New Journal of Perinatology Study Associates an Exclusive Human Milk Diet With Lower Total Hospital Costs For Very Low Birth Weight Infants

CITY OF INDUSTRY, Calif., July 20, 2016 – Prolacta Bioscience®, the pioneer in human milk-based neonatal nutritional products, announced today that a new study published in the *Journal of Perinatology* found that an exclusive human milk diet (EHMD) was associated with lower total hospitalization costs for very low birth weight (VLBW) infants from $27,388 to $106,968 per infant, compared to infants fed cow milk-based fortifier and maternal milk; mixed combination of maternal milk, cow milk-based fortifier and formula; and formula-fed infants.[1] The independent research was conducted at Herman & Walter Samuelson Children's Hospital at Sinai Hospital in Baltimore by neonatologist Melinda Elliott, MD. Prolacta Bioscience was not a sponsor of the study.

"The study supports previous research on the financial, feeding and health benefits of an exclusive human milk diet," said Dr. Elliott. "Despite what may be perceived as an added cost to provide donor human milk and donor milk-derived fortifier in the NICU, the data shows an exclusive human milk diet not only provides significant cost savings, but also improves the overall health of extremely and very low birth weight babies."

An EHMD means that 100 percent of the protein, fat and carbohydrates are derived solely from human milk. Prolacta Bioscience is the first and only company to offer a complete line of Neonatal Nutritional Products (caloric and nutritional fortifiers and ready-to-feed products) made exclusively from donor breast milk.

In addition to lower hospital costs, the study also showed an EHMD was associated with decreased feeding intolerance, decreased incidence of necrotizing enterocolitis (NEC), shortened time to full feeds, shortened length of stay, and lower hospital and physician charges for extremely premature and VLBW infants.[2]

Titled, "Decreased Cost and Improved Feeding Tolerance in VLBW Infants Fed an Exclusive Human Milk Diet," the study retrospectively looked at 293 preterm infants between gestational ages of 23 to 34 weeks and birth weights between 490 and 1,700 grams in the level-three NICU. The study compared the clinical and financial impacts between infants that were fed cow milk-based fortifier and maternal milk; mixed combination of maternal milk, cow milk-based fortifier and formula; and only formula between March 2009 and March 2014. For infants in the EHMD group, researchers saw the percentage of NEC decrease to one percent, infants reach fuller feeds faster, and the length of stay was shorter by 4.5 to 22

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days.[3] Infants in the cow milk and mixed group showed significantly higher total costs, including physician and hospital costs, despite adding the cost of the fortifier and donor milk to the EHMD group.

"This study underscores the real cost of cow milk-based nutrition, and adds to the growing body of evidence supporting the use of an exclusive human milk diet protocol in the NICU," said Scott Elster, president and CEO 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.

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[1] Assad M, et al., "Decreased Cost and Improved Feeding Tolerance in VLBW Infants Fed an Exclusive Human Milk Diet." Journal of Perinatology. 2015;1-5
[2] Assad M, et al., "Decreased Cost and Improved Feeding Tolerance in VLBW Infants Fed an Exclusive Human Milk Diet." Journal of Perinatology. 2015;1-5
[3] Assad M, et al., "Decreased Cost and Improved Feeding Tolerance in VLBW Infants Fed an Exclusive Human Milk Diet." Journal of Perinatology. 2015;1-5