



“The accessibility of every newborn to a well-established milk bank becomes a human right.”

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Biography

Currently is:

- Director of the Division of Neonatology and Administrative Director, Department of Pediatrics at Istanbul Medeniyet University, School of Medicine, Istanbul, Turkey
- Vice President of European Milk Bank Association (EMBA)
- Scientific Coordinator and Component of the Board of Directors - Italian Association of Human Milk Banks (AIBLUD)

Her main field of research is neonatal nutrition, human milk, human milk fortification, human milk banking, methodologies of preterm infant feeding, and prebiotics/probiotics/microbiota. After 10 years of experience working in Northern Italy, mainly in Milan; in December 2011 she moved back to Izmir, Turkey by

invitation, primarily to establish human milk banking in this country.

Professor Arslanoglu had the academic degrees of Associate Professorship in 2009 and Full Professorship in 2015. She is acting now as a lecturer at Istanbul Medeniyet University School of Medicine and is the Head of the Division of Neonatology at the University Hospital. She acted as organizer and/or scientific secretary in many international and national scientific congresses; participated to more than 60 international congresses as an invited speaker and moderator. She has 150 international and national publications and book chapters. Her publications have 4128 citations and her h-index is 28.

Human milk banking; the right to accessibility for every newborn

Evidence-based data show that human milk (HM) is the best nutritional and normative standard for infant nutrition. HM contains nutrients with optimal bioavailability and a myriad of bioactive components including hormones and enzymes, anti-infective, trophic and growth factors, stem cells, prebiotics and probiotics rendering it suited not only to term but also to preterm infants. Feeding preterm infants with HM, indeed, confers protection against the most common and important NICU challenges such as necrotizing enterocolitis (NEC) and sepsis, retinopathy of prematurity (ROP) bronchopulmonary dysplasia (BPD) and decreases mortality in a dose-dependent manner. Human milk feeding improves long-term neurocognitive development and cardiovascular health outcomes¹⁻³. Studies comparing solely donor human milk (DHM) versus formula

show that DHM is protective against NEC improves feeding tolerance and supports breastfeeding⁴⁻⁶. That is why HM is the recommended feeding for all neonates including premature infants. The European Society for Pediatric Gastroenterology Hepatology and Nutrition (ESPGHAN)⁴, American Academy of Pediatrics (AAP)⁷, and Milan ESPGHAN/AAP Joint Meeting Consensus⁸ in their most recent recommendation papers stated that “mother’s own milk (MOM) is the first choice in the feeding.

Given the proven clinical benefits deriving from the use of DHM, “the accessibility of every newborn to a well-established milk bank” becomes a human right.

In this presentation, benefits of HM, some emerging bioactive compounds shaping infant’s health at short and long-term, proven clinical benefits deriving from the use of DHM and

its vital importance for preterm infants, the role of DHM as a bridge for term infants and in supporting breastfeeding, some concerns and practical points will be presented and discussed.