

Prolacta's Donor Mom Program



Improving the Lives of Critically Ill and Premature Infants Worldwide

The Importance of Human Milk Nutrition for Medically Fragile Infants

Mom's own breast milk is the ideal food for all infants to support their growth and development. However, breast milk alone cannot provide enough calories and protein to meet the significant nutritional needs of critically ill and premature infants.

This essential, additional nutrition is provided in the form of human milk-based products, including Prolacta's 100% human milk-based nutritional fortifiers.

Breast milk donated to Prolacta's milk banks is used to make Prolacta's human milk-based nutritional products that are sent to hospitals worldwide to provide lifesaving nutrition for medically fragile infants.

Prolacta's Exclusive Human Milk Diet (mom's own milk or donor breast milk plus Prolacta's 100% human milk-based fortifiers) is clinically shown to support optimal growth and development, giving critically ill, premature infants the nutrition they need for a healthy start in life.¹⁻¹⁰

Thanks to more than 20,000 dedicated donor moms providing more than 1.7 million liters of breast milk, more than 90,000 vulnerable infants in neonatal intensive care units (NICUs) throughout the world have benefitted from Prolacta's 100% human milk-based products.¹¹

Prolacta Offers Donor Moms the Option to be Compensated

Prolacta believes moms who donate their excess breast milk deserve the option to be compensated to recognize the extensive time, effort, and resources spent breastfeeding and pumping to help infants in need.

Prolacta offers two options to U.S.-based moms who want to donate their excess breast milk – one with direct compensation for their time and effort (Tiny Treasures) and one with the option to redirect compensation to charity (Helping Hands).

- Tiny Treasures donors are compensated \$1.10/ounce of qualified milk.
- For Helping Hands donors, Prolacta donates \$1.10/ounce to Susan G. Komen. Since 2010, Prolacta has donated over \$1.7 MM to Susan G. Komen on behalf of these generous donors.

Data shows that moms who are compensated donate for about 4 months longer than non-compensated donors, which often results in breastfeeding their own children for longer; this benefits their own baby as well as the critically ill, premature infants Prolacta serves.¹²

Ensuring the Highest Quality & Safety

Prolacta's stringent safety standards and compensation program provide a safe way for donor moms to help infants in need.

Before donating, moms complete a thorough qualification process to ensure the health and safety of both themselves and their infant. This process includes a medical and lifestyle questionnaire, a Confirmation of Health certificate from mom's physician and baby's pediatrician, confirmation that their own infant is well-nourished and has been fed breast milk up to 6 mos. old, blood tests, a DNA sample (cheek swab) to match donated breast milk with the qualified donor, and freezer temperature verification.

(Continued)

(Continued From Previous Page)

Direct Testing of Every Donation: In addition to blood testing the donor moms as part of the qualification process, Prolacta is the first and only company in the human milk industry to apply nucleic acid amplification testing (NAAT) to directly test all donor milk received through its milk banks. The company has since expanded the platform to test for 10 disease-causing pathogens, including:

- SARS-CoV-2, the virus that causes COVID-19
- Hepatitis virus type B and C
- HIV-1 and HIV-2
- HTLV-I and HTLV-II
- Mycobacterium tuberculosis
- Treponema pallidum
- Zika (ZIKV)

Prolacta remains the only organization in the human milk industry to develop, validate, and implement more than 20 tests for screening donor milk to ensure the highest level of quality and safety, including tests for adulteration, dilution, nicotine, and drugs of abuse.

Ensuring Transparency: One of Prolacta's first and most significant safety accomplishments was to create a process where moms never had any reason to misrepresent the milk they donated. For instance, if a mom pumped while taking antibiotics, they would still be compensated for that milk, but it is not used in production. This milk is used for research purposes to help make Prolacta's products even safer; not a drop of milk is wasted.

Comprehensive Support for Donor Moms

Prolacta works to ensure that donor moms have the resources and information needed to make the process of donating as straightforward and rewarding as possible — all without leaving their home.

Before their donation journey begins, donor moms undergo extensive education on important safety measures on breast milk storage, cleaning, sanitizing and storing their pump parts and bottles, as well as proper milk handling and safety.

Throughout the donation journey, Prolacta's dedicated team of Certified Lactation Educator Counselors (CLEC's) are available to answer donors' questions and assist every step of the way.

Prolacta works closely with the European Foundation for the Care of Newborn Infants (EFCNI) and supports parent advocacy groups to highlight the importance of human milk nutrition for these extremely vulnerable infants.

References:

1 Reyes S. Associations of an Exclusive Human Milk Diet With Morbidity and Mortality in ELBW Infants Born Weighing \leq 750 Grams: An Individual Participant Data Meta-Analysis. In: American Academy Of Pediatrics National Conference; 2022. 2 Huston R, Lee M, Rider E, et al. Early fortification of enteral feedings for infants <1250 grams birth weight receiving a human milk diet including human milk-based fortifier. *J Neonatal Perinatal Med.* 2020;13(2):215-221. doi:10.3233/NPM-190300 3 Lucas A, Boscardin J, Abrams SA. Preterm infants fed cow's milk-derived fortifier had adverse outcomes despite a base diet of only mother's own milk. *Breastfeed Med.* 2020;15(5):297-303. doi:10.1089/bfm.2019.013 4 Delaney Manthe E, Perks PH, Swanson JR. Team-based implementation of an exclusive human milk diet. *Adv Neonatal Care.* 2019;19(6):460-467. doi:10.1097/ANC.0000000000000676 5 Hair AB, Peluso AM, Hawthorne KM, et al. Beyond necrotizing enterocolitis prevention: improving outcomes with an exclusive human milk-based diet [published correction appears in *Breastfeed Med.* 2017;12(10):663]. *Breastfeed Med.* 2016;11(2):70-74. doi:10.1089/bfm.2015.0134 6 Assad M, Elliott MJ, Abraham JH. Decreased cost and improved feeding tolerance in VLBW infants fed an exclusive human milk diet. *J Perinatol.* 2016;36(3):216-220. doi:10.1038/jp.2015.168 7 Abrams SA, Schanler RJ, Lee ML, Rechtman DJ. Greater mortality and morbidity in extremely preterm infants fed a diet containing cow milk protein products. *Breastfeed Med.* 2014;9(6):281-285. doi:10.1089/bfm.2014.0024 8 Cristofalo EA, et al. Randomized trial of exclusive human milk versus preterm formula diets in extremely premature infants. *J Pediatr.* December 2013. 163(6):1592-1595. doi: 10.1016/j.jpeds.2013.07.011. 9 Hair AB, Hawthorne KM, Chetta KE, Abrams SA. Human milk feeding supports adequate growth in infants \leq 1250 grams birth weight. *BMC Res Notes.* 2013;6:459. doi:10.1186/1756-0500-6-459 10 Sullivan S, Schanler RJ, Kim JH, 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. *J Pediatr.* 2010;156(4):562-567.e1. doi:10.1016/j.jpeds.2009.10.040 11 Data on file; estimated number of premature infants fed Prolacta's products from January 2007 to December 2022. 12 Data on File