Chapter 5

Conclusions

The present study confirmed that serum vitamin A levels of premature infants were lower than in full term infants. Dose of vitamin A supplementation in VLBW premature infants in this study can reduce biochemical evidence of vitamin A deficiency and resulted in significant reduction in duration of intubation, days of oxygen therapy, length of hospital stay and non-significant reduction in bronchopulmonary dysplasia without adverse effect. The authors conclude that vitamin A supplementation should be given to very low birth weight premature infants requiring respiratory support or oxygen therapy who are at risk to develop bronchopulmonary dysplasia. Furthermore, the additional benefits of vitamin A supplementation may be obtained in this high-risk population.