

Human Milk Fortifier For Your Baby in the NICU

Babies born prematurely have higher nutritional needs than mother's own milk (MOM) or pasteurized donor human milk (PDHM) alone can provide. **That's because:**

- Premies, especially VLBW babies, **miss essential nutrients** that are usually received during the last trimester of pregnancy.
- Premies need extra help to **support bone growth, brain development, and promote weight gain.**
- Premies can only take a **small amount of milk at each feeding**, usually starting with less than a teaspoon.



VLBW = very low birthweight baby (under 1500 grams or 3 pounds, 5 ounces)

Nutrition for your premature baby in the NICU:

Base Diet: the type of nutrition your baby receives without any fortification. **Your baby's base diet is either:**



Mother's Own Milk (MOM): milk from an infant's own mother or birthing parent. **MOM is best** for premature babies because it has living cells to support brain growth, promote gut health, and protect against infections, like necrotizing enterocolitis (NEC).



Pasteurized Donor Human Milk (PDHM): donated human milk that is screened and pasteurized, or heat-treated, by a milk bank. **PDHM is the next best** base diet for premature babies because it also has anti-inflammatory properties that help protect against NEC.

and



Human Milk Fortifier (HMF):

a powder or concentrated liquid that is **added** to human milk (MOM or PDHM). HMF enhances, or fortifies, human milk so your VLBW gets the extra nutrients they need (essential calories, protein, fat, vitamins, and minerals) to support development.

When a fortifier is added to MOM or PDHM, it helps **promote optimal growth and may minimize the duration of IV nutrition**, which can help protect your baby's liver. **MOM and PDHM keep their protective benefits** when HMF is added.

Further Reading



This document was created by the Necrotizing Enterocolitis (NEC) Society. The NEC Society is the world's leading nonprofit dedicated to bringing together families, clinicians, and scientists to advance research, education, and advocacy so every baby is protected from NEC.



There are two main sources of human milk fortifiers:



Cow's milk derived fortifier



Human milk derived fortifier

Both provide necessary nutrition for premature babies. There is no conclusive scientific evidence to determine if one source of HMF is better than the other for reducing the risk of NEC.

Here are some questions you can ask your baby's care team:

1. What is the base diet my baby is receiving?
2. If I do not have enough breastmilk, will my baby receive pasteurized donor human milk (PDHM)?
3. How will my baby receive fortification?
4. How long will my baby need HMF?
5. How can I meet with a lactation consultant?

Preemies are at risk of necrotizing enterocolitis (NEC):

Necrotizing enterocolitis (NEC) is a devastating intestinal disease that can affect infants in their first weeks and months of life. "Necrotizing" means the process of tissue death, and "enterocolitis" means inflammation of the small intestine or colon. Babies who are born prematurely or with a medical condition, like a congenital heart defect, are most at risk of NEC.

Right now, there is not enough science to eliminate the risk of NEC, but **mother's own milk (MOM) provides the most protection against NEC**. When MOM is not available, pasteurized donor human milk (PDHM) provides the next best protection against NEC. Your baby's care team and a lactation consultant can help you optimize your milk supply and access pasteurized donor human milk.

You can nurture your baby by:

- Asking for a medical-grade breast pump to use throughout your NICU stay.
- Holding your baby skin-to-skin (also known as Kangaroo Care) to help your milk supply.
- Meeting regularly with a lactation consultant who can provide support and help address any challenges with your milk supply.
- Spending as much time as you can at your baby's bedside in the NICU to receive updates, ask questions, and participate in care.

**You are the most important member of your baby's care team,
and you know your baby best.**

**Further
Reading**



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