


Donor Human Milk for Preterm Infants

The evidence appraisal in this revised American Academy of Pediatrics policy statement endorses the practice of supporting mothers to express breast milk for their preterm infants using evidence-based interventions. The challenge is to ensure that these are implemented consistently and broadly, and especially to vulnerable and socially disadvantaged women who are less likely to provide expressed breast milk. However, the statement recommending that preterm infants should receive “Pasteurized donor human milk, appropriately fortified” if the mother’s own expressed breast milk is unavailable is not supported fully by the current evidence.1 Whether donor human milk is the optimal alternative when maternal milk is not available requires consideration of feasibility, costs, acceptability, and the effect on other important clinical outcomes, principally growth and development.1 Although good-quality evidence applicable to the modern context of neonatal nutritional care is emerging,2 additional large, pragmatic randomized controlled trials are needed to provide more reliable and precise estimates of effect size and to explore cost-effectiveness. I am concerned that, without qualification, the advice in this American Academy of Pediatrics Policy Statement may have the unintended consequence of discouraging clinicians and service users from developing and participating in randomized controlled trials to address the remaining uncertainties.

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REFERENCES


Policy Statements on Breastfeeding and Human Milk: Additional Comments

The American Academy of Pediatrics publishes periodical breastfeeding policy statements; the latest1 updated previous recommendations and added new topics. These statements have long been a reference for clinical pediatrics practice and public health professionals worldwide. Acustomed to the breadth of research in these statements and knowing their importance, I felt the lack of 2 topics of current interest to pediatricians and public health workers: pollutants in breast milk and interactions between of vaccines and breastfeeding.

POLLUTANTS IN BREAST MILK

Environmental pollutants and hazardous substances have become part of modern life as a result of widespread use coupled with inadequately controlled (or unenforced) environmental policies. Because of their ubiquity, they reach all forms of life, entering and contaminating aquatic and terrestrial food chains; at the top of the ladder, we find breastfed babies. Only under exceptional circumstances (such as after accidents) does the occurrence of environmental chemicals in breast milk result in a recommendation to avoid breastfeeding. Indeed, most studies of background exposure suggest that breastfeeding can counter subtle adverse effects associated with in utero maternal exposure to neurotoxic2 or endocrine-disruptor substances.3

Progress in analytical techniques has boosted studies dealing with milk composition of potentially harmful environmental contaminants. As a result, studies have shown the presence of (organic and inorganic) environmental pollutants in maternal blood and breast milk, raising concerns for pregnant and breastfeeding mothers. However, statements issued to health professionals and mothers have not always considered the results that may ensue. Geraghty et al4 reported the negative impact of poor reporting...
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