

Operation Status of the Mutual Aid Human Milk Bank for Preterm Infants and Data Analysis [Letter]

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Dear editor

We have read the paper by Wang et al about Operation Status of the Mutual Aid Human Milk Bank for Preterm Infants and Data Analysis.¹ We congratulate all authors who have provided important information regarding the level of correspondence between supply and demand for donor human milk (DHM) as well as the clinical characteristics of donors and recipients (premature babies). Premature babies are very susceptible to iodine deficiency therefore Donor human milk (DHM) is the best choice if mother's own milk (MOM) is not available,² besides that if MOM supplies are insufficient, pasteurized DHM is preferred over formula milk to supplement the diet premature baby. Although administration of DHM helps improve feeding tolerance and reduce necrotizing enterocolitis, compositional changes and decreased bioactivity during processing are thought to contribute to the slow growth often exhibited by premature infants.³

The study conducted by Wang et al aimed to investigate the operational status of human milk banks for premature babies and also analyze the operational impact of these human milk banks on reducing the incidence of NEC (necrotizing enterocolitis) in premature babies over year period.¹ However, no information was found about the risk factors associated with the occurrence of NEC in premature babies. Identification of these risk factors may assist in the development of more effective prevention strategies as well as contribute to a deeper understanding of human milk bank operations and their impact on premature infants. The European Milk Bank Association (EMBA) also recommends providing Human Milk (HM) as a basic right for premature babies. Human Milk is the first choice in feeding premature babies and strong efforts should be made to increase lactation. When HM is not available, Donor human milk is the best alternative.⁴

In conclusion we agree that the continued operation of human milk banks depends on donated Human Milk funds and resources, and the successful maintenance of the Mutual Aid Human Milk Bank for Premature Babies is essential to actively expanding the development of human milk banks.¹ We recommend optimizing Human Milk fortification in Donor Human Milk (DHM) because pasteurized HM has much lower bioactive properties compared to fresh and frozen Human Milk.⁵ The European Milk Bank Association encourages the use of "Individual Fortification" to optimize nutritional intake in HM.⁴

Disclosure

All authors reports no conflicts of interest in this communication.

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