

Milk banking: an idea that has come of age Non-profit milk banks.

Presenter: Nicole J. Bernshaw, MSc, IBCLC

Utah Breastfeeding Coalition Meeting
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Salt Lake City Main Library, Conference room C

A little bit of history

- the first formal milk bank in Vienna in 1909
 - 1919: Boston, MA: 1st in NA: became a model for milk banks in other American cities: Chicago, New York, Los Angeles
 - Dionne quintuplets born in Québec in the '30s were fed almost 250 liters (8000 ounces) of donor milk
 - 1939: first milk bank in the UK
 - 1943: AAP Committee on Mothers' Milk published standards for milk bank operations (collection, processing, storage, dispensing)
 - UKAMB: United Kingdom Association for Milk Banking
 - Formally established in 1997
 - 17 milk banks as of 2005
 - DEBM: donor expressed breast milk**
 - Northern Ireland: highly effective system where every hospital with a neonatal unit is able to accept donations of milk for banking
 - Brazil: 90 milk banks in 1998, 186 in 2005
 - Milk banks are well established in India and China
 - HMBANA: Human Milk Banking Association of North America
 - Established in 1985
 - 14 milk banks in 1985
 - 5 member milk banks in 2001
 - 11 in 2006 (including one in Canada and one in Mexico)
 - 1980s: discovery of HIV, virus transmitted through milk
 - mandatory HIV testing
 - women reluctant to volunteer to be tested for HIV
 - dramatic drop in donation
- traditionally, milk banks have been not-for-profit/non-profit/charity

HMBANA

Goal when established in 1985: establish standards for all NA milk banks

HMBANA Guidelines

Developed with the assistance of the FDA and AAP

First published in JHL Dec'90

Based on research findings

Annual update reflects new technology

Definition of a Milk Bank for membership in HMBANA: "A Milk Bank is an organization that collects, pasteurizes and dispenses donor human milk according to guidelines established by the Human Milk Banking Association of North America."

Self-regulated: Despite repeated requests to FDA, HMBANA is self-regulated. FDA's reason: perfect safety record. Emergence of for-profit milk bank has them concerned and a number of HMBANA milk banks were recently visited to review the process and evaluate the need for regulation.

Main **sources of revenue:** grants and donations
Distributes milk on a need basis, not on who can pay.

List of priority for recipient selection

1. Prematurity	1. lactation failure
2. Malabsorption	2. adoption
3. Feeding intolerance	3. mother's illness
4. Immunologic deficiencies	4. health risk from own mother's milk
5. Congenital anomalies	5. death of the mother
6. Post-operative nutrition	

Some milk banks have **satellites/depots**

Example: Mothers' Milk Bank in Denver, CO

Milk is collected and stored there until it is shipped to the milk bank for processing

Note:

Human milk is **not** designed to insure the survival of very premature babies that are born nowadays.

Therefore,

Human milk is **not** deficient.

Why use (pooled) banked milk?

Earlier tolerance of enteral feeds => shorter hospital stay

Short term: Reduced risks of infection and necrotizing enterocolitis (NEC)

Long term: reduced risk of insulin resistance and short gut syndrome following NEC

All associated with lower medical costs

Cost benefits hidden because of the protective nature of donor milk

Operation of a milk bank

Screening of potential donors

Medical records, history of communicable diseases, diet

Educational information (about characteristics of high risk groups or activities in transmission of blood-borne pathogens)

Permanent exclusion

Temporary disqualification

Not eligible (examples)

Recipient of blood transfusion, organ transplant, tattooing in the last 12 months

Ever received bovine insulin

Ever had hepatitis or jaundice after age 11

On regular medication (list)

Use tobacco products

May not be eligible (examples)

Has been told she cannot give blood for a medical reason

Has ever tested positive for tuberculosis

Consumes more than 24 ounces caffeinated drink per day

Breastfeeding a child older than 1 year

Serological testing

HIV-1, HIV-2, Hepatitis B and C, HTLV-1 (human T-lymphotropic virus), syphilis (no more than 6 months prior to first donation), CMV, tuberculosis, herpes

Written instructions to donor on:

hand hygiene

handling and labeling of containers

milk storage and transport

Milk processing

Freezing

Thawing/defrosting

Pooling of fresh-raw milk

“Only milk from pools with $<10^4$ CFU/ml of normal skin flora (e. g., coagulase negative *staphylococcus*, *diphtheroids*, *Staphylococcus epidermis*, or *Streptococcus viridans*) will be acceptable to dispense raw.” These bacteria are normal inhabitants of human skin and mucous membranes.

Pooling and aliquoting of frozen milk into containers for pasteurization

Pasteurization: the linchpin for safety

62.5-63°C for 30 minutes

Time consuming, not cost effective on the basis of individual use

Cooling

Testing for bacterial content

“Any bacteriological growth is unacceptable for heat processed milk”

Safety of informal milk sharing (or lack thereof)

- not screened nor tested according to milk banking protocols
- contains a different bacterial and viral flora, and different antibodies
- not nutritionally age-appropriate

- simply “knowing” the donor is not enough
- the donor may have some health condition that she is unwilling to share or of which she is not aware
- donor at risk for liability should anything wrong happen to the baby fed untested milk

References:

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Elsevier, Churchill, Livingstone, 2005.

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www.hmbana.org/

www.paho.org/english/dd/pin/ptoday19_sep05.htm (Brazil)

<http://www.bestfedbabies.org/> (Mothers’ Milk Bank, Denver, CO)