Donor milk: Science and sensitivity

George Winter details the history of breast milk banking, and explains why midwives should be aware that donor breast milk may not be the solution for every family

American humourist Oliver Herford once described charity as 'the sterilised milk of human kindness'. Yet for more than a century the milk of human kindness has—quite literally—been used for charitable purposes.

There is a burgeoning evidence base that now acknowledges that 'breast milk is the best nourishment for babies and that it is highly beneficial to their health in the short, medium and long term [...] If, after discussion with experienced staff, a mother is unable to express sufficient milk or does not wish to express milk for a baby unable to feed at the breast, donor breast milk can be used' (National Institute for Health and Care Excellence (NICE), 2010: 5). Donor breast milk is 'milk expressed by a mother that is then processed by a donor milk bank for use by a recipient that is not the mother's own baby. Payment for the donated milk is not given' (NICE, 2010: 5).

The first recorded donor milk bank was founded in Vienna in 1909. Two years later the first American milk bank opened; and it was soon judged that ill children did 'much better if they are fed wholly or in part on human milk' and that 'donor banked milk reduced the incidence of infection' (Jones, 2003: 313).

The European Milk Bank Association (EMBA) now records 226 active milk banks throughout Europe, including 16 in the UK. One of these was established at London's Queen Charlotte's Hospital in 1939, making it the longest continually operating milk bank in the world, and more than 1500 UK donors provide over 6500 litres of milk annually (EMBA, 2018).

George F Winter
Freelance writer; Fellow of the Institute of Biomedical Science

However, there are some important caveats to donor breast milk, which midwives may have to consider. For example, there is a belief in Islam that donation results in a form of kinship, as the Qur'an states that the donor's children 'and the infant receiving the donor milk are regarded as siblings and are therefore not allowed to marry one another' (El-Khuffash and Unger, 2012: 125). To address this issue, the Muslim Council of Britain, the UK Association for Milk Banking (UKAMB) and the British Association of Perinatal Medicine convened in 2015, agreeing on the need for a robust electronic system to ensure traceability of every aliquot of donor milk (UKAMB, 2016).

Similarly Kassierer et al (2014: 404) highlight the importance of providing culturally sensitive information to observant Jewish parents and families of very low birth weight infants, including 'the importance of initiating and maintaining lactation during Shabbat and fasting, as well as a review of the use of donor milk if it is available in the neonatal intensive care unit where the infant is being cared for.'

Power et al (2018) conducted the first study to evaluate practices and opinions in relation to the use of donor breast milk in Ireland, providing a corrective to the prevailing assumption that evidence always informs best practice. Their survey of 44 paediatricians and neonatologists and 20 neonatal units revealed that 75% of neonatal units used donor milk. But compared to 96% of UK neonatal units, only 60% of Irish neonatal units had donor milk policies in place. Importantly, '[d]espite a lack of evidence supporting the use of [donor breast milk] rather than formula in term infants requiring supplementation on the postnatal ward, 14% of our respondents favoured its use in this scenario, compared to 6% of UK units' (Power et al, 2018: 4).

In addition, while acknowledging a series of observational and retrospective studies suggesting that donor milk protects against necrotising enterocolitis, Power et al (2018:4) place these 'in the hierarchy of evidence compared to randomised controlled trials'. They cite a review detailing the evidence for donor breast milk and which practices it supports, concluding: 'There remain many unanswered questions regarding [donor breast milk]; our results have highlighted a gap in awareness of the current literature [...] suggesting that enthusiasm for its use may exceed evidence for its benefits and cost-effectiveness.'

It appears that despite the apparent health benefits of donor breast milk, midwives should not only be aware of religious sensibilities concerning its use but should also question the evidence on which the use of donor milk depends. **BJM**

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