

PRESS INFORMATION

11th International Breastfeeding and Lactation Symposium 2016

New approaches to neonatal treatment

Baar/Berlin, April 2016. It is worth scrutinising knowledge from NICUs and adopting new approaches. At the 11th International Breastfeeding and Lactation Symposium organised by Medela on 15 and 16 April in Berlin, three speakers will introduce trail-blazing innovations at their hospitals: Professor Matthias Keller will report on the successes achieved by the NeoPAss[®] care pathway, which integrates the family; Dr. Susanne Herber-Jonat will introduce a human milk bank, which uses unpasteurised donor milk for premature babies and Professor Juan Miguel Rodríguez will explain the use of antibiotics, not only to treat mastitis, but also lactobacilli.

The family-integrating NeoPAss[®] care pathway was developed and tested at the Dritter Orden paediatric clinic in Passau between 2012 and 2014. In addition to coordinating collaboration between all the experts involved in care, the principles of this treatment concept also include involving parents in care. From the very start they are the central reference person for their child. Evaluation of the initial data confirmed to Keller and his team the importance of implementing family-centric care. In the case of premature babies of less than 28 weeks gestation, the number of children being breastfed at the time of discharge rose from 42 to 75 percent, for example. For preterm babies with a gestational age between 28 and 32 weeks, it rose from 60 to 90 percent. The time to full oral nutrition shortened from eleven to seven days. The hospital stay was reduced and the infection rate fell. The NeoPAss[®] procedure and concept are described in detail on the www.neopass.de website. There is a specialist forum for dialogue regarding the care pathway and its further development.

Human milk with bioactive cells for even the smallest babies

Being fed by milk from their own mother is best for premature babies too. But this food is not always available immediately after birth. Donor human milk is then a possibility so that babies can benefit from the advantages of human milk from the very start. Normally mother's milk at human milk banks is sterilised, using pasteurisation, by the holder. The disadvantage of this heat treatment is that valuable bioactive substances, such as immunoglobulins, enzymes and hormones, are also fully or partly deactivated. This is why the human milk bank at Dr. von Haunerschen Children's Hospital in Munich uses unpasteurised human milk from specially selected donors. Only women who have been identified as not being infected with the cytomegalovirus are considered as donors. They are also thoroughly tested like blood donors and asked about their use of nicotine, alcohol and drugs. Only after this check can they express human milk under the supervision of a breastfeeding consultant. The milk is microbiologically tested,

registered and fast-frozen for later use. The maximum life is three months at a temperature of minus 20°C. Preterm babies are given this untreated human milk if it does not contain pathogens or an excess of skin microbiota. Dr. Susann Herber-Jonat reports on her experiences of giving very small premature babies in the Neonatal ward at Ludwig Maximilians University, Munich, this donor human milk.

Lactobacilli alleviate mastitis

The incidence of mastitis in breastfeeding women is 35 percent. A shift in the breast's normal microorganism colonisation can trigger acute, subacute or subclinical mastitis. The illness is one of the main causes of ceasing breastfeeding early. The bacteria implicated in causing the illness - usually staphylococcus, streptococcus and corynebacterium - often do not respond, or respond only inadequately to treatment with antibiotics. Professor Juan Miguel Rodríguez, Complutense University of Madrid, Spain therefore recommends applying human milk samples to cultures as standard when mastitis occurs and investigating these samples for resistance to antibiotics. This procedure helps to determine the optimum treatment appropriate to the individual. The use of probiotic-based new treatment strategies may be expedient. Selected lactobacilli from milk have already proved effective in preventing and treating mastitis.

Resources:

Arroyo R., Martin V., Maldonado A., Jiménez E., Fernández L., Rodríguez J.M.: Treatment of infectious mastitis during lactation: antibiotics versus oral administration of lactobacilli isolated from breast milk. Clin. Infec Dis. 2010;50: 1551-1558