

Introduction

Human milk is considered the standard food for the newborn, recommended as the **exclusive source of nutrition** during the first six months of life (Bertino et al., 2009). It **defends the organism**, contributes to **sensory-neuronal development**, influences the maturation of the **digestive system**, as well as enriching it nutritionally. Milk **protects** in infancy and childhood from infectious diseases such as **necrotizing enterocolitis** (Morales & Schanler, 2007).

In the event that breastfeeding is interrupted due to pre-existing diseases, hypogalactia or other factors, the baby can be fed with **donor milk** (Bertino et al., 2009). There are so-called **milk banks** responsible for the **collection, processing, quality control and distribution of milk** from donor mothers, guaranteeing a microbiologically **safe** product (Castro et al., 2021).

Objective

The main objective of this work is to carry out a **bibliographical review** on the methods of **thermal processing of donated human milk** that ensure the **safety and microbiological quality** and to know their **effects** on the **bioactive components of human milk**.

Material and Methods

It has been fundamentally based on the search for scientific documents in the **Scopus, Pubmed** and **Google Scholar** databases.

The **keywords** used have been:

- “human milk”
 - “breast milk”
 - donor human milk
- heat treatments
 - Holder treatment
 - HTST treatment
 - microwave treatment
 - ohmic treatment

Main references

• Banco de leche materna de Barcelona, <https://www.bancsang.net/donants/banc-illet-materna/>

• Bertino, et al. (2009). Early Human Development, 85(10), S9-S10.

• Castro, et al. (2021). Research, Society and Development, 10(12), Article 12.

• Malinowska-Pańczyk, et al. (2020). Trends in Food Science & Technology, 101, 133-138.

• Martysiak-Zurowska, et al. (2022). Food Chemistry, 374, 131772.

• Morales, et al. (2007). Seminars in Perinatology, 31(2), 83-88.

• Oliveira, et al. (2020). Breastfeeding Medicine, 15(12), 803-808.

• Peila, C., et al. (2017). Journal of Pediatric Gastroenterology and Nutrition, 64(3), 353.

Results

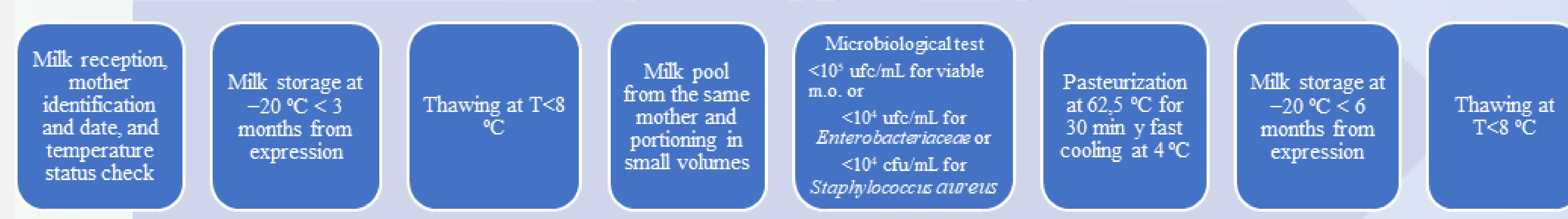


Figure 1: Procedure applied for the treatment of human milk in milk banks (Malinowska-Pańczyk, 2020)

Figure 2: Bag with breast pump, instructions for extraction and sterile bottles for the donor; Holder pasteurization; human milk from different mothers in the fridge (Picture captured at the Barcelona Milk Bank).



LTLT (Holder) Oliveira et al. (2020)	HTST Peila et al. (2017)	Microwave Martysiak-Żurowska et al. (2022)
Batch	Continuous	Batch
62 °C, 30 min	72 °C, 15 s	62,5 °C, 5 min (or equivalent)
Immune factors: sIgA, IgA, IgG, IgM, Lactoferrin, Lysozyme, Cytokines, Bactericidal capacity		
Microbiologically safe: Cytomegalovirus, Escherichia coli, Staphylococcus aureus, coliforms and lipid enveloped viruses		

Conclusions

- Holder pasteurization, HTST pasteurization and microwave treatment in human milk **contribute satisfactorily** to the assurance of the **microbiological quality** of milk, but affect in different ways, the **bioactive components** of the human milk.
- **Holder pasteurization**, currently applied in **banks**, allows **processing a smaller** amount of milk (discontinuous), it is the main responsible for a series of **losses of bioactive compounds** and immunological factors, which significantly reduces the benefits of breast milk itself.
- **HTST treatment** better **preserves bioactive compounds** and allows to process a **larger** volume of milk, heating time is reduced. **Microwave** significantly **reduces processing time**, but it can be cold spots in the food, which may not achieve adequate microbiological inactivation.
- **Ohmic, infrared, and radio frequency heating** need more **future research**, are in a very early stage compared to other dairy matrices such as bovine milk.