

# Brauer Infant vitamins

## Newborn use only

2023

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

<b>Special comments</b>	<p>Brauer formula supplies betacarotene as the source of vitamin A. Betacarotene may be a suitable source of vitamin A in neonates.</p> <p>Vitamin D content is 200 IU/mL. A dose of 1mL BD provides a dose of 400 IU daily.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #cccccc;"> <th></th> <th>Pentavite 0.45 mL</th> <th>Brauer 1mL</th> </tr> </thead> <tbody> <tr> <td>Vitamin A</td> <td>390 micrograms</td> <td></td> </tr> <tr> <td>Betacarotene</td> <td></td> <td>3mg (equiv to Retinol equivalent 250 micrograms)</td> </tr> <tr> <td><b>Vitamin D3</b></td> <td>10.1 micrograms</td> <td>5 micrograms (equiv. to <b>200 IU</b>)</td> </tr> <tr> <td><b>Vit. B1</b></td> <td>540 micrograms</td> <td>112 micrograms</td> </tr> <tr> <td><b>Vit. B2</b></td> <td>810 micrograms</td> <td>150 micrograms</td> </tr> <tr> <td>Nicotinamide</td> <td>7.1 mg</td> <td>1mg</td> </tr> <tr> <td><b>Vit. B6</b></td> <td>111 micrograms</td> <td>100 micrograms</td> </tr> <tr> <td><b>Vit. B12</b></td> <td></td> <td>0.417 micrograms</td> </tr> <tr> <td>Levomefolate glucosamine</td> <td></td> <td>144.3 micrograms (equiv. to <b>Levomefolic acid</b> 80 micrograms)</td> </tr> <tr> <td>Vitamin C</td> <td>42.8mg</td> <td>equiv. to <b>Vit. C</b> 7.5mg equiv. to <b>Calcium</b> 0.86mg</td> </tr> <tr> <td><b>Vit. E</b></td> <td></td> <td>4.04 mg</td> </tr> <tr> <td>Choline</td> <td></td> <td>37.5mg</td> </tr> <tr> <td><b>Biotin</b></td> <td></td> <td>1.5 micrograms</td> </tr> </tbody> </table>		Pentavite 0.45 mL	Brauer 1mL	Vitamin A	390 micrograms		Betacarotene		3mg (equiv to Retinol equivalent 250 micrograms)	<b>Vitamin D3</b>	10.1 micrograms	5 micrograms (equiv. to <b>200 IU</b> )	<b>Vit. B1</b>	540 micrograms	112 micrograms	<b>Vit. B2</b>	810 micrograms	150 micrograms	Nicotinamide	7.1 mg	1mg	<b>Vit. B6</b>	111 micrograms	100 micrograms	<b>Vit. B12</b>		0.417 micrograms	Levomefolate glucosamine		144.3 micrograms (equiv. to <b>Levomefolic acid</b> 80 micrograms)	Vitamin C	42.8mg	equiv. to <b>Vit. C</b> 7.5mg equiv. to <b>Calcium</b> 0.86mg	<b>Vit. E</b>		4.04 mg	Choline		37.5mg	<b>Biotin</b>		1.5 micrograms
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<b>Evidence</b>	<p>No studies were located which examined the impact of multivitamin supplementation on any outcomes in low birth weight (LBW) infants.</p> <p>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.</p> <p>Many units provide a multivitamin preparation to all LBW infants until 6 to 12 months chronological age.</p> <p>Vitamin D – There is evidence of reduced linear growth and increased risk of rickets in babies with a birth weight &lt; 1500 g fed un-supplemented human milk. There is no consistent benefit of increasing the intake of vitamin D above 400 Units per day.</p> <p>There are no clinical trial data on the effect of vitamin D on key clinical outcomes in infants with a birth weight &gt; 1500 g.</p>																																										
<b>Practice points</b>																																											
<b>References</b>	<ol style="list-style-type: none"> <li>Product Information: Brauer Infant Multivitamins Oral Liquid. <a href="#">Liquid Multivitamin for Infants - Our Range - Brauer Website</a> Accessed 25/8/23</li> <li>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.</li> </ol>																																										

VERSION/NUMBER	DATE
Original 1.0	25/08/2023
Version 1.0 (Minor errata)	14/09/2023
Current 1.0 (minor errata)	18/07/2024
REVIEW	25/08/2028

**Authors Contribution**

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<b>Expert review</b>	

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