#### CORRESPONDENCE



# Introducing Donor Milk in a Neonatal Intensive Care Unit: A Developing Country's Perspective: Correspondence

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To the Editor: The concept of donor human milk (DHM) as described by Daga et al. is very interesting [1]. Daga et al. mentioned that "a simple low cost method was effective in replacing a significant proportion of formula feeds by DHM in the first 3 d of life for neonates in a resource poor set up [1]." I agree that DHM is not expensive but the great concern is on how to guarantee the quality and safety of the DHM. For sure, Daga et al. did not set the effective screening protocol to warrant that there were no unwanted components in donated milk. There is no doubt several pathogens that can be seen in milk and diseases transmitted by milk are possible (such as HIV) [2]. In the present era of many new emerging diseases, the data on the transmission by break milk is usually lacking. Focusing on the present situation of Zika virus outbreak, the great concern on this new infection should be raised since there is still no exact data on whether the infection can be transmitted via milk or not [3].

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## Introducing Donor Milk in a Neonatal Intensive Care Unit: A Developing Country's Perspective: Author's Reply

To the Editor: Professor Viroj Wiwanitkit has raised a pertinent point while expressing concern over the quality and safety of the donor human milk [1]. I agree that donor milk that is not pasteurized is not free of risk of infection and is not the standard practice; human milk banking is ideal. The possible risk from emerging diseases including zika virus infection is a very real one. However, in developing countries, human milk substitutes carry a much higher risk of infant mortality. Ultimately, the risks of raw milk will have to be weighed against the risks of human milk substitutes.

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