Necrotizing enterocolitis (NEC), or NEC, is a serious inflammation of the intestines that usually affects premature babies.

**What happens when my baby has NEC?**

NEC occurs when the small or large intestine tissue is damaged, sometimes causing a hole. Bacteria in the intestines can leave through this hole and enter the abdominal cavity, causing a serious infection. If the intestines don’t work right anymore, parts of them may need to be removed.

**What causes NEC?**

No one knows what causes NEC, but it may happen because of:

- Premature birth
- Not enough oxygen or blood to the intestines
- Intestines weren’t developed enough before birth
- Intestines were injured

**Who is at risk for NEC?**

NEC usually affects:

- Premature babies born before 32 weeks gestation
- Babies who have gastrointestinal infections
- High-risk babies who are tube-fed
- Babies who had a hard delivery and have lower oxygen levels
- Babies who are formula-fed (breast-fed babies are less likely to get NEC)

**What are the signs of NEC?**

The signs of NEC usually develop within the first 2 weeks after your baby is born. Some of the signs may include:

- A swollen, tender, or red belly
- Constipation
- Not eating well
- Bloody bowel movements
- Diarrhea
- Vomiting green bile
- Lethargy (lack of energy)
- Fever
- Apnea

**How is NEC diagnosed?**

Your baby’s healthcare provider will look at your baby and see whether they have any of the signs above (especially a swollen belly). They may recommend an abdominal chest x-ray to see if gas or air bubbles are in your baby’s intestine wall.
How is NEC treated?
Your baby’s NEC treatment depends on their gestational age, health, and ability to take medicines or handle therapies. It also depends on how severe the NEC is. Common NEC treatments may include:

- Stopping all feedings
- IV (a small tube that goes into the vein) antibiotics and nutrition
- A nasogastric (NG) tube to remove air and fluid from the stomach
- More abdominal x-rays to see if infection has spread

Your baby may be able to eat again after 7 days of treatment. Breast milk is recommended because it is easy to digest and helps your baby’s immune system.

If treatment does not work or your baby has a hole in their intestine, your baby may need to have part of their intestine removed through surgery. Your baby may also need an ostomy, an opening between the intestines and the abdominal wall.

What happens after my baby is treated for NEC?
Most babies who were diagnosed with NEC do not have any more feeding problems after treatment. However, sometimes scarred intestines can cause intestinal blockage later. Your baby may also have trouble absorbing nutrients through their intestines (called malabsorption) if they had surgery.

What if I have questions about NEC?
If you have questions about NEC treatment, talk to your child’s healthcare provider.

Notes