Lipid content and fatty acids composition of mature human milk in rural North China

Zhong-Xiao Wan¹, Xiao-Li Wang², Li Xu³, Qian Geng¹ and Yumei Zhang¹*

¹Department of Nutrition & Food Hygiene, School of Public Health, Peking University, Beijing 100191, People’s Republic of China
²Division of Maternal and Child Health, School of Public Health, Peking University Health Science Center, Beijing 100191, People’s Republic of China
³National Dairy Engineering & Technical Research Center, Northeast Agriculture University, Ha’erbin 150086, People’s Republic of China

(Received 8 May 2009 – Revised 15 September 2009 – Accepted 19 September 2009 – First published online 14 October 2009)

To determine the lipid content and fatty acid (FA) composition of breast milk from fifty-two lactating women between ninth and twelfth lactation weeks in rural North China. The mothers were questioned on their dietary habits. Total milk lipids extracts were transmethylated and analysed using GLC to determine FA contents. The mean lipid content was 40·21 (SD 1·43) g/l. SFA constituted 35·92 % of the total FA. Medium-chain and long-chain SFA presented levels of 10·91 and 25·01 %, respectively. MUFA and PUFA constituted 32·59 and 19·97 % of the total FA, respectively. Oleic, linoleic and α-linolenic acid (ALA) presented contents of 31·26, 17·73 and 1·03 %, respectively. Arachidonic acid had a content of 0·30 %, while DHA content was 0·19 %. Not any form of trans FA were found in human milk samples. A maternal diet transition is proceeding in China. Further investigation on the analysis of human milk FA composition is needed to upgrade the human milk database in China.

Human milk: Fatty acids: Dietary habits: Lipid content

Human milk provided by healthy and well-nourished mothers is considered the optimal form of nourishment for infants during the first 6 months of life(1). In terms of its macronutrients, the lipids in human milk represent the major source of energy for the newborn and provide essential nutrients such as essential fatty acids (FA), i.e. ALA and long-chain PUFA (LC PUFA)(2). The biological significance of the FA composition of human milk for newborns and their development has led to widespread research(2–5).

There are three sources of FA in human milk: diet; mammary gland synthesis; tissue mobilisation(6). It is generally known that the worldwide human milk FA composition is subjected to inter-individual biological variation, mostly because of different maternal diets(4,7,8). Although there have been several reports about the FA compositions of human milk in China(5,9–12), according to data obtained from the China Health and Nutrition Survey (2002) and the China National Nutrition Survey (1982 and 1992), within the last two decades, the Chinese have entered a new stage of the nutrition transition that is shifting towards a high-fat, high-energy density and low-fibre diet(13). Meanwhile, China has experienced great socio-economic development processes and social environmental changes(14), thus it is essential to update the human milk database for Chinese people.

The purpose of the present study is to prospectively evaluate the lipid content and FA composition of human milk, from 9 to 12 weeks of lactation and to roughly relate these findings with the breast-feeding mothers’ diet in Northern China.

Methods

Characteristics and dietary habits of subjects

From May to July 2007, fifty-two women between ages 19 and 35 years who had been lactating for 1–3 months were recruited into the study. The exclusion criteria were maternal use of tobacco, use of immunosuppressive drugs, pregnancy, and diabetes mellitus. All mothers agreed to provide samples of breast milk at 9–12 weeks postpartum. A face-to-face interview was conducted with mothers using a structured questionnaire by trained investigator at the mothers’ homes. All mothers completed the 24-h dietary recall before the collection of the milk. Computer Dietary Guide Service System 4.0 (CDGSS 4.0, Beijing, China) is utilised toanalyse the nutrient intake. The present study was conducted according to the guidelines laid down in the Declaration of Helsinki, and all procedures involving human subjects were approved by the Medical Ethics Research Board

Abbreviations: ALA, α-linolenic acid; FA, fatty acid; LC PUFA, long-chain PUFA; MC SFA, medium-chain SFA; TFA, trans FA.

* Corresponding author: Yumei Zhang, fax +86 10 62059551, email zhangyumei111@gmail.com
(Approval no. IRB00001052-07037) of Peking University. Written informed consent was obtained from all subjects.

Collection of human milk
A small volume of breast milk (approximately 1–5 ml) was collected adhering to Neville & Picciano (8). The samples were prepared and stored according to Bitman et al. (15). Analyses were performed within 3 months of collection.

Fatty acids analysis
The preparation of the FA methyl esters was conducted by the method described by Hartman & Lago (16). Briefly, aliquots of extracted lipids were saponified and boron trifluoride–methanol (14 %, w/v) was used for transesterification of the fractions (17). FA methyl esters were separated and identified by SHIMADZU GC-2010 gas chromatograph (Kyoto, Japan). Each FA was identified by comparing the retention time with that of internal standard (heptadecanoic acid methyl esters, Sigma-Aldrich Co., St Louis, MO, USA). The final FA profile was expressed as percentage of total fat for each FA. Peaks lower than 0·01 % of the total areas were omitted.

Statistical analysis
Results were presented as mean values and standard deviations. All data were analysed using Statistical Packages for Social Sciences version 11.0 (SPSS Inc., Chicago, IL, USA).

Results
Mother’s dietary habits
Table 1 lists foods currently consumed by the mothers. Rice, noodle, pastry, green leaf vegetables, eggs, fats and oils were consumed everyday by a majority of mothers. As for the 24-h dietary recall study, the average of the energy intake is 652·81 kJ. The mean of fat intake is 104·93 g/d, the average of carbohydrate intake is 353·02 kJ/d. The mean of fat intake is 225·71 kJ/d, which takes up 34·56 % of the total energy intake. The average of the energy intake according to 24-h dietary recall survey. mothers’ eating habits may be one reason to influence the lipids contents in milk. Along with the development of the China’s national economy, the traditional Chinese diet is shifting towards a diet with high-fat, high-energy density fats and oils daily, which are main sources for the lipid in human milk. Consistently, fat accounts for 34·56 % of the total energy intake according to 24-h dietary recall survey. Fats and oils 90·0 2·5 – – 7·5
Meat and meat products 52·5 27·5 10·5 – 10·0
Dairy products 30·0 20·0 10·0 12·5 27·5
Eggs 60·0 20·0 2·5 2·5 15·0
All kinds of fruits 47·5 22·5 12·5 5·0 12·5
Pea, soyabean and bean products 10·0 10·0 20·0 12·5 47·5
Green leaf vegetables 65·0 7·5 10·0 10·0 7·5
Pumpkin, carrot, tomato etc. 35·0 25·0 7·5 12·5 20·0
Chinese potato, yam etc. (rootstock food) 22·5 37·5 5·0 10·0 25·0
Rice, noodle, pastry etc. (staple food) 85·0 15·0 – – –

Statistical analysis
Results were presented as mean values and standard deviations. All data were analysed using Statistical Packages for Social Sciences version 11.0 (SPSS Inc., Chicago, IL, USA).

Results
Mother’s dietary habits
Table 1 lists foods currently consumed by the mothers. Rice, noodle, pastry, green leaf vegetables, eggs, fats and oils were consumed everyday by a majority of mothers. As for the 24-h dietary recall study, the average of the energy intake is 652·81 kJ. The mean of fat intake is 104·93 g/d, the energy intake of it is 225·71 kJ/d, which takes up 34·56 % of the total energy intake. The average of carbohydrate intake is 369·26 g/d, which means 54·05 % of the energy intake is from the carbohydrate, 353·02 kJ/d.

Table 1. Frequency of food consumption by the mothers (% of subjects, n 52)

<table>
<thead>
<tr>
<th>Food, noodle, pastry etc. (staple food)</th>
<th>Every day</th>
<th>≥ twice a week</th>
<th>Once a week</th>
<th>≥ once ≤ thrice a month</th>
<th>Seldom or never</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rice, noodle, pastry etc. (staple food)</td>
<td>85·0</td>
<td>15·0</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Chinese potato, yam etc. (rootstock food)</td>
<td>22·5</td>
<td>37·5</td>
<td>5·0</td>
<td>10·0</td>
<td>25·0</td>
</tr>
<tr>
<td>Pumpkin, carrot, tomato etc.</td>
<td>35·0</td>
<td>25·0</td>
<td>7·5</td>
<td>12·5</td>
<td>20·0</td>
</tr>
<tr>
<td>Green leaf vegetables</td>
<td>65·0</td>
<td>7·5</td>
<td>10·0</td>
<td>10·0</td>
<td>7·5</td>
</tr>
<tr>
<td>Pea, soyabean and bean products</td>
<td>10·0</td>
<td>10·0</td>
<td>20·0</td>
<td>12·5</td>
<td>47·5</td>
</tr>
<tr>
<td>All kinds of fruits</td>
<td>47·5</td>
<td>22·5</td>
<td>12·5</td>
<td>5·0</td>
<td>12·5</td>
</tr>
<tr>
<td>Eggs</td>
<td>60·0</td>
<td>20·0</td>
<td>2·5</td>
<td>2·5</td>
<td>15·0</td>
</tr>
<tr>
<td>Dairy products</td>
<td>30·0</td>
<td>20·0</td>
<td>10·0</td>
<td>12·5</td>
<td>27·5</td>
</tr>
<tr>
<td>Meat and meat products</td>
<td>52·5</td>
<td>27·5</td>
<td>10·5</td>
<td>–</td>
<td>10·0</td>
</tr>
<tr>
<td>Fats and oils</td>
<td>90·0</td>
<td>2·5</td>
<td>–</td>
<td>–</td>
<td>7·5</td>
</tr>
</tbody>
</table>

Discussion
The mean lipid content of human milk of the lactating mothers was 40·21 g/l, which is near the upper limit of the usually reported range for human milk (35–40 g/l) (18). It has been recognised that the total lipid content of human milk is influenced by a series of factors such as the gestational age at birth, mothers’ dietary habits and diurnal rhythm (6, 19). In our present study, mothers’ eating habits may be one reason to influence the lipids contents in milk. Along with the development of the China’s national economy, the traditional Chinese diet is shifting towards a diet with high-fat, high-energy density and low-dietary fibre (13) this may predominantly contribute to the high level of the lipid content in the breast milk. It can also be seen from the frequency of food consumption (Table 1), most of the lactating mothers consume meat, fat and oils daily, which are main sources for the lipid in human milk. Consistently, fat accounts for 34·56 % of the total energy intake according to 24-h dietary recall survey.

SFA accounted for 35·92 % of the total FA (Table 2). Among them, medium-chain SFA (MC SFA) represented 10·91 % of total FA, which are in harmony with those in the most affluent countries (20, 21). However, MC SFA in our study are notably lower than those reported in some developing countries (17, 18, 22). Relative to the long-chain SFA, MC SFA are preferentially absorbed and metabolised by neonates (23). The higher portion of MC SFA might be advantageous for the fat and Ca absorption, and they represent a rich source of energy (24). High-carbohydrate, low-fat diets commonly consumed in many developing countries are regarded as enhancing endogenous MC SFA biosynthesis in the mammary gland during lactation (25). In our present.
study, 85% of the investigated mothers do have eaten rice, noodle, pastry etc. (staple food) every day. Thus, further studies are needed to elucidate the reasons for the relatively lower MC SFA compared to the reports in other countries. The present findings also reflect the maternal diet low in medium-chain SFA compared to the reports in other regions of the world. The main source of fat for the rural Chinese women is vegetable oil, mainly soyabean oil, which means that the concentrations of linoleic acid are high in human milk.

The essential FA ALA (18:3n-3) presented a content of 1.03%. It could be inferred that the ALA level found in the milk from rural Northern China lactating women was rather high if range values for the world population (0.10–1.00%) (20,34) are considered. Of note, although the high content of 18:3n-3, the 18:2n-6/18:3n-3 ratio was 17.22, which was higher than the desirable range (5–15) among the reported investigations. There is a worldwide concern about polyunsaturated oil consumption increase and, consequently, linoleic acid content increase, which may harm n-3 LC PUFA biosynthesis through elongation–desaturation mechanism (35). This work suggests that the high levels of linoleic acid found in the milk lipid may interfere in the biosynthesis of this FA group. Meanwhile, it is indicated that the diet of Chinese mothers was less balanced with regard to the levels of n-6 and n-3 PUFA.

LC PUFA showed a content of 0.88% in the milk lipid of the donors. Except for 20:4 (arachidonic acid), small proportions of n-6 LC PUFA (20:2 and 20:3) were also identified. Among the n-3 LC PUFA, the only FA identified was DHA (0.19%). A representative range being generally accepted for DHA was with 0.20–0.30% (20). The DHA concentration in breast milk is associated with mothers’ food intake, especially that of fish (36). Thus, it should be recommended that lactating women in this area should eat more fish.

In conclusion, the milk from rural Northern China lactating women contained high levels of oleic, linoleic and ALA, but low in medium-chain SFA compared to the reports in other countries. The present findings also reflect the maternal diet transition that is proceeding in China.

Acknowledgements

This work was supported by the National Natural Science Foundation of China (nos 30471449, 30271119, 30671759 and 30872115). There are no conflicts of interest.

Z.-X. W. performed the FA measurement, data analyses and drafted the paper. X.-L. W. designed the study and contributed to draft the manuscript. L. X. and Q. G. aided with the FA measurement. Y. Z. was the chief of the study and was responsible for the whole project.

References