



Role of Human Milk in the Management of Necrotizing Enterocolitis: A Review

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ABSTRACT

Mother milk feeding is associated with decreased risk of necrotizing enterocolitis and improves neurodevelopment among low-birth-weight infants. This is a systematic review was carried out, including PubMed, Google Scholar, and EBSCO that examining randomized controlled trials, observational, and experimental studies that study the role of human milk in the management of necrotizing enterocolitis. The study included 6 studies and concluded that; while the etiology of necrotizing enterocolitis is not well understood, studies have reported that human milk feedings reduce its' incidence significantly. Larger scale experimental studies more publications studies are needed to provide guidelines for physicians to use this approach in these cases. Also, further studies on study pasteurized donor milk role in the management of this case.

Key Words: Management of necrotizing enterocolitis, Necrotizing enterocolitis, Importance of mother milk, EBSCO

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INTRODUCTION

Necrotizing enterocolitis (NEC) is a serious gastrointestinal disorder in low-birth-weight infants and it is the leading cause of gastrointestinal emergency in premature infants [1, 2]. It is one of the most frequent overwhelming diseases in infants which is difficult to prevent and manage and this has become of significance for studying [3]. The extreme inflammatory process originated in the extremely immune-reactive intestine in necrotizing enterocolitis covers the effects of the illness systemically, affecting distant organs like the brain which led to considerably increased risk for neurodevelopmental delays in these infants [4].

An infant improving from necrotizing enterocolitis have almost a chance of 25% of microcephaly and severe

neurodevelopmental deferments that go beyond concerns that concern the gastrointestinal tract [5].

Owing to the genius nature of necrotizing enterocolitis, new therapeutic methods are unlikely to produce substantial breakthroughs in reducing its related mortality and morbidity [6].

Human milk feeding has been prescribed for all pre-term infants since birth including infants at high risk for retinopathy of prematurity (ROP) due to its nutritional and immunological benefits compared to formula milk. Also, fresh, maternal milk (MM) may offer more of those advantages related to banked donor milk (DM) [7].

Previous studies point out that maternal milk feeding is linked with a reduction in the risk of NE compared with formula feeding. This finding may be due to many

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nutritional and immune ingredients that encourage the protection role of the healthy intestinal mucosa and dampen hyper-inflammatory responses to pathological bacteria [8].

MATERIALS AND METHODS

A systematic review was carried out, including PubMed, Google Scholar, and EBSCO using the following terms in different combinations: management of necrotizing enterocolitis, necrotizing enterocolitis, importance of mother milk. We included all full texts [randomized controlled trials, observational, and experimental studies]

[9-13]. The authors extracted the data (**Figure 1**), and then the author's names, year and region of publication, the study type, period of study, and the result were reported (**Table 1**).

Statistical analysis

The data was extracted based on a specific form that contains (Author's name, publication year, country, methodology, and results). These data were reviewed by the group members to determine the initial findings and the modalities of performing the surgical procedure. Double revision of each member's outcomes was applied to ensure the validity and minimize the mistakes.

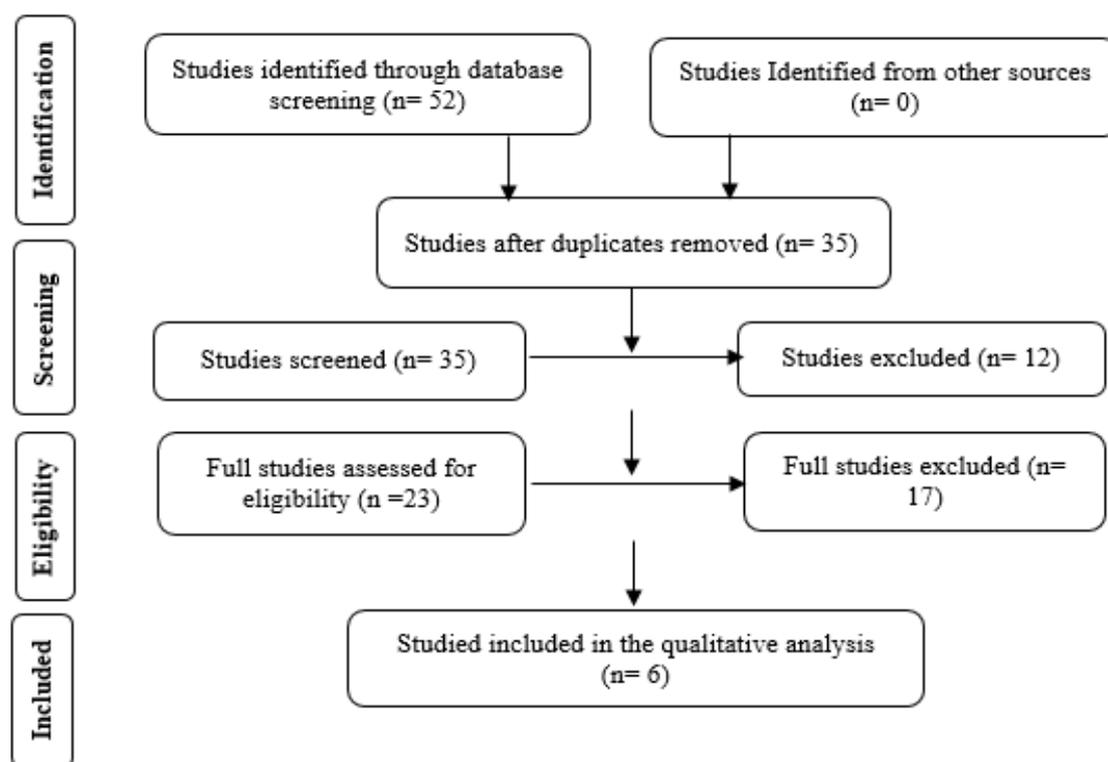


Figure 1. Flow chart illustrating the process of data extraction

RESULTS AND DISCUSSION

The search of the mentioned databases returned a total of 52 studies that were included for title screening. 35 of them were included for abstract screening, which leads to the

exclusion of 12 articles. The remaining 23 publications full-texts were reviewed. The full-text revision led to the exclusion of 17 studies, and 6 were enrolled for final data extraction (**Table 1**).

Table 1. Author, year of publication, study type, and study outcome

Author Study Region Year of publication	Study type	Sample size	Outcome
Schanler, Richard J <i>et al.</i> [14] USA 2005	randomized, blinded trial	243 infants	DM offers a short-term benefit over PF for feeding premature infants. Advantages of an exclusive diet of MM were observed in terms of fewer infection-related events and shorter hospital stays.

Altobelli, E <i>et al.</i> [15] Italy 2013	A Systematic Review and Meta-Analysis	Six randomized controlled trials (RCTs) and 26 observational studies (OS).	Breastfeeding has great benefits as well as donated milk if mother milk is absent. There's a relationship between feeding and development of NEC
Nolan, L.S. <i>et al.</i> [16] USA 2020	A Narrative Review	---	Human milk contains a variety of bioactive components required by premature infants for adequate growth as well as intestinal and immune maturation.
Sisk <i>et al.</i> [17] USA 2016	A retrospective study	551 infants	MM and PDHM feedings, specified till 34 weeks postmenstrual age, remained accompanying with lesser rates of NEC in very low birth weight newborns without inquisitive with growth.
Corpeleijn W. E. <i>et al.</i> [18] Netherlands 2016	A multi-center, double-blind randomized clinical trial	930 infants	Pasteurized donor milk and preterm formula milk as supplementary nursing through the first 10 days of life produced alike short-term consequences in very-low-birth-weight infants concerning safety and effectiveness when their own mother's milk convenience was deficient.
Updegrave, Kim. <i>et al.</i> [19] USA 2004	Review Article	---	Human milk, whether mother's own or donor, delivers substantial defense against numerous of the recognized risk influences of NEC as well as therapeutic defense for the infant improving from NEC.

Necrotizing enterocolitis (NEC) is a very common and overwhelming intestinal condition in preterm babies. It was expected that 52.9% of premature infants take place in Asia, 25% in sub-Saharan Africa, 7.7% in Latin America, 5.7% in Europe, 4.1 % in North Africa, 3.1 in North America, and 0.5% in Oceania [20]. In the USA and Canada, the pooled incidence of NEC in young children with bodyweight at birth around 500 - 1,500 g is approximately 7%, nonetheless may be far higher indefinite neonatal intensive care units (NICUs) [21]. In an exertion to avoid NEC, pasteurized donor human milk (PDHM) is progressively being used as a substitute to formula when Mother Milk amount is inadequate despite restricted confirmation for this practice [22].

Certain studies recommend that mother's milk is defensive in contradiction of sepsis since it comprehends bioactive ingredients that possess bactericidal and immune-modulating actions [15]. An existing deterrence challenge of necrotizing enterocolitis is to offer enteral feedings of little quantities of the mother's expressed breast milk; this method seems talented. A new study recommended that the exclusive use of mother's milk in addition to human milk-derivative fortifier might lead to a lesser incidence of necrotizing enterocolitis [23].

Giver milk pasteurization reduces or abolishes some of the valuable possessions of human milk and this has resulted in uncertainty on its capability to improve the health

consequences for preterm infants [24]. Colaizy *et al.* and Hair *et al.* established that satisfactory growth can be accomplished using PDHM with fortification beyond 24 calories/oz and supplementary protein supplementation. Research on the hazards and benefits of neither feeding pasteurized donor milk as an alternative to preterm formula (PF) milk to very low birth weight infants is scarce. A meta-analysis that comprised 1070 young children established that formula milk feeding augmented the hazard of NEC [25]. Schanler *et al.* reported no influence of donor milk on late-onset sepsis or NEC occurrence. Though, they simply comprised sepsis or NEC cases that arisen after a substantial quantity of enteral nourishment was accepted, in their situation after 16 to 18 days, when a considerable number of proceedings should previously have arisen [14].

Cristofalo *et al.* stated that premature infants nourished donor milk supplemented with a human milk-based fortifier required not as much time on parenteral nourishment (primary outcome) in comparison with infants' nourished preterm formula. Secondary consequences comprised NEC, which was reduced in suggestion with a whole human milk-based diet [9].

CONCLUSION

While the etiology of necrotizing enterocolitis is not well understood, studies have reported that human milk

feedings reduce its' incidence significantly. Larger scale experimental studies more publications studies are needed to provide guidelines for physicians to use this approach in these cases. Also, further studies on study pasteurized donor milk role in the management of this case.

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