The art and science of feeding the premature infant have undergone tremendous changes in the last few decades. Other than providing adequate nutrition for optimal growth, protecting and preserving the vital organs are major issues in the care of the infant at risk. It is timely that this practical handbook is written to guide general paediatricians, neonatal and paediatric trainees, neonatal nurses, dietetic students and other neonatal personnel who are involved in the care of these premature infants.

The editor and main author is Prof Fook-Choe Cheah who is a very prominent paediatrician in Malaysia. He has been in the neonatal unit, University Kebangsaan Malaysia Medical Centre, Kuala Lumpur, for many years. There are four co-authors from Australia and Singapore, who are equally prominent.

This book covers a number of vital areas in nutritional support for the premature infant. These include parenteral nutrition, early enteral nutrition, strategies towards successful breastfeeding, monitoring and optimizing growth, feeding those with IUGR, post discharge feeding, probiotics and prebiotics and various cultural beliefs and practices in this part of the world. There is one whole chapter devoted for case illustrations which serve as typical scenario in day to day practice in the neonatal care units.

Each chapter begins with a brief summary of what is known about the topic and what important new information is added in the respective chapter. It helps to understand the physiology of growing premature infants, and also put into practice various strategies of ensuring excellent nutrition to these infants. The book is written in a very readable simple English. It is a crystallization of many years of experience in the field of nutrition among premature infants. There are many practical tips in every chapter ranging from parenteral nutrition to breast feeding.

Breast milk is the best for all the new-borns. Among the premature infants, early enteral feeding is recommended. Breast milk remains the choice starter feed for better tolerance and a lower risk of necrotising enterocolitis. With regard to breast feeding, not much is known but evidence suggests that the rates may be influenced by social and economic factors. It is interesting to note that in this region, cultural beliefs may influence the process of breastfeeding the preterm infant.

I would strongly recommend this book for all paediatricians, nutritionists, neonatologists and NICU nurses and pharmacists. It is particularly useful to paediatric and neonatal trainees who are embarking on taking care of premature infants.
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Preterm infants may have many of the following feeding problems at discharge: • State instability (e.g., difficulty transitioning from a sleep state to an awake state) • Physiological instability (e.g., apnea) • Limited endurance • Poor suck/swallow/breathe coordination • Impaired swallowing mechanism • Poor oral motor control/coordination. See Table 1.1: Feeding Concerns for High Risk Preterm Infants on the following page. 4. Feeding Problem State/Physiological Stability. Â Developmental readiness for feeding varies widely for premature infants; feeding strategies and recommendations for the preterm infant need to be evaluated on an individual basis. These guidelines are designed to help the practitioner in making feeding selections to promote optimal nutrition. This handbook is for staff that provide nutrition education and counseling to the parents and guardians (termed â€œcaregiversâ€ in the text) of at-risk infants who participate in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) and the Commodity Supplemental Food Program (CSFP). This publication provides an overview of basic subjects related to infant nutrition and feeding and answers some common questions on Feeding of Preterm Infants. CONTRA-INDICATIONS TO FEEDING: Do not start feeds if the infant: • is receiving indomethacin, or received it within the previous 48h • has a hemodynamically significant patent ductus arteriosus • has either an umbilical arterial or venous catheter. Â FEEDING PROTOCOL: The following are guidelines for the initiation and advance of enteral feedings in preterm infants: 1. Method of feeding: Because these infants usually have not yet developed coordinated sucking and swallowing, they must be fed by gavage: • Orogastric tubes are usually used. Because infants are obligate nose breathers, it is best not to occlude the nares with a tube. In addition, repeated insertion of a nasal gastric tube can cause inflammation of the nose with subsequent obstruction. The handbook can be used by teachers and students at practical classes and for module control 3 â€œThe feeding of infants and childrenâ€ in the discipline â€œPropedeutics of Pediatricsâ€. The content of the handbook corresponds to the requirements of â€œEducational qualification characteristics of the specialist in specialty 7.120101 â€œGeneral Medicineâ€. Recommended by Central Methodical Board ZSMU Record №5 from May, 23, 2013. 2. Definition: Breastfeeding is the process of woman feeding an infant or young child with milk from her breasts, usually directly from the nipples. A process the production, secretion and ejection of milk is called lactation. Exclusive breastfeeding means feeding a baby nothing but breast milk, no other food or fluids.