

MOTHER'S MILK

Breastmilk is always precious, but even more so when a mum is unable to provide her own. **SIMONE CASEY** uncovers the possibilities of using donated milk



Infant formulas were invented in the late 1800s to feed 'foundlings' – orphaned babies who would have otherwise starved. But more commonly, if a mother was sick, couldn't breastfeed or had left the mortal coil, her baby was passed on to another mum to feed. In times gone by, this cross-feeding and wet-nursing was literally a lifesaver. Today, mothers are still sharing their milk, but usually by expressing it with a breast pump and storing the liquid gold in bottles to refrigerate or freeze. Hundreds of breastmilk banks have sprung up worldwide, and informal milk-sharing networks on the internet are becoming increasingly popular ways of matching up donors and recipients. So what are you to do if you can't breastfeed, don't have enough milk or have too much and want to donate it? Where can you go and what do you need to do? Here's the lowdown.

prevalent in premature babies fed formula compared to donor breastmilk, she explains. "The other reason is supply, as babies over 34 weeks start to consume bigger volumes and most milk banks can't keep up with that."

In the hospital nursery setting, Kerri often consults mums who are very grateful to receive donor milk for their tiny bubs. "Many feel disappointed they can't provide everything their baby needs, but there's also relief that donor milk has taken the pressure off them and enables them to focus on expressing."



ONLINE MILK-SHARING COMMUNITIES

Many mums have set up informal milk-sharing networks online, including actress Alicia Silverstone via her blog (www.thekindlife.com). She started Kind Mama Milk Share in June when a friend struggled to breastfeed after breast-reduction surgery. "There's no reason why [women] shouldn't be able to give their babies the most amazing start in life with clean, mean, glorious breastmilk," the mum-of-one wrote. "I say we help support those mamas and babies who need a hand during one of the most important times in their lives."

By far the largest milk-sharing network online is Human Milk 4 Human Babies (www.hm4hb.net), which has over 15,000 fans on its global Facebook page and over 6000 Australian 'likes'. Women advertise whether they need or wish to donate breastmilk on the network's area-based Facebook pages and set up their own private arrangements.

There are lots of reasons families seek out donor milk, including supply issues, other breastfeeding hurdles, adoption or surrogacy, maternal illness or, sadly, death. "We don't question the reason why families seek

breastmilk and we don't prioritise requests or offers," says mum-of-three April Bevin, one of the network's volunteer administrators, who has donated over 10L of her own milk.

The biggest criticism of online milk sharing is the risk of disease being passed on to the bubs, as breastmilk is a living bodily fluid. "It's up to the participants to get to know each other, ask questions and continue engaging with one another until a relationship of trust is established," says April, who adds



HOSPITAL AND COMMUNITY MILK BANKS

There are hundreds of breastmilk banks globally (Brazil alone has 212!), but in Australia there are only five formal milk banks: The Perron Rotary Express Milk Bank at the King Edward Memorial Hospital in Perth, the Royal Brisbane and Women's Hospital Milk Bank, the Royal Prince Alfred Hospital Women and Babies in Sydney, Mothers' Milk Bank in northern NSW, and Melbourne's Mercy Health Breastmilk Bank.

All of these breastmilk banks screen their donors in a similar way to blood banks, with a health and lifestyle questionnaire and blood tests for diseases including HIV and hepatitis B and C. "We all ask pretty similar questions," says Kerri McEgan, lactation consultant and unit manager of the Mercy Health Breastmilk Bank, which has provided donated breastmilk to over 100 babies since it opened in 2011. At the Mercy, donors need to have given birth at that hospital and newborn recipients only qualify to receive donated milk if they are born under 32 weeks and weigh less than 1.5kg. "That's pretty standard milk bank criteria for two reasons," says Kerri. "One is medical, as that's the peak time for necrotising enterocolitis." This is a serious bowel condition more

"There's no reason we shouldn't give babies the most amazing start"



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some recipients request blood tests from their donors, ask questions about hygiene practices around the expressing and storage of milk, or even flash-pasteurise the donor milk at home. “Generally if a healthy woman is breastfeeding her own child who is healthy and well, a lot of people see that as a good start,” adds April. “Expressing, storing and donating breastmilk takes time and energy, and is not always easy. When milk is shared in a commerce-free environment, the most common incentive we encounter is love and a belief that all children deserve breastmilk.”



WET-NURSING AND CROSS-NURSING

There are many examples of wet-nursing in history, including in ancient Egypt and Greece. During the Renaissance period, wet-nursing was a well-paid profession for poor women – many aristocratic mothers chose not to breastfeed because it was thought to ruin their figures and interfered with social activities such as going to the theatre. By the 19th century, wet-nursing slowly phased out with the invention of the feeding bottle and the use of animal milks. Cross-nursing, however, is still practised today, usually as an informal arrangement between sisters, cousins or friends. If a mum is going to be away from her baby for any length of time, she leaves bub with a close breastfeeding contact who will step in with a breast if needed.

Many mums are happy to help a friend or relative when supply is an issue. One such mum is Bronwyn Hinz – she breastfed her two-week-old niece who was recovering from a tongue-tie operation. Her sister had insufficient breast tissue and little milk. “The breastfeed was to assess my niece’s sucking strength as well as provide nutrition,” says Bronwyn, who then expressed milk for her sister to feed using a supplementary nursing system (a tube delivering the donor’s milk that is attached to the mum’s breast). “I was more than willing to help my sweet niece and sister in any way I could.”

The World Health Organization and UNICEF state, “where it is not possible for the biological mother to breastfeed, the first alternative, if available, should be the use of human breastmilk from other sources. Human milk banks should be made available in appropriate situations.” As accessing breast milk banks is quite restricted in Australia, the most common substitute for a mother’s own breastmilk is commercially made infant formula, which is a perfectly acceptable and safe alternative, especially in a country that has access to clean water and electricity to hygienically prepare it. Still, it’s great to know milk sharing is out there, says April. “There are cases that really do touch my heart – there are recipient mothers who struggled with low milk supply, used donor milk with an at-breast supplementer and eventually built their supply to the point they then became donors.” Share and share alike. ★



A PRECIOUS GIFT

Michelle Chiko’s pregnancy was progressing nicely until the middle of her 29th week, when she became ill with a bladder infection. A few days later, she haemorrhaged and her waters broke prematurely. After a week in Melbourne’s Mercy Hospital for Women, her daughter, Chiara, arrived after a three-hour labour, weighing a tiny 1.4kg. “Because she was born so early my body wasn’t ready to produce milk,” says Michelle (pictured above), who’d always planned to breastfeed.

Unbeknown to Michelle, the Mercy operated a breastmilk bank. Because of the low birth weight and prematurity of baby Chiara, she qualified to receive donor milk. “It was a big relief for us to get donor milk and avoid the risks of formula in those crucial first few weeks,” Michelle says. “It’s been amazing to be the recipient of such generosity from complete strangers. I know it will have a positive long-term impact on Chiara’s health.”

With support from the Mercy staff, Michelle was eventually able to supply her own expressed breastmilk for Chiara and after 10 weeks in hospital, her baby girl came home. Then came the challenge of moving from expressed milk in bottles to direct breastfeeding. “I knew it would be challenging and at times I was on the verge of giving up,” says Michelle. “However, with the support of family, friends and a private lactation consultant, we were breastfeeding six months later. Chiara is now one and doing very well.”



The National Health and Medical Research Council recommends babies be exclusively breastfed until around six months of age and that breastfeeding is continued until 12 months of age and beyond, for as long as mum and child desire. While breastfeeding is the ideal way to nourish your baby, we recognise not all mums are able to do so. If you have any concerns about your breastfed or bottle-fed baby, make an appointment with your child health nurse or GP.