

FOR IMMEDIATE RELEASE

Media Contact

Beth Mueller, (224) 948-5353
media@baxter.com

Investor Contact

Clare Trachtman, (224) 948-3085

BAXTER SUPPORTS NEW EFCNI STANDARDS IN NEWBORN CARE IN RAISING AWARENESS OF RISKS FROM MALNUTRITION

- *The European Foundation for the Care of Newborn Infants (EFCNI) released new standards to address the disparities in newborn care*
- *Preterm birth is one of the leading causes for neonatal mortality in Europe¹*
- *Nutritional care is a critical component of treating preterm neonates to optimize outcomes*

BRUSSELS, DECEMBER 6, 2018 – Baxter International Inc. (NYSE:BAX), a global leader in clinical nutrition, is collaborating with the European Foundation for the Care of Newborn Infants (EFCNI) to raise awareness for the new EFCNI standards that address the disparities in newborn care in Europe. EFCNI released the [new European Standards of Care for Newborn Health](#) last week.

These comprehensive standards provide research-backed protocols for key elements of care, from birth to the neonatal intensive care unit (NICU) stay to follow-up care. The standards are essential because preterm birth is one of the leading causes for neonatal mortality in Europe and accounts for more than half of all infant deaths.¹ Worldwide, more than 15 million infants are born preterm annually.¹

Preterm babies, and those born with illnesses, have special feeding requirements during their hospital stays and after discharge. The standards include several recommendations to help neonatologists improve the nutritional care for preterm infants, including that NICUs establish and implement site-specific nutrition guidelines. The goal is to ensure that preterm infants receive adequate nutrients to promote proper development and that clinicians monitor growth consistently.

The guidelines also outline that parenteral (intravenous) nutrition (PN) be started on the first day after birth, usually using standard solutions, such as premix solutions, and continued until sufficient enteral feeding is established.

“As an innovator in clinical nutrition therapy, we are proud to support and partner with EFCNI to raise awareness for better treatment standards for the most vulnerable patient populations,” said Jorge Vasseur, general manager of Baxter’s Clinical Nutrition business. “We will continue our efforts to raise awareness on best practices for treating preterm infants, while providing innovative nutritional therapies for neonates.”

Baxter’s **Numeta G13E** is the only licensed, triple-chamber PN product available to treat preterm infants (born before 37 weeks of gestation) who are at high risk for infection and malnutrition in the early hours and days of their lives. Premature infants are not usually able to “suck and swallow” milk like full-term infants, and rely entirely on PN to grow and develop. The [data](#) released at the ISPOR Europe conference in Barcelona last month projects that increasing use of standardized triple-chamber PN products like **Numeta G13E** compared to other PN preparation methods can help preterm neonates by substantially reducing the risk of blood stream infections, compounding errors and resource burdens associated with prematurity.

About Baxter

Every day, millions of patients and caregivers rely on Baxter’s leading portfolio of critical care, nutrition, renal, hospital and surgical products. For more than 85 years, we’ve been operating at the critical intersection where innovations that save and sustain lives meet the healthcare providers that make it happen. With products, technologies and therapies available in more than 100 countries, Baxter’s employees worldwide are now building upon the company’s rich heritage of medical breakthroughs to advance the next generation of transformative healthcare innovations. To learn more, visit www.baxter.com and follow us on [Twitter](#), [LinkedIn](#) and [Facebook](#).

IMPORTANT RISK INFORMATION

The general contraindications for administering **Numeta** as an activated two-chamber container system (with the lipid chamber inactivated for intravenous infusion) are as follows: hypersensitivity to egg, soy or peanut proteins, or to any of the active substances, excipients or components of the container; congenital abnormality of the amino acid metabolism; pathologically elevated plasma concentrations of sodium, potassium, magnesium, calcium and/or phosphorous; severe

hyperglycemia; and concomitant treatment with ceftriaxone in newborns (\leq 28 days of age), even if separate infusion lines are used.

The addition of lipids (administering **Numeta** as an activated three-chamber container system for intravenous emulsion) is contraindicated in the following additional clinical situations: severe hyperlipidemia and severe disorders of lipid metabolism characterized by hypertriglyceridemia. Refer to the **Numeta** product label for full prescribing information.

*This release includes forward-looking statements concerning **Numeta G13E**, including potential benefits associated with its use. The statements are based on assumptions about many important factors, including the following, which could cause actual results to differ materially from those in the forward-looking statements: satisfaction of regulatory and other requirements; actions of regulatory bodies and other governmental authorities; product quality, manufacturing or supply, or patient safety issues; changes in law and regulations; and other risks identified in Baxter's most recent filing on Form 10-K and other SEC filings, all of which are available on Baxter's website. Baxter does not undertake to update its forward-looking statements.*

Baxter and **Numeta G13E** are registered trademarks of Baxter International Inc.

###

¹ Althabe F, Howson CP, Kinney M, Lawn J, World Health Organization. Born too soon: the global action report on preterm birth. 2012. Available from: www.who.int/pmnch/media/news/2012/201204_borntoosoon-report.pdf