



NEONATAL MEDICATION GUIDELINE

PROBIOTIC SUPPLEMENT

Triple Bifidus which contains: *B. breve* M-16V, *B. infantis* M-63, and *B. longum* BB536

Scope (Staff): Nursing, Medical and Pharmacy Staff

Scope (Area): KEMH NICU, PCH NICU, NETS WA

This document should be read in conjunction with the [Disclaimer](#).

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Restrictions

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Description

Probiotic - Triple Bifidus which contains: *B. breve* M-16V, *B. infantis* M-63, and *B. longum* BB536

Presentation

Sachet: 6 billion organisms (2 billion organisms of each strain) per 2 g sachet.

Storage

Store dry powder sachet at room temperature, below 25°C.

Dose

Prevention of necrotising enterocolitis (NEC) in preterm infants born at < 35 weeks gestation.

**Restricted to inpatients of special care nursery. Discontinue when infant reaches 37 weeks corrected gestation or upon discharge from the neonatal unit.*

Oral:

Minimal enteral feeds (<50 mL/kg/day) – 1 mL of reconstituted supplement ONCE a day.

Nutritive enteral feeds (≥ 50 mL/kg/day) – 1 mL of reconstituted supplement TWICE a day.

Nil by Mouth - Probiotic supplement should be **WITHHELD**. See [Administration section](#) for more information regarding withholding probiotic supplementation.

Preparation

Reconstitute with sterile Water for Injection.

Oral

To prepare 6 mL of solution:

Reconstitution: Dilute the contents of **1 sachet (2 g)** with **5 mL water for injection** to make a final volume of **6 mL of reconstituted solution**.

Transfer 1 mL doses into individual oral syringes for each baby and discard remaining solution.

To prepare 12 mL of solution for multiple doses:

Reconstitution: Dilute the contents of **2 sachets (4 g)** with **10 mL water for injection** to make a final volume of **12 mL of reconstituted solution**.

Transfer 1 mL doses into individual oral syringes for each baby and discard remaining solution.

Reconstituted solution must be discarded after 2 hours.

Administration

- Administer dose immediately after reconstitution.
- Can be given at any time with regards to feeds.

Withholding of probiotics:

- Sepsis and NEC are associated with leaky gut and increased risk of bacterial translocation. Hence, continuation of probiotic supplementation during a period with suspected sepsis or NEC (e.g., change in abdominal findings, rising or high CRP) is best avoided. Continuation of milk feeding during the period of suspected sepsis or NEC will be at the discretion of the attending neonatologist.
- Consider withholding probiotic supplementation during periods of active immunosuppression. Avoid their use in leukemia, other malignancies and confirmed immunosuppressive disorders. Probiotics can be continued in infants on dexamethasone for CLD.
- Probiotic supplementation should be withheld while infant is 'nil by mouth'.

Side Effects

Common: Diarrhoea

Serious: Nil

Comments









- Perform adequate hand hygiene protocols prior to reconstitution.
- Reconstituted solution must be discarded after 2 hours.

Related Policies, Procedures & Guidelines

[TGA redcap form](#) – Doctor to complete when prescribing for the *first time* in the nursery.

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