















# Preterm Nutrition: Myths vs. Facts

When it comes to specialized preterm hospital nutrition products, it is important to know the facts.

-  **Myth:** Specialized preterm hospital nutrition products are the same as infant formula sold as a retail product in stores and pharmacies.
  -  **Fact:** Specialized preterm hospital nutrition products are nutritional products used by neonatologists to feed and treat premature infants in hospitals and NICUs. They should not be confused with retail-brand formulas made for full-term and older babies that are available for purchase in retail stores, pharmacies, and online.
- 
-  **Myth:** Studies show that specialized preterm hospital nutrition products cause necrotizing enterocolitis (NEC).
  -  **Fact:** This claim is not supported by the science or the medical consensus. NEC is a complex, multifactorial disease with no single cause and no clear etiology.<sup>1</sup> The American Academy of Pediatrics stated, "Part of what is so challenging about NEC is that the causes are multifaceted and not completely understood. Our science does not tell us exactly how to prevent it."<sup>2</sup> All preterm infants are at risk for developing NEC due to their under-developed digestive systems. The National Institutes of Health Working Group on NEC found that "the best way to prevent NEC is the prevention of preterm birth."<sup>3</sup>
- 
-  **Myth:** All instances of NEC are the same.
  -  **Fact:** Given varying medical conditions, including weight, number of weeks premature, single infant versus twin birth, and other factors, preterm infants each bring a unique set of medical challenges and considerations. That is why highly trained healthcare professionals are constantly weighing the benefits and risks of all treatment options available to preterm infants.
- 
-  **Myth:** Mead Johnson recommends specialized preterm hospital nutrition products over mother's milk.
  -  **Fact:** Mead Johnson agrees with doctors that mother's milk is the most important nutritional source and provides increased protection against a number of conditions preterm babies are prone to, including NEC. That protection cannot be replicated from other sources of nutrition. However, not every baby has the option of mother's milk, and some require nutritional supplementation beyond it.<sup>4</sup> The availability of specialized preterm hospital nutrition products can save lives when mother's milk and donor milk are not available. In fact, the FDA stated that it recognizes these products are "nutritionally necessary for feeding preterm infants who lack access to or require more than human milk as their sole source of nutrition."<sup>5</sup>
- 
-  **Myth:** Specialized preterm hospital nutrition products seek to replace mother's milk and donor milk as the source of nutrition for preterm infants in the NICU.
  -  **Fact:** Human milk (either mother's milk or donor milk) is the recommended source of nutrition for preterm infants. But where human milk is unavailable or when supplementation is necessary, neonatologists routinely recommend using specialized preterm hospital nutrition products, when clinically appropriate, to ensure appropriate growth for preterm infants. These products can provide essential, lifesaving nutrition.
- 
-  **Myth:** Nutritional decisions for preterm infants are not medical decisions.
  -  **Fact:** In the NICU, nutrition decisions are medical decisions, meaning that physicians and their medical teams, in collaboration with patient-families, play a critical role in deciding how preterm infants are fed.<sup>6</sup> Neonatologists, not manufacturers, are best positioned to make medical recommendations regarding nutrition for preterm infants, given their experience treating and feeding preterm infants on a daily basis.
- 
-  **Myth:** Donor milk is widely available for all preterm infants.
  -  **Fact:** The American Academy of Pediatrics confirmed that, "[T]here is not enough donated human milk to be used as the only source of nutrition for [premature] infants."<sup>7</sup> Donor milk is therefore not available in every NICU for all preterm infants.<sup>8</sup> In fact, as of 2020, 40.1% of hospitals did not have donor milk available for babies over 1500 grams in Level II, III, and IV NICUs.<sup>9</sup>

<sup>1</sup> [NEC Society Statement on the Watson vs. Mead Johnson Verdict](#)

<sup>2</sup> [American Academy of Pediatrics Statement In Response to NEC Lawsuit Verdicts \(July 27, 2024\)](#)

<sup>3</sup> [Necrotizing Enterocolitis \(NEC\) in Preterm Infants Working Group of the National Advisory Council of Child Health and Human Development \(NACHHD\) Report to Secretary, Department of Health and Human Services, page iv \(September 16, 2024\)](#)

<sup>4</sup> [Necrotizing Enterocolitis \(NEC\) in Preterm Infants Working Group of the National Advisory Council of Child Health and Human Development \(NACHHD\) Report to Secretary, Department of Health and Human Services, page 14 \(September 16, 2024\)](#)

<sup>5</sup> Axios, "Lawsuits threaten infant formula for preemies" (Sep 19, 2024)

<sup>6</sup> American Academy of Pediatrics, June 26, 2023: [Primary Care Framework to Monitor Preterm Infants for Neurodevelopmental Outcomes in Early Childhood](#)

<sup>7</sup> [American Academy of Pediatrics Statement In Response to NEC Lawsuit Verdicts \(July 27, 2024\)](#)

<sup>8</sup> Boundy EO, Anstey EH, Nelson JM. Donor Human Milk Use in Advanced Neonatal Care Units — United States, 2020. *MMWR Morb Mortal Wkly Rep* 2022;71:1037–1041. DOI: <http://dx.doi.org/10.15585/mmwr.mm7133a1>

<sup>9</sup> Boundy EO, Anstey EH, Nelson JM. Donor Human Milk Use in Advanced Neonatal Care Units — United States, 2020. *MMWR Morb Mortal Wkly Rep* 2022;71:1037–1041. DOI: <http://dx.doi.org/10.15585/mmwr.mm7133a1>