New feeding protocol produces better outcomes for premature infants

‘For these babies, fewer IV nutrition days means better growth,’ says Julie Sasinski, a UCLA Health clinical nurse specialist



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By uclahealth

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An evidence-based practice initiative in the Neonatal Intensive Care Unit to measure the outcomes of using human milk fortifier instead of cows'-milk-based fortifier has yielded promising results — and it is now the standard feeding protocol for infants born extremely prematurely.

A team comprising UCLA Health nurses, dieticians and physicians launched the new feeding protocol in late 2020. The team evaluated outcomes of premature infants with a birth weight less than 1,250 grams (about 3 pounds) who were fed Prolacta, a fortified milk made from donor mothers' milk.

"There have been a lot of studies that have shown mothers' milk is what's best for premature babies, but previously the only way we could fortify it to provide the extra nutrients and calories these infants need, was with cows'-milk-based fortifier," says Julie Sasinski, MS, RN, CNS, a clinical nurse specialist in the NICU.

Prolacta takes the best parts of donor milk and adds that to moms' milk to do the same thing cows'-milk-based fortifier does, Sasinski says. They compared approximately 20 babies who received cows'-milk fortifier before the transition to 20 babies who received human milk-based fortification after the switch, Sasinski says.

"For these babies, fewer IV nutrition days means better growth," says Sasinski, the program's lead nurse mentor. "There's evidence of better neurodevelopment when they're exclusively on human milk, fewer complications and fewer central line IVs, which means less risk of infection."

Comparing the cow milk-based fortifier to human milk-based fortifier, the infants receiving human milk-based fortifier received, on average, six fewer days of IV nutrition and seven fewer days with central lines, Sasinski says. They received full nutrition with human milk-fortified moms' own milk eight days sooner than with cow-based fortification of 'moms' milk.



Milk is prepared for a baby in UCLA's NICU. (Photo by Joshua Sudock/UCLA Health)

The switch to Prolacta is yielding cost savings, as well. Although the human milk fortifier costs more than cows-milk-based fortifier, six fewer total parenteral nutrition (TPN) days translates to a savings of $500 per infant per day for the babies they examined, Sasinski says.

“We were really pleased,” she says. “The outcomes we had hoped to see, we’re seeing.”

Prolacta is now part of the NICU protocol until these smallest of babies are a corrected gestational age of 34 weeks, Sasinski says. She credits the team — nurses Tayley Dunivant, BSN, RN, CCRN, Kayla Torok, BSN, RN, and Anahit Sarin-Gulian, MSN, RNC-NIC, NE-BC; physicians Kalpashri Kesavan, MD, and Meena Garg, MD; and dieticians Cat Manalo, RD, and Arlene Johns, RD — for the program’s success.

“Not only did we work interprofessionally, we worked across the campuses,” Sasinski says. “We had a team from Santa Monica and a team from Ronald Reagan. We all worked together.”

Jennifer Karmarkar is the author of this article.

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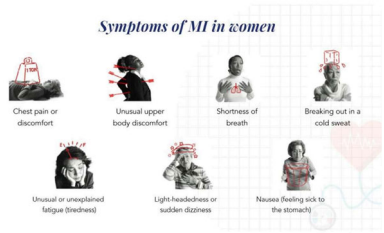
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