

What to know about NEC in the NICU

Babies born early (before 37 weeks) or with very low birth weight (under 1500 grams) are at risk of necrotizing enterocolitis (NEC). NEC is a neonatal inflammatory disease that affects an infant's intestines. It causes swelling, tissue damage, and can lead to infection. NEC is a life-threatening condition that can develop suddenly and progress quickly. Full-term babies with medical conditions, like a heart defect, are also at risk of NEC. Older babies, toddlers, and children are not at risk of NEC.

What causes NEC?

NEC is a complicated disease and not yet fully understood. More science is needed to understand the cause and why some babies develop NEC. There are likely many factors that lead to NEC.

What are the warning signs of NEC?

The warning signs of NEC are not always clear, and can be very subtle. **If you feel like something is wrong, please tell your baby's care team.** Sometimes babies that go on to develop NEC may spit up a lot, while others may experience breath-holding episodes and a low heart rate. Other signs include bloody stool, a swollen or discolored belly, low blood cell counts, and elevated infection or inflammation markers on blood tests.

Signs may include:

- Trouble with feedings
- Slowed breathing or pauses in breathing
- Drop in heart rate
- Swollen or discolored belly
- Blood in the stool
- Low blood counts
- Signs of infection or inflammation on lab tests



10 Things All
NICU Parents
Need to Know

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How can we reduce the risks of NEC?

More science is needed to understand how to prevent and treat NEC. Right now, we cannot eliminate the risks of NEC, but **mother's breastmilk provides the most protection against NEC**. When mother's breastmilk is not available, **pasteurized donor human milk** provides the next best protection against NEC. Your baby's care team and a lactation consultant can help you optimize your milk supply and access pasteurized donor human milk.



Here are tips to help with milk supply:

- **Start pumping** as soon as possible after giving birth, ideally within the first 2–6 hours
- **Colostrum** is the first milk you produce in the first few days after birth. It is produced in very small amounts, sometimes only drops. It may be given directly into your baby's mouth, even if they are not ready for oral feeds.
- Ask your care team for a medical-grade breast pump and supplies. Use syringes and small bottles at first – **every drop counts!**
- Hold your baby **skin-to-skin** (also known as kangaroo care) to help regulate your baby's body temperature, breathing, and heart rate. Being close to your baby, skin-to-skin, can also help maintain your milk supply.
 - Spend as much time at your baby's bedside in the NICU as you can and feel comfortable doing – **parents are not visitors in the NICU**
 - You can always ask your NICU team to **hold your baby** skin-to-skin – even if s/he is on a ventilator or has a breathing tube



How to
Optimize
Mother's Own
Milk in the NICU

