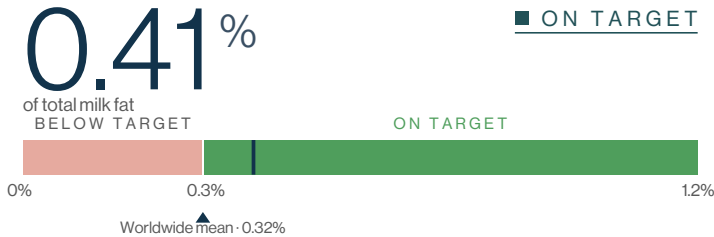


BREAST MILK DHA

Breast Milk DHA · AA

Long-chain fatty acid status for the nursing infant

DHA — DOCOSAHEXAENOIC ACID

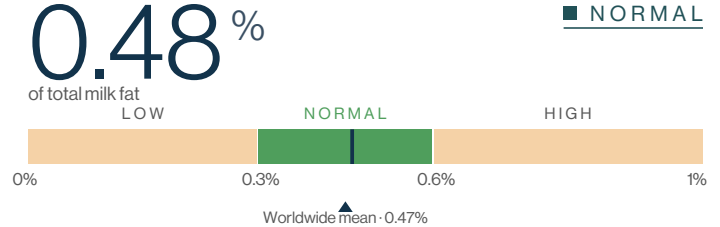


WHAT THIS MEANS

Your DHA at 0.41% of milk fat meets or exceeds the FAO/expert-consensus threshold of 0.32% — the level needed to deliver an exclusively breastfed infant approximately 100 mg DHA per day (Brenna et al. 2007; Koletzko et al. 2008).

DHA is the dominant long-chain omega-3 in the developing brain and retina. Higher breast-milk DHA has been linked to better visual acuity at 4 and 12 months and higher psychomotor scores at 18 – 30 months (Innis 2007). At this level, an exclusively breastfed term infant is receiving an estimated 128 mg DHA / day via lactation, at or above the 100 mg / day developmental target.

AA — ARACHIDONIC ACID



WHAT THIS MEANS

Your AA at 0.48% falls within the worldwide reference range of 0.34 – 0.60% (pooled mean 0.47%; Brenna et al. 2007). Unlike DHA, breast-milk AA varies little with maternal diet and is tightly regulated, reflecting endogenous synthesis from linoleic acid.

AA is the principal long-chain omega-6 in infant brain and nerve tissue. It supports growth, immune signalling, and — alongside DHA — neurological development through the first year. Term infants fed formula with both DHA (0.32%) and AA (0.64%) show improved executive function and language outcomes vs. unsupplemented controls (Colombo et al. 2013).

RETEST CADENCE

Milk DHA equilibrates with maternal intake over 6 – 8 weeks. While breastfeeding exclusively, a re-test every 3 months tracks trajectory; sooner if intake has changed materially.

NOTE

This report is provided for wellness and educational reference only. The analytes reported here are not licensed under the Ontario Laboratory and Specimen Collection Centre Licensing Act for the diagnosis, prevention, treatment, screening, or monitoring of disease. The measurement is performed within CanAlt's ISO 15189 accreditation. This report is a nutritional reference describing the fatty-acid composition of the submitted breast-milk sample. It is not a diagnostic test, and is not intended to recommend or replace any clinical, dietary, or therapeutic intervention. Discuss any change in diet or feeding plan with a qualified healthcare professional.

Analysis performed by CanAlt Health Laboratories using gas chromatography of breast milk fatty acid methyl esters.