The Milk Sharing Conundrum - The Grey Area Between Scope and Need

By: Laurel Wilson, IBCLC, CLE, CLC, CLE

Overview:

All human babies have the right to breastmilk exclusivity. This can be accomplished in a variety of ways - exclusive feeding at the mother’s breast, exclusive mother’s expressed breastmilk delivered to the baby via a feeding device, or pasteurized donor human milk delivered via a feeding device. However, there has been much attention placed on the traditional, though much frowned upon, practice of informal milk sharing. Milk sharing is when women provide breastmilk directly to another family in need, without going through the donor milk bank process. The increasing popularity of milk sharing via social media, the growing attention on the importance of breastmilk exclusivity, the increasing awareness of the failing and potential dangers of artificial milk, and the inability for donor milk banks to provide donor milk for more than those in critical need has led professionals and families to an impasse. While peer to peer milk sharing is gaining popularity among families, finding policy and recommended practices can be difficult. The Academy of Breastfeeding Medicine only references mothers own expressed milk, donor human milk, or hydrolyzed or standard infant formulas for breastmilk feeding in regards to supplemental feeds. The World Health Organization, states in its Global Strategy for Infant and Young Child Feeding, “for those few health situations where infants cannot, or should not, be breastfed, the choice of the best alternative – expressed breast milk from an infant’s own mother, breast milk from a healthy wet-nurse or a human-milk bank, or a breastmilk substitute...depends on individual circumstance.” Most milk share organizations recommend the practice of using The Four Pillars of Safe Milk Sharing. These are informed choice, donor screening, safe handling, and home pasteurization. This presentation will cover in detail the myriad of concerns of professionals, the information all families need to know about milksharing, milk sharing and social media, and lactation professional’s scope of practice issues in regards to this phenomenon.

1) What is Milk Sharing
   Obj: Define wet nursing and donor milk.
       a) Brief History of milk sharing (wet nursing, donor milk, formal milk sharing)

2) Types of Milk Sharing
   Identify 2 ways in which the process of accessing donor human milk is different from share milk.
       a) Donor Milk - non-profit
       b) Donor Milk - for profit
       c) Milk sharing – informal
          i) Cross nursing
       d) Milk sharing – formal
          i) Milks share sites
ii) Wet nursing

3) Cultural/Social Needs for Milk Sharing
   Obj: Identify at least two reasons mothers may need access to shared milk who may not have access to donor milk
   a) Limitations of Donor Human Milk
   b) Realities of need for breastmilk
      i) Adoptive situation
      ii) Babies leaving NICU
      iii) Milk supply issues
      iv) Other

4) The Phenomenon of Social Media and Milk Sharing
   Obj: Identify at least three online resources for families in need of breastmilk for their children.
   a) Facebook and websites
      i) Milkshare
      ii) Eats on Feets
      iii) Human Milk for Human Babies (Emma Kwazinca, Vancouver)
      iv) Kind Mama Milk Share – Vegan Milk Share (Alicia Silverstone)

5) Concerns of Professionals
   Obj: Identify at least two serious issues to contemplate when mothers access share milk.
   a) Disease transmission
   b) Non-nutrition uses
   c) Scams
   d) Milk for profit?
   e) Transportation/storage
      i) Recent Pediatrics Study on bacterial contamination of purchased milk

6) Familial Informed Consent Issues
   a) Obj: List at least three things that are important to screen for prior to accessing share milk.
   b) Screening - questionnaire
   c) Screening – milk and blood

7) The Four Pillars of Milk Sharing (Informed choice, donor screening, safe handling, home pasteurization)
   Obj: Identify the four pillars of Milk Sharing.
   a) Informed Choice
   b) Donor Screening
      i) Familial Informed Consent Issues
         (1) Obj: List at least three things that are important to screen for prior to accessing share milk.
            (a) Screening - questionnaire
            (b) Screening – milk and blood
      c) Safe Handling
      d) Home Pasteurization

8) The Reality of Breastmilk Alternatives
   Obj: Identify at least 2 risks to infant of artificial milk.
a) Risks of formula

9) Scope of Practice and Milk Sharing
   Obj: Define their professional scope of practice in terms of milk sharing.
   a) Formal organization stances
      i) HHC, AAP, LLL, ILCA, etc.
   b) Issues to consider

10) Contemplation for Future Access
    a) How to make milk sharing safer
    b) Formalized share banks

Resources

Milk Sharing/Donor Websites:

Human Milk Banking Association of North America https://www.hmbana.org/
Eats on Feets http://www.eatsonfeets.org/
Milkshare http://milkshare.birthingforlife.com/
Milkin Mamas (Prolacta) http://www.milkinmamas.com
Helpin Hands (Prolacta) http://helpinghandsbank.com/
National Milk Bank (Prolacta) http://www.nationalmilkbank.org/
Human Milk for Human Babies http://hm4hb.net/

References:


10. Finney, Karen et al. Feasibility of Using Flash-Heated Breastmilk as an Infant in Urban Tanzania. UC Davis Researchers, funded by NIH. To request study: karen.finney@ucdmc.ucdavis.edu


24. World Health Organization, UNICEF. Global Strategy for infant and young child

    www.eatsonfeets.org/docs/TheFourPillars.pdf


