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Nota di contenuto	Front Cover; Contents; Preface; Additional Files; About the Editor; Contributors; Chapter 1: Growth Charts for Preterm Infants and Related Tools for Growth Monitoring; Chapter 2: Assessment of Short- and Medium-Term Outcomes in Preterm Infants; Chapter 3: Causes of Postnatal Growth Failure in Preterm Infants; Section I Conclusions; Chapter 4: Fetal and Postnatal Growth, and the Risks of Metabolic Syndrome in the AGA and SGA Term Infant; Chapter 5: Effect of Postnatal Growth in the Large-for-Gestational-Age Infants; Chapter 6: Postnatal Growth Failure in Preterm Infants : Metabolic Outcomes Chapter 7: Postnatal Growth in Preterm Infants : Neurodevelopmental Effects Section II Conclusions; Chapter 8: Assessing Nutritional Requirements for Preterm Infants; Chapter 9: Meeting Nutritional Goals : Computer-Aided Prescribing of Enteral and Parenteral Nutrition; Chapter 10: Customize or Generalize? Or the Imperfect Art of Fortifying Human Milk; Chapter 11: Customized Fortification of Human Milk; Chapter 12: Mathematical Description of Postnatal Growth : Z-Scores and Statistical Control Process Analysis; Section III Conclusions; Back Cover
Sommario/riassunto	Preface: Humans, like all mammals, have an inborn desire to nurture and suckle their young and the act of feeding is important for the

bonding between mother and child. The birth of a critically ill preterm infant disrupts this, but for a mother, the use of her milk to feed her infant may be the most tangible role she has in the medical care of her critically sick child. Parents and caregivers see growth and feeding as important milestones first demonstrating increasing stability, then signaling the start of recovery, and finally showing readiness for discharge home. Despite our intuitive and emotional connection with growth, preterm infants grow poorly after birth and very commonly develop ex utero growth restriction (EUGR) or postnatal growth failure. There are many reasons for this including the associated medical conditions of prematurity, but inadequate nutrient intake plays a large part. This results both from technical difficulties in providing adequate nutrition, and from fears about the complications associated with doing so, including metabolic derangements such as hyperglycemia and hyperlipidemia, and diseases such as necrotizing enterocolitis. At the time of hospital discharge, many preterm infants are profoundly growth retarded, and their average weight is as little as 70% of that expected for their peers who were not born prematurely. Preterm infants show variable amounts of catchup growth after discharge, but typically remain smaller than the term-born peers throughout childhood and adolescence. This pattern of early growth restriction followed by variable amounts of catch-up growth has drawn parallels with the in utero growth restricted (IUGR), small-for-gestational age, infant--

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