Providing human-derived HMF to infants in the NICU at Seattle Children's Hospital

Emily Kurlak, UW Nutritional Sciences Program, MS-Nutrition Student & Dietetic Intern Preceptor: Kim Nowak Cooperman, MS, RDN



Should human-derived human milk fortifier be provided in the NICU for preterm infants instead of bovine-derived human milk fortifier? Increasing evidence points to the importance of exclusively providing breast milk to premature infants.

PURPOSE

WHAT ARE HUMAN MILK FORTIFIERS?

Human Milk Fortifiers (or HMF) are used to *increase the caloric density* of breast milk. Fortifiers can be bovine-or human-derived.

Energy needs range between 110 – 150 kcals / kg for infants under 1800 grams Breast milk provides ~20kcals/ounce

Premature infants often have fluid restrictions that limit the amount of total fluid they can receive, thus making it necessary to concentrate breast milk.

HMF adds 4-10 kcal/fluid ounce to breast milk, thus increasing final caloric density of breast milk to 24 – 30 kcal/fluid ounce.

Human-derived HMF is made from donor breast milk.

- Why is it needed? It allows for low birth weight, premature infants to receive exclusively human milk while meeting their high nutrient and energy needs.

COMPARISON BETWEEN BOVINE AND HUMAN HMF

VS.

Similac

Bovine-derived +2-4kcal/oz 2.13 g protein* \$0.04/mL Brands: Enfamil, Similac

*both concentrated to 24kcal/oz.

Human-derived +4-10kcal/oz 2.3g protein* \$6.25/mL **Brand:** Prolacta Bioscience

CURRENT POLICY

- Bovine-derived HMF (Similac HMF) is added to donor breast milk or a mother's breast milk in the NICU
- HMF is indicated when infants weigh <1800 grams at birth
- Preterm infants typically receive a maximum concentration of of 24 kcals/ounce



When comparing an exclusive human milk diet to a diet including bovine-derived products for premature infants, researchers have seen:

↓ Incidence necrotizing enterocolitis (NEC)^{1,2} NEC = costly & long term health implications

Due to the strong health outcomes associated with exclusive breast milk use for premature infants, human-derived HMF should be provided to very low-birth weight premature infants, infants at high risk of NEC, or infants with NEC in the NICU at Seattle Children's Hospital

Melissa Mortensen, MS, RD and Maura Sandrock, MS, RDN for their help with my project selection and research process!





SCHOOL OF PUBLIC HEALTH

UNIVERSITY of WASHINGTON excellent science, shared passion, enduring impact

THE EVIDENCE

days on total parenteral nutrition $(TPN)^{2,3}$

TPN = Costly and higher risk of infection

> ✓ Risk of sepsis⁴ Sepsis = Costly & severe acute health implications

Human derived HMF

 \rightarrow Improved health outcomes & cost savings^{5, 6}

EX: \$8,167 saved per prevented case of NEC

References 1. PMID: 20036378 2. PMID: 23968744 3. PMID: 22534258 4. PMID: 23370606 5. PMID: 21718117 6. PMID: 25130571

RECOMMENDATION

THANK YOU!