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Dear Editor,

When and how quickly to feed preterm infants remains a primary concern for neonatologists, and Nangia et al. [1] have tackled this difficult question head-on. The effect on the primary outcome was predictable: infants fed sooner reached full feeds sooner. However, it was encouraging that full enteral feeds from day 1 were well tolerated despite over a quarter of infants being small for gestational age. The sample size is too small to draw conclusions on any effect on risk of necrotizing enterocolitis.

Interestingly, among secondary outcomes, the authors report a significant reduction in length of hospital stay with participating infants discharged at 15.5 versus 19.6 days in the intervention and control groups, respectively. These figures are intriguing. A recent UK Neonatal Collaborative study reported a median (25th to 75th centile) for length of stay of 42 (34–52) days for infants born at 30 weeks' gestation and 34 (28–41) days for those born at 31 weeks' gestation [2] – nearly twice that reported by Nangia et al. [1]. Similarly, length of stay for 31–32 weeks' gestation infants in 7 European countries was reported to be around 40 days [3]. Service delivery and discharge criteria in low- and middle-income countries differ from more resource-intensive settings; for example, in this study, infants were discharged at 1,300–1,400 g weight, which would be less than the usual discharge weight in the UK.

A larger study is required to provide evidence of the safety and effectiveness of exclusive enteral feeds from day 1 on outcomes, such as necrotizing enterocolitis, late-onset sepsis, and length of stay, in settings where discharge criteria and service delivery differ from those reported here.

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Disclosure Statement

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