Information letter on our nutritional policy for premature infants

Dear (forthcoming) parent(s) or guardian(s),

Your child will probably be or already is born prematurely and is therefore (to be) admitted to our Neonatal Intensive Care Unit. Our goal is to give your infant the best possible treatment and to minimize the risk of complications from premature birth. Optimal nutrition can contribute significantly to this.

Children who are seriously ill or born prematurely are not yet able to drink on their own and receive milk through a small tube towards their stomach. We usually start giving the first small amounts of milk within hours of birth. In addition, we will provide intravenous nutrition temporarily, as long as the intestines only tolerate small amounts of milk. Below, more info is given on the various sources of milk we give to infants admitted to our ward.

Mother's own milk, first choice!

Mother's own milk (breast milk) is the first choice for all newborns, but for premature babies breast milk is even more important. Research has shown that mother's own milk is better tolerated than formula milk and reduces the risk of serious blood infections or infection of the intestines. Such intestinal inflammation (called necrotizing enterocolitis; NEC) occurs in 5 to 10% of preterm infants (<32 weeks) and can be life-threatening. In addition, also on the long term, breast milk offers benefits such as better eye and brain development, and less risk of obesity, allergies or high blood pressure.

If you wish, our nurses, maternity care nurses, and the lactation consultant will aid you with expressing your breast milk. Sometimes, however, there is (still) no or insufficient breast milk available after birth. It may take several days before your (expressed) breast milk production may become sufficient in volume. It may also be that the mother is still too ill to express milk or that you receive medication, to which the baby (through breast milk) should not be exposed. In addition, for example stress can adversely affect breast milk production.

Donor milk as an alternative

If no or insufficient mother's own milk is available, we consider pasteurized donor (human) milk as the best alternative for infants born at less than 30 weeks gestation (or with a birth weight of less than 1 kg). Donor milk for premature infants is recommended in several international guidelines, amongst which from the World Health Organization and is applied

worldwide in many neonatal intensive care units. Donor milk is provided by other mothers (the donors) who have breast milk in excess and wish to make their milk available for premature babies. Donors are screened for health and their blood is extensively tested at the blood bank. Their milk is collected by the Dutch Human Milk Bank. In our milk bank, donor milk is pasteurized (heated) to remove any potential viruses or bacteria in the milk. After pasteurization, the milk is frozen until ready to use. Donor milk meets the strictest safety requirements, comparable to blood transfusions from a blood bank.

Although donor milk is the best alternative if there is (temporarily) insufficient mother's own milk available, donor milk does contain less protective factors and nutrients. Partly for this reason, mother's own milk is always the best milk for a premature infant and will be given first.
However, some parents do not want their infant to receive donor milk if there is not enough breast milk of their own. At the bottom of this letter you can find out how you can discuss or object to this.

Infant formula milk

Premature newborns may also be given special infant formula, which is derived from cow's milk. This is a suitable alternative if there is no mother's own milk available and your child is not eligible for donor milk.

Summary of nutritional policy at our Neonatal Intensive Care Unit

Mother's own milk is the best food for all newborns; this is even more important for premature infants. Our nurses, maternity nurses, and lactation consultants will guide and support mothers in expressing their breastmilk.
Infants born at a gestational age of less than 30 weeks and/or with a birth weight below 1000 grams are eligible for both donor milk and probiotics. Donor milk is only given if there is (temporarily) no or insufficient breast milk available. We do, however, always wait the first 12 hours after birth to see whether mother's own milk production starts and whether it is sufficient (even a very small amount may be sufficient). After these 12 hours, we supplement with donor milk if there is too little of mother's own milk. We will prescribe probiotics and possibly also donor milk up to the moment of transfer to another hospital or up to a gestational age of 32 weeks.
Infants born after 30 weeks gestation who also have a birth weight above 1000 grams are not eligible for donor milk or probiotics, as they have much lower risks for adverse complications. These children receive formula when there is not enough mother's own milk.

Any objection against donor milk?

If you, as a parent, do not want your child to receive donor milk, we ask you to make this objection known to your infant's nurse or doctor as soon as possible after birth. After birth, we always wait the first 12 hours to see whether enough of your own breast milk becomes available. After these 12 hours, we will supplement with donor milk if there is a shortage of mother's own milk. If we have not heard an objection from you in these first 12 hours, we will assume that you agree to give donor milk to your infant.

Contact

If you have any questions or comments, please contact your nurse or doctor. More information about the Dutch donor milk bank can be found at: www.moedermelkbank.nl (currently only in Dutch).

Source: Moedermelkbank Amsterdam UMC