

Brauer Baby Multivitamin Liquid

Newborn use only

2025

Alert	Use only when Pentavite is not available. International units (IU) are labelled as units in this formulary. 1 microgram colecalciferol = 40 international units (or units) of vitamin D3. As per the Australian Register of Therapeutic Goods (ARTG) on 23/08/2024 – product doesn't contain folate.																						
Indication	Routine supplementation in preterm or low birthweight infants Suggested age group: <37 weeks and/or birthweight <2.5 Kg. Cholestasis																						
Action	Multivitamin supplement																						
Drug type	Multivitamin																						
Trade name	Brauer Baby Multivitamin Liquid																						
Presentation	Oral liquid – 45mL bottle Contents of Each 1 mL (as per Australian Register of Therapeutic Goods (ARTG) on 23/08/2024) <table> <tr> <td>Betacarotene</td><td>645 microgram (107.5 microgram retinol equivalents)</td></tr> <tr> <td>Vitamin B1 (thiamine)</td><td>100 microgram</td></tr> <tr> <td>Vitamin B2 (riboflavin)</td><td>150 microgram</td></tr> <tr> <td>Nicotinamide</td><td>1 mg</td></tr> <tr> <td>Vitamin B6 (pyridoxine)</td><td>100 microgram</td></tr> <tr> <td>Vitamin B12 (cyanocobalamin)</td><td>417 nanogram</td></tr> <tr> <td>Vitamin C</td><td>7.5 mg</td></tr> <tr> <td>Vitamin D3 (colecalciferol)</td><td>200 units (5 microgram)</td></tr> <tr> <td>Vitamin E</td><td>4.04 mg</td></tr> <tr> <td>Choline</td><td>37.5 mg</td></tr> <tr> <td>Biotin</td><td>1.5 microgram</td></tr> </table>	Betacarotene	645 microgram (107.5 microgram retinol equivalents)	Vitamin B1 (thiamine)	100 microgram	Vitamin B2 (riboflavin)	150 microgram	Nicotinamide	1 mg	Vitamin B6 (pyridoxine)	100 microgram	Vitamin B12 (cyanocobalamin)	417 nanogram	Vitamin C	7.5 mg	Vitamin D3 (colecalciferol)	200 units (5 microgram)	Vitamin E	4.04 mg	Choline	37.5 mg	Biotin	1.5 microgram
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Dose	Use only when Pentavite is not available. <u>Routine supplementation in preterm or low birthweight infants</u> Brauer Baby Multivitamin liquid 1 mL DAILY + Ostelin vitamin D3 (1000 IU/0.5 mL) Liquid 0.2 mL DAILY . Continue up to 12 months corrected age. Suggested regimen: (1) To be commenced/given when the infant is tolerating ≥ 120 mL/kg/day of enteral feeds. <u>Cholestasis</u> Refer to Vitamins in cholestasis formulary.																						
Dose adjustment																							
Maximum dose	2 mL/day																						
Total cumulative dose																							
Route	Oral																						
Preparation																							
Administration	Oral or intra-gastric tube. Shake well before use. 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 enteral feeds.																						
Precautions	Direct administration into the mouth may cause choking and apnoea.																						
Drug interactions	No information.																						
Adverse reactions																							
Overdose	AUSTRALIA: Contact the Poisons Information Centre on 13 11 26 for information on the management of overdose NEW ZEALAND: Contact the National Poisons Centre on 0800 764 766 for information on the management of overdose.																						
Compatibility	Not applicable.																						
Incompatibility	Not applicable.																						

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Stability	Please check the latest product information.																																										
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.																																										
Special comments	Brauer formula supplies betacarotene as the source of vitamin A. New labelling regulations now require the reporting of vitamin A in micrograms of Retinol Activity Equivalents (RAE). Conversion errors often occur. 1 µg RAE = 2 µg of supplemental β-carotene. 1 IU vitamin A (as β-carotene) = 0.6 µg β-carotene.⁴ Comparison of pentavite and Baby Multivitamin Liquid <table><tr><th></th><th>Pentavite 0.45 mL</th><th>Brauer 1 mL</th></tr><tr><td>Vitamin A</td><td>390 microgram</td><td></td></tr><tr><td>Betacarotene</td><td></td><td>645 microgram</td></tr><tr><td>Vitamin D3</td><td>10.1 microgram</td><td>200 units (equiv. to 5 microgram colecalciferol)</td></tr><tr><td>Vit. B1</td><td>540 microgram</td><td>100 microgram</td></tr><tr><td>Vit. B2</td><td>810 microgram</td><td>150 microgram</td></tr><tr><td>Nicotinamide</td><td>7.1 mg</td><td>1 mg</td></tr><tr><td>Vit. B6</td><td>111 microgram</td><td>100 microgram</td></tr><tr><td>Vit. B12</td><td></td><td>0.417 microgram</td></tr><tr><td>Folic acid</td><td></td><td></td></tr><tr><td>Vitamin C</td><td>42.8 mg</td><td>7.5 mg</td></tr><tr><td>Vit. E</td><td></td><td>4.04 mg</td></tr><tr><td>Choline</td><td></td><td>37.5 mg</td></tr><tr><td>Biotin</td><td></td><td>1.5 microgram</td></tr></table>		Pentavite 0.45 mL	Brauer 1 mL	Vitamin A	390 microgram		Betacarotene		645 microgram	Vitamin D3	10.1 microgram	200 units (equiv. to 5 microgram colecalciferol)	Vit. B1	540 microgram	100 microgram	Vit. B2	810 microgram	150 microgram	Nicotinamide	7.1 mg	1 mg	Vit. B6	111 microgram	100 microgram	Vit. B12		0.417 microgram	Folic acid			Vitamin C	42.8 mg	7.5 mg	Vit. E		4.04 mg	Choline		37.5 mg	Biotin		1.5 microgram
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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	1. Brauer Baby Multivitamin Liquid. Therapeutics Goods Administration. Accessed on 10/7/2025. 2. Edmond K. Optimal feeding of low-birth-weight infants, technical review. London School of Hygiene and Tropical Medicine, London, U.K. Rajiv Bahl, MD, PhD. Department of Child and Adolescent Health and Development, WHO, Geneva. 3. https://dietarysupplementdatabase.usda.nih.gov/Conversions.php. Accessed on 17 November 2021. 4. Dwyer J, Saldanha L, Haggans C, Potischman N, Gahche J, Thomas P, Bailen R, Costello R, Betz JM, Andrews K, Gusev P, Pehrsson P, Savarala S, Tey P, Harnly J. Conversions of β-Carotene as Vitamin A in IU to Vitamin A in RAE. J Nutr. 2020 May 1;150(5):1337.																																										

VERSION/NUMBER	DATE
Original 1.0	25/08/2023
Version 1.0 (Minor errata)	14/09/2023
Version 1.0 (minor errata)	18/07/2024
Version 2.0	15/08/2024

Current 2.0 (minor errata)	22/08/2024
Current 3.0	17/07/2025
REVIEW	17/07/2030

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