Prof. Guido Moro

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Guido E. Moro, md, is professor of Neonatology at the Postgraduate School of Paediatrics, University of Milan, Italy; he has been the Director of the Centre for Infant Nutrition to Prevent Illnesses in Adult Life and Director of the Department of Neonatal Pathology of the Macedonio Melloni Maternity Hospital, the second largest in Milan, from January 2001 to December 2010.

His main field of research is infant nutrition, with particular interest to very low birth weight infants feeding, human milk, and human milk banks. He has published more than 250 scientific papers in international journals and presents regularly on the subject at international meetings.

In 1985 he founded the Human Milk Bank of Milan, the most technologically advanced human milk bank in Italy. This bank has collected more than 15,000 litres of human milk in the last 10 years.

At present time he is the President of the Italian Association of Donated Human Milk Banks, which coordinates the activity of the 33 existing banks in Italy.

From October 2010 to October 2012 he has been the first President of the European Milk Bank Association (EMBA). The main purposes of this association are to promote the donation of human milk, to increase the utilization of human milk in premature infants feeding, and to promote and support research to improve the knowledge and the quality of human milk.

He is also involved in social activities, and since 2004 he has been President of the Association “The Stair of the Life”, that utilizing a small theatre inside the hospital, organizes and promotes performances and activities for and with the hospitalized children.

In 2005 he received the “Gold Medal” from the City of Milan (the highest honour for people working in this city), due to his scientific activity and his interest and involvement in social field.

Presence of a human milk bank is associated with an increased rate of breastfeeding in VLBW infants

Human milk confers health benefits of vital importance for the sick and preterm infants in neonatal intensive care units (NICUs). Mother’s own milk (MOM) is the first choice in preterm infant feeding, and every effort should be made to promote lactation. When mother’s milk is not available or is insufficient, donor human milk (DHM) is recommended. Yet, occasionally, the concern that the use of DHM might decrease breastfeeding (BF) rate is being raised.

There are studies showing that DHM programs can strengthen current practices in NICUs to support BF by increasing the awareness of families and NICU staff of the value of BF for enhancing newborn health (1-4). For example, one study found that the exclusive BF rate for infants discharged from NICUs with an HMB (29.6%) was significantly higher than the rate for infants from NICUs without an HMB (16.0%) (4). In another study, infants discharged 2 years after the start of a NICU HMB program had sixfold higher odds of receiving MOM at discharge as well as a 49% reduction in the cessation of MOM consumption during hospitalization as compared to infants before the start of the program (1). In addition to the benefits of HMBs in increasing BF rates, the provision of DHM as a nutrition intervention has beneficial effects on neurodevelopmental outcomes, risk of sepsis, risk of necrotizing enterocolitis, tolerance of feedings, length of stay in the NICU and direct cost savings (5-8).

These confirmative data pointing at a positive impact of DHM use on breastfeeding rate suggest that human milk banking is not only about collecting, storing, processing, testing, and distributing human milk, but also about the extension of the culture of breastfeeding and the use of HM in NICUs, and may serve also as a tool for promotion of lactation. Besides, having access to DHM when MOM is insufficient may attenuate the possible feeling of guilt and inadequacy among mothers and might be encouraged.

The purpose of HM banking is to provide HM supply to preterm infants. When MOM is not available or is insufficient, donor milk is the best alternative and is associated with elevated rate of exclusive breastfeeding.

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