The sharing of breastmilk

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Human breastmilk is the normal, optimal and most desirable food for human infants. It provides highly bio-available nutrition as well as an unrivalled and complex combination of immunological and anti-infective components that promote health, protect against infection and support a baby’s immune system.

The provision of breastmilk via direct breastfeeding or expressed breastmilk from the mother has historically been substituted by breastfeeding by a woman other than the child’s mother and also by the provision of expressed breastmilk from another woman. During the 20th century the activities of wet nurses were largely replaced by the introduction and development of human milk banks throughout most of the world. Currently 165 human milk banks exist throughout Europe and the numbers and activity of these banks are growing. Milk banks supply safe, screened and tested breastmilk mainly to sick and premature babies.

Increasingly, as a result of greater knowledge and acceptance of the advantages of human milk, families are looking at ways to obtain breastmilk for their infants if the mother is unable to provide any or enough of her own milk. A response to this demand for breastmilk has been the rapid development and growth of internet sites which facilitate the sharing of breastmilk. The European Milk Banking Association understand and applaud the growing desire by parents and carers to provide breastmilk instead of artificial (formula) milk for their infants and fully support all efforts to help mothers to breastfeed their own babies, including the Baby Friendly Hospital Initiative and other mechanisms to increase the rate of successful and long term breastfeeding in accordance with World Health Organisation goals. It is known that some mothers are physiologically unable to breastfeed and that there are a few additional contraindications to breastfeeding. However with improved support, all other mothers who wish to breastfeed should achieve their desire.

The EMBA however also understands that breastmilk, when provided to a baby other than the mother’s own can pose some health risks. Without screening donors and their milk, including by blood tests, it is not possible to know what risks sharing breastmilk may incur. For this reason all donor breastmilk in milk banks is tested for bacterial contamination that may arise from the collection and storage of the milk, and mothers are screened extensively for viral and bacterial infections that can be transmitted via breastmilk as well as for substances including medication, alcohol, tobacco and other substances that can be dangerous or undesirable for the babies who receive the milk. Mothers are screened via health checks and questioning and via serological (blood) tests. In addition donor breastmilk from milk banks is usually heat treated using specially designed equipment that ensures additional safety whilst preserving most of the biological benefits of breastmilk.
Milk banks rely on the generosity and kindness of mothers to donate their surplus breastmilk and EMBA encourages all mothers who have breastmilk that they wish to share, to contact their nearest milk bank for information regarding how to safely handle and donate human milk. National contact details are available on the EMBA website (www.europeanmilkbanking.com). Milk banks in Europe do not profit from or commercialise the provision of breastmilk. EMBA believes that the sharing of human milk is a humanitarian and altruistic act and that the provision of breastmilk should always be without commercial aspects. Every initiative which involves any form of payment (other than reimbursement to mothers of their expenses) or business with breastmilk should be considered unethical and proscribed.

Donor breastmilk from milk banks is known to contribute to the survival and well being of premature and sick babies, particularly when born extremely premature and with very low birth weight and it has been shown that where new milk banks are established, that the provision of donor milk can increase the rates of breastfeeding on discharge from hospital of these babies. EMBA believes that milk banks and the availability of donor breastmilk encourage and support breastfeeding.

The worldwide increasing support for and credibility of human milk banking and breastmilk sharing will be undermined in the event of adverse consequences derived from uncontrolled and informal utilisation of breastmilk and as a reaction the increased use of artificial milk could result. That is why EMBA strongly recommends that donor breastmilk should be obtained from human milk banks which follow quality guidelines for donor screening, breastmilk handling and processing.

Statement agreed by the EMBA Board of Directors: December 2011