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Academy of Breastfeeding Medicine's 2017 Position Statement on Informal Breast Milk Sharing for the Term Healthy Infant

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Overview

ALTHOUGH INFORMAL BREAST MILK SHARING can benefit infants and families, it also carries potential risks. Informal breast milk sharing can either be community based or internet based. Understanding that individual circumstances may vary widely, the responsibilities of donor milk exchange remain with the donor and the parent(s) of the recipient infant who must consider both the known benefits of breast milk and the possible health and safety risks from exposure to medications or infectious diseases. Two important strategies: (1) medical screening of the donor and (2) safe milk handling practices can maximize the safety of community-based breast milk sharing. Internet-based breast milk sharing is not recommended under any circumstances. Physicians and other healthcare providers can help mothers and families evaluate the risks and benefits of informal milk sharing while making informed infant nutrition decisions.

Goals

The U.S. Food and Drug Administration, the Human Milk Banking Association of North America, and the European Milk Bank Association have all discouraged informal milk sharing or recommended that a healthcare professional be consulted before doing so. In this Position Statement, the Academy of Breastfeeding Medicine (ABM), a worldwide organization of breastfeeding medicine specialists, provides detailed guidance for healthcare providers so they can educate their patients about informal milk sharing.

Background

Exclusive breastfeeding and exclusive breast milk feeds play an important role in child survival, optimal health, and development. The American Academy of Pediatrics and other worldwide medical organizations recommend exclusive breastfeeding for 6 months followed by continued breastfeeding as complementary foods are introduced, with continuation of breastfeeding for 1 year or longer as mutually desired by mother and infant.[1] The American Academy of Family Physicians, the World Health Organization, the Surgeon General, and UNICEF all recommend that breastfeeding continue for at least 2 years.[2–5]

Although milk banks increasingly support hospitalized, high-risk infants, informal breast milk sharing is becoming increasingly common as 21st century families' desire to feed their infants with human milk increases.[6]

Evidence and Recommendations

Donors are lactating women who have surplus milk after feeding their own infant, have milk they cannot provide to their infant due to infant illness (such as galactosemia), or who have experienced perinatal loss.

Wet-nursing (also known as cross-nursing), which is directly breastfeeding a nonbiological child, is another mode of informal milk sharing that continues to be practiced in many cultures. Whether it occurs within families, or between friends, wet nurses are directly breastfeeding other women's infants to provide them with breast milk. Wet-nursing women are functionally milk sharing donors and mothers should strongly consider screening wet nurses in the same manner.

Providers should help mothers and families make informed choices about the risks and benefits of informal breast milk sharing. Physicians and other healthcare providers can advise recipients on medical screening of donors for illnesses and medications that are contraindicated. As donors need screening, we discourage the use of any milk from an anonymous donor.

Donors should have no medical illness where breastfeeding is contraindicated, nor should they be on any medication or herbal preparation that is incompatible with breastfeeding.

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Table 1. Guidelines for Medical Screening of Potential Milk Donors

1. Mother-to-mother screening process through face-to-face and/or telephone interview/conversation. Donor mothers should be:
   - In good health
   - Only on medications or herbal preparations that are compatible with breastfeeding. It is recommended that LactMed[11] and ''Medications and Mother's Milk'' by Dr. Thomas Hale[12] be used for decisions on whether medications are compatible with breastfeeding.
2. Review the donor mother's prenatal and (if performed) regular postnatal infectious screening tests. The donor mother should be negative for:
   - HIV
   - Hepatitis B virus
   - HTLV-1 (in high prevalence areas)
3. Social practices. A woman is not a suitable breast milk donor if she
   - uses illegal drugs or marijuana,
   - smokes or uses tobacco products, including nicotine gum, patch, e-cigarettes,
   - consumes >1.5 ounces (44 mL) of hard liquor/spirits, 12 ounces (355 mL) of beer, 5 ounces (148 mL) of wine, or 10 ounces (296 mL) of wine coolers (beverage of wine and fruit juice with lower alcohol content than wine) daily, and
   - is at risk for HIV or had a sexual partner within past 12 months who is at risk for HIV.

This will usually require a review of the donor's medical history, including, where possible, a review of her prenatal infectious screening tests and a review of her social practices (Table 1).

In addition, healthcare providers can advise those mothers who want to further reduce the risk of infections by performing home pasteurization of donated milk before giving it to her infant (Table 2). However, the mother needs to be informed that pasteurization can significantly decrease some of the beneficial components of human milk.[7]

Informal breast milk sharing has grown increasingly more common. Whether community based or internet based, informal milk sharing can be problematic.

Community based: With regard to community sharing, there are multiple websites that describe their mission to provide an avenue for community milk sharing without taking money.

Internet based: Studies have shown that milk *sold* through the internet is often more problematic than milk sharing on the internet. The breast milk can be adulterated with other substances or arrive fully thawed out, spoiled, and contaminated with various bacteria. Since the breast milk that is being sold on the internet is being sold for profit, the donors may not be fully transparent regarding their health histories, medications, and social practices, thereby increasing the risk to the recipient infant.[8,9]

Regardless of the source, if families do use donor milk, then providers should instruct both donors and recipients on safe milk handling and storage practices. Guidelines can be found in ABM Clinical Protocol No. 8: Human Milk Storage Information for Home Use for Full-Term Infants.[10]

For all informal milk sharing, the responsibilities of donor milk exchange remain with the donor and recipient. Informed choice, donor screening, safe handling, and home pasteurization, if desired, are key.

Conclusions

Educated healthcare providers are well positioned to help mothers and families make informed choices about infant nutrition. ABM recognizes that informal milk sharing is an increasingly common practice with potential health benefits for the term healthy infant, but encourages adherence to these guidelines to reduce risk and make milk sharing as safe as possible. By following these recommendations on (1) medical screening of the donor and (2) safe milk handling practices, ABM provides practical guidance to providers regarding informal breast milk sharing to help patients and families make informed choices.

Internet-based breast milk sharing, and especially the purchase of milk over the internet, is strongly discouraged since (1) the donors are unknown to the recipient and/or cannot be medically screened and (2) the milk is often not suitable for consumption upon arrival.

Table 2. Guidelines for Home Pasteurization of Donated Breast Milk Using the Flash Heating Method

Donated milk can be heat processed (pasteurized) to remove potentially harmful bacteria and viruses.[13]

1. Put the milk you want to sterilize in a heat-resistant glass (not plastic) jar. The amount of milk should be between 50 and 150 mL. If you have more milk, you may divide it into two jars.
2. Place the jar of milk in a small pan of water. Make sure the water is about two fingers above the level of milk so that all the milk will be heated well.
3. Heat the water on a very hot fire or on the highest level of your stove until it reaches a rolling boil (when the water has large bubbles). Stay close by because this should only take a few minutes. Leaving the water to boil too long will damage some of the nutrients in the milk.
4. Immediately after the water comes to a boil, remove the jar of milk from the boiling water. Place the jar in a container of cool water, or let it stand alone to cool until it reaches room temperature.
5. Protect the milk as it cools and during storage by placing a clean lid or small plate on it.
6. You can safely feed your baby this heated milk at room temperature within 6 hours or refrigerate or refreeze the milk.

Disclosure Statement

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