

# Indomethacin for IVH Prophylaxis

For infants less than 28 weeks birth gestational age

Indomethacin will be given prophylactically to a subset of extremely premature infants within the first 6-12 hours after birth (though may be given up to 24 hours of age) if contraindications are not present (see below).

## Background and Rationale

These criteria are based on a review of UC Davis institutional data that demonstrates rates of severe IVH are higher among infants born at 23-27 weeks, with a decrease beyond 28 weeks gestational age. Birthweight is a less reliable predictor.

## Dosing

0.1 mg/kg IV given over 1 hour, every 24 hours for 3 doses

## Contraindications to administration/continuation:

- Clinical suspicion of a ductal-dependent cardiac lesion
- Major GI congenital anomalies
- Known Grade III-IV IVH (*head ultrasound should be performed per NICU guidelines*)
- SIP/NEC, suspected or confirmed
- Concomitant treatment with corticosteroids (*if patient has hypotension, it may be reasonable to wait until 12 hours of life to determine if hydrocortisone will be required for blood pressure support*)
- Exposure to antenatal indomethacin within 72 hours of delivery

## Relative contraindications to administration/continuation (discuss with attending prior to ordering indomethacin):

- Serum creatinine > 1.4 mg/dL
- Urine output < 0.5 ml/kg/hr
- Platelet count < 50,000/mm<sup>3</sup>
- Bleeding (e.g., venipuncture site, pulmonary hemorrhage, GI bleeding) or laboratory evidence of bleeding diathesis

## References

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