

## Media Release

### **A critical yet unresolved challenge: How can we make sure that all preterm babies get enough human milk?**

**Term and preterm babies that are fed with human milk as soon as possible after birth have a six times greater chance of survival. Yet less than 40% of the world's infants benefit from exclusive human milk feeding for the first six months. Experience has shown that the implementation of well-structured programmes designed to facilitate and encourage exclusive breast milk feeding in the NICU (Neonatal Intensive Care Unit) is key to increasing this figure.**

Of all preventive interventions, optimal breastfeeding of infants under two years of age has the greatest potential impact on child survival. Exclusive breastfeeding drastically reduces acute respiratory infection and diarrhoea, supports healthy brain development, and improves cognitive performance. As well as reducing the incidence of NEC, if very-low-birth weight infants in the NICU get human milk as early as possible, the chances of late onset sepsis decrease by up to 19%.<sup>1</sup>

The numbers from a recent report by UNICEF<sup>2</sup> are impressive:

- Breastfed children have at least six times greater chance of survival in the early months than non-breastfed children.
- An exclusively breastfed child is 14 times less likely to die in the first six months than a non-breastfed child.
- A recent study found a 25% increase in post-neonatal mortality among non-breastfed infants in industrialised countries.

In spite of these telling statistics, less than 40% of the world's infants benefit from exclusive breastfeeding during the first six months. The provision of breast milk is even more important for premature babies or those who are critically ill, yet only 44% of infants are discharged home feeding human milk.

So what is the problem in filling the significant gap between theory and practice? One major reason: Different care practices in NICUs around the world complicate the delivery of own mother's milk, often pumped outside the hospital, to her premature or sick baby in the NICU.

In Canada, Professor Shoo Lee has been involved in addressing the challenge of increasing breastfeeding in the NICU through the implementation of 2 programmes; FiCARE (family integrated care programme) and EPIQ (Evidence-based Practice for Improving Quality in NICU.) As a result of these programmes there has been a significant increase in breastfeeding rates and NEC rates have been reduced by over 50% in the last 3 years. Infant mortality and morbidity have also decreased.

Along with Professor Lee, Profs Matthias Keller (Germany), Diane Spatz (USA) and Dr Maria Wilinska (Poland) will present specific programmes that promote the use of human milk in the NICU at Medela's 10<sup>th</sup> Breastfeeding and Lactation Symposium.

- Diane Spatz's Ten Step model has been successfully copied in NICUs around the world and focuses on the development of comprehensive practices that cover all stakeholders with respect to lactation and the use of human milk in the NICU.

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<sup>1</sup> Patel, A.L., *et al.* Impact of early human milk on sepsis and health-care costs in very low birth weight infants. *J Perinatol* 33, 514-519 (2013)

<sup>2</sup> [http://www.unicef.org/nutrition/index\\_24824.html](http://www.unicef.org/nutrition/index_24824.html)

- Matthias Keller's NeoPAss® aims at improving parent education, reducing parent stress, increasing parent bonding and subsequently increasing breastfeeding.
- Maria Wilinska will report on three years of positive experience with the Early Stimulation of Lactation programme in Poland, which has been introduced to all grade III neonatology and obstetric centres.

All three programmes have been shown to significantly improve medical outcomes of premature or sick infants, reduce costs in the NICU and improve exclusive breastfeeding rates at discharge from the NICU.

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More information under [www.medela-symposium.com](http://www.medela-symposium.com)

Registration for the media (press conference, webcast, attendance during the symposium) under <http://www.medela.com/IW/en/breastfeeding/professionals/congress2015/media/media-registration.html>

### About Medela:

Founded in 1961 by Olle Larsson and headquartered in Switzerland, Medela today is led by his son Michael Larsson. Medela concentrates on two business units: "Breastfeeding", which is leading in the development and production of breastfeeding products, and "Healthcare", which engineers and manufactures highly innovative medical vacuum technology solutions. Medela conducts basic research in partnership with leading scientists, medical professionals and universities, and uses the research results in the development of its products. Medela has 18 subsidiaries in Europe, North America and Asia, and together with independent partners distributes its products in more than 90 countries. The company employs over 1,500 staff worldwide, 330 of whom are located in the Canton of Zug, Switzerland. [www.medela.com](http://www.medela.com)