CLAIMS:

1. Use of a composition comprising IGF-1 and IGFBP-3 as a complex in the manufacture of a medicament for treatment or prophylaxis GI injury from dysregulation of GI tract regeneration in a:
    - preterm infant, and/or
    - low weight for gestational age baby, or
    - an infant born following preeclampsia,

   wherein the composition is to be administered at a dose of 400 to 500μg/Kg/24hours, wherein:
   epithelial cell migration is preserved, supported, maintained, initiated and/or augmented, and/or epithelial cell apoptosis is minimised (regularised), by treatment, and
   wherein the treatment is to be initiated within 24 hours of birth.
2. Use according to any previous claim, wherein the treatment reduces inflammation, for example inflammation located in the GI tract, in particular wherein the inflammation is generated by a cytokine selected from IL-4, IL-6, IL-10 and combinations of two or three thereof.
3. Use according to any preceding claim, wherein inflammation-initiated destruction of IGFBP-3 in tissue is minimised and/or destruction (including elimination) of IGF-1 is minimised.
4. Use according to any preceding claim, wherein a positive feedback loop for IGF-1 production, is supported, stabilised, maintained, initiated and/or augmented.
5. Use according to any preceding claim, wherein vascular permeability is reduced, for example in comparison to an untreated patient with necrotising enterocolitis, in particular wherein vascular leakage into the intestinal tissue is minimised and/or leakage from the GI tract to the vascular system is minimised.
6. Use according to any preceding claim, wherein tight junctions are facilitated, preserved, supported, stabilised, maintained, initiated and/or augmented by treatment, for example the percentage of tight junctions is preserved or augmented.
7. Use according to any preceding claim, wherein treatment supports maintenance of epithelial barrier function and/or epithelial integrity, for example including prevention of breach of basement membrane and/or underlying stromal cells are not exposed to luminal content.
8. Use according to any preceding claim, wherein apoptosis of enterocytes is minimised, for example apoptosis induced by oxidative stress.
9. Use according to any preceding claim wherein treatment promotes proliferation of enterocyte, for example in comparison to an untreated patient.
10. Use according to any preceding claim, wherein the enterocyte function is preserved, supported, maintained, initiated and/or augmented, for example a function selected from ion uptake, water uptake, sugar uptake, peptide uptake, amino acid uptake, lipid uptake, vitamin B12 uptake, secretion of immunoglobulins, and a combination of two or more of the same, such as all the functions.
11. Use according to any preceding claim, wherein Paneth cell function is preserved, supported, maintained, initiated and/or augmented, for example Wnt signalling and Notch signalling and/or secretion of defensins HD-5 and HD-6.

12. Use according to any preceding claim, wherein Paneth cell dysfunction is minimised by treatment, for example in comparison to an untreated patient.
13. Use according to any preceding claim, wherein treatment reduces incidences of severe injury to the GI tract, such as severe intestinal injury, for example by promoting and/or regulating healing processes, in particular reduces severe incidences of severe necrotising enterocolitis.
14. Use according to claim 13, wherein severe injury to the villi is minimised, for example destruction of villi and/or malformation of villi.
15. Use according to any preceding claim, for the treatment of colitis (including necrotising enterocolitis) *C. difficile* infection, shigella infection, toxic mega colon.
16. Use according to claim 15, wherein severe incidences of severe necrotising enterocolitis, for example score equal or above 2 (such as 3, 4, 5 and 6) are reduced in comparison to untreated patients with necrotising enterocolitis.
17. Use according to any preceding claim, wherein the incidences of sepsis are reduced in treated patients.
18. Use according to any preceding claim, wherein the dose is 400 μg/Kg/24hours by continuous infusion.
19. Use according to any preceding claim, wherein a treated patient has a lower risk of mortality than a corresponding patient without treatment.