

HUMAN MILK CALORIC FORTIFIER

100% Human Milk-Based


Prolact CR[®] is the only completely human solution created to add calories if mom's own milk (MOM) or donor milk (DM) is measuring below 20 Cal/oz. Data show that 65% of the time, MOM is less than 20 Cal/oz.¹ In another recent study, non-Prolacta DM was 19 Cal/oz. on average.²

- Formulated to deliver at least 2.5 Cal/mL
- This product is intended for use with mom's own breast milk or donor human milk to help achieve 20 Cal/fl oz.
- Available in a 10mL volume (4 bottles per unit carton)
- Use within 24 hours after thawing Prolact CR



Prolact CR[®]
2.5 Cal/mL

To provide your preterm patient with a 100% human milk-based diet, call:
1-888-PROLACT (1-888-776-5228) www.prolacta.com

 **Prolacta[®]**
BIOSCIENCE
Advancing the Science of Human Milk

A randomized clinical trial found premature infants who received the Human Milk Caloric Fortifier had superior length and weight velocity compared with infants who did not receive the caloric fortifier.²

Prolact CR [®] Macronutrient Information			
Formulated to deliver a minimum of 2.5 Cal/mL - samples averaged 2.6 Cal/mL as shown below			
	Fat	Carbohydrate	Protein
Averages	25% (w/v) 0.25 g/mL (x9 Cal/g = 2.25 Cal/mL)	7% (w/v) 0.07 g/mL (x4 Cal/g = 0.28 Cal/mL)	0.8% (w/v) 0.01 g/mL (x4 Cal/g = 0.04 Cal/mL)
Total: 2.57 Cal/mL			

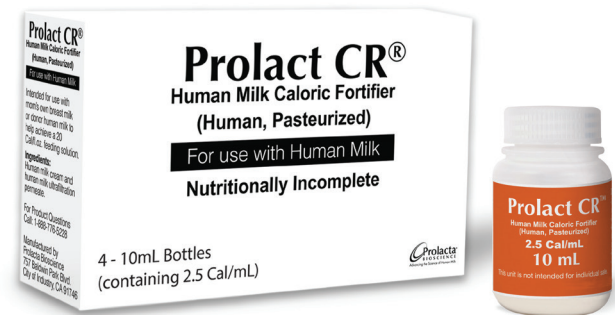
Table: Comparison of Growth Velocities			
	Control Group (n=39)	Cream Group (n=39)	P-value
Length Velocity (cm/week)	0.83 ± 0.41	1.03 ± 0.33	0.02
Weight Velocity (g/kg/day)	12.4 ± 3.9	14.0 ± 2.5	0.03

Table is adapted from Hair, et al., Journal of Pediatrics, 2014. DOI: 10.1016/j.jpeds.2014.07.005

Prolact CR[®]

Human Milk Caloric Fortifier

- Human milk caloric fortifier is ideal for infants receiving low caloric content from mom's milk (MOM) or donor human milk (DM).
- Available frozen in 30mL bottles containing 10mL of product (4 bottles per unit carton)
- Use within 24 hours of the beginning of thawing process for Prolact CR



References:

1. Wojcik K, et al. JADA. 2009;109:137-140.
2. A. Hair, et al. J Pediatr. 2014. doi:10.1016/j.jpeds.2014.07.005.