Brauer Infant vitamins

Newborn use only

Alert	Use only when Pentavite is not available.
Indication	Vitamin supplementation
	Suggested age group: <37 weeks and/or birthweight <2.5 Kg.
Action	Multivitamin supplement
Drug type	Multivitamin
Trade name	Brauer Liquid Multivitamin for Infants (0+)
Presentation	Oral liquid
	Each 1mL liquid contains: Colecalciferol (Vitamin D3, 200IU) 5 micrograms, Thiamine hydrochloride (Vitamin B1) 112 micrograms, Riboflavin sodium phosphate 195 micrograms (equiv. to Riboflavin (Vitamin B2) 150 micrograms), Nicotinamide 1mg, Pyridoxal 5-phosphate monohydrate 177 micrograms (equiv. to Pyridoxine (Vitamin B6) 100 micrograms), Cyanocobalamin (Vitamin B12) 417 nanograms, Levomefolate glucosamine (Quatrefolic®) 144.3 micrograms (equiv. to Levomefolic acid 80 micrograms), Calcium ascorbate dihydrate 9.12mg (equiv. to Ascorbic acid (Vitamin C) 7.5mg) (equiv. to Calcium 860 micrograms), Betacarotene 3mg (equiv. to Retinol equivalents 250 micrograms), dalpha Tocopheryl acetate 4.04 mg, Choline bitartrate 91.91mg (equiv. to Choline 37.5mg), Biotin 1.5 micrograms.
Dose	Use only when Pentavite is not available.
	1 mL once or twice daily. Dose is not based on weight. (Refer to special comments)
	NOTE: To optimise vitamin D intake, a combination of Vitamin D3 liquid - 400 IU/day PLUS Brauer infant vitamins 1 mL DAILY (200 IU of vitamin D) may be considered.
	Suggested regimen: (1) To be given when the infant is tolerating ≥ 120 mL/kg/day of enteral feeds. (2) Continue up to 6-12 months corrected age.
Dose adjustment	
Maximum dose	2 mL
Total cumulative	
dose	
Route	Oral
Preparation	
Administration	Oral or intra-gastric tube. Administer undiluted or mixed with a small amount of milk into infant's mouth through a feeding teat or via intra-gastric tube.
Monitoring	
Contraindications	Not yet tolerating full feeds.
Precautions	Direct administration into the mouth may cause choking and apnoea.
Drug interactions	No information.
Adverse reactions	
Compatibility	Not applicable.
Incompatibility	Not applicable.
Stability	Shake well before use.
Storage	Store below 25°C. Protect from light.
Excipients	Ascorbyl palmitate, dl-alpha-tocopherol, gelatin, glycerol, maize oil, maize starch, potassium sorbate, purified water, sucrose, vegetable oil, xanthan gum.

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Special comments

Brauer formula supplies betacarotene as the source of vitamin A. Betacarotene may be a suitable source of vitamin A in neonates.

Vitamin D content is 200 IU/mL. A dose of 1mL BD provides a dose of 400 IU daily.

	Pentavite 0.45 mL	Brauer 1mL
Vitamin A	390 micrograms	
Betacarotene		3mg (equiv to Retinol equivalent 250 micrograms)
Vitamin D3	10.1 micrograms	5 micrograms (equiv. to 200 IU)
Vit. B1	540 micrograms	112 micrograms
Vit. B2	810 micrograms	150 micrograms
Nicotinamide	7.1 mg	1mg
Vit. B6	111 micrograms	100 micrograms
Vit. B12		0.417 micrograms
Levomefolate glucosamine		144.3 micrograms (equiv. to Levomefolic acid 80 micrograms)
Vitamin C	42.8mg	equiv. to Vit. C 7.5mg equiv. to Calcium 0.86mg
Vit. E		4.04 mg
Choline		37.5mg
Biotin		1.5 micrograms

Evidence

No studies were located which examined the impact of multivitamin supplementation on any outcomes in low birth weight (LBW) infants.

Policy statements from organisations in developed countries recommend providing multivitamin supplementation with a neonatal multivitamin preparation containing vitamins A, D, C, B1, B2, B6, pantothenic acid and niacin to all LBW infants receiving human milk from birth until the infant attains a weight of 2000 g.

Many units provide a multivitamin preparation to all LBW infants until 6 to 12 months chronological age.

Vitamin D – There is evidence of reduced linear growth and increased risk of rickets in babies with a birth weight < 1500 g fed un-supplemented human milk. There is no consistent benefit of increasing the intake of vitamin D above 400 Units per day.

There are no clinical trial data on the effect of vitamin D on key clinical outcomes in infants with a birth weight > 1500 g.

Practice points

References

- Product Information: Brauer Infant Multivitamins Oral Liquid. <u>Liquid Multivitamin for Infants Our</u> <u>Range - Brauer Website</u> Accessed 25/8/23
- 2. Optimal feeding of low-birth-weight infants, technical review. Karen Edmond, MBBS, MSc (Epidemiology), PhD. London School of Hygiene and Tropical Medicine, London, U.K. Rajiv Bahl, MD, PhD. Department of Child and Adolescent Health and Development, WHO, Geneva.

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Evidence Review	
Expert review	
Nursing Review	

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