Prolact RTF 24/26/28
Human Milk-Based Premature Infant Formula

The only 100% HUMAN MILK-BASED preterm infant formula when mother's own milk is not available.

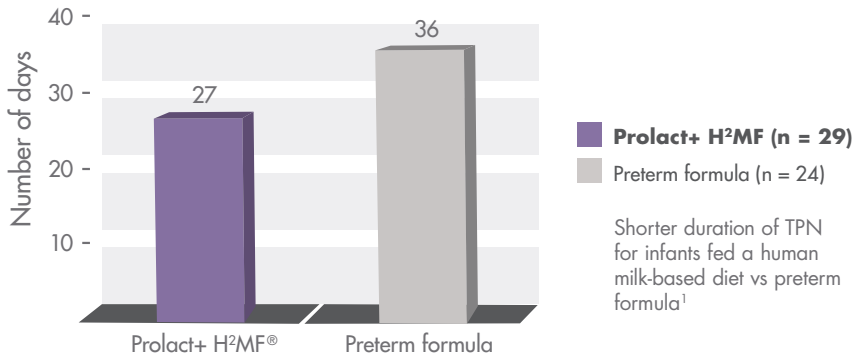
Prolacta® BIOSCIENCE
Advancing the Science of Human Milk

Prolact RTF (Ready-To-Feed) offers neonatal intensive care units superior solutions for their extremely premature infants.

- Provides an easy, convenient, labor saving way to deliver an exclusive human milk-based diet when mother's own milk is unavailable.
- Easy to use, just thaw and feed; eliminates mixing errors and saves time.
- Once the thawing process begins, administer within 48 hours.
- Product standardization ensures consistent and predictable delivery of nutrients available in 24, 26 and 28 Calories per fluid ounce.

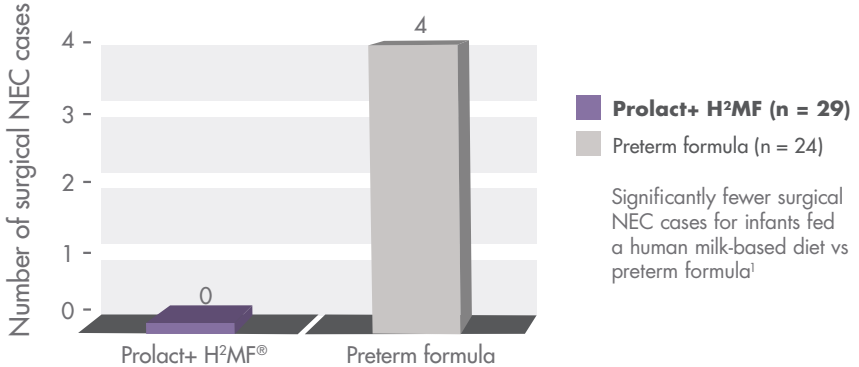
Results from a second randomized clinical trial of an Exclusive Human Milk Diet (EHMD).*

9 fewer days of TPN[1]



Shorter duration of TPN for infants fed a human milk-based diet vs preterm formula[1]

No cases of surgical NEC[1]



Significantly fewer surgical NEC cases for infants fed a human milk-based diet vs preterm formula[1]

This multicenter, randomized, controlled trial compared an exclusive human milk diet vs preterm formula in extremely premature infants. There was a significant difference in median parenteral nutrition days (27 vs 36), in Prolact+ H²MF vs preterm formula groups, respectively (p=.04), and surgical NEC was significantly fewer (0 cases vs 4 cases) with Prolact+ H²MF vs preterm formula, (p=.04).[1]

*This study followed a 2009 publication (Sullivan et al.) which demonstrated significantly fewer surgical NEC cases while receiving an EHMD, including Prolact+ H²MF®, when compared with infants receiving cow milk-based fortifier or, when mother's own milk was unavailable, preterm formula.[2]

An exclusive human milk diet shows statistically significant reduction in late-onset sepsis, retinopathy of prematurity (ROP), bronchopulmonary dysplasia (BPD), and patent ductus arteriosus (PDA), as well as a decrease in number of ventilator days.[3]

This chart is based on an article reporting the results of a large, multicenter, retrospective cohort study (1,587 patients) comparing the outcomes of extremely premature infants (birth weight <1,250 g) who received a diet including cow milk-based products (BOV) versus infants who received an exclusive human milk-based diet (HUM).[3]

Outcomes: HUM group had significantly lower incidence of...

	BOV (n = 768)	HUM (n = 819)	*p*-Value
NEC (%)	16.7	6.9	<0.00001
Late-Onset Sepsis (%)	30.3	19.0	<0.00001
ROP (%)	9.0	5.2	0.003
PDA (%)	64.7	55.1	0.0001
BPD (%)	56.3	47.7	0.0015
Mortality (%)	17.2	13.6	0.04

- The primary outcomes, NEC and mortality, were statistically significant. The BOV group mortality rate was 17.2% (132/768), and the HUM group rate was 13.6% (111/819; p=0.04).
- For every 10 infants, one case of NEC was prevented with an exclusive HUM diet.
- Reduction of ventilator days from a mean of 32 days with a median of 17 days to a mean of 29 days with a median of 9 days (p=0.003).

This retrospective cohort study included data from infants at four hospitals representing different regions of the U.S. during four different time periods between 2006 and 2013.

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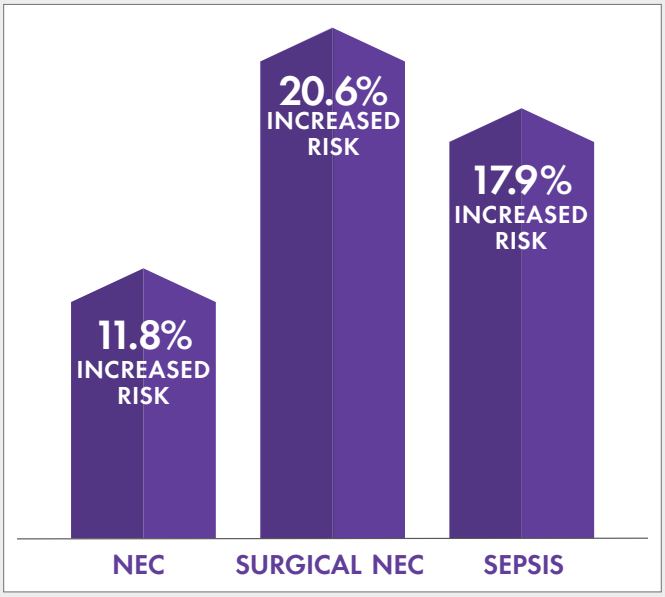
Greater morbidity in extremely preterm infants fed a diet containing cow milk-based protein products.



A combined analysis of two randomized clinical studies demonstrates a dose-response relationship that negatively affects patient outcomes. For every 10% increase in the volume of milk containing cow milk, the risk of NEC increases by 11.8%, surgical NEC by 20.6%, and sepsis by 17.9%.[4*]

*NEC 11.8% (95% confidence interval of 0.2% to 24.8%)
Surgical NEC 20.6% (95% confidence interval of 4.2% to 39.6%)
Sepsis 17.9% (95% confidence interval of 8.8% to 27.8%)

References:

1. Cristofalo EA, Schanler RJ, Blanco CL, et al. Randomized trial of exclusive human milk versus preterm formula diets in extremely premature infants. *J Pediatr.* 2013;163(6):1592-1595. doi:10.1016/j.jpeds.2013.07.011
2. 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. doi:10.1016/j.jpeds.2009.10.040
3. Hair AB, Peluso AM, Hawthorne KM, et al. Beyond necrotizing enterocolitis prevention: improving outcomes with an exclusive human milk-based diet. *Breastfeed Med.* 2016;11(2):70-74. doi:10.1089/bfm.2015.0134
4. 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

Prolact RTF 24
24 Cal/fl oz

Prolact RTF 26
26 Cal/fl oz

Prolact RTF 28
28 Cal/fl oz

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www.Prolacta.com/ready-to-feed

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