Introduction

Necrotizing enterocolitis (NEC) is the commonest gastero-intestinal emergency in neonates. It is mainly associated with prematurity. The incidence of the condition is reported to be 3-10% of very low birth weight (VLBW) infants ***(Luig, 2005)*** and is associated with increased mortality and morbidity including growth and neurodevelopmental impairment ***(Salhab, et al 2004).***

The pathophysiology of NEC is thought to involve immaturity of the immune, circulatory, and digestive systems in addition to hypoxic-ischemic injury, enteral feeding, and pathologic bacterial colonization ***(Claud, 2001).***

Human milk (HM) feeding has been associated with a lower incidence of NEC. A meta-analysis of four randomized clinical trials of donar HM versus formula suggests that 100% HM feeding is protective against NEC ***(Mc Guire, 2003).***

In many hospitals human milk is not used, and because of insufficient maternal milk production , most infants who receive HM also receive varying amounts of formula milk and it is not known whether infants who receive only a fraction of their feedings as HM are at lower risk of NEC. However it was reported that volumes of at least 50ml/kg/day of HM decreased the incidence of NEC ***(Schanler , et al 2005).***