

Poor hygiene in milk production and incorrect milk storage are all dangers associated with new-born care.

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Introduction

Infant feeding options

The World Health Organization (WHO) recommends that new-borns be exclusively breastfed for the first six months of life, and then continues to be nursed with the addition of supplementary foods for up to two years or more, in order for them to grow and develop normally. Various alternatives are available for new-borns who are unable to acquire all of their milk requirements straight from their mother's breast. "For those few health situations where infants cannot, or should not, be breastfed, the choice of the best alternative – expressed breast milk from an infant's own mother, breast milk from a healthy wet-nurse or a human-milk bank, or a breast-milk substitute depends on individual circumstances," according to the Global Strategy for Infant and Young Child Feeding [1].

In Infant formula is commonly thought to be an alternative to a mother's own milk in resource-rich areas such as Western Europe, the United Kingdom, Australia, the United States, and Canada. Even if breastfeeding initiation rates are high, such as in Australia, the United Kingdom, and Italy, the great majority of new-borns in resource-rich environments receive infant formula throughout their first year of life. Formula feeding, on the other hand, comes with its own set of hazards. Many of these dangers are similar to those associated with sharing human milk. Each of the problems linked with milk sharing that have been highlighted by health authorities will be addressed in turn, as will the concerns associated with formula feeding [2].

Contamination of milk with pathogens

Peer-to-peer sharing of human milk is dangerous, according to the FDA, Health Canada, and the AFSSAPS, because the milk could be contaminated with germs. It is true that if a mother is ill, a variety of diseases can enter human milk. Hepatitis B and C, Human T-Cell Leukaemia Viruses (HTLV1 and 2), Cytomegalovirus (CMV), Epstein - Barr virus, Human Immunodeficiency Virus (HIV), Salmonella, and Group B Streptococcus are among the diseases. Human milk, on the other hand, can only transmit a few infections.

Infections with Hepatitis B and C, for example, do not occur in new-borns that are given human milk harbouring the viruses. HTLV, HIV, and CMV are notable exceptions to this rule, as they can all be transferred through breast milk. a majority of people. However, only a small percentage of women are infected with CMV, and CMV in human milk is mainly a problem for premature babies. Furthermore, while

HIV and HTLV can be transmitted during breastfeeding, they are not easily transmitted; infection usually requires repeated exposure over a long period of time (for example, while a single transfusion with HIV positive blood will infect 89 percent of receiving individuals, only 0.6-4% of infants who are exclusively breastfed from birth to six months by HIV positive mothers will contract HIV despite potentially receiving many thousands of doses of HIV-infected breast milk). In resource-rich countries, most pregnant women are tested for HIV and HTLV and are thus aware of their status [3].

A woman, on the other hand, can become infected. Following prenatal testing for HIV or HTLV Fortunately, freezing and rapid heating can both deactivate HTLV and HIV. Group B Streptococcus, Salmonella spp., and Listeria spp. have all been shown to infect new-borns through human milk on rare occasions. Pasteurization in a holder kills all germs that can infect new-borns through human milk. Pathogens can also be present in infant formula. *Enterobacter sakazakii*, *Salmonella* spp., *Pantoea agglomerans*, *Escherichia vulneris*, *Hafnia alvei*, *Klebsiella* spp., *Citrobacter* spp., *Enterobacter cloacae*, *Bacillus cereus* are among the bacteria detected in powdered infant formula [4].

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