mineral absorption, increase gut hormone activity, and substantially decrease the incidence of feeding intolerance in preterm infants (Poindexter and Denne, 2010). Minimal enteral feedings are recommended as the standard of care for feeding VLBW infants (King, 2010).

Although the timing of the first feeding has been a matter of controversy, most authorities now believe that early feeding (provided that the infant is medically stable) reduces the incidence of complicating factors, such as hypoglycemia and dehydration, and the degree of hyperbilirubinemia. The feeding regimen used varies in different units.

Breastfeeding

Ample evidence indicates that human milk is the best source of nutrition for term and preterm infants. Studies indicate that small preterm infants are able to breastfeed if they have adequate sucking and swallowing reflexes and there are no other contraindications, such as respiratory complications or concurrent illness (Sharon, Melinda, and Donna, 2013). Mothers who wish to breastfeed their preterm infants are encouraged to pump their breasts until their infants are sufficiently stable to tolerate breastfeeding. Appropriate guidelines for the storage of **expressed mother's milk** should be followed to decrease the risk of milk contamination and destruction of its beneficial properties.

Milk produced by mothers whose infants are born before term contains higher concentrations of protein, sodium, chloride, and immunoglobulin A (IgA). Growth factors, hormones, prolactin, calcitonin, thyroxine (T_4), steroids, and taurine (an essential amino acid) are also present in human milk. Secretory IgA concentration is higher in the milk from mothers of preterm infants than in the milk from mothers of full-term infants. IgA is important in the control of bacteria in the intestinal tract, where it inhibits adherence and proliferation of bacteria on epithelial surfaces. Additional protection from infection is provided by leukocytes, lactoferrin, and lysozyme, all of which are present in human milk. The milk produced by mothers for their infants changes in content over the first 30 days postnatally, at which time it is similar to full-term human milk. Despite its benefits, LBW infants (<1500 g [3.3 pounds]) who are exclusively fed unfortified human milk