

MMF case series: M02

Human milk derived fortifier (MMF) in a preterm baby demonstrating intolerance to bovine milk-based fortifiers (HMF)

Case no. 2

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A baby girl, born at 30 weeks gestation weighing 1500 gm was admitted in NICU with birth asphyxia and severe RDS. Parenteral nutrition was initiated along with trophic feeds through pasteurized donor human milk (NeoLacta PHBM) as mother's own milk (MOM) wasn't available on day 1. Slowly feeds were stepped up and MOM was sufficient by day 2 of life. By day 3, baby was on full feeds and parenteral nutrition was discontinued. Baby was started on bovine milk-based fortifier (HMF) at feed volume of 100 ml/kg/day. Baby developed feed intolerance in the form of bilious vomiting, significant GRV and abdominal distension after the addition of bovine HMF. Baby was treated as NEC stage 1 and was kept NBM for 48 hours and first line antibiotics, along with Inj. Metronidazole was started. Baby recovered and EBM was restarted, baby tolerated the feeds well and antibiotics were stopped on day 5.

Baby was started with another brand of HMF keeping in view the financial burden and lack of adequate weight gain on MOM. Baby again developed vomiting post fortification of feeds with HMF and the weight gain remained poor (5 gm/day). A probable diagnosis of Cow's Milk Protein Allergy (CMPA) was made and parents were advised regarding human milk derived fortifier (NeoLact MMF).

Subsequently once the baby was started on MMF, there were no incidences of feed intolerance nor the need for antibiotics during the period of fortification with human milk derived fortifier (NeoLact MMF). Baby had a good overall growth with average weight gain of 30 gm/day and was discharged at 1.63 kgs with an advice to continue fortification with MMF at home.

Baseline parameters and outcomes



Remarks: Human milk derived fortifier (MMF) provides optimal weight gain and obviates feed intolerance issues in preterm neonates when compared to bovine HMF.