

tute is available, the opinion of Saini *et al.*(1) will probably hold true for developing countries; where the non-nutritional advantages of breast milk are just as important for the preterm infant.

**Arvind Shenoi,**

**Anil Narang,**

*Department of Pediatrics,*

*Post Graduate Institute of Medical*

*Education and Research,*

*Chandigarh-160 012.*

## REFERENCES

1. Saini AS, Lal H, Agarwal SK, Kaur J. Human milk in infant nutrition. *Indian Pediatr* 1990, 27: 681-702.
2. Kashyap S, Schulze KF, Forsyth M, *et al.* Growth nutrient retention and metabolic response in low birth weight infants fed varying intake of protein and energy. *J Pediatr* 1988, 113: 713-721.
3. Jarvenpaa AL, Raiha NCR, Rassin DK, Gaull GE. Preterm infants fed human milk attain intrauterine weight gain. *Acta Pediatr Scand* 1983, 72: 239-243.
4. Schanler RJ, Garza C, Nichols BL. Fortified mother's milk for very low birth weight infants: Results of growth and nutrient balance studies. *J Pediatr* 1985, 107: 437-445.
5. Ronnholm KAR, Perheentupa J, Siimes M. Supplementation with human milk protein improves growth of small premature infants fed human milk. *Pediatrics* 1986, 77: 649-653.

## Reply

In growing individuals, by lowering protein intake below a particular level, it is not possible to support their positive nitrogen balance. Thus the lower limit of protein in-

take is not difficult to define. As far as the upper limit is concerned, ambiguity will always exist if rate of growth is the only parameter used to define protein requirement since it is difficult to define the best rate of growth. A higher growth rate may not always be a physiologically better growth rate(1). The problem is still more complicated as far as preterm babies are concerned in whom the metabolic machinery as well as the renal excretory processes may not be appropriately mature. Thus while adventuring to exceed intrauterine growth rate in the preterm, we should not forget the advantageous position of the fetus over the preterm who is totally on his own. Kashyap *et al.*(2) are quite aware of this and have therefore added—“Nonetheless, the effects of protein intake during the neonatal period on both neonatal well-being and subsequent developmental outcome must be studied more thoroughly before stating definitively that the higher protein intake studied is safe as well as desirable with respect to growth.”

In the other two studies(3,4), comparison has been done between pooled mature milk and its fortified version or between fortified mature milk and formula milk. Addition of protein to mature milk for feeding the preterm is not contested since mature milk contains less protein than preterm milk.

**A.S. Saini,**

**Harbans Lal,**

**Jasbinder Kaur,**

*Department of Biochemistry,*

*Medical College,*

*Rohtak-124 001.*

## REFERENCES

1. Schesfer O. Faltering growth and human milk. *Lancet*, 1981, i: 101.

2. Kashyap S, Schulze KF, Forsyth M, Zucker C, Dell RB, Ramakrishnan R, Heird WC. Growth, nutrient retention and metabolic response in low birth weight infants fed varying intake of protein and energy. *J Pediatr* 1988, 113: 713-721.
  3. Schanler RJ, Garza C, Nichols BL. Fortified mother's milk for very low birth weight infants; Results of growth and nutrient balance studies. *J Pediatr* 1985, 107: 437-445.
  4. Ronnholm KAR, Perheentupa J, Siimes M. Supplementation with human milk protein improves growth of small premature infants fed human milk. *Pediatrics* 1986, 77: 649-653.
-