

# Statement on the *Watson vs. Mead Johnson* Verdict



Given the litigation involving products used to feed and support the growth of preterm infants and the direct implication for infants who are at risk of and who have been affected by necrotizing enterocolitis (NEC), the NEC Society [previously released a statement on the lawsuits](#). This statement addresses the *Watson* case.

Necrotizing enterocolitis is a devastating intestinal inflammatory disease that can affect premature or otherwise medically fragile infants during their first weeks and months of life. Upon diagnosis, many babies have only hours or days before their intestines become necrotic, progressing to sepsis, multisystem organ failure, and, ultimately, death. NEC is a complex, multifactorial disease. There is no single cause, no clear etiology, no cure, and no known way to eliminate the risks of NEC for medically fragile infants.

The NEC Society is the leading nonprofit working to accelerate the science and prevent this disease. The NEC Society intimately understands the devastation of NEC and the urgent need for more research and protective care practices. Our organization was founded by a family who lost their child to NEC, and our staff, Board, and Patient-Family Advisory Council are composed of families who have been personally affected by the disease. The NEC Society's Key Opinion Leaders and Scientific Advisory Council are the experts in the field and internationally recognized physician-scientists who have dedicated their careers to neonates at risk of NEC. We are the only organization that brings together patient-families and clinician-scientists to accelerate NEC research, education, and advocacy.

Mother's own milk (MOM) provides the most protection against NEC. If MOM is not available, then pasteurized donor human milk (PDHM) offers the next best protection. The NEC Society collaborates with key nonprofit partners working to ensure all babies in the intensive care unit (ICU) have equitable access to MOM or PDHM. We are working tirelessly to advance equity for babies. We are committed to revealing why, even with the protection of MOM and PDHM, some babies still tragically develop and die from NEC. The NEC Society is compelled to advance the science so we can prevent this devastating disease.

With or without MOM or PDHM, premature and medically fragile infants must receive adequate nutrition to support their complex and exceptional nutritional needs. The ICU is inherently risky for infants, and NEC is one of many devastating health risks. In the ICU, feeding decisions are medical decisions. It is imperative for medical decisions to be made by those who practice medicine in partnership with patient-families. The medical team, in collaboration with patient-families, should decide how babies are fed in the ICU. These medical feeding decisions aim to protect against NEC while providing optimal nutrition for discharge and long-term health outcomes. Neonatal feeding decisions should be made at patients' bedsides, not in courtrooms.

Verdicts like the *Watson* case may prompt ICUs to reconsider their approaches to feeding neonatal patients, but not necessarily in a way that better protects infants from NEC. Moreover, such litigation may result

in unintended harmful consequences for babies and the elimination of potentially beneficial therapy choices. Accordingly, the NEC Society does not use or support litigation to influence medical care decisions.

The NEC Society is working tirelessly to accelerate research and empower patient-families and clinician-scientists with resources and tools to ensure every infant in the ICU receives the most equitable, protective care that not only protects against NEC but also builds a solid foundation for long-term growth and development so every baby can thrive. We are building the pathway toward a world without NEC by keeping babies and families centered in everything we do. We invite you to learn more and join us at **[NECsociety.org](https://NECsociety.org)**.