NEONATAL
SECTION OF ASPEN



Fall 2026

## Letter from the Neonatal Section Chair



As summer winds down and we welcome the crisp days of fall, it's a great time to look ahead to all that's happening in the neonatal nutrition community! The coming months are filled with opportunities to learn, connect, and advance the care we provide to our smallest and most vulnerable patients.

We're already looking forward to the **ASPEN Annual Nutrition Science & Practice Conference in Chicago this February**. The Neonatal Section is busy planning opportunities for members to connect, network, and build relationships with colleagues who share a passion for neonatal nutrition. Be sure to keep an eye out for more information about Neonatal Section activities and events, as well as the exciting lineup of neonatal-focused sessions on the conference program.

Fall also brings **ASPEN Malnutrition Awareness Week** (September 14-18), an important opportunity to raise awareness about the recognition, prevention, and treatment of malnutrition across the continuum of care—including our neonatal population. We encourage you to participate, share resources with your teams, and help highlight the critical role nutrition plays in the growth and development of our tiniest patients.

As we transition from summer into a busy fall season, we hope you'll stay engaged with the Neonatal Section, take advantage of opportunities to connect with colleagues, and continue sharing your expertise and experiences. Thank you for being part of our community and for your ongoing commitment to advancing neonatal nutrition care. We look forward to seeing many of you in Chicago this February!

Warm Regards,

Maggie Murphy PharmD, BCNSP
margaret.murphy@childrens.harvard.edu

**Member Spotlight:** Pages 2-3

**News & Clinical Highlights:** Page 4

**Research Updates**: Pages 5-10

**Social Media Update:** Page 10

**Continuing Education**: Page 10

## Member Spotlight: Alyson Lawrence and Taylor Rice

Written by: Austin Michalski, RDN

We are SO excited to feature two of our newsletter contributors in the member spotlight this month. Taylor contributes to the human milk research section and Alyson contributes to GI research section. Make sure to learn about their experience as neonatal providers and read their contributions in the research updates below!



### Alyson Lawrence, RD, CNSC

**What is your current job title and place of work?**
Neonatal Dietitian at Children's Hospital of Orange County, a part of Rady Children's Health

**What is your educational background?**
I completed my undergraduate education at California State University of San Bernardino followed by my dietetic internship at Cal Poly Pomona.

**How did you get involved in the field of clinical nutrition?**
During my undergraduate education, I volunteered at a hospital where I got exposed to the neonatal ICU. It was during this time that I knew I wanted to work in the NICU. Seeing how tiny the babies were and how big of an impact nutrition makes daily was so amazing to see. The collaborative, caring and dynamic environment was something I knew I wanted to be a part of. From there, I targeted my volunteer and educational opportunities to be within the realm of neonates and pediatrics to support my learning.

**What specifically do you do in your current position?**
In my current role, I serve as the NICU RD for surgical NICU. From a clinical standpoint, my mornings are busy changing orders for human milk and formula, reviewing labs and writing TPNs while partnering with my neonatologist, and participating in multidisciplinary rounds. My rounds for my surgical service are MD/RD rounds. I collaborate with my pharmacist, nurses, DTRs to ensure my babies get what they need. My afternoons are spent charting, doing data collection for our surgical NICU database and involve a hefty degree of educating others. I serve as a preceptor to medical residents, neonatology fellows, dietetic interns and RD residents.

**Why did you become involved in ASPEN and what are the benefits of being a member?**
I became involved in ASPEN because of my strong interest in nutrition support and the desire to be able to collaborate with likeminded individuals who are highly motivated to provide the most evidenced based nutrition care. Benefits of being a member include the opportunity to participate in continuing education through webinars, publications, conferences and the ability to connect with members of ASPEN. Being integrated in the neonatal section of ASPEN, has allowed me to connect with fellow NICU colleagues who share the same goal of advancing neonatal nutrition care.

**What recommendations would you give to someone just starting out in your field?**
My recommendations to someone starting out in my field are to continue to stay curious and seek out opportunities that interest you. My advice to residents and new RDs in my department is always to treat the hospital like your playground- ask questions, attend lectures and truly integrate yourself into the medical care of your patients and the interdisciplinary team. That will allow you to grow into an expert and truly refine your clinical knowledge.

**What do you hope to accomplish as a part of the Neonatal Section of ASPEN?**
My goal by being a part of the Neonatal Section of ASPEN is to continue to advance care for the smallest and most vulnerable patient population. It is such an honor to have access to this section and to get to collaborate with other individuals who feel strongly about providing the best nutritional care possible. Our section is a way for us to discuss and continue to evaluate what is the most evidenced-based way to care for our babies.



## Taylor Rice, MS, RD, CSPCC, LD

**What is your current job title and place of work?**
Pediatric Nutrition Support Advanced Practice RD, Cleveland Clinic Children's Hospital

**What is your educational background?**
Attended Case Western Reserve University (Cleveland, OH) and received a BS in Nutrition in 2006. Completed internship and Master's Degree in Clinical Nutrition at Rush University (Chicago, IL) in 2012.

**How did you get involved in the field of clinical nutrition?**
My internship was concentrated in clinical nutrition. After graduation I quickly found a job in the Neonatal ICU and haven't left the clinical setting since.

**What specifically do you do in your current position?**
I manage enteral and parenteral nutrition for all infants in the Neonatal ICU, as well as pediatric patients in the ICU setting across multiple subspecialties, including GI and cardiology. I also contribute to research within the neonatal world, including projects on feeding practices and growth.

**Why did you become involved in ASPEN and what are the benefits of being a member?**
I became involved in ASPEN in order to help advance my clinical knowledge, as well as to expand my exposure to clinical focus groups and projects, beyond just those within my hospital setting. I wanted to gain more experience with other practitioners and thought it would increase my opportunity to learn from different professionals in the field of nutrition, which it has!

**What recommendations would you give to someone just starting out in your field?**
Don't be afraid to reach out to others within this field! In my experience, everyone is very willing to help educate and provide guidance to fellow colleagues, especially if it means improving patient care.

**What do you hope to accomplish as a part of the Neonatal Section of ASPEN?**
I hope to connect more Neonatal professionals with one another so that nutritional practices are refined and improved for our littlest patients.

## ASPEN News

- Malnutrition Awareness Week: September 14th-18th, 2026
    - **Nutrition Care is a Team Effort**
    - **Your voice can change lives!** Contact your governor to request proclamation for Malnutrition Awareness Week 2026. Proclamations can help shape policy discussion, raise public awareness, and provide opportunities for public and elected officials to engage. Help patients get the nutrition care they deserve.
    - Webinars are available in the continuing education opportunities section.
- Volunteer with ASPEN – opportunities **here**!
- A great resource to check out - Third edition: **Pediatric Nutrition Support Core Curriculum**.
- Great web resources to bookmark – **ASPEN Guidelines & Standards**, **Enteral Nutrition**, and **Parenteral Nutrition.**
- **Important news and updates from ASPEN**
- Clinical Practice Highlights
    - **June 2026**
    - **July 2026**
    - **August 2026**

## Clinical Highlights

- New! **Clinical Considerations for Neonatal Starter Parenteral Nutrition**
- New! **Parenteral Nutrition Product Shortage Recommendations: L-Cysteine Hydrochloride**
- **ASPEN Shortage Recommendations: PN Products**
    - ASPEN Shortage Recommendations for PN products support clinicians in managing PN therapy during product shortage disruptions. They are developed by the PN Shortage Subcommittee of the PN Committee and are approved by the ASPEN board of directors.
- **FDA Registered Non-Exempt Formulas**
- **Best Practices for Anthropometric Assessment in Infants at Risk for Faltering Weight**
- **Fat Malabsorption and Human Milk in Preterm Neonates**
- Podcast: Transitioning NICU Infants to Home on Specialized Enteral Nutrition
    - **Sound Cloud** | **Spotify** | **Apple Podcast**
    - **Transitioning NICU Infants Home on Specialized Enteral Nutrition: A Clinician's Guide For Family/Caregiver Support**
- **Parenteral Nutrition Therapy: Assessment Tools and Guidelines**
- Head over to the **eLearning Center for accredited on-demand programs** to earn CE credits.
- Download this **Neonatal Nutrition Assessment Practice Tool** and listen to this **Podcast** for an overview of NICU nutrition assessment.

## Research Updates

The information presented in this newsletter does not constitute medical or other professional advice and should not be taken as such. To the extent that the information herein may be used to assist in the care of patients, this is the result of the sole professional judgement of the attending healthcare professional whose judgement is the primary component of quality medical care. The information presented in these documents is not a substitute for the exercise of such judgment by the healthcare professional.

## Human Milk Research Updates

**Alyssa Tucker, MS, RD, LD, CLC, CNSC & Taylor Rice, MS, RD, CSPCC, LD**

**Carbohydrate and energy composition of preterm human milk: A systematic review and meta-analysis**
**Study Design: Meta-Analysis**

This study is a systemic review and meta analyses that quantified total carbohydrate, lactose and energy content in preterm human milk. The data collection occurred between 23.2 and 36 weeks gestation age and 0-180 days. It was found that energy composition was 68.13kcal/100mL (20.5kcal/oz). The study demonstrated colostrum at 19kcal/oz, transition milk at 21.05kcal/oz and mature milk at 20.6kcal/oz. The total carbohydrate content meal value was 6.74g/100mL. Lactose content was 6.37g/100mL. There are numerous components of carbohydrates within human milk, which are touched on by the authors and how they impact the carbohydrate value. Limitations of the study included a variety of milk type, collection and storage, which can all impact nutrient density. For example, there was significant losses (~30%) of carbohydrate and lactose levels in frozen versus fresh milk. Per the authors, further research is warranted to empathize the importance and necessity of a standardized analytics approach in future studies

*Miketinas, D. C., Patterson, M. A., Thyne, V. K., Carter, D. L., Meredith, N. A., Nunez, M. F., Niemeier, K. E., Kinnaman, J. N., Bender, T. M., & Bailey, A. D. L. (2026). Carbohydrate and energy composition of preterm human milk: A systematic review and meta-analysis. Advances in Nutrition, 17, Article 100720. https://doi.org/10.1016/j.advnut.2026.100720*

**Impact of Fortifiers on Donor Milk Nutrient Composition: An Experimental Study**
**Study Design: Experimental Study**

Donor breast milk (DBM) is commonly utilized in neonatal ICUs, as human milk protects against necrotizing enterocolitis, but a common challenge with utilizing DBM, is slowed growth. Historically, this growth limitation has been attributed to lower protein and sodium concentrations in DBM; however, little research has examined how nutrient composition changes after fortification. This experimental study evaluated whether commonly used fortification strategies provide sufficient nutrients to meet the enteral needs of preterm infants. Researchers utilized the nutrient profiles of four approved milk banks in the Human Milk Banking Association of North America and assessed 18 fortification protocols, including bovine milk-based liquid and powdered fortifiers, as well as human milk-derived fortifiers. Overall, it was found that most nutrients increased to some degree within all fortification protocols (calories, protein, fat), while some nutrients decreased in some of the fortification protocols (carbohydrates, selenium, B-vitamins, choline, vitamin E). Bovine fortifiers mixed per 50 ml DBM were able to meet calorie needs, but were unable to reach protein recommendations, unless advanced to 25 ml DBM, while both mixtures were regularly low in trace elements. Human milk derived fortifiers met energy requirements at all mixtures, however, protein targets were not met on the least concentrated protocols and exceeded goals in some of the more

concentrated protocols. Choline, vitamin A, E and many B-vitamins were low in all the human milk-based protocols. The current findings of this study suggest that the nutrients in fortified DBM vary greatly by fortifier product and do not fully align with preterm recommendations. This should be considered when creating feeding plans for the neonate, especially those on DBM long-term.

*Mansen K, Sanders H, Taylor S, Dunstan R, Israel-Ballard K, Perrin M. Impact of Fortifiers on Donor Milk Nutrient Composition: An Experimental Study. Journal of Parenteral and Enteral Nutrition. 2026; 50: 684-692*

## Supplemental Nutrition Research Updates

April Church, MS, RD, LD, CNSC & Heidi Lochen MS, RD, CSPCC, LDN

**Vitamin D status and response to supplementation in very preterm infants: A prospective cohort study**
**Study Design: Prospective cohort study**

Vitamin D Guidelines for optimal dosing remain uncertain, the American Academy of Pediatrics (AAP) suggests 200-400 IU/day and European Society for Paediatric Gastroenterology Hepatology and Nutrition recommends 400-700 IU/kg/day. This study was a prospective cohort of 126 preterm infants <32 weeks gestation or birth weight <1500 g evaluating Vitamin D levels -Serum 25 (OH) D at birth, 4 weeks and 8 weeks and the effect of vitamin D supplementation in 3 categories (<400, 400-700, or 700 iU/kg/day). 94.3% had Vitamin D deficiency (VDD) at birth. At 4 weeks, VDD was noted in 17.8% of infants receiving <400 IU/kg/day and 6.5% receiving 400-700 IU/kg/day. At 8 weeks normal vitamin D levels were noted in 90.1% of infants receiving <400 IU/kg/day and 77.4% receiving 400-700 IU/kg/day. Vitamin D excess was noted at 4 and 8 weeks in 3.3%; 8.6% of infants in the <400 IU/kg/day group and 3.2% and 22.6% of 400-700 IU/kg/day group. The study concluded that daily intake of <400 IU/kg generally normalizes vitamin D levels and higher doses may provide no additional benefit and increase the risk of exceeding normal 25 (OH) D levels.

*Wasuanankun S, Rattanachamnongk P, Yangthara B, et al. Vitamin D status and response to supplementation in very preterm infants. European Journal of Clinical Nutrition 2026;80:694-699. Doi:10.1038/s41430-026-01746-x*

**Supplementation with long-chain polyunsaturated fatty acids to extremely preterm infants associates with development of the intestinal microbiota**
**Study Design: Randomized controlled trial**

This study was a nested cohort of infants in the MegaDonnaMega trial which assessed the effect of enteral long-chain polyunsaturated fatty acids (LCPUFA) in preterm infants. Subjects were 75 extremely preterm infants (gestational age range: 22 3/7 to 27 6/7) born in 3 different NICUs in Sweden. Infants were randomized to either receive standard of care (no supplement) or LCPUFA supplement (Formulaid) at 72 hours of life and maintained to term corrected. Stool samples were obtained at 4 timepoints: between DOL 3-5, DOL 14, 28 and at discharge. The stool samples were analyzed by shotgun metagenomics. Infants who received LCPUFA had an increase in mean relative abundance for C. koseri which has been thought to aid in the breakdown of arachidonic acid for energy as well as other metabolic processes. This change was seen among all 3 centers which is significant. The authors also report an association between microbiome alpha diversity and retinopathy of prematurity, however a direct causal link between the development of ROP, microbiome and the LCPUFA supplementation could not be established. Finally, they reported that both study center and gestational age at birth affected the microbiome maturation significantly.

*Danielsson H, Portlock T, Hellström A, et al. Supplementation with long-chain polyunsaturated fatty acids to extremely preterm infants associates with development of the intestinal microbiota. Pediatric Research. 2026:1-10.*

## Parenteral Nutrition and Shortages Research Updates

Rae Hesling, RD, LDN, Colleen Tsarnas, MS, RD, LDN, CNSC & Nichole Cortez MS, RD, CSP, LD

**Neonatal Total Parenteral Nutrition and The Risk of Childhood Autoimmune Diseases: A Nationwide Population-Based Study of 2.3 Million Children**
**Study Design: Retrospective Cohort Study**

This study utilized longitudinal patient data from South Korea's National Health Insurance Services database to evaluate the long-term risk of 5 major autoimmune (AI) diseases following neonatal total parenteral nutrition (TPN) exposure. Subjects were neonates born in South Korea between 1/1/05 and 12/31/10 who did not meet the exclusion criteria. Entropy balancing and a weighted control group were used to offset baseline clinical burden differences between the experimental group and control group. This study found that neonatal TPN exposure was not significantly associated with childhood AI pathology (weighted HR 1.00, 95% CI, 0.87-1.15; P= 0.996) for the composite outcome. When individualized by AI disease, association remained insignificant.

*Oh TK, Song IA. Neonatal total parenteral nutrition and the risk of childhood autoimmune diseases: A nationwide population-based study of 2.3 million children. J Autoimmun. 2026;162:103596. doi:10.1016/j.jaut.2026.103596*

**Frequency of fluid versus nutrition discussion on rounds in neonatal intensive care units: Is fluid intake a heuristic for nutrition intake?**
**Study Design: Observational**

A survey was completed by all 34 regional, level 4 NICU's affiliated with Children's Hospitals Neonatal Consortium (CHNC) regarding the prevalence of using Clinical decision support systems (CDSS's) to calculate fluid and nutrition intake. Three to 4 clinicians, including a neonatologist, at least one dietitian, and another clinician with interest in nutrition completed the survey.
The survey inquired how fluid, energy, and protein intake were calculated referring to actual intake in the previous 24 hours, and then prospectively for the following 24 hours during rounds.
Ninety-eight of 108 (91%) clinicians across 34 NICU's completed the survey. Fifty-seven percent were neonatologists, 34% dietitians, 7% advanced practice providers, and 2% pharmacists. There was a significant difference between discussion of fluid intake both prospectively and retrospectively compared with discussion of energy, protein, fat, and carbohydrate ($p < 0.001$) at daily rounds. There was also no association between utilization of any CDSS system regarding retrospective or prospective discussion of energy and protein intake.
A significantly decreased daily review of nutrient intake compared to fluid can lead to inadequate nutrient intake when transitioning TPN to enteral feedings and can potentially limit growth potential in the hospitalized NICU population. CDSS designed to highlight, calculate, and anticipate nutrient changes with fluid changes would be beneficial for future use in managing the complex needs of this population.

Falciglia GH, Murthy K, Robinson DT. Frequency of fluid versus nutrition discussion on rounds in neonatal intensive care units: Is fluid intake a heuristic for nutrition intake? Nutrition June 2026 doi: 10.1016j.nut.2026.113107.

**Early Nutrition, Blood Amino Acids and Outcomes in Preterm Babies: Secondary Cohort Analysis of the ProVIDe RCT**
**Study Design: Secondary analysis of a blinded randomized controlled trial**

This secondary cohort analysis of the ProVIDe randomized controlled trial examined whether early parenteral amino acid and lipid intake in extremely low birth weight infants was associated with blood amino acid concentrations, neonatal morbidities, and neurodevelopment at 2 years' corrected age. Researchers analyzed nutritional intake data and newborn metabolic screening results from 382 infants born in 6 New Zealand NICUs, with neurodevelopmental follow-up completed in 294 children. Higher amino acid intake was associated with higher blood amino acid concentrations and was linked to increased odds of bronchopulmonary dysplasia, patent ductus arteriosus, and probable sepsis, while no association was found with necrotizing enterocolitis or later neurodevelopment. Higher lipid intake during the first week of life was associated with lower odds of intraventricular hemorrhage, bronchopulmonary dysplasia, and retinopathy of prematurity. The authors concluded that early parenteral nutrition, particularly higher lipid provision of up to 4 g/kg/day is associated with improved clinical outcomes in extremely preterm infants, and that further research is needed to optimize the composition and dosing of neonatal amino acid and lipid formulations.

*Cormack B, van Duinen A, Ford N, Jiang Y, de Hora M, Heather N, Bloomfield F. Early Nutrition, Blood Amino Acids and Outcomes in Preterm Babies: Secondary Cohort Analysis of the ProVIDe RCT. Nutrients. 2026 May 9;18(10):1517. doi: 10.3390/nu18101517. PMID: 42196977; PMCID: PMC13210157.*

## GI Research Updates

Alyson Lawrence, RD, CNSC & Melissa Theone, PhD, RD, LMNT, & Courtney Haney RD, LMNT, CNSC

**Feeding jejunostomy in neonates with complicated esophageal atresia: A retrospective descriptive single-center study**

**Study Design: Retrospective descriptive single-center**

Congenital gastrointestinal anomalies include esophageal atresia (EA), with or without a trachea-esophageal fistula (TEF) and are complex diagnoses requiring complex and thorough interdisciplinary care. Surgical repair, which includes primary anastomosis of the esophagus, if able, may result in complications including anastomotic leaks, strictures, vocal cord injury and diaphragm injury. Many of these complications pose difficulties to the initiation and achievement of full enteral feedings. Anastomotic leaks (AL) have debatable nutritional management: ranging from total parenteral nutrition (TPN) to promote full anastomosis healing to post-pyloric enteral nutrition. This study aimed to describe the feasibility and safety outcomes of jejunal feedings in EA repairs.

Neonates who underwent EA repair with or without TEF from January 2018-Decemeber 2023 were included. A feeding jejunostomy was considered for infants with a minor or major AL where enteral nutrition (EN) was preferred, those with planned staged repair for long-gap EA and those with severe feeding dysfunction. 41 neonates underwent

repair in the study period. 7 AL occurred. Ten feeding jejunostomies were placed. No major complications occurred for these patients. Full EN was achieved at a median of 3 days. This study demonstrated the feasibility and safety for placement of jejunostomies. This study proposes interesting clinical questions for discussion. Trans anastomotic tube placement and jejunostomy placement are very debatable topics and vary from center to center and surgeon preference. More research is needed to determine safe ways to initiate early enteral feeding in the EA/TEF patient population.

*Gezer HÖ, Bairamovi G, Erdoğan C, Temiz A. Feeding jejunostomy in neonates with complicated esophageal atresia: A retrospective descriptive single-center study. Nutr Clin Pract. Published online July 21, 2026. doi:10.1002/ncp.70160*

**Outcomes of early enteral feeding in very low birth weight infants: A meta-analysis of randomized controlled trials**

**Study Design: RCT Meta-analysis**

This analysis evaluated 17 randomized controlled trials for infants born ≤1500 grams. Studies were conducted between 1986-2025 and were from multiple countries worldwide. The primary comparison groups were infants who started enteral feeding <72 hours after birth (using mother's own milk, donor milk, or formula; with typically reported enteral volumes initiated at 10-25 mL/kg/day) versus those that did not start until ≥72 hours after birth. The analysis evaluated outcomes including NEC, sepsis, death, intraventricular hemorrhage, bronchopulmonary dysplasia, days to full enteral feeding, days to regain birth weight, weight gain, and length of hospital stay. For individually analyzed outcomes, the reported number of included infants ranged between 662-1,402. There were no significant differences identified for many outcomes like NEC, bronchopulmonary dysplasia, or growth trajectories. Though while statistically non-significant, early feeding observed a trend toward lower mortality (RR = 0.72; 95% CI: 0.51 to 1.01; p = 0.06). Infants receiving early feedings had a lower incidence of sepsis (RR = 0.78; 95% CI: 0.61 to 0.98; p = 0.03), a borderline reduction in length of hospital stay by ~4.5 days (95% CI: − 8.86 to − 0.04; p = 0.05), and a reduced time to full enteral feedings by ~2.7 days (95% CI: − 5.08 to − 0.36; p = 0.02). Notably, the article reported most infants in the early feeding group received enteral feeding within the first 24 hours of life, with many others began between 24-48 hours. Likewise, the authors informally highlight articles among extremely low birth weight infants that observe benefits to initiating enteral feeding in the first 12 hours of life. Overall results suggest that initiating enteral feeding in the first 72 hours of life for infants ≤1500 grams offers clinical benefit without increasing risk of morbidity or mortality. However, continued research is needed to evaluate outcomes across varying birth sizes and gestational ages within this general population of infants, and further as based on more defined periods of enteral feeding initiation (such as in hours, not days).

*Alansari AN, Messaoud M, Elshanbary AA, Ibrahim AS, Khogeer S. Outcomes of early enteral feeding in very low birth weight infants: A meta-analysis of randomized controlled trials. Pediatr Neonatol. 2026 May 18:S1875-9572(26)00067-7. doi: 10.1016/j.pedneo.2026.03.004. Epub ahead of print. PMID: 42288415.*

**Enteral feeding practices among infants with gastroschisis in Canada: A national cohort study**

**Study Design: Retrospective Cohort**

Guidelines on the management of infants with gastroschisis were released in 2024 by the American Pediatric Surgical Association and European Reference Network for Rare Inherited Congenital Anomalies. These guidelines did not include recommendations for the type of enteral feed which prompted this cohort. This cohort study looked at

enteral feeding practices using the Canadian Neonatal network and Canadian Pediatric Surgery Network from 2015 to 2023. The study included 348 infants that were stratified into simple gastroschisis with mild or no matting, simple gastroschisis with severe matting, and complex gastroschisis. 64% of all infants received exclusive human milk and 36% received one or more days of formula. Donor human milk frequency of use has increased from 5% in 2015 to 54% in 2022. Age at first enteral feed and age at full enteral feed was statistically significant between the groups with delays seen in complex gastroschisis. Longer duration of parenteral nutrition was also seen with severe matting and complex gastroschisis. No difference was seen in NEC or mortality rates between groups. Exclusive human milk at time of discharge was high amongst all groups.

*Rao K, Briatico D, Suntharalingam H, et al. Enteral feeding practices among infants with gastroschisis in Canada: A national cohort study. Journal of Pediatric Surgery2026;61(6):162964. doi:10.1016/j.jpedsurg.2026.162964*

## Social Media Update

Alyson Lawrence RD, CNSC

Hello Neonatal Nutrition Support Group!

Continue to check out Member Connect for clinical discussion, volunteer opportunities and collaboration. This is a great way to continue to stay connected and updated on the latest happenings in neonatal nutrition.

I am here to remind you that our section utilizes ASPEN's Member Connect platform to share current practices and clinical care questions. I would like to thank our committee comprised of Leah Cerwinske, Jessica Barbieri and Claire Ziegler for all of their efforts. Thank you!

If you would like to share ideas for future posts or discussions, please contact Alyson Lawrence at **Alyson.lawrence@choc.org**.

## Neonatal Continuing Education Opportunities

Alexis Rodriguez, RD, IBCLC

1. 17th Annual: Current Topics in Neonatal Nutrition and Advances in Neonatal Care
   Location: Virtual or In-Person
   October 27-28th, 2026
   Albert Einstein College of Medicine - Montefiore Medical Center - Terrytown, NY
2. FNCE 2026 - Academy of Nutrition and Dietetics
   October 24-27th, 2026
   San Antonio, TX
3. ASPEN Malnutrition Awareness Week
   Location: Virtual
   September 14-18th, 2026
4. ASPEN 2027 Nutrition Science & Practice Conference
   Location: Chicago, IL or Virtual
   February 13–16, 2027

## Neonatal Section Member Spotlight and Accomplishments

We want to hear from you! The ASPEN Neonatal Section group is proud of the many accomplishments of our members, and we'd like to highlight what you're doing. If you have any feedback or ideas, noteworthy awards, presentations, published research, or projects that you'd like to share with our members please let us know by contacting the section group newsletter editor.

## Rhoads Research Foundation

Please consider donating to Rhoads Research Foundation. This Foundation is named in the honor of Dr. Jonathan Rhoads, M.D. for his outstanding and pioneering work in the fields of clinical nutrition, nutrition support and surgery. Through its annual grants program, the Foundation funds exceptional scientific research projects submitted by early career investigators of clinical nutrition and metabolic support in alignment with the priorities in ASPEN's research agenda. No matter how much you are able to contribute in these economic times every dollar collected is greatly appreciated. To contribute, please use this link: **Rhoads Research Foundation Donations**

## Call for Volunteers

If you are interested in volunteering for ASPEN's Neonatal Section, please contact Molly Potter. (Molly.Potter@Nemours.org). We need volunteers for the newsletter and social media committee. Thank you!

Newsletter Editor: Molly Potter

(**Molly.Potter@nemours.org**)

Neonatal Section Chair: Margaret Murphy

(**margaret.murphy@childrens.harvard.edu**)