



Premature Infants Have Significantly Earlier Discharge When Human Milk Cream Prolact CR® is Added to an Exclusive Human Milk Diet According to Study in the Journal *Breastfeeding Medicine*

CITY OF INDUSTRY, Calif., June 21, 2016 – Prolacta Bioscience®, the pioneer in human milk-based neonatal nutritional products, announced today that a new study published in the journal [Breastfeeding Medicine](#) found that adding a human milk-derived cream supplement, Prolact CR®, to an exclusive human milk diet (EHMD) resulted in “significantly earlier discharge” for very low birth weight infants in the neonatal intensive care unit (NICU), when compared to infants who did not receive the cream supplement.¹

The prospective, multi-center randomized study, “Premature Infants 750—1,250g Birth Weight Supplemented with a Novel Human Milk-Derived Cream are Discharged Sooner,” included infants who received an EHMD of mother’s own milk or donor human milk. For infants whose mother’s own milk or donor human milk was found to be below 20 Cal/fl oz, a human milk-derived cream supplement was added to increase the caloric content. The study found infants who received Prolact CR were discharged 12 days earlier than those who did not receive the cream supplement. Moreover, infants with bronchopulmonary dysplasia (BPD), a form of chronic lung disease in infants, may have derived an even greater benefit although these results did not achieve statistical significance.

“This study demonstrates that the human milk-derived cream fortifier, Prolact CR, benefits very low birth weight premature infants, especially those who may have higher caloric needs like premature infants with bronchopulmonary dysplasia,” said Dr. Amy Hair. Dr. Hair is an Assistant Professor of Pediatrics at Baylor College of Medicine, and a neonatologist and director of the neonatal nutrition program at Texas Children’s Hospital. “Because infants with BPD may not tolerate the larger volume of breast milk necessary to attain their caloric and nutritional needs, the addition of Prolact CR, provided additional caloric fortification without considerably increasing the volume of feeds.”

Prolact CR is the first and only human milk caloric fortifier. It is pasteurized human milk cream derived from human milk that increases the caloric content to achieve a 20 Cal/fl oz solution to which human milk fortifier may then be added for extremely premature infants in the NICU. Prolact CR is composed of approximately 25 percent milk fat and is used with either mother’s own breast milk or human donor milk as a natural way to give preemies the added fat they require.

“Every single parent of a preemie wants their baby home as soon as possible,” said Scott Elster, president and CEO of Prolacta Bioscience. “We are gratified to see that the addition of our human milk cream fortifier, when added to an exclusive human milk diet, is making a difference in hospital length of stay and time to discharge.”

Others who took part in the study include Erynn M. Bergner, Baylor College of Medicine in Houston; Alvaro G. Moreira and Cynthia L. Blanco of the School of Medicine at the UT Health Science Center San Antonio; Keli M. Hawthorne and Steven A. Abrams of Dell Medical School at The University of Texas at Austin; and David J. Rechtman and Martin L. Lee of Prolacta Bioscience.

About Prolacta Bioscience

Prolacta Bioscience, Inc. is a privately-held life sciences company dedicated to Advancing the Science of Human Milk®. The company pioneered the development of human milk-based Neonatal Nutritional Products to meet the needs of critically ill, premature infants in the NICU. Prolacta leads the industry in the quality and safety of nutritional products made from breast milk and operates the first and only pharmaceutical-grade manufacturing facility for the processing of human breast milk.

www.prolacta.com

Media Contact

Loren Kosmont
Lkosmont@prolacta.com
310-721-9444

¹ Hair A, et al., “Premature Infants 750—1,250g Birth Weight Supplemented with a Novel Human Milk-Derived Cream are Discharged Sooner.” *Breastfeeding Medicine*. 20016;11(3):1-5. This study was a secondary analysis of a growth study published in *The Journal of Pediatrics*.