

The handling practices of human milk in the NICU

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Human milk (HM) is the preferred source of enteral nutrition for the term and preterm infant.¹ However, in a neonatal care unit setting HM needs to be expressed, collected, transported, frozen, stored, thawed, reheated, labelled and fortified before it can be distributed to the neonatal ward to be fed to the premature infant. Therefore, different strategies to manage the handling of HM within a given departmental organizational structure have evolved.²

At the same time human milk has been recognized to be a potential transmitter of virus, such as cytomegalovirus or human immunodeficiency virus, and of facultative pathogenic bacteria which may both indicate HM treatment in some neonatal units.^{3,4}

These HM treatments and HM handling routines may be adverse to its quality and hazardous to its safety.⁵ However, there is a lack of evidence-based data concerning optimal BM handling routines. Recommendations for the handling of human donor milk and especially mothers' own are scarce and are based on evidence of variable strength.⁶ Therefore, health care professionals may adopt very differing strategies and current practice of HM handling routines that may rather reflect traditional practices than evidence-based decision making.

This lecture will give an overview about the current approaches of neonatal departments for handling of mothers' own milk and human donor milk. Those practices will be discussed in the light of existing recommendations and available evidence, and gaps in knowledge will be highlighted.

References:

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