



**New Mexico Breastfeeding
Task Force**
www.breastfeedingnewmexico.org

Donor Human Milk for Fragile Preterm Babies

The Need

One-in-ten infants born in the United States is premature (CDC, 2016). Preterm and other medically fragile infants are particularly vulnerable when human milk is not available or supply is inadequate. The use of banked donor human milk (DHM) improves feeding tolerance and reduces serious infections and other life-threatening prematurity-related complications including long-term disability. The economic benefits of providing human milk feedings in this population are substantial. Hospital stays are shortened, the likelihood of surgical intervention is reduced, and overall incremental costs associated with these complications are decreased (Bisquera, et al, 2002). For every \$1 spent on donor milk, \$11 is estimated to be saved in health care costs (Wight 2001).



Currently, health insurance benefits do not include coverage of donor human milk. Insurance diagnostic reimbursement rates do not account for

the cost of banked human milk since these rates were established before DHM was considered the standard of care for preterm and other critically ill infants. **The cost of donor milk, which averages \$4.50 an ounce, is out of reach for the vast majority of families, creating inequitable access to this important therapy that is life saving for pre-term, low birth weight and medically fragile babies.** We estimate that there are about 400 infants born weighing less than 1500 grams each year in New Mexico – it is these babies for whom human milk is most vital.



The Impact

Necrotizing enterocolitis (NEC) is an acute inflammatory bowel disease, affecting premature infants, which can lead to severe illness and/or death. **Complicated NEC (when bowel perforation occurs) has a mortality risk of 30-50%.** Providing human milk to preterm infants is an established method to decrease the incidence of this highly debilitating disease. Even when infants survive this serious complication, they have a high risk for long-

term neurodevelopmental delay and chronic gastrointestinal and metabolic problems in adult life. It is estimated the development of NEC in a very low birth weight (VLBW) infant extends baby's NICU stay by 11 to 48 days, pushing the cost of the additional care to \$186,000 or more and delaying hospital discharge by an additional 60 days (Bisquera, 2002).



In addition to protection from NEC, the use of DHM has been shown to reduce the incidence of various infections, decrease the number of days of total parenteral nutrition (TPN), decrease rates of retinopathy of prematurity, and reduce the length of stay in the NICU (Boyd 2007, Manzoni 2013, Schanler 2005, 2006).

The average cost of donor human milk (DHM) for a very low birth weight (VLBW) baby during hospital stay would be less than \$300. Just to put it into perspective, the cost of hospitalization for a VLBW baby is in the range of tens of thousands of dollars.

Additional significant hospital cost savings can occur if DHM would be used for other medically fragile infants suffering from gastrointestinal conditions such as gastroschisis and omphalocele and congenital heart conditions that require

surgical intervention early on in life by reducing the time to full feedings, their risk for hospital associated infections, and ultimately length of hospital stay.

Prevention of ONE case of surgical NEC or THREE cases of medical NEC per year would cover the costs associated with DHM for all NM for a year!

\$300 for 400 infants per year is predicted to be a \$120,000 annual expenditure, which would be offset by the hundreds of thousands in cost savings from prevention of expensive disease outcomes.

The Solution

We strongly believe that **donor human milk should be standard of nutrition care for very premature and medically fragile babies in New Mexico's NICUs.** Neonatologists of four NICUs across New Mexico support mandated insurance coverage for donor human milk.

A state policy requiring all insurance companies to provide donor human milk coverage for their premature, very low birth weight, and medically fragile patients:

- Allows local provider communities to decide on specific treatment algorithms and base their one-year case rates of unlimited services on these algorithms.
- Provides coverage to all patients, reducing per capita costs and allowing insurance companies to negotiate discounts.
- Resolves ethical issue of not providing standard of care services.
- Eliminates discrepancies between affluent and low income patients.
- Decreases incidences of NEC, other life threatening infects, and lengths of stay, thus lowering costs.