***LACTOFERRIN SUPPLEMENTATION FOR PREVENTION OF SEPSIS IN PRETERM NEONATE***

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Abstract

*Background:* Sepsis related morbidity and mortality is a concern in neonatal intensive care units (NICUs) specially in preterm and Low birth weight (LBW) infants who are more vulnerable due to immaturity of immune defenses and protective barriers. Lactoferrin is an iron binding glycoprotein presents in mammalian milk and involved in innate immunity. Recent data suggest that bovine lactoferrin (BLF) might prevent late onset sepsis in preterm and LBW neonates.

*Objective:* To evaluate the effectiveness of oral bovine lacoferrin in prevention of neonatal sepsis in Egyptian preterm neonates.

*Patients & Methods:* A randomized clinical trial, double blind, placebo-controlled study was conducted on 135 preterm neonates (born before 37 weeks of gestation) admitted to the NICUs of of Ain Shams University and Manshiet El Bakry Hospitals from February 2013to January 2015. Infants were randomly sub-divided into two groups: Group (1) 45 infants received oral lactoferrin supplementation (100 mg/day) within a day of starting feeds for 4 weeks. Group (2) 90 infants matching group (1) neonates, received placebo in the form of distilled water in the same schedule. History and physical examination were carried out laying stress on signs of sepsis, severity (classified according to Töllner score), laboratory investigations were done: CBC with blood film (classified according to hematological scoring system), CRP, Blood culture upon admission and on suspicion of sepsis, other cultures and arterial blood gases when clinically indicated. Radiological investigation were done when clinically indicated, Data were analyzed using the Statistical Package for Social Sciences (SPSS).

*Results:* Lactoferrin group (45 preterm neonates) with mean gestational age (33.11 ± 1.81 weeks), 32 males (71%) and 13 females (29%). Placebo group (90 preterm neonates) with mean gestational age (33.28 ± 1.89 weeks), 45 males (50%) and 45 females (50%). Lactoferrin group showed a significantly lower incidence of late onset sepsis according to Tollner score and Rodwell score and blood cultures (6.7%) compared to placebo group (17.8%). E coli and S aureus were the most common organisms found in septic neonates in the current study (28.6% for each).

*Conclusion:* BLF supplementation would be a suitable preventive tool for late onset neonatal sepsis in preterm neonates.

Keywords: Lactoferrin, neonatal sepsis, preterm.

### Abbreviations:

### NICUs: *Neonatal intensive care units.* BLF: *Bovine lactoferrin.*

### CRP: *C-reactive protein.* LBW: *Low birth ewight.*

### EOS: *Earyl onset sepsis.* LOS: *Late onset sepsis.*

### HLF: *Human lactoferrin.* CSF: *Cerebrospinal fluid.*

### PROM: *Premature rupture of membrane.* CT: [*Computed Tomography*](https://www.google.com.eg/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&cad=rja&uact=8&ved=0CBwQFjAA&url=http%3A%2F%2Fwww.radiologyinfo.org%2Fen%2Finfo.cfm%3Fpg%3Dheadct&ei=poVdVcNGioBRrZeBiA8&usg=AFQjCNGAUXnWp4G5cRjbFCzhjwS0hVIHHw&sig2=KL7fZb2nv9sdGo4JBqg-4g).

### تناول مكملات اللاكتوفيرين لمنع التسمم بالدم للأطفال حديثى الولادة المبتسرين

* المقدمة:

معدلات الوفيات و الاعتلال المرتبطة بتسمم الدم تشكل مصدر قلق كبير في وحدات العناية المركزة للأطفال حديثي الولادة, خاصا لدى الأطفال المبتسرين والاطفال ناقصى الوزن عند الولادة والذين يكونون اكثر عرضة نتيجة لعدم نضج الجهاز المناعى وخطوط الدفاع. اللاكتوفيرين هو جليكوبروتين قابل للأرتباط بالحديد موجود في جميع البان الثدييات ويشارك في الاستجابة المناعية للجسم. اشارت المعلومات الحديثة ان اللاكتوفيرين المستخلص من البقر قد يكون له دور فى الوقاية من حدوث تسمم الدم المتأخر بالأطفال المبتسرين والاطفال ناقصى الوزن عند الولادة

* هدف الدراسة:
* تقييم مدى فعالية اللاكتوفيرين عن طريق الفم في الوقاية من تسمم الدم المتأخر لدى الاطفال حديثي الولادة المبتسرين.
* الحالات و الاساليب:

كانت هذه الدراسه مستقبلية, مختارة عشوائيا, مزدوجة التعمية للمجموعتين. أشتملت الدراسة على 135 طفل حديث الولادة مبتسرين محجوزين بوحدات الرعاية المركزة لحديثى الولادة بمستشفى جامعةعين شمس و مستشفى منشية البكرى العام خلال الفترة من فبراير 2013 الى يناير 2015. تم تقسيم الاطفال الى مجموعتين. المجموعة الأولى (45 طفل): تم أعطائهم اللاكتوفيرن البقرى عن طريق الفم بجرعة 100 ملجم ⁄ اليوم خلال يوم من بداية الرضاعة ولمدة 4 اسابيع. المجموعة الثانية (90 طفل): تم أعطائهم ماء مقطر بدلا من اللاكتوفيرن بنفس البروتوكول. واخضعت كل الحالات الى اخذ التاريخ المرضي الكامل و الفحص الإكلينيكي الشامل مع التدقيق على علامات حدوث تسمم بالدم ثم تقسم حالات التسمم بالدم طبقا لدرجات تولنار وكذلك تم عمل فحوصات معملية عند دخول الطفل وعند الاشتباه بتسمم الدم وتشمل: صورة دم كاملة, بروتين س التفاعلى. مزرعة دم, بول, براز, مزرعة السائل النخاعى او مزرعة فطريات عند الحاجة الطبية. غازات بالدم وفحوصات بالأشعة التشخيصية عند الحاجة الطبية.

* النتائج:

مجموعة اللاكتوفيرين البقرى كان متوسط العمر الرحمى لهم (33,11± 1,81) أسبوع وكانوا 32 (71%) من الذكور و 13 (29%) من الإناث. اما مجموعة البلاسيبو التى اخذت المياه المقطرة كان متوسط العمر الرحمى (33,28± 1,89) أسبوع وكانوا 45 (50%) من الذكور و 45 (50%) من اللإناث. وقد اظهرت النتائج ان معدل حدوث تسمم الدم المتأخر كان اقل بمجموعة اللاكتوفيرين من حيث علامات التسمم بالدم طبقا لدرجات تولنار وتحاليل صورة الدم طبقا لدرجات رودويل ومزرعة الدم (6,7%) بالمقارنة بمجموعة البلاسيبو التى تتناول المياه المقطرة (17,8%), كما اظهرت النتائج ان بكتريا الإشريكية القولونية و بكتريا العُنْقودِيَّةُ الذَّهَبِيَّة كانوا اكثر نوعين من البكتريا المسسبة لتسمم الدم المتأخر بالحالات (26,3% لكل منهما).

* المستخلص:
* تناول مكملات اللاكتوفيرين البقرى للأطفال المبتسرين وناقصى النمو قد يكون له دور فى الوقاية من تسمم الدم المتأخر.

Introduction:

Sepsis related morbidity and mortality is a concern in NICUs. Regardless of the recent improvements in the quality of neonatal assistance, infections cause 1.6 million neonatal deaths annually worldwide and more than 50% of these deaths occur in preterm and LBW infants in NICUs *(Manzoni et al.,* *2011).*

In developing countries, the incidence of neonatal sepsis is about 3.5-4.3 cases per 1,000 live births *(*[*Fahmey*](http://www.ncbi.nlm.nih.gov/pubmed/?term=Fahmey%20SS%5Bauth%5D)*, 2013).* The most important neonatal factor predisposing to infection is prematurity or LBW. Preterm infants have a 3-10-fold higher incidence of infection than full-term normal birth weight infants *(Stoll, 2011).*

Classically neonatal sepsis has been divided depending on the time of onset of infection into EOS (≤72 hours of birth), and LOS (>72 hours) *(*[*Fahmey*](http://www.ncbi.nlm.nih.gov/pubmed/?term=Fahmey%20SS%5Bauth%5D)*, 2013).*

Lactoferrin is a glycoprotein, involved in the innate immune, devoted to capture ferric iron in order to be unavailable for pathogens growth when they try to colonize or invade the host. It is the major whey protein in mammalian milk being present in colostrum in higher concentration than mature milk, with a slower decrease in milk of premature neonates’ mothers *(Lönnerdal.,* *2003).*

Orally ingested lactoferrin has effects on promotion of growth and differentiation of the immature gut in a concentration dependent manner. At high concentrations as occur in the early days of life with colostrum, lactoferrin enhances proliferation, growth and maturation of the nascent enterocytes, promoting an increase in the number of gut cells and closing of enteric gap junctions. At lower concentrations as happens in mature milk, lactoferrin enhances differentiation of enterocytes and acquisition and development of their lactase and enzymatic activities *(Buccigrossi et al.,* *2007).*Also, lactoferrin enhances the growth of the normal bifidogenic gut microflora with predominant healthy commensals such as Bifidobacteria and Lactobacilli *(Rahman et al.,* *2009).*

Bovine lactoferrin (BLF) shares a 77% homology with the human isoform, and the same biochemical structure of its active site,. Both BLF and human lactoferrin (HLF) bind to the same specific receptors on enterocytes *(Van der Does et al.,* *2010).*

The aim of lactoferrin supplementation is to restore and possibly even enhance the natural defensive system that ideally a neonate has if it has access to the adequate amounts of mother’s fresh colostrum in the first weeks of life which usually do not all occur because of difficulties in instituting oral breast feeding from birth in immature infants *(Manzoni et al.,* *2012).*

Aim of the study:

The aim of the study is to evaluate the effectiveness of oral bovine lacoferrin in prevention of late onset neonatal sepsis in preterm neonates.

Subjects and Methods:

Type of the study: It is a randomized clinical trial, double blind, placebo-controlled study.

Subjects: The present study was conducted on 135 preterm neonates admitted to the Neonatal Intensive Care Units of Ain Shams University Hospitals and Manshiet El Bakry Hospital from February 2013 – January 2015.

1. *Inclusion criteria:*

Neonates < 37 weeks of gestation, born in, or referred to the Neonatal Intensive Care Units of one of the participating hospitals in the first 48 hours of life free from infection and not fed. They were further randomly subdivided into two groups as follow:

* *Group (1):* Who received oral BLF supplementation (100 mg/day) within a day of starting feeds till age of 28 days old *(Manzoni et al., 2009).*
* *Placebo group:* match gestational age and sex with group (1), received placebo in the form of distilled water with same protocol.
1. *Exclusion criteria:*

Neonates with underlying gastrointestinal anomalies that prevent oral intake, suspected or proven early onset sepsis, predisposing conditions that profoundly affect growth and development (chromosomal, congenital, structural brain anomalies), family history of cow milk allergy, unable to complete the study time and whose parents refuse to participate.

* Methods:

All neonates {group (1) and placebo group} were subjected to the following:

Full medical history:

Family history of Inherited diseases; Maternal history: age, gravity and parity, blood type and transfusions, bleeding disorders, recent infections or exposures, chronic maternal illness (diabetes, hypertension, renal disease, cardiac disease…..), medications, drug abuse, alcohol, tobacco; Previous pregnancies: problems and outcomes (abortions, fetal demise, neonatal deaths, pre/postmaturity, malformations); Current pregnancy: gestational age assessment using lat menstrual period, preeclampsia, bleeding, trauma, infection, poly/oligohydramnios, PROM, glucocorticoids and antibiotics; Labor and delivery: presentation, rupture of membranes, duration of labor, fever, fetal monitoring, amniotic fluid (blood, meconium, volume), method of delivery, APGAR scores and resuscitation; Present history which included symptoms of sepsis, History of antibiotics given (type-number of doses-duration).

1. *Clinical examination:*
2. Gestational age assessment using last menstrual period date & extended Ballard score *(Ballard et al., 1991)*.
3. Anthropometric measurements: Length (in centimeters), Head circumference (in centimeters), Body weight (in kilograms).
* Vital signs (pulse, temperature, blood pressure and respiratory rate).
* APGAR score at 1, 5 min.
* Thorough clinical examination laying stress on signs of sepsis *(Richard and Joan, 2008)*.
* Disease severity were classified according to Töllner score *(Töllner U., 1982).*
* *Investigations:*

Laboratory: *On* admission *and in case of suspected sepsis:* Complete blood count with differential leucocytic count using automated coulter technique (to be repeated if needed). Blood film for hematological scoring system *(Rodwell et al., 1988)*. CRP quantitative assay using latex agglutination (to be repeated if needed).Blood culture upon admission and on suspicion of sepsis. Stool, urine, fungal and/or CSF culture when clinically indicated.Arterial blood gases when clinically indicated.

Radiological investigation: as Chest x-ray, abdominal x-ray, pelvi-abdominal, cranial sonograghy or CT brain when clinically indicated.

*Oral lactoferrin supplementation:*

* It was given to all neonates in group (1) in a dose of 100mg/day *(Manzoni et al., 2009)* dissolved in 2 ml of distilled water within a day of starting feeds and continued till age 28 days old.
* Placebo group received placebo in the form of 2 ml of distilled water starting feeds and continue for till age 28 days old.
* Randomization was done using aliquots covered with opaque plaster.

Results:

Lactoferrin group included 45 preterm neonates with mean gestational age (33.11 ± 1.81 weeks) [32 males (71%) and 13 females (29%)].

Placebo group included 90 preterm neonates with mean gestational age (33.28 ± 1.89 weeks) [45 males (50%) and 45 females (50%)],

Demographic and clinical character of studied neonates showed in tables (1).

Lactoferrin group showed a significantly lower incidence of late onset sepsis according to Tollner score (2.2% , 14.4%) and Rodwell (6.6% , 17.8%) score and blood cultures compared to placebo group ((6.7% , 17.8%) respectively.

Isolation of gram negative bacteria was higher than gram positive bacteria, E coli and S aureus were the most common organisms found in septic neonates in the current study (26.3% for each), followed by Staph. Epidermidis (15.7%), then Klebseila (10.5%), then acinetobacter spp, Enterobacter cloacae, Moraxella and Pseudomonas aeruginosa (5.3% for each) with non signifaicant difference between the three studied groups.

Table (1): Descriptive demographic data and examination upon admission of placebo and lactoferrin supplemental groups:

|  |  |  |  |
| --- | --- | --- | --- |
| Personal data and examination on admission | placebo group90 infants | Lactoferrin group45 infants | P Value |
| No. | % | No. | % |  |
| GAPreterm | Nearterm | 41 | 45.6% | 16 | 35.6% | 0.673 |
| Moderate | 34 | 37.8% | 21 | 46.7% |
| Severe | 14 | 15.6% | 7 | 15.6% |
| Extreme | 1 | 1.1% | 1 | 2.2% |
| Sex | Male | 56 | 62.2% | 23 | 51.1% | 0.217 |
| Female | 34 | 37.8% | 22 | 48.9% |
| Single/Multiplebirth | Single | 62 | 68.9% | 29 | 64.4% | 0.604 |
| Twins | 28 | 31.1% | 16 | 35.6% |
| Triple | 0 | 0.0% | 0 | 0.0% |
| Mood of delivery | NVD | 45 | 50.0% | 32 | 71.1% | 0.019 |
| CS | 45 | 50.0% | 13 | 28.9% |
|  APGAR1 Minute | Median±IQ | 7.3 ± 1 | 7.2 ± 1.5 | 0.88 |
| 5 Minute | Median±IQ | 9 + 1 | 9 + 0.8 | 0.92 |
| Birth Weight(on centile) | 5th-95th | 82 | 91.1% | 38 | 84.4% | 0.497 |
| <5th | 3 | 3.3% | 3 | 6.7% |
| >95th | 5 | 5.6% | 4 | 8.9% |
| Length on birth(on centile) | 5th-95th | 79 | 87.8% | 41 | 91.1% | 0.836 |
| <5th | 6 | 6.7% | 2 | 4.4% |
| >95th | 5 | 5.6% | 2 | 4.4% |
| Head circumferance(on centile) | 5th-95th | 89 | 98.9% | 43 | 95.6% | 0.215 |
| <5th | 1 | 1.1% | 2 | 4.4% |
| >95th | 0 | 0.0% | 0 | 0.0% |
| temperature | Mean SD | 36.9 + 1 | 36.6 + 2 | 0.83 |
| Range | 36.6 – 37.3 | 35.9 – 37.3 |
| Heart rate ( / minute) | Mean SD | 122 + 5 | 125 + 3 | 0.77 |
| Range | 79 - 165 | 77 - 161 |
| Respiratory rate( / minute) | Mean SD | 51 + 2 | 50 + 1.5 | 0.90 |
| Range | 38 - 87 | 38 - 84 |
| Systolic bloodpressure | Mean SD | 61 + 2 | 60 + 1.6 | 0.78 |
| Range | 42 - 72 | 44 - 87 |
| Diastolic bloodpressure | Mean SD | 40 + 3 | 40.3 + 2.6 | 0.81 |
| Range | 23 - 50 | 21 - 56 |

NVD: Normal vaginal delivery, CS: Cesarean section, GA: Gestational age.

P > 0.05: Non significant; P < 0.05: Significant; P < 0.01: Highly significant

Table (2): Comparison between placebo group and lactoferrin supplemental groups regarding occurrence of sepsis according to Tollner, Rodwell scores and blood culture:

|  |  |  |  |
| --- | --- | --- | --- |
|  | placebo group | lactoferringroup | P Value |
| No. | % | No. | % |
| Tollner score | No sepsisObservation rangeSuspicison of sepsisMean ± SD | 72 | 80.0% | 41 | 91.1% | 0.090 |
| 5 | 5.6% | 3 | 6.7% |
| 13 | 14.4% | 1 | 2.2% |
| 3.09 + 2 | 1.1 + 1.6 | 0.02 |
| Rodwell score | Very unlikely sepsis (≤ 2) | 74 | 82.2% | 42 | 93.3% | 0.040 |
| Sepsis is possible (3 or 4) | 0 | 0.0% | 1 | 2.2% |
| Sepsis is very likely (≥ 5) | 16 | 17.8% | 2 | 4.4% |
| Blood Culture | Positive | 16 | 17.8% | 3 | 6.7% | 0.03 |

Table (3): Comparison between placebo and lactoferrin supplemental groups as regard blood, CSF, stool, urine and fungal cultures

|  |  |  |  |
| --- | --- | --- | --- |
| Cultures | Control group | lactoferrin group | P Value |
| No. | % | No. | % |
| Positive Cultures | 16 | 17.8% | 3 | 6.7% |  |
| Blood cultureNo.=90 placeboGroup (16 positive)45 Lactoferrin group(3 positive) | Negative | 74 | 81.8% | 42 | 93.3% | 0.368 |
| Escherichia coli | 4 | 4.5% | 1 | 2.2% |
| Staphylococcus aureus | 5 | 5.7% | 0 | 0.0% |
| Staphylococcus epidermidis | 3 | 3.4% | 0 | 0.0% |
| Acinetobacter spp | 1 | 1.1% | 0 | 0.0% |
| Klebseila | 1 | 1.1% | 1 | 2.2% |
| Enterobacter cloacae | 1 | 1.1% | 0 | 0.0% |
| Moraxella | 0 | 0.0% | 1 | 2.2% |
| Pseudomonas aeruginosa | 1 | 1.1% | 0 | 0.0% |
| CSF culture  | Negative | 14 | 87.5% | 3 | 100.0% | 0.517 |
| Escherichia coli | 2 | 12.5% | 0 | 0.0% |
| Stool culture  | Negative | 14 | 87.5% | 3 | 100.0% | 0.811 |
| Escherichia coli | 1 | 6.2% | 0 | 0.0% |
| Urine culture  | Negative | 16 | 100.0% | 3 | 100.0% | NA |
| Pseudomonas aeruginosa | 0 | 0.0% | 0 | 0.0% |
| Fungal culture  | Negative | 16 | 100.0% | 3 | 100.0% | NA |

Discussion:

In the current study, lactoferrin group showed a significantly lower incidence of late onset sepsis according to Tollner score and Rodwell score and blood cultures (6.7%) compared to placebo group (17.8%).

This goes in agreement with the study of *Manzoni et al., (2009)* on 472 very low birth weight infants who received lactoferrin (100 mg per day), a statistically significant reduction in late-onset sepsis was found in the groups that received either lactoferrin alone (5.9%) or in combination with Lactobacillus (4.6%), vs 17% for placebo.

*Ochoa et al., (2012)* study included 190 neonates weighing less than 2500 g at birth. Bovine lactoferrin (BLF) and maltodextrin (placebo) were turned over entirely at 200 mg/d in 3 divided doses over the first 4 weeks of life. There was decreasing trend in incidence of sepsis in the BLF group (12.6%) compared to the placebo group (23.2%).

Also this goes in agreement with *Kaur et al., (2013)* who conducted a randomized controlled trial. They enrolled 121 low birth weight (less 2000 grams) neonates. BLF was supplemented daily from first to 28th day of life and the control group received placebo daily from first to 28th day of life. The incidence of culture proven LOS was significantly lower in the BLF group than in the placebo group (3.4%) versus (14.5%) *(Sharma et al., 2014)*.

The differences in sepsis incidence among the previous studies can be explained as incidence varies from NICU to NICU and within the same NICU at different time periods, the differences in incidence may be due to geographical, racial, socio-economic, cultural, technological, and differing definitions in making a diagnosis of neonatal sepsis *(Kardana, 2011).*

While, there was no statistical significance difference of culture proven nosocomial sepsis in *Akin et al., (2014)D5* study which included 50 infants (VLBW or born before 32 weeks), who were randomized to receive either placebo (25 infant) or BLF (25 infant) 200 mg per day. This may be attributed to the small sample size.

E coli and S aureus were the most common organisms found in septic neonates in the current study (26.3% for each), followed by Staph. Epidermidis (15.7%), then Klebseila (10.5%), then acinetobacter spp, Enterobacter cloacae, Moraxella and Pseudomonas aeruginosa (5.3% for each) with non signifaicant difference between the three studied groups.

This goes in agreement with [*Nair*](http://www.hindawi.com/97341083/) *and* [*Soraisham*](http://www.hindawi.com/79586942/) *(2013)* who reportedthat the most common organisms causing nosocomial infection in neonates included Staphylococcus, Escherichia coli, Klebsiella and candida. Coagulase negative staphylococcus was responsible for almost half of the LOS D2

Also, *Aftab et al., (2006)* reported that bacteria commonly isolated in neonatal septicaemia included, Escherichia coli, Klebsiella pneumoniae Enterobacter spp, Pseudomonas aeruginosa, Staphylococcus aureus, Streptococcus spp, Citrobacter spp, and coagulase negative Staphylococcus .

[*Afsharpaiman*](http://www.jcnonweb.com/searchresult.asp?search=&author=Shahla+Afsharpaiman&journal=Y&but_search=Search&entries=10&pg=1&s=0) *et al., (2012)* isolated Enterobacter (47.8%), coagulase negative Staphylococcus (26.1%), E.coli (8.7%) and Klebsiella (4.3%) in LOS.

While *Gandhi et al., (2013)* found that coagulase negative Staphylococcus (19.4%), Klebsiella (16.7%), Escherichia coli and Staphylococcus aureus (13.8% for each), Pseudomonas aeruginosa (11.1%), Acinetobacter spp (8.3%), β-Hemolytic Streptococci, Citrobacter spp and Candida albicans (5.6% for each) in LOS.

The differences in percentages among the studies may be attributed to the fact that causative organisms in neonatal sepsis vary from place to place and the frequency of the causative organisms is different in different hospitals and even in the same hospital at different time *(*[*Shah*](http://www.ncbi.nlm.nih.gov/pubmed/?term=Shah%20AJ%5Bauth%5D) *et al., 2012)*. In most of the developing countries gram negative bacilli remain the major cause of neonatal septicaemia *(*[*Ballot*](http://www.hindawi.com/85140865/) *et al., 2012)*.

In the current study, isolation of gram negative bacteria was higher than gram positive bacteria. These results were consistent with the findings of many previous studies which also reported gram negative bacteria to be more common in neonatal sepsis [*Shah*](http://www.ncbi.nlm.nih.gov/pubmed/?term=Shah%20AJ%5Bauth%5D) *et al., (2012)*, *Gandhi et al., (2013), Aftab et al., (2006)* and *Joshi et al., (2000).*

Conclusion:

Bovine lactoferrin supplementation would be a suitable preventive tool for late onset neonatal sepsis in preterm neonates.

References:

*Aftab R and Iqbal I. (2006):* Bacteriological agents of neonatal sepsis in NICU at Nishtar hospital, Multan. J Coll Physicians Surg Pak.; 16(3):216-219.

*Afsharpaiman S, Torkaman M, Saburi A, Farzaampur A, et al., (2012):* Trends in Incidence of Neonatal Sepsis and Antibiotic Susceptibility of Causative Agents in Two Neonatal Intensive Care Units in Tehran, I.R Iran. Journal of Clinical Neonatology; (1), 124-130.

*Akin IM, Atasay B, Dogu F, Okulu E, Arsan S, et al. (2014)*: Oral lactoferrin to prevent nosocomial sepsis and necrotizing enterocolitis of premature neonates and effect on T-regulatory cells. Am J Perinatol 31(12): 1111-1120.

[*Ballot*](http://www.hindawi.com/85140865/) *DE,*[*Nana*](http://www.hindawi.com/64967051/) *T,* [*Sriruttan*](http://www.hindawi.com/73097841/) *C and* [*Cooper*](http://www.hindawi.com/47686915/) *PA (2012):* Bacterial Bloodstream Infections in Neonates in a Developing Country. ISRN Pediatrics; 2012, p1, Article ID 508512

[*Bekhof*](http://link.springer.com/search?facet-creator=%22Jolita+Bekhof%22) *J,* [*JReitsma*](http://link.springer.com/search?facet-creator=%22Johannes+B.+Reitsma%22) *JB,*  [*Kok*](http://link.springer.com/search?facet-creator=%22Joke+H.+Kok%22) *JK and* [*Van Straaten*](http://link.springer.com/search?facet-creator=%22Irma+H.+L.+M.+Van+Straaten%22) *IH (2013):* Clinical signs to identify late-onset sepsis in preterm infants. [European Journal of Pediatrics](http://link.springer.com/journal/431); 172: 501-508

*Buccigrossi V, de Marco G, Bruzzese E, et al., (2007):* Lactoferrin induces concentration- dependent functional modulation of intestinal proliferation and differentiation. *Pediatr Res; 61:410–414.*

[*Fahmey*](http://www.ncbi.nlm.nih.gov/pubmed/?term=Fahmey%20SS%5Bauth%5D) *SS (2013):* Early-onset sepsis in a neonatal intensive care unit in Beni Suef, Egypt: bacterial isolates and antibiotic resistance pattern. Korean J Pediatr; 56(8): 332–337.

*Gandhi S, Ranjan KP, Ranjan N, Sapre N and Masani M (2013):* incidence of neonatal sepsis in tertiary care hospital: an overview. International Journal of Medical Science and Public Health; 2(3): 548-552.

*Joshi SG, Ghole VS, Niphadkar KB (2000):* Neonatal gram-negative bacteremia. Indian J Pediatr; 67(1):27-32.

*Kardana IM (2011):* Incidence and factors associated with mortality of neonatal sepsis. Paediatr Indones; 51(3): 144-148.

*Kaur G and Gathwala G (2013):* Efficacy of bovine lactoferrin supplementation in preventing late onset sepsis in low birth weight neonates: a randomised placebo controlled clinical trial. In: Dutta V & Mehendiratatta S (Eds.), Abstract from proceeding of XXXIII Annnual Convention of National Neonatology Forum meeting. Hyderabad, NNF India, p. 3.

*Lönnerdal B (2003):* Nutritional and physiologic significance of human milk proteins. *Am J Clin Nutr;* *77:1537–1543.*

*Manzoni P, Mostert M and Stronati M (2011):* Lactoferrin for prevention of neonatal infections. *Current Opinion in Infectious Diseases; 24:177–182.*

*Manzoni P, Rinaldi M, Cattani S, Pugni L, Romeo MG, MessnerH, et al., (2009):* Bovine lactoferrin supplementation for prevention of lateonset sepsis in very low-birth-weight neonates: a randomized trial. *JAMA;* 302(13):1421–8.

*Manzoni P, Stolfi I, Messner H, Cattani S, Laforgia N, et al., (2012):* Weight Infants: A Randomized Controlled Trial Bovine Lactoferrin Prevents Invasive Fungal Infections in Very Low Birth. Pediatrics;129;116-123.

*Nair V, Soraisham AS. Probiotics and prebiotics (2013):* role in prevention of nosocomial sepsis in preterm infants. Int J Pediatr; 2013:874726. doi: 10.1155/2013/874726

*Ochoa TJ, Cam L and Lianos R (2012)*: Lactoferrin for prevention of sepsis in Peruvian neonates. Pediatric Academic Societies web site. Abstracts2View, E-PAS2012:2170.7.

*Rahman MM, Kim WS, Ito T, et al. (2009):* Growth promotion and cell binding ability of bovine lactoferrin to Bifidobacterium longum. *Anaerobe;* *15:133–137*.

[*Shah*](http://www.ncbi.nlm.nih.gov/pubmed/?term=Shah%20AJ%5Bauth%5D) *AJ,*[*Mulla*](http://www.ncbi.nlm.nih.gov/pubmed/?term=Mulla%20SA%5Bauth%5D) *SA, and*[*Revdiwala*](http://www.ncbi.nlm.nih.gov/pubmed/?term=Revdiwala%20SB%5Bauth%5D) *SB (2012):* Neonatal Sepsis: High Antibiotic Resistance of the Bacterial Pathogens in a Neonatal Intensive Care Unit of a Tertiary Care Hospital. J Clin Neonatol; 1(2): 72–75.

[*Shapiro-Mendoza CK*](http://www.ncbi.nlm.nih.gov/pubmed/?term=Shapiro-Mendoza%20CK%5BAuthor%5D&cauthor=true&cauthor_uid=22264582) *and*[*Lackritz EM*](http://www.ncbi.nlm.nih.gov/pubmed/?term=Lackritz%20EM%5BAuthor%5D&cauthor=true&cauthor_uid=22264582)*. (2012):* Epidemiology of late and moderate preterm birth. [Semin Fetal Neonatal Med.](http://www.ncbi.nlm.nih.gov/pubmed/22264582);17(3):120-125

*Sharma D, Pandita A and Kumar C (2014):* Lactoferrin and Neonates: Role in Prevention of Neonatal Sepsis and Necrotizing Enterocolitis. J Neonatal Biol.; 3(5):110

[*Turin CG*](http://www.ncbi.nlm.nih.gov/pubmed/?term=Turin%20CG%5BAuthor%5D&cauthor=true&cauthor_uid=24935001)*,*[*Zea-Vera A*](http://www.ncbi.nlm.nih.gov/pubmed/?term=Zea-Vera%20A%5BAuthor%5D&cauthor=true&cauthor_uid=24935001)*,*[*Pezo A*](http://www.ncbi.nlm.nih.gov/pubmed/?term=Pezo%20A%5BAuthor%5D&cauthor=true&cauthor_uid=24935001)*,*[*Cruz K*](http://www.ncbi.nlm.nih.gov/pubmed/?term=Cruz%20K%5BAuthor%5D&cauthor=true&cauthor_uid=24935001)*, et al., (2014):* Lactoferrin for prevention of neonatal sepsis. Biometals; 27(5):1007-1016.

*Van den Hoogen A, Gerards LJ, Verboon-Maciolek MA, Fleer A, Krediet TG (2010):* Long-term trends in the epidemiology of neonatal sepsis and antibiotic susceptibility of causative agents. Neonatology; 97(1):22–28.

*Van der Does AM, Bogaards SJ, Jonk L, et al., (2010):* The human lactoferrin-derived peptide hLF1-11 primes monocytes for an enhanced TLR-mediated immune response. *Biometals;* *23:493–505.*