The urgency of lowering BPD rates

The lungs are among the last organs to fully develop in the womb, leaving many premature infants at high risk of developing BPD. That’s why many hospitals across the country are working to curb the incidence of BPD as part of their quality improvement initiatives.

Infants with a BPD diagnosis face a number of complications, including:

- **Respiratory morbidity**
  BPD is a risk factor for persistent and severe respiratory morbidity at 1 year of age, including hospitalizations, exposure to systemic steroids or pulmonary vasodilators, home oxygen after 3 months or mechanical ventilation, or symptoms despite inhaled corticosteroids.

- **Hospitalization and cost burden**
  During the first year of life, very low birth weight (VLBW) infants with BPD have longer hospital stays and more readmissions—leading to a 54% increase in hospitalization costs compared with VLBW infants without BPD.

- **Long-term neurodevelopmental impacts**
  Premature infants with severe BPD may be at an elevated risk for cerebral palsy, delays in cognition and education, and attention deficit disorder.

The enduring impact of Prolacta products

With the use of Prolacta’s products as part of an EHMD, hospitals can improve the quality of their patients’ lives for years to come. Beyond the short-term benefits of lowering BPD incidence and helping to address the nutritional risks associated with feeding intolerance, Prolacta products can help improve children’s prospects for normal cognitive development and educational success, benefiting families, communities, and health systems.
What the research shows

In three recent studies, the use of Prolacta’s fortifiers as part of an EHMD led to statistically significant decreases in BPD (weighted average of 9.7%) among premature infants compared to those fed cow milk-based fortifiers.1-3 Another study revealed that time is of the essence: Early fortification with Prolacta’s fortifiers as part of an EHMD led to a 15% reduction in the incidence of BPD, compared with late fortification.12

![Incidence of BPD](image)

**Impact of fortification timing on BPD**

Early vs. late fortification with Prolacta’s fortifiers as part of an EHMD

<table>
<thead>
<tr>
<th>Diet that includes cow milk–based fortifiers</th>
<th>Diet that includes Prolacta’s fortifiers as part of an EHMD</th>
</tr>
</thead>
<tbody>
<tr>
<td>EARLY</td>
<td>LATE</td>
</tr>
<tr>
<td>Delaney Manthe et al. 1</td>
<td>Huston et al. 12</td>
</tr>
<tr>
<td>Hair et al. 2</td>
<td>N = 286</td>
</tr>
<tr>
<td>1.0%</td>
<td>42.6%</td>
</tr>
<tr>
<td>N = 205</td>
<td>n = 101</td>
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<tr>
<td>P = 0.018</td>
<td>P = 0.008</td>
</tr>
</tbody>
</table>

13 Estimated number of premature infants fed Prolacta’s products from January 2007 to August 2020; data on file.