



Prolacta Bioscience® Supports Prematurity Awareness Month, Releases Video Documenting a Family’s NICU Journey and Success with an Exclusive Human Milk Diet

CITY OF INDUSTRY, Calif., Nov. 14, 2016 – Prolacta Bioscience, the pioneer in human milk-based neonatal nutritional products, released a new video today documenting one family’s journey through prematurity, and their first-hand experience with an exclusive human milk diet (EHMD)¹ in the neonatal intensive care unit (NICU).

The testimonial [video](#) follows Delvin and Brandi Peek’s emotional NICU journey after the birth of their daughter, Leah Michelle, who was born at 23 weeks, five days’ gestation, weighing 1 lb 8 oz (680g). Leah Michelle experienced intolerance to the cow milk-based fortifier she initially received and subsequently developed necrotizing enterocolitis (NEC), the most common and serious intestinal disease among premature infants and one of the leading causes of premie mortality.²

The American Academy of Pediatrics (AAP) recommends fortifying breast milk with protein, minerals and vitamins to ensure optimal nutrient intake for preemies weighing less than 1,500g.³ The term “Human Milk Fortifier” (HMF) is the generic product name for this nutritional supplement. HMF is added to mom’s own milk or pasteurized donor milk to meet the dietary needs of premature babies in the NICU. Many mistakenly assume that because a product is labeled “Human Milk Fortifier,” it must be made from human milk. This is not the case. Prolact+H2MF®, from Prolacta Bioscience, is the first and only HMF made from 100 percent human milk – the H2 stands for (human) Human Milk Fortifier. All other products labeled “Human Milk Fortifier” are made from cow milk.

“When Leah got sick, I remembered what my friend’s sister told me that, when they started to feed Leah, to make sure that I asked for a fortifier from a company named Prolacta,” said Brandi. “Once I realized that Prolacta made the only fortifier with 100 percent human milk, it became a no-brainer that this is what Leah needed to have.”

The Peek’s advocated for Leah Michelle to be on an EHMD and asked the hospital to fortify Brandi’s breast milk with Prolact+H2MF®. “She began to tolerate it very well,” said Delvin. “The results were almost immediate. She began to thrive, she didn’t require any surgery, her stomach returned to normal size and shortly after that they labeled her a ‘feeder and grower,’ which was a huge milestone.”

When used as part of an EHMD, Prolacta’s neonatal nutritional products are clinically proven to improve health outcomes^{4,5,6} and reduce hospital costs^{2,7} for critically ill, extremely premature infants in the

NICU weighing between 500-1,250g at birth, as compared to cow milk-based fortifier or cow milk-based preterm formula.

“Prolacta is proud to share the Peeks’ story during Prematurity Awareness Month, and to bring further attention to the one in 10 babies born before 37 weeks each year,” says Scott Elster, President and CEO of Prolacta Bioscience. “We are dedicated to Advancing the Science of Human Milk® to help these fragile infants, like Leah Michelle, have a greater chance to survive and thrive despite their early entrance to the world.”

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 An exclusive human milk diet (EHMD) is when 100% of the protein, fat and carbohydrates in an infant’s intake are derived solely from human milk.

² Ganapathy V, et al. “Costs of Necrotizing Enterocolitis and Cost-Effectiveness of Exclusively Human Milk-Based Products in Feeding Extremely Premature Infants.” *Breastfeeding Medicine*. February 2012. 7(1):29-37. doi:10.1089/bfm.2011.0002. This cost-effectiveness analysis of 2,560 extremely premature infants less than 28 weeks gestational age in 257 hospitals nationwide, comparing the impact of an exclusive human milk diet composed of mother’s milk fortified with a human milk-based milk fortifier versus mother’s milk fortified with cow milk-based fortifier.

³ American Academy of Pediatrics. “Breastfeeding and the Use of Human Milk.” February 2012. *Pediatrics*. 129(3): 827-841. doi:10.1542/peds.2011-3552.

⁴ Sullivan S, et al. “An Exclusively Human Milk-Based Diet is Associated with a Lower Rate of Necrotizing Enterocolitis than a Diet of Human Milk and Bovine Milk-Based Products.” *The Journal of Pediatrics*. April 2010. 156(4):562-567. doi: 10.1016/j.jpeds.2009.10.040. The randomized study of 207 infants weighing 500-1,250g compared the benefits of an exclusive human milk diet with a diet of both human milk-based and cow milk-based products.

⁵ Cristofalo EA, et al. “Randomized Trial of Exclusive Human Milk versus Preterm Formula Diets in Extremely Premature Infants.” *The Journal of Pediatrics*. December 2013. 163(6):1592-1595. doi: 10.1016/j.jpeds.2013.07.011. The multicenter randomized controlled study examined 53 extremely premature infants weighing 500-1250g who were fed either a bovine milk-based preterm formula or an exclusive human milk diet, comparing the duration of parenteral nutrition, growth and morbidity.

⁶ Abrams SA, et al. “Greater Mortality and Morbidity in Extremely Preterm Infants Fed a Diet Containing Cow Milk Protein Products.” *Breastfeeding Medicine*. June 2014. 9(6): 281-0285. doi:10.1089/bfm.2014.0024. This cohort study included 260 extremely preterm infants born weighing less than 1,250g who received a diet that ranged from 100% cow milk to 100% human milk.

⁷ Assad M, et al. “Decreased Cost and Improved Feeding Tolerance in VLBW Infants Fed an Exclusive Human Milk Diet.” *Journal of Perinatology*. March 2016. 36:216-220. doi: 10.1038/jp.2015.168. The study retrospectively looked at 293 preterm infants between gestational ages of 23 to 34 weeks and birth weights between 490-1,700g in the Level III NICU. The study compared the clinical and financial impacts between infants that were fed an exclusive human milk diet; cow milk-based fortifier and maternal milk; mixed combination of maternal milk, cow milk-based fortifier and cow milk-based formula; and formula between March 2009 and March 2014.