Donor Human Milk: Ensuring Safety and Ethical Allocation

The Human Milk Banking Association of North America (HMBANA) promotes collection and distribution of donor human milk in a safe, ethical and cost effective manner. Every infant has a right to be exclusively fed his or her own mother’s milk, and every mother has the right to decide without pressure whether or not she wishes to donate any excess milk beyond her baby’s need to a donor milk bank. Mother’s own milk should not be pasteurized or otherwise processed, except in the rare instance where there is a medical need, such as a mother who is HIV or HTLV positive. The practice of casual sharing of milk or procuring milk from any source other than an established donor human milk bank operating under HMBANA Guidelines, or similar guidelines established in other countries, has potential risks for both the recipient and the donor or her child. HMBANA does not endorse the practice of selling or purchasing human milk, human milk components or human milk by-products.

Non-profit donor human milk banking has a long safety record in North America where processed human milk from screened donors has been provided to patients in selected neonatal intensive care units since 1943. To ensure a safe product, HMBANA Guidelines, under which all member banks must operate, establish best practice based on current evidence. Just as with other donor tissue banking, the milk banks rely on extensive testing and processing procedures as well as self-reported health information. HMBANA also requires a health statement from both the donor’s healthcare provider and her infant’s healthcare provider. HMBANA Guidelines, which were first published in 1990, are used globally as a standard for donor milk banking.

Women donate milk to non-profit banks for altruistic reasons rather than for personal gain. The tissue processing fees charged by HMBANA member milk banks helps defray the cost of donor screening, as well as milk processing, record keeping, donor recruitment, and dispensing of pasteurized milk. Milk is dispensed based on healthcare provider order and medical need, not ability to pay. HMBANA as an organization subscribes to the International Code of Marketing of Breast-milk Substitutes subsequent resolutions and promotes, protects and supports breastfeeding. It does not condone, and in fact, questions the practice of buying and selling human milk as a commodity. Introducing the profit motive could put the infant of the lactating mother at risk if she feels pressure to provide a certain volume of milk to a bank or a recipient rather than feeding her own infant. A medical institution, which is given incentives to provide a specific volume of milk, may pressure mothers of patients to become donors regardless of their own infants’ needs. The recipient is also potentially at risk if this perceived pressure motivates a donor to adulterate her milk to increase volume.

HMBANA’s member milk banks are a vital part of their healthcare community, providing resources and services. Typically the non-profit donor milk banks are associated with a healthcare system in some way and provide support for breastfeeding regardless of the mother’s status as a donor.

As research heightens awareness of the importance of human milk for the preterm or sick infant as well the therapeutic value of human milk for certain conditions in older children and adults, the demand for human milk has increased. HMBANA’s Guidelines include a tool for prioritizing distribution of milk in potential times of shortage and the organization works to facilitate cooperation among member banks to assure that all potential recipients are appropriately served.
HMBANA endorses non-profit donor milk banking. Non-profit donor milk banks, just as non-profit blood and tissue banks, help ensure that a valuable healthcare resource is allocated in an ethical and safe manner, keeping the safety and needs of the recipient and donor paramount.