Supplementary Figure S2: Feeding protocol

Criteria to Start Feeds:
• Stable hemodynamics
• Soft abdomen, stable girth
• No bilious gastric output

Risk Stratify:

Exubated neonate without prior feeding experience
Start bolus feeds at 20 ml/kg/day, divided into 8 feeds, given over 1 hour.
Advance feeds by 20-30 ml/kg/day

Exubated infant with prior feeding experience
Start bolus feeds at 10-60 ml/feed, given over 30 mins.
Advance feeds by 20-40 ml with each feed

Intubated neonate without prior feeding experience or intubated infant at risk of poor perfusion or infant with prior feeding intolerance
Start transpyloric continuous feeds at 0.5-1 ml/kg/hour without advance for 12-24 hours
Advance continuous feeds every 4-6 hours by 0.5-1 ml/kg

Intubated infant with prior feeding experience
Start bolus feeds at 10-60 ml/feed, given over 30 mins.
Advance feeds by 20-40 ml with each feed

If High risk of NEC as defined by:
• Single ventricle physiology
• On PGE
• Left-sided obstructive CHD
Add additional monitoring:
• Somatic NIRS
• Daily ABG/Lactate
• Abdominal girth q6 hours
• Occult blood stool q12 hours

Reasons to hold feeds:
• NIRS <35% or trending down
• Increased lactate
• Unexplained acidosis
• Increased abdominal girth, gastric residual
• Blood in stool