

BHS Prematurity Screening Guidelines

	Who	What	When
Vitamin D deficiency	< 37/40 or < 2 kg BW or Maternal risk factors (vit D def, dark skin, veiled)	Cholecalciferol: 500 international units (0.1 ml) oral daily	Start D5 (day 5) Stop 12 months corrected age
Anaemia of prematurity	< 34/40 or < 2 kg BW	Ferrous sulphate (Ferro- liquid) 6 mg/ml elemental Fe: 0.5ml (< 2 kg), 1.0ml (>2 kg)	Start D14* if tolerating full feeds Stop 6 months corrected age and taking some solids * not required if on pre-term formula or fortified EBM
Osteopenia of prem.	< 28/40 or < 1 kg BW (ELBW) Screening: ALP, Ca, PO4 (and FBE/retics) 2 nd weekly from 32/40 CGA until 36/40 CGA	Calcium 2 mmol/kg/day & Phosphate 2 mmol/kg/day NGT/oral bd dosing - adjust dosing for weight only if bloods abnormal	Start if PO4 ≤1.8 mmol/L or ALP ≥ 600 IU/L, recheck weekly bone bloods if on supplements, or 2 nd weekly from 40/40 CGA if on supplements > 36/40 Stop at 36/40 if bloods normal or at/after 40/40 CGA if 2 x bloods normal
Neurological screening	< 32/40 or ≥ 32/40 with risk factors (microcephaly, seizures, hypotonia, severe TCP, HIE, etc.)	Cranial ultrasound	1 st : Day 2/3* 2 nd : Day 14* 3 rd : 36/40 CGA* * timing can be adjusted to correlate with referring tertiary hospital
Retinopathy of prem. (ROP)	< 30/40 or < 1250 g BW or > 1250 g BW/≥30/40 with risk factors (twin-twin transfusion, nitric oxide, hydrops, severe sepsis, IVH grade 3-4, ventilator requirement > 1 week)	Retinopathy screen occurs on Tuesdays (inform ophthalmology prior and write up eye drops the day before)	Start 30-32/40 CGA then - 1-2 weekly if high risk - 2-3 weekly if low risk Stop once retina fully vascularized (approx. 36/40 CGA) - some infants require post term screening to exclude late ROP

BW – birth weight

CGA – corrected gestational age

TCP - thrombocytopenia HIE – hypoxic ischaemic encephalopathy