Effect of storage and heat on antimicrobial proteins in human milk

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SUMMARY Human milk, after storage and pasteurisation at 73°C for 30 minutes at a milk bank, was found to have little surviving IgA, IgG, lactoferrin, lysozyme, and C3 complement. Accurate pasteurisation at 62-5°C produced a loss of 23-7% of the lysozyme, 56-8% of the lactoferrin, 34% of the IgG, but no loss of IgA. Storage by deep freezing at —20°C for 3 months produced no appreciable loss of lactoferrin, lysozyme, IgG, IgA, or C3.

Human milk is thought by many paediatricians to be the best food for low birthweight infants (Davies et al., 1972). In England and Wales five large-scale human milk banks operate primarily for this purpose (Rolles, 1973) and most maternity units make some effort to collect milk for their special care babies. We question whether the final product after storage and processing has the same value for the preterm infant as feeding at the breast has for the mature one. Little is known of the best method of collection, storage, and processing of human milk and this paper is intended to draw attention to two aspects: the effect of heating and storing of human milk on its content of immunoglobulins and other antimicrobial factors.

Methods

Milk samples. Human milk was collected by mothers in their own homes, using glass Woolwich shells to obtain overflow milk. The milk was stored unfrozen in the family refrigerator for up to 48 hours, until collected by the staff of the Human Milk Bank, St David’s Hospital, Cardiff. Aliquots of milk as it arrived at the milk bank were analysed either raw, after deep freezing for 3 months at —20°C, after lyophilisation and reconstitution, or after pasteurisation at the laboratory or milk bank.

Pasteurisation. This was achieved by placing bottles of milk into a steam-heated water bath. The holding temperature during the study was found to be 72° to 73°C for 30 minutes, although the temperature aimed for was 65°C. Cooling was achieved by circulating water at room temperature. Laboratory pasteurisation was performed by heating small (2 ml) samples in an accurately regulated water bath and using constant agitation until the holding temperature was achieved, and then held for 30 minutes. Five temperatures (°C) were used, 60°, 62-5°, 65°, 67-5°, and 70°.

Quantitative electroimmunoassay.

Antigen and monospecific antiserum. Lysozyme was prepared by the method of Jollès and Jollès (1967) and lactoferrin prepared from human milk as previously described (Ryley, 1972). Monospecific antiserum to α1-antitrypsin, IgG, lactoferrin, and lysozyme was raised in rabbits (Ryley, 1972; Ryley and Brogan, 1973; Ryley et al., 1975). Antisera to C3 component of complement and IgA were obtained from Hoechst Pharmaceuticals, Hounslow, England.

Electroimmunoassay. 2 μl volumes of either raw or treated milk were analysed by an electroimmunoassay method against monospecific antiserum in 1% agarose, or in the case of IgG 1% ion agar as previously described (Ryley and Brogan, 1973). Dilutions of a laboratory control serum standardised against both a Behring human serum and plasma controls were used for the estimations of α1-antitrypsin, C3, IgA, and IgG. Dilutions of 1 mg/ml solution of both lysozyme and lactoferrin antigens were used in their appropriate assay. All estimations were carried out on duplicate plates.

Results

Raw milk. Table 1 shows the results of assays on 25 random donations to the milk bank.

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Table 1 Concentration of 6 proteins in human milk donated to a milk bank (mg/100 ml milk)*

<table>
<thead>
<tr>
<th>Protein</th>
<th>No. of samples</th>
<th>Mean ± SE</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>α1-antitrypsin</td>
<td>25</td>
<td>3.42 ± 0.07</td>
<td>1.0–21.2</td>
</tr>
<tr>
<td>C3</td>
<td>24</td>
<td>1.77 ± 0.018</td>
<td>0.7–4.0</td>
</tr>
<tr>
<td>IgA</td>
<td>25</td>
<td>0.43 ± 0.04</td>
<td>0.2–2.4</td>
</tr>
<tr>
<td>IgG</td>
<td>25</td>
<td>7.96 ± 0.12</td>
<td>0.9–20.6</td>
</tr>
<tr>
<td>Lactoferrin</td>
<td>25</td>
<td>4.19 ± 0.77</td>
<td>74–1606</td>
</tr>
<tr>
<td>Lysozyme</td>
<td>25</td>
<td>0.5 ± 1.4</td>
<td>0.5–32.5</td>
</tr>
</tbody>
</table>

*Values in Tables 1–4 are given in traditional units, i.e. mg/100 ml; to convert to g/l, multiply by 0.01.

Table 2 Effect of milk bank pasteurisation on 6 milk proteins (mg/100 ml milk)

<table>
<thead>
<tr>
<th>Protein (no. of samples)</th>
<th>Raw milk (mean ± SE)</th>
<th>Pasteurised milk (mean ± SE)*</th>
</tr>
</thead>
<tbody>
<tr>
<td>α1-antitrypsin (16)</td>
<td>2.38 ± 0.30</td>
<td>1.47 ± 0.25 (61–8)</td>
</tr>
<tr>
<td>C3 (16)</td>
<td>1.35 ± 0.13</td>
<td>&lt;0.1</td>
</tr>
<tr>
<td>IgA (16)</td>
<td>5.5 ± 1.10</td>
<td>&lt;0.1</td>
</tr>
<tr>
<td>IgG (16)</td>
<td>0.42 ± 0.05</td>
<td>&lt;0.1</td>
</tr>
<tr>
<td>Lysozyme (16)</td>
<td>0.73 ± 2.0</td>
<td>0.12 ± 0.1 (2–3)</td>
</tr>
<tr>
<td>Lactoferrin (16)</td>
<td>337 ± 57.3</td>
<td>3 ± 1.1 (0–9)</td>
</tr>
</tbody>
</table>

*Numbers in parentheses are means as % of raw value.

**Freezing and lyophilisation.** Table 4 shows the results of 3 months' storage at –20°C, and of freeze-drying and reconstitution. There was no significant change in lactoferrin, lysozyme, IgA, IgG, and C3, after 3 months' freezing, but a small loss of IgG occurred after lyophilisation.

**Discussion**

The milk donations were up to 48 hours old, often heavily contaminated with bacteria (a recent study showed that nearly 50% of samples had 10^6 organisms/ml) (C. H. L. Howells and T. J. Evans, unpublished 1975) and from the 'mature' phase of lactation, yet our results for lactoferrin and lysozyme compare favourably with published results (Bullen et al., 1972; Peitersen et al., 1975). Immunoglobulin levels and C3 were, however, quite low compared with the data of others (Mata and Wyatt, 1971; Peitersen et al., 1975), the loss possibly occurring during the 48 hours' storage at the mother's home. Szöllösy et al. (1974) showed a marked loss of antibody in human milk during periods of bacterial growth. Also, our IgA values were measured by using a 7S IgA standard and we have not attempted a conversion to secretory IgA as did Peitersen et al. (1975), which partly explains the lower values.

We found no published data for α1-antitrypsin in human milk though Laskowski and Laskowski (1951) measured total antitrypsic activity and found it only in colostrum. Bullen et al. (1972) postulated that milk antitrypsins could protect lactoferrin from gastrointestinal trypsin and this encouraged us to include it in our studies as it could also help to protect milk proteins from milk proteases (Heynrickx, 1962) or bacterial enzymes (Moore et al., 1964) during periods of storage in vitro.

There is a surprising lack of information on heat stability. Complement was expected to be labile, also expected was the greater survival of IgA compared with IgG. Lysozyme is heat stable at acid pH (Jollès...
and Jollès, 1961) but very labile at the natural pH of human milk (7.2-7.4) (Chandan et al., 1964), though during storage the fall in pH may aid survival. The apparent increase of lysozyme on heating to 60°C was probably due to release from the often large cellular component of human milk. Storage by deep freezing seemed a very satisfactory procedure and the more expensive lyophilisation showed no advantage.

Although breast feeding is both natural and advantageous to the normal term infant, doubt has been cast on its ability to provide optimal growth for the very preterm infant (Davies, 1977; Fomon and Ziegler, 1977). Autoclaving human milk as practised in some hospitals would also limit its antimicrobial advantage, especially as it has been shown that a breast milk substitute can produce a similar gut flora of lactobacilli (Willis et al., 1973).

We suggest that human milk should be collected in a sterile manner as possible and deep frozen shortly after collection. If of low bacterial count then its use unheated should be considered. Pasteurisation, if used, should be at the minimum temperature capable of adequate bacterial killing (about 62°C for 30 minutes) (Szöllösy et al., 1974). Unfortunately, there does not seem to be a commercial apparatus available in the United Kingdom capable of dealing with small volumes and achieving uniform and accurate heating.

References


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