History of Milk Banking

• The beginning of milk banking can be directly related to the practice of wet nursing.
  • Lactating mothers were nursing non biological related infants when their biological mothers were not available or unwilling to breastfeed their own infant.
  • -Codes of Hammurabi (1800 BC) governed the attributes and activities of wet nurses
  • - in 1700's in Europe, studies showed decrease in mortality and morbidity rates of infants breastfed
It’s all about the Ethics: Intro

• Disclosure: In 2017, MMB funded a bioethical report by Dr. September Williams. Our organization is dedicated to equity and ethics.

• This is a discussion of the issues of California landscape equity and breast milk

• The equitable collection and distribution of Milk

• By the end of the session, attendees will be able to:
  – Discuss the disparities that exist in California for all infants to have access to donor milk
  – Demonstrate ability to identify and explain sharing, for profit entities, personal selling of breastmilk and the Mothers’ Milk Bank. Counsel families on the safety and mitigation of each choice.
  – Discuss safety parameters with milk banking that is universal.
Mothers’ Milk Bank

MOTHER’S OWN BREASTMILK IS THE FIRST CHOICE FOR FEEDING

WHEN MOM’S MILK IS INSUFFICIENT OR NOT AVAILABLE FOR AN INFANT IN NEED THEN PASTEURIZED HUMAN DONOR MILK IS USED

Key Point:
Be on the right side of history!
The U.S is facing these issues

- Communities where breastfeeding is not the norm/women are negated for doing so
- Labor laws that support businesses but not the mothers who are challenged and motivated to breastfeed
- Health care support systems for initial lactation services in place but no organized long term support for breastfeeding

The Reality

- A 2010 report regarding the mortality in the U.S. (6.1 out of 1,000 births which remains the highest mortality rate of the developed countries in Europe, the UK and Australia), found that Black, Native-American and Hispanic-Puerto Rican Babies have the highest mortality rate (45).
Reality in US

• Hispanic and African American babies are 2.2 times more likely to die before the age of one when compared to white women

• A 2010 report regarding the mortality in the U.S. (6.1 out of 1,000 births which remains the highest mortality rate of the developed countries in Europe, the UK and Australia), found that Black, Native-American and Hispanic-Puerto Rican Babies have the highest mortality rate (45).

For those who can’t produce or breastfeed

• “Where do I go to find someone else’s milk to feed my baby?”

Ethical Implication:

• Where is the equity in California to assure that any mother and child, in any situation, in any socio economic status can achieve optimal feeding for her child?
For those having breastfeeding problems

• Advocate for more lactation support/education/ counseling for moms for the long term.

Ethical implication:
• Every mother should have the right to get the support she needs to succeed.
• We need to change the cultural norm so that society, labor and communities allow mothers to succeed

Identified Barriers

• There is a great inequity in the distribution, or I’d say collection of potential donor milk

Key Questions:
• How do we protect our infants?
• How do we assure there is equitable distribution for all children?
• Who makes the decision on access when we are in a transactional world?
Big Picture:  
Milk is not a Commodity but a Gift

- Ethically in the US we don’t pay for human tissue.
- Why do we allow unregulated sales and commercialization of human milk?
- If this were organs, blood, or any other human tissue would this be acceptable?

Choice, Choice, Choice

- Today a mom has the opportunity to donate/sell her milk to a variety of entities in CA
  - For profit agencies
  - Non profit agencies
  - Internet individual selling
  - Internet sharing sites
The mothers’ dilemma . . .

- Do I ask my neighbor?
- Do I ask my physician for help?
- Do I go on the internet and find sharing mothers?
- Do I buy milk from the internet?
- Do I call the non profit milk bank?

Questions she must contend with. . .

- IF I ASK MY NEIGHBOR- is she healthy?
- IF I ASK MY PHYSICIAN-will he/she support me in my decision?
- IF I GO ON-LINE- is a visit to sellar/donor will help me to determine safety? Will she help me for the duration of my infant’s need or my needs? OR, do I have enough funds to pay her to keep the “milk flowing?”
European Milk Banking Association and Human Milk Banking Association Joint Statement

Recommendation

Informal sharing of breastmilk presents health risks to infants receiving the milk and reduces the supply available for milk banks to dispense to very low birth weight and preterm infants. EMBA and HMBANA strongly discourage internet mediated sharing or selling of breastmilk and fully endorse the promotion of breastfeeding and donation of surplus breastmilk to non-profit milk banks.

We advise all parents to be aware of the risks involved in feeding a baby with another mother’s milk and before doing so to consult a qualified healthcare professional such as a pediatrician, neonatologist or hospital infant feeding specialist.
ABM

• Academy of Breastfeeding Medicine’s 2017 Position Statement on Informal Breast Milk Sharing for the Term Healthy Infant

• Sriraman, N et al Breastfeeding Medicine vol 13, #1, 2017

Profound challenges ABM has set up for Mothers/Families

• Asking too much work from the parent
• It will take multiple donors and donations to meet her baby’s need
• Health professionals will not want to put their licenses in jeopardy if something wrong happens
• Milk banks?
• Breastfeeding help?
Drawbacks of informal sharing

- Competes with nonprofit collection depots
- Justice – unequal access for ill and healthy infants
- Regulatory body to watch safety?
- Predatory Practices to Lactating Women.

Drawbacks of informal selling

- No oversight on quality or outcomes
- No regulatory review of woman selling
- Aggressive demands
- Potential abuse of the use of a human tissue
- Ethical practice- are we now paying for human tissue????
BIG News

• This paper circumvents the HMBANA process. It allows mothers to share/sell milk among the older healthy infants without regard to the preterm infants and hospitalized infants that critically need the milk.
• WHERE IS THE EQUITY??????

“Dear ABM”…my letter to you.

• Please, advocate for insurance coverage for donor milk
• Please, advocate for hospitals to become Baby Friendly
• Please, advocate for maternity leave, work environments that support breastfeeding or breast pumping
• Please protect the preterm infants by assuring there is plenty of milk for them
HMBANA Milk Banking is…..

a Civil Rights Movement

• Donor milk is the “Bridge” to successful breastfeeding while supporting babies born hungry

Solution: Call the HMBANA bank

• outpatient services
• Medi-Cal coverages, some other coverages
• All milk is processed according to regulations and standards adopted by FDA, CDC and State Departments of Health
And here is why

What we screen for:
• Medications and Herbs
• Social behavior, disease transmission
• Infant health and progress.
• Viral testing.
• Bacterial testing of milk.
• Storage and handling
• Blood transfusions, Length of stay in Europe

To Your Health

FDA takes more aggressive stance toward homeopathic drugs

The new guidelines are in publication for HMBANA milk banks.
- Medications- a few medications are added to the approved list
- Herbs are still not acceptable including vitamins with herbs
- Zika is not a deferral
- Alcohol use and pumping based on CDC’s elimination times

Hot topics on screening

- main tenet is safety.
- DNA testing
- Drug testing
- Analyzing milk
- HMBANA continues to work with volunteer donors for their milk supply.
Additional Concerns

• Purposeful corruption of milk for profit.

When you’re buying milk from donors there are additional concerns to address.

Ethical problems with for-profits

• Milk becoming a commodity- paying women for their milk
• Product verses service
• Aggressive marketing to women and health care providers- questions of safety and volume
We have a lot of action and demand - 2017

• San Jose milk bank distributed 555,287 oz in 2017. Of that volume, 226,679 oz went to outpatient clients. (40%)

• More hospitals are asking for donor milk in units other than the NICU, correctly using donor milk as a bridge to assist moms to successful breastfeeding

Advocacy

• This year, the 30 “Medicine is in You” milk drives targeted the communities of color.
• The theme is empowerment of women
• The emphasis is to celebrate breastfeeding families and support the community effort to help feed the infants “born hungry” from “MOM to MOM”
Bakersfield

Solano County 2017
Santa Cruz 2017

Watts 2017
Milk warriors
Transparency

• HMBANA developed the guidelines for milk banking in 1990’s
  • Support from CDC, FDA, AAP
  • Annually reviewed and updated every other year
  • Based on the current scientific evidence
  • Developed annual accreditation program based on the guidelines
  • Used universally as a base for international milk banking

Existing & Emerging Public Policy

Action 12. Identify and address obstacles to greater availability of safe banked donor milk for fragile infants.

Growing evidence supports the role of donor human milk in meeting infants with special needs, such as those with congenital heart disease, who are unable to nurse, and those who need nutrition-nurturing milk to achieve their optimal health outcomes. In these situations, use of banked donor milk may provide the infant with the milk that might otherwise not be available. Unfortunately, donor human milk supply is based on logistical challenges related to transportation of donor milk, the lack of donors in remote areas, and the high cost of providing banked human milk. The policy committee identified the need to address the many involved in providing banked donor milk to vulnerable infant populations.

Implementation Strategies

Conduct a systematic review of the current evidence on the safety and efficacy of donor human milk. A systematic review will provide a common understanding of the health outcomes resulting from the use of this milk by synthesizing the results of all of the available published research. Additionally, a systematic review will identify any gaps where the evidence is not conclusive and where more research is needed.

Ensure evidence-based guidelines for the use of banked donor milk.

Necessary components of the guidelines include: discussion of the use of donor human milk for a variety of infants, such as those who are at risk due to chronic lung disease, prematurity, or have particular medical needs. These guidelines should include critical elements, such as ensuring that the milk is free of infection, ensuring that the milk is pasteurized to kill any potential pathogens, and ensuring that the milk is shipped and stored under proper conditions.

Develop a model for federal regulations and support of banked donor milk. A study could provide evidence of the potential cost savings from regulating and banking milk banks. In addition, it would consider policy options to address concrete implementation and regulatory issues. The model could help to create a framework for compensating the donor milk and the forgetting of banked donor milk. It should also create a plan for sustainability, including WIC and health insurance programs that could cover the costs of banked donor milk. Treatment of complex issues associated with banked donor milk might require further research or planning responses to emerging circumstances.
Realities of Advancing Public Policy:
• The stars need to align;
• It’s a marathon not a sprint;
• It requires resources and patience;
• It requires cohesive strategy, planning and communication;
• Public policy is a game of compromise;
• No policy is better than bad policy;
• Timing is everything
Today’s landscape

• HMBANA BANKS overflowing with milk in certain areas
• Diversify distribution geographically
• Advocate/educate for insurance coverage for donor milk
• Marketing has to be universal/consistent/applies to all
• Increase the success of breastfeeding in this country with all cultures

Future

• Tap into the informal sharing sites, internet buying and selling so breastmilk is provided to the most vulnerable first
• Possibly developing a two tiered system with CDC to decrease costs of PDHM
• Develop Federal oversight to evaluate quality of product, reporting mechanism for poor outcomes and establish guidelines for use of human milk in the US.
• Develop a relationship with pharma and non profit milk banks similar to blood banking industry regarding priority distribution and development of new milk based products for various conditions
• Globally unite international non profit milk banks to address infant care in disasters
• Every child has access to breastmilk for the first 6 months of life—WHO mandate
What Makes the Milk Bank a Success

Super moms who are willing to help other infants survive.

Milk warriors
WINNING

BE on the RIGHT SIDE of HISTORY!!

TOGETHER….we can achieve equity and accessibility and successful lactation for all

Sacramento Milk Drivers 2017
Questions

Bibliography


AAP, Breastfeeding and the Use of Human Milk, Peds, Vol129, Number 5, 3/2012

Cohen, RS, Current Issues in Human Milk Banking, NeoReviews, vol 8, No.7, July 2007


• Updegrove K, Human Milk Banking in the US, Newborn and Infant Reviews, vol 5, no 1 March 2005, 27-33
• Wight, NE, Donor Human Milk for Preterm Infants, Journal of Prenatology, 2001, 21-249-254
• HMBANA, Guidelines for the Establishment and Operation of a Donor Human Milk Bank 2011 (soon to have 2013 ed)
• Jones, Frances, Best Practice for Expressing, Storing and Handling Human milk in Hospitals, homes, and Child Care Settings, 2011, 3rd edition
• Simmer, K, Hartmann B, The Knowns and Unknowns of Human Milk Banking, Early Human Development 85 92009) 701-704
• Keim, Sarah A, Microbial Contamination of Human Milk Purchased Via the Internet, Pediatrics, October 21 2013
• Steele, Sarah, et al, Risks of the unregulated market in human breast milk, urgent need for regulation, the BMJ, 2015:350:h485 doi
• And more if requested!