

## Optimizing Nutrition in ELBW Infants: Advances in Care for 22-24 Week Premies

### ***Internet Enduring Material***

**Release Date:** 05/11/2026

**Expiration Date for Credit:** 05/10/2029

*Content was originally presented as part of NEO: The Conference for Neonatology on February 25, 2026.*

### ***Accreditation***

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### ***Time to Complete***

The estimated time for completion of this Internet Enduring Material is 50 minutes.

### ***Target Audience***

This presentation is intended for physicians, advanced practice providers, and other clinicians practicing within the Neonatology specialty.

### ***Mitigation of Relevant Financial Relationships***

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### ***Disclosure of Relevant Financial Relationships***

**Ariel Salas, MD, MSPH**, faculty for this educational activity, has the following relevant financial relationships with ineligible companies to disclose: Grant or research support-Mead Johnson Nutrition; Honoraria-Abbott Laboratories (Relationship has ended); Mead Johnson Nutrition; Membership on Advisory Committees or Review Panels, Board Membership, etc.-Mead Johnson Nutrition. *FDA Disclosures: none reported.*

**Timothy Biela, MD, Nicole Brenson and Jaya Sariga, NNP-BC**, planners of this educational activity, have no relevant financial relationships with ineligible companies to disclose.

### **Commercial Support**

There is no commercial support for this enduring educational activity. *Please note: the content of this activity was originally presented at NEO: The Conference for Neonatology on February 25, 2026, which was supported in part, through a medical education grant from Mead Johnson Nutrition.*

### **Overview**

Despite growing evidence supporting early and progressive enteral feeding in extremely preterm infants, clinicians continue to rely on prolonged trophic feeding, routine gastric residual monitoring, and withholding feeds during transfusions or PDA treatment. These practices may delay full enteral nutrition, prolong parenteral nutrition, and increase the risk of late-onset sepsis without meaningfully reducing NEC incidence. At the conclusion of the activity, learners will assess operational best practices including standardized feeding protocols to determine if any changes are needed in their own unit and, if so, implement at least one strategy, new technique(s), or intervention(s) to assist in clinical decision-making.

### **Objectives**

*At the conclusion of this activity, the participant will be able to:*

- Discuss fetal gut development.
- Identify barriers to initiate and advance enteral nutrition in extremely preterm infants.
- Examine the evidence-based research supporting the use of maternal and donor milk as a vital component in establishing full enteral nutrition shortly after birth.

### ACGME/ABMS Competencies

- Medical Knowledge

### IOM Competencies

- Employ Evidence-based Practice

### **Participation and Credit**

Participants are expected to review all content in the video, access reference materials as needed for additional self-directed learning, take and score 75% or greater correct on the post-test, and complete the evaluation in order to earn *AMA PRA Category 1 Credit(s)*<sup>™</sup>, or nursing contact hour(s).

There are no fees for participating in or receiving credit for this online educational activity. For information on the applicability and acceptance of credit for this activity, please consult your professional licensing board.

### **Contact**

Should you have any questions or concerns, please contact us at [continuing.education@pediatrix.com](mailto:continuing.education@pediatrix.com)