



## **Breastfeeding Committee for Saskatchewan Position Statement Protecting, Promoting and Supporting Breastfeeding Through Donor Human Milk Banking**

Lack of access to donor human milk impacts the protection, promotion, and support of breastfeeding. Because Saskatchewan hospitals do not have ready access to a collective resource of screened donor human milk, infants and young children's access to human milk is limited to their own mother's milk or to unscreened informally shared human milk. Also there is no place for mothers with excess milk supply to donate their milk to others.

Lack of access to donor human milk contributes to health inequity between infants who have access to human milk and infants who do not have access to human milk, between parents who are able to provide human milk to their infants and parents who are not able to provide human milk to their infants. Ethical principles of justice include fair access and autonomy which are addressed through the provision of donor milk banking services (Arnold, 2008). Fair access would attend to the diverse needs for donor human milk identified in Saskatchewan:

- Critically ill premature infants in NICU in need of human milk.
- Women who have given birth to full term infants who need a supplemental amount of human milk to help them establish exclusive breastfeeding in the first few days after birth
- Support for newborn infants born to women diagnosed with HIV who are denied the right to breastfeed.
- Pediatric or Emergency departments needs for critically ill pediatric infants including burn patients
- Support for women who have excess milk or whose infant has died
- Support for infants who meet breastfeeding challenges in maintaining exclusive breastfeeding for the first 6 months.
- Support for gay families

**Given that human milk confers important life-long immunological and health benefits for all infants (Canadian Pediatric Society, 2012; WHO/ UNICEF, 1981, 2009; Breastfeeding Committee for Saskatchewan, 2013), the Breastfeeding Committee for Saskatchewan recommends that the Government of Saskatchewan develop options to provide Banked Donor Human Milk for infants whose mothers are not able to provide their own milk.**

## **Background**

### **What is donor human milk?**

Lactating women may provide donations of human milk to a medically established bank. The donor is screened; her milk is collected, tested, pooled, pasteurized and retested according to international standards developed by the Human Milk Banking Association of North America (HMBANA, n.d.). Risk of disease transmission such as HIV, human T-lymphotrophic virus, syphilis and hepatitis is eliminated by this standardized triple screening process. Pasteurized donor milk is then frozen to be distributed as a feeding option based on established medical criteria for priority cases of critically ill premature infants whose mothers' breastmilk is insufficient or unavailable. It can also be made available to mothers who are having temporary difficulties with establishing or maintaining a sufficient supply of milk.

### **How are donor milk banks organized?**

The use of donor human milk has been supported internationally for more than one hundred years (Jones, 2003). The Convention on the Rights of the Child (1989) is a United Nations legally binding treaty that incorporates respect for all children's needs, including their civil, cultural, economic, political, and social rights. According to the Convention on the Rights of the Child (1989) every child has the right to the highest available standard of health and every mother has the right to information on the benefits of human milk, both her own milk and banked donor milk.

In Brazil a network of more than 200 donor milk banks has developed. This donor milk bank network supports Brazilian women in the establishment and maintenance of exclusive breastfeeding. Donor milk in Brazil is therefore linked directly to the Baby Friendly Initiative and protection, promotion, and support of breastfeeding.

The American Academy of Pediatrics (2012) strongly advocates for the availability of screened human milk having endorsed human milk as optimal, human species-specific nutrition for infants since 1999. With this support, there are now 11 donor human milk banks open in the United States. Banked donor milk is also available in European countries including Germany, Norway, and Sweden and in some Asian countries such as India.

In Canada, there is a history of donor milk banks as part of many of the larger tertiary care hospitals across the country. During the 1980's it became apparent that unscreened donor milk had the risk of transmitting infections such as HIV. At that time the Canadian Pediatric Society (CPS) chose to recommend that the use of unscreened donor human milk in hospital be curtailed. This policy led to the demise of 22 of the 23 milk banks across Canada. Only the donor milk bank at the Vancouver General Hospital revamped their screening procedures to remain open. In 2011, after much careful consideration, the CPS decided to ratify a position statement on the need for donor milk to support

critically ill premature infants in the NICU units (Kim & Unger, 2010).

### **What are the challenges?**

The infant formula industry has been identified as a factor in the continued suppression of donor human milk banking through donations of free infant formula to health care facilities in Saskatchewan,. The lack of donor human milk has provided the infant formula industry with opportunities to research, develop, and market ever more specialized infant formula as the purported evidence based standard of care. Lack of donor human milk also fuels the ongoing research into genetic manipulation of cow milk to develop infant formulas that mimic the properties of human milk.

Readily available free formula in the hospital has negative impacts on exclusive breastfeeding rates and on food security for infants born to vulnerable populations. Formula fed infants depend on high and exclusive intake of formula products which not only vary greatly in composition from each other, but which are continually being found to be deficient in essential nutrients (Crawley and Westland, 2011). Consequences of artificial infant feeding methods on population-health have been systematically ignored.

### **What else is filling in the void?**

Lack of human milk banking has been linked to the suppression of the human right to altruism (Titmus, Oakley & Ashton, 1997). Lack of women's access to safe donor milk to support them through breastfeeding challenges leads to informal, unscreened human milk sharing including "micro-local" social networking via Face book (Geraghty, Heier, & Rasmussen, 2011). Commercial interests in the medical use of donor milk has resulted in the development of a least one USA based company that is providing modified human milk to hospitals at an exorbitant market prices.

### **What can be done to overcome these challenges?**

Medical reliance on specialized infant formula that is provided free of charge to the hospital has created barriers to the use of donor human milk. Pasteurized donor human milk can be reframed as a collective women's contribution to the health of infants and children of their communities and as a community resource to support all women and families in their infant feeding decisions. This could potentially replace the formula industry's donations to hospitals (Weaver & Williams, 1997).

Donor human milk banks have the potential to interrupt the flow of free infant formula to hospitals where it is specifically marketed to disrupt the establishment of exclusive breastfeeding. Donor milk could provide the means for hospitals to abide by the International Code on Marketing of Breastmilk Substitutes. This is particularly important to the most vulnerable women dealing with HIV, addictions, emergencies, and food security issues.

## Summary

There is an opportunity for the Saskatchewan Ministry of Health, along with a coalition of professional health organizations, to take leadership in exploring banked donor human milk as an important ecological and sustainable foundation of the Baby Friendly Initiative in Saskatchewan. There is a critical need for research to support future policy developments (Arnold, 2008). Public policy developed to explicitly address the use of pasteurized donor human milk enables many patients to gain access to this life saving fluid. The Breastfeeding Committee for Saskatchewan has reviewed the evidence and supports the development of a network of donor human milk banks organized according to the Human Milk Banking Association of North America standards to support hospitals across Saskatchewan.

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