR <2nd centile “term but tiny”, Royal United Hospital NHS Foundation Trust – available on request from RUH Dietetic Team
4. Supplementation for Infants <37 Weeks Gestation, Great Western Hospital NHS Foundation Trust – available on request from GWH Dietetic Team