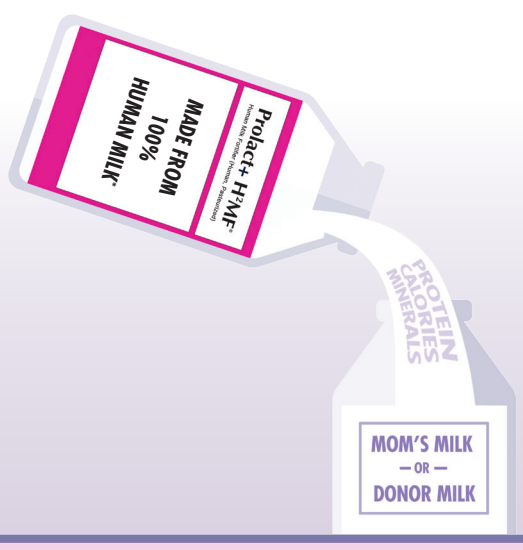
Did You Know That Most **Human Milk Fortifiers (HMF)** Are Not Made From Human Milk?

The term "Human Milk Fortifier" (HMF) is a generic product name for a nutritional supplement that is added to mom's or donor breast milk to meet the dietary needs of premature babies in the neonatal intensive care unit (NICU). Many mistakenly assume that because the product is labeled "Human Milk Fortifier" it must be made from human milk, which is not the case.

There is only one
HUMAN MILK FORTIFIER
made exclusively from
100% HUMAN MILK*: Prolact+ H²MF®
The H² stands for (human) Human Milk Fortifier. All other products labeled "Human Milk Fortifier" are made from cow milk.



When added to breast milk, Prolact+ H²MF creates a "human milk protein shake" to nourish preemies.

For babies weighing less than 1500 g, the American Academy of Pediatrics recommends fortifying mother's breast milk or pasteurized donor human milk, with protein, minerals and vitamins to ensure optimal nutrient intake.[1]

* See bottle label for added minerals

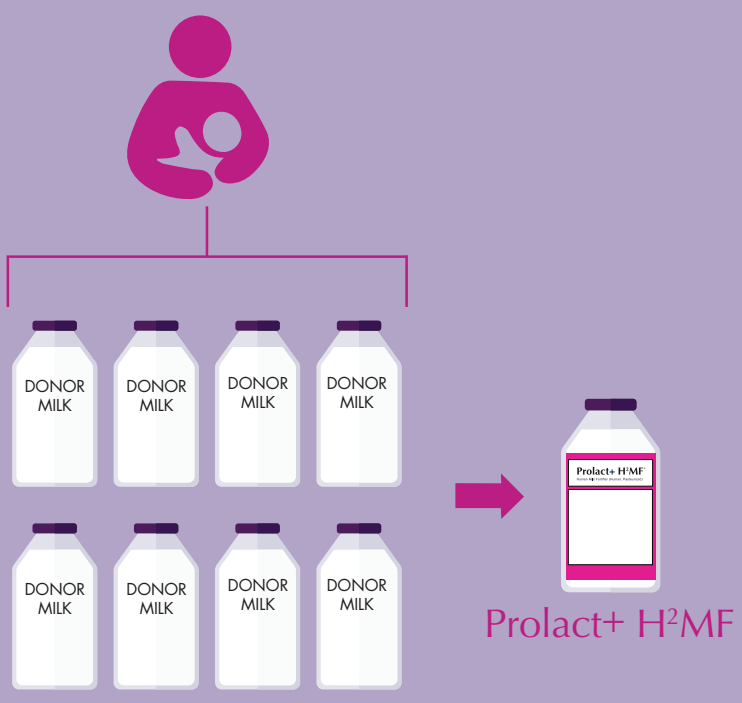
An Exclusive Human Milk Diet (EHMD)

When 100% of the protein, fat and carbohydrates are derived solely from human milk.

For preemies, an EHMD can increase survival[2] and decrease costly complications associated with the intake of cow milk-based products.[3]

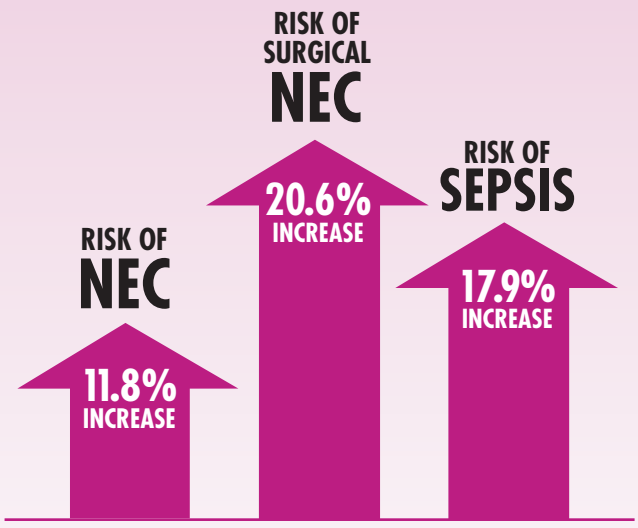
8 Bottles ≈ 1 Bottle

DONOR MILK — PROLACT+ H²MF



It takes approximately eight bottles of donor breast milk to make one bottle of Prolact+ H²MF Human Milk Fortifier. When added to mom's or donor breast milk in the NICU, Prolact+ H²MF makes an exclusive human milk diet possible.

Necrotizing Enterocolitis (NEC) is the most common and serious intestinal disease among preemies, and is one of the leading causes of mortality among preterm infants.[4] A study[2] of premature infants weighing less than 1250 g found:



FOR EACH 10% INCREASE IN COW MILK-BASED PROTEIN
in an infant's diet[2,**]

When used as part of an EHMD, Prolact+ H²MF is clinically proven to improve health outcomes[2,5,6] and reduce hospital costs[4,7] for critically ill, extremely premature infants in the NICU weighing between 500 and 1250 g at birth, as compared to cow milk-based fortifier or preterm formula.

** 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%)

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

[2] 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.

[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] 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 fortifier versus mother's milk fortified with cow milk-based fortifier.

[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 500-1,250g 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] 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.

[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.

Prolacta® BIOSCIENCE
Advancing the Science of Human Milk

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