

## Celebrating our 20th Year and Global Growth in Donor Human Milk Banking

HMBANA celebrated its 20th anniversary October 17-18, 2005, with the first North American International Congress on donor human milk banking, *Human Milk Banking: A Global Perspective on Best Practice*, in Arlington, Virginia, near Washington, DC. The Congress was a wonderful success with representation from twelve countries, including Australia, Brazil, Canada, Norway, South Africa, Spain, Sweden, Switzerland, Taiwan, United Kingdom and United States. The meeting provided clear evidence that donor milk banking is growing around the world. In recognition of that fact, HMBANA launched a new organization – the International Human Milk Banking Association (IHMBNA) with representation from many of the countries present at the Congress. Over the next few months plans will be undertaken to further develop this new organization with the major goal being the sharing of support and information on human milk banking among non-profit banks.



**Networking at the HMBANA conference – Chen Chao-Huei, Taiwan; Anna Coustoudis, South Africa; Frances Jones, Canada; Concha De Alba Romero, Spain; Anne Grovslien, Norway**

## Donor Milk Banking for a Special Group of Children in South Africa

By Frances Jones, RN, MSN, IBCLC

Anna Coutoudis, PhD, gave a moving presentation about the founding of the first donor human milk bank in South Africa and her work with HIV-positive children there. She began with some statistics describing the impact of the AIDS pandemic in Africa. The highest mortality rate occurs in the 35-39 year old age group resulting in a growing number of young orphans with an estimate of 2,000,000 orphans by 2010. In Durban, Dr. Coutoudis is involved with a home for AIDS orphans “where the vision is to provide a warm, loving environment for babies orphaned or abandoned as a result of the AIDS pandemic and to facilitate them reaching a meaningful destiny. The home is called the iThembaLethu Home which is a Zulu translation of “I have a destiny.”

When the first child, Musa, a little boy arrived at the orphanage with chronic diarrhea and malnutrition, Dr. Coutoudis decided he would benefit from human milk.

She approached a breastfeeding friend who agreed to supply milk for this child. Musa improved dramatically and was adopted. With this success a dream was born resulting in the establishment of a milk bank also called iThembaLethu. Dr. Coutoudis felt many of the children who came to the home would benefit from donated human milk and her results show dramatic improvement in many children within a few days of starting on donor milk.

Although, the iThembaLethu Milk Bank is unique since it is specifically set up for HIV/AIDS orphans and abandoned infants, many of the challenges described in setting up the bank are common throughout the world. These included prejudices in the community and academia that formula is good enough, offers of a free supply of formula, and the challenge of encouraging women to donate. Many of the donors are women who are removed from the HIV/AIDS community.

The donors are matched with the recipients (i.e. children of a similar age to their own) and may visit the recipients, providing love and attention as well as donated milk. All donors are screened and all donor milk is pasteurized.

Dr. Coutoudis presented case histories of both donors and recipients. One donor of note provided 1,143 liters of milk over a 4 month period while she fed her own infant who has Down Syndrome. As the old saying goes “a picture is worth a thousand words” and Dr. Coutoudis’ case presentations and pictures left no doubt that human milk is *good food and good medicine*. In the face of such staggering odds as are presented by the AIDS pandemic, Anna Coutoudis presents hope for one child at a time through donated human milk. This inspirational fact was not lost on her audience who

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# The Role of Donor Milk Banking in Breastfeeding Promotion: Brazil's Experience

By Donna Moré, RN, BSN, CCRN, IBCLC

The conference started in grand style with a presentation by Elsa Giugliani, MD, PhD, IBCLC and João Aprigio Almeida, PhD. Dr. Giugliani is a pediatrician and professor of pediatrics, Federal University of Rio Grande do Sul, in Porto Alegre and Dr. Almeida is director of the national human milk bank system and a professor at Fiocruz University in Rio de Janeiro. Conference attendees were impressed with what Brazil has been able to accomplish relating to donor human milk banking and breastfeeding promotion with a population of 179 million.

The history of the donor human milk banking system in Brazil began in 1943 when the first milk bank was opened. The focus of this bank was collecting and distributing human milk for special cases: preterm infants, infants with nutritional disorders and infants with allergies. Between 1943 and 1985, 12 human milk banks were opened. In 1985 a new focus was added to this system, that of promotion of breastfeeding. By 1998, 104 milk banks were operating in the country of Brazil. The 60<sup>th</sup> anniversary celebration of donor milk banking in 2003 included the establishment of The National Day of Human Milk Donation, designated as October 1 of each year.

The Federative Republic of Brazil is the largest and most populous country in Latin America and the fifth largest in the world. Each of the 26 states has at least one donor human milk bank giving the country a total of 186 with the greatest number in São Paulo. Milk banking is organized from the national to the local level. Federal regulations require that all milk bank employees, including directors, be trained and certified. The National Reference Center located in Rio de Janeiro, coordinates the reference centers in all of the states.

Some of the results of this national commitment to donor human milk banking and breastfeeding promotion are:

- **Newsletter:** Milk Drops
- **Project Fireman:** Firefighters, who are also trained as medics, pick up donor milk at the donors' homes and also educate about and assist with breastfeeding. Recently the first national meeting of Breastfeeding Friendly Firefighters was held.
- **Expansion of Maternity Leave:** now 4 months.
- **Project Postman:** Letter carriers across the country are trained to provide breastfeeding information and advice since they have access to homes on a daily basis.
- **Project Mother Lioness:** Bringing breastfeeding education to schools and relating it to other mammalian feeding.
- **National Day of Human Milk Donation:** Actresses and other famous people donate their time to be photographed breastfeeding their babies for promotion of this day and breastfeeding in general.

Dr. Giugliani, who speaks English, made the presentation and interpreted for Dr. Apregio. She was very encouraging and motivating. She ended her presentation with the statement that, "Only with this kind of work is it possible to face the power of industry, which does not spare any efforts to make people believe that formula is the best choice."

# From the Chair

By Frances Jones, RN, MSN, IBCLC

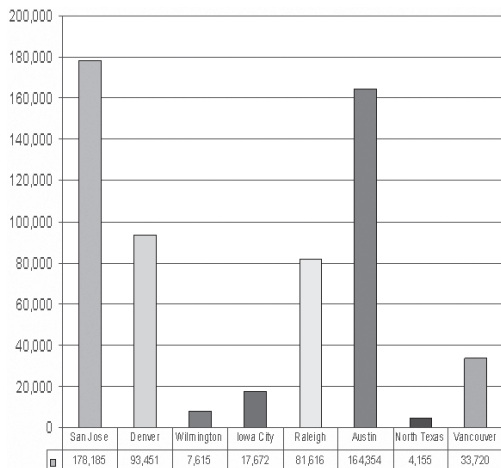
Celebrating our 20<sup>th</sup> anniversary this year gives us a chance to look back over the last 20 years and realize how far milk banking has come. In 1985, the founding meeting of HMBANA took place in Washington, DC in conjunction with the La Leche League Physician Seminar, the founding meeting of the International Lactation Consultant Association (ILCA) and the first International Board of Lactation Consultant Examiners exam. Twenty years later we found ourselves back in the Washington, DC area with ten member banks. HMBANA and its member banks are flourishing as the demand for donor milk from non-profit banks continues to increase across North America. In 20 years the number of banks has decreased but the amount of pasteurized donor milk dispensed has more than doubled, with 580,768 ounces dispensed in 2004. In the first six months of 2005,

351,963 ounces have already been dispensed. We have created a regional approach to supplying donor human milk in the US and Canada whereby any hospital or patient can receive donor milk. Two milk banks (Delaware and North Carolina) are now licensed to provide donor milk in New York.

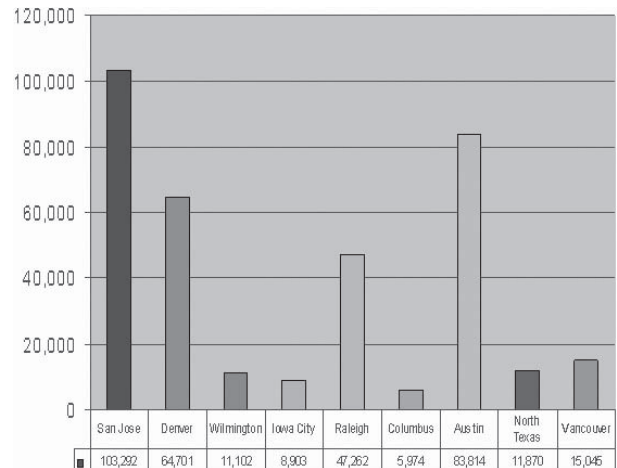
HMBANA continues in our mission to promote, protect and support donor milk banking and through donor milk banking, breastfeeding in North America. Three new milk banks have opened in the last year and there are a number of cities that have expressed strong interest in developing banks as HMBANA members. Providing support to these groups is part of our mission and we are developing a new publication on starting a non-profit donor milk bank to be out in early in the 2006. In addition, HMBANA is networking

with milk banking organizations in other countries to encourage donor milk banking internationally. In 2005, HMBANA was represented at the second International Congress of Human Milk Banks in Brazil

Many changes have taken place in the organization including a new logo, a regular biannual newsletter, updated *Guidelines for the Establishment and Operation of a Donor Human Milk Bank* and publication of *Best Practice for Expressing, Storing and Handling Human Milk in Hospitals, Homes and Child Care Settings*, publication of two position statements and development of our website ([www.hmbana.org](http://www.hmbana.org)). The HMBANA board meeting held both before and after the Congress involved organizational planning that will result in further development. The future looks bright for HMBANA and its member banks!



**Total ounces processed and dispensed for 2004:  
580,768 oz.**



**Total ounces dispensed for first six months of 2005.**

## Donor Milk and Hurricanes

HMBANA showed its depth of concern for the survivors of Hurricanes Katrina and Rita. North Carolina, Fort Worth and Austin's Milk Banks responded immediately to the Hurricane Katrina efforts by providing donor human milk to hospitals taking patients from New Orleans and surrounding areas. Austin supported a hospital in Shreveport and an infant in Houma, south of New Orleans. Denver's Milk Bank spearheaded a network system through the National Red Cross for need of human milk. All the other milk banks geared up processing in the event of a call for milk. Public messages for help were answered by mothers willing to donate their milk for the hurricane affected NICU's.

# A Donor Mom's Story from Mothers' Milk Bank of Ohio

*The emotion and impact that the donation of breast milk has on a bereaved mother's life is difficult to imagine much less comprehend. A bereaved mother and donor to the Mothers' Milk Bank of Ohio described her experience:*

On December 8, 2004, my son, Aiden, was 5 days overdue when the doctor decided to induce labor. After an uncomplicated pregnancy, my husband and I anxiously awaited the arrival of our firstborn. As Aiden grew inside of me, we marveled at his energy and affectionately referred to him as "our wild child." I knew he was going to be just like his Dad.

After an unremarkable course of labor, Aiden had not fully turned in the birth canal and was not advancing well. What my husband and I thought was to be a routine c-section ended with tragic results as Aiden was pulled from within me, unexplainably limp and without a pulse.

The hospital staff people were able to resuscitate Aiden, however, we were informed several hours after his birth that he had suffered severe brain injury and that his prognosis was very poor. By the next morning, there was evidence that Aiden had incurred damage to all his major organs because of the lack of oxygen at birth. His body systems began shutting down, and early the following morning, 35 hours after his birth, Aiden died as my husband and I held him in our arms.

At some point during that ordeal, my sister and aunt suggested that I might consider donating my breast milk. I recalled reading about plans for the opening of Mothers' Milk Bank of Ohio in Columbus earlier last year. It is a service of Grant Medical Center that collects, pasteurizes, and distributes breast milk to ill and/or premature babies, greatly increasing those babies' chances for survival and good health. Before I left the hospital after Aiden's birth, I had decided that donating our milk was definitely something I wanted to do. I say "our milk" because it would not have been produced had it not been for Aiden.

Early on, many people expressed disbelief about my decision to donate our milk, concerned that pumping would be incredibly emotionally painful for me. They wondered aloud about whether they would be able to do the same thing if they found themselves in my shoes, as if I were somehow making a huge sacrifice.

Going into it from my perspective, though, while I was acutely aware of Aiden's absence each time I pumped, I yearned for him every other minute of the day, too. All daily activities seemed to lead to thoughts of him, so I didn't find pumping significantly more painful than other tasks I did throughout the day.



Pumping our breast milk for donation actually ended up being very emotionally healing for me. It allowed Aiden to give something to the world, and it gave his brief life more meaning and purpose. It was a way to validate his life so that others would know and understand that our Aiden was a person who had something to offer, not just an infant who died before he had the chance to live. Aiden did live! He was full of life inside of me for 9 precious months, and he will always be very much alive in my heart. Participating in the breast milk donation program helped to acknowledge the importance of Aiden's life, and it helped to assuage my worst fear as a grieving Mom – that Aiden will be forgotten by others.

Donating our milk helped me to prove that Aiden was not an accident, that it wasn't a mistake that he was conceived and born. My donating the milk that was intended for Aiden allowed him to live on and help so many other babies who were fortunate enough to survive, but were in need of our help. Without my son, it would not have been possible to offer that help.

The hardest part emotionally of the whole experience of donating my breast milk turned out to be stopping pumping. As the weeks went by, I had come to see that pumping was the only remaining physical connection I had to Aiden. It was the only tangible part of him that I had left. Pumping our breast milk for donation was the last direct link to my pregnancy experience, and in fact, I saw it somehow as an extension of my son. As long as I was still pumping, then Aiden was in some way still living on.

As I weaned myself from pumping, I felt like I was losing Aiden all over again. It seemed that I was moving farther away from him when all I wanted was to be close to him. Stopping pumping was a gut-wrenching experience, because it seemed to make Aiden's death that much more real and final.

In spite of that painful time, however, I do feel very fortunate to have been able to participate in the Mothers' Milk Bank program, and I hope that word continues to spread about this wonderful resource. Although I wish that my son would have had the opportunity to thrive on the milk that was meant for him, I am so glad that we had the chance to share Aiden's gift of health, and perhaps life, with so many babies in need. I take comfort in the fact that Aiden's life served to help so many ailing babies, and I hope that other moms in my position have the chance to experience some healing by donating their milk as well.

*We are humbled by the courage and generosity with which mothers who have suffered seemingly irreparable loss come forward. They give of themselves so that the child of another mother may live a full and vibrant life.*

# Aaron, a special recipient

By Margie Mould, RN, IBCLC

On Oct. 21 2004, Aaron was born with some very special needs. He was immediately put up for adoption by his birth parents due to his fragile medical condition. He was born at 35 weeks, weighing 4lbs, he spent 4 1/2 months in a NICU, receiving care for prematurity, a cleft palate, heart murmur, 49XXXXY Syndrome and hypoplastic/dysplastic right kidney and multicystic left kidney. He needed dialysis, and was projected to need a kidney transplant at the age of 2. He also had severe reflux, and overall low muscle tone.

While in foster care, Aaron was visited regularly by nurses. He was readmitted to the hospital several times due to excessive vomiting, and RSV infections. The foster family and his providers spent hours trying to get Aaron's little body to accept nutrition. He could not take anything by mouth so his care providers would slowly administer a specialized formula at a very slow rate (6mls over a 12 hours period) through his g-tube, only for his body to reject most of it.

In June, at 7½ months, Aaron was placed with an adoptive family. He only weighed 7 lbs. 10 oz. His adoptive mother relactated and had a small amount of breast milk stored and ready for this little guy once he was placed with them. He immediately began being fed her milk. After he was home for a month, his mother contacted

the Mothers' Milk Bank at WakeMed for donor milk to supplement her own production. Within this month, Aaron stopped vomiting, started gaining weight, and even started taking some feedings by mouth with special bottle designed for babies with cleft palates and by breast using a nipple shield and a nursing supplementer with the tube threaded through the shield. However, due to his low muscle tone and cleft palate, he still receives 98% of his nutrition via his g-tube. He has progressed from taking 6 mls a day and vomiting most of it, to taking 21 ounces a day of breast milk and three tablespoons of formula added for extra calories with no vomiting.

Aaron has been steadily gaining weight. He is now 12 months old, and 10 lbs! He is playing with rattles and little hand toys. His mother reports that everything goes into his mouth. He is trying to sit up on his own (imagine a little 10 lb. baby sitting up!). He has great head control. He babbles, smiles and laughs now. His little personality is developing. He is a very sweet spirited baby. He loves to be cuddled and played with. There are older children in the home, ages 6-18, including one more with special needs as well. He loves watching and playing with them.

He is receiving early intervention services now and responding very well.



Aaron's mother writes:

"I cannot begin to thank the WakeMed Donor Milk Bank enough for helping Aaron with this program. It has made such a huge difference in him all the way around. Aaron's labs started to become within the normal ranges for the first time. His kidney levels went down and are staying steady. This was a very fragile baby at one time. Now, he is becoming more and more healthy everyday. He is still fragile, but he is thriving now and developing. I am 100% convinced that if he was not placed on breast milk this would not be happening. This program is truly a blessing to our special little boy that God has placed with us. Thank you WakeMed Milk Bank!"

## Mothers' Milk Bank of Iowa is Awarded a Public Engagement Grant

2005-06 is the Year of Public Engagement (YPE) at the University of Iowa (UI). The University community is encouraged to further its outreach efforts and connect more with the citizens of Iowa and around the world. UI President David Skorton issued a call for competitive Engagement Grants that represent innovative ideas about engagement with the public in teaching, research and/or service and have potential for sustainability. On October 31, 2005, the proposal by Jean M. Drulis and Ekhard E. Ziegler, MD, "Mother's Milk Bank of Iowa. Stage II: Engagement Across Iowa," was selected by UI President Skorton and the YPE Grant Committee as one of the awardees. The grant provides partial support for two of the Stage II movements. It allows babies already on donor milk to receive the benefits of human milk longer. When babies hospitalized at Children's Hospital of Iowa are transferred to hospitals closer to home and family, a supply of donor milk will accompany them. The award also supports an increase in the number of milk donors needed to accommodate the growing number of recipients.

# Frequently Asked Questions

By Gretchen Flatau, MPA

## Can I get paid for donating milk?

HMBANA milk banks do not pay mothers to donate breast milk, similar to the way most human tissues are donated in North America. There are a number of ethical and practical reasons why we do not pay donors. First is the same reason blood donors cannot be compensated; when you financially compensate donors it raises questions of the validity of the donor's answers to important health and lifestyle questions asked in the screening process. Further, in systems where a tissue donor is compensated it would be necessary to do toxicology and other testing on the milk to assure the donations are not tainted. This could greatly increase the cost to those who need the milk. Finally, with human milk you have the issue of creating a situation in which a mother might provide milk for compensation instead of providing it to her own baby. Particularly when public policy makes it possible for mothers to get formula easily this is a

situation we wish to avoid. Many breastfeeding advocates argue that if human milk is so valuable, which it is, then we should be willing to pay mothers for it. Yet consider all the truly priceless things around us like clean air and spending time with our families—perhaps we need to look at breast milk the same way—one of the gifts of life.

## If I don't live in a state with a milk bank can I donate my milk? Can I donate milk in Canada if I live in the US and vice versa?

If you live in a state or province without a milk bank you should contact the bank closest to you to see about donating to that bank. Milk banks will take donations from long distance donors in some situations. Their ability to take these donations may depend on their current inventory and space available, what the additional costs might be, and the amount

the donor has available. The milk banks will take milk from women who have lost their child or from women with a premature baby whenever possible and even when the cost of shipping is high. Keep in mind that it is important for the banks to receive the majority of their milk from mothers close to the bank since this helps to keep the cost of processing the milk lower. If the bank closest to you can not take your milk because they don't have space available, ask them if they know of another bank that might accept your donation.

If you live in the US you should donate your milk in the US as the Canadian system cannot accept milk from outside of Canada. In some situations US banks can accept milk from Canadian donors but the cost of shipping usually is prohibitive. It is our hope that the number of banks will continue to increase in the North America so that we can accept milk donations from donors all over the continent.

# Milk Banking in Norway

By Georgia Morrow, RN, IBCLC

*During our HMBANA conference, I had the pleasure of visiting with Anne Grovslien, breastfeeding consultant and manager of the Rikshospitalet milk bank in Oslo, Norway who shared the following information about milk banking in her country.*

Norway's first donor milk bank opened in Oslo in 1941 and now there are a total of 15 milk banks, all of which operate within hospitals. The Rikshospitalet Milk Bank is close to the milk kitchen and the neonatal unit and operates under Ms Anne Grovslien's direction in collaboration with an advisory group of pediatricians, a microbiologist, nutritionist and hygienic nurses. Most of the donor human milk is utilized by their neonatal unit.

All donor milk banks in Norway follow guidelines required by the Division of Food

Control and the National Board of Health. Each potential donor must pass a medical, dietary and lifestyle screening as well as meet the requirement of no prescribed medication, tobacco, or alcohol use. Milk expressed in the first 6-7 months postpartum is accepted by the milk banks. The donor mothers are provided with a multi-user pumps and may be financially compensated to cover milk transportation and other miscellaneous expenses.

The Oslo milk bank collects approximately 1200 liters of milk annually with 10% being discarded due to high bacterial counts. The milk is cultured and up to 100,000 cfu/ml of non pathogenic bacteria is allowed. All milk positive for pathogens such as Staph aureus, b-

haemolytic strep, coli forms or pseudomonades is discarded. The milk is given unpasteurized in order that the babies receive the full benefit of the human milk without destruction of any immunological components. Ms Grovslien states the risk of HIV transmission via breast milk is minimal as the rate of HIV in Norway is minimal.

In Norway, donor milk is routinely provided to ill and preterm infants up to 3 kg when the biological mother is unable to breast feed directly or to provide expressed milk, and to pre and post operative infants up to one year of age when their mothers are having difficulty with breastfeeding directly or have an insufficient milk supply. In specific situations, older children with GI problems will receive human donor milk as well.

# The Fortification of Human Milk for Preterm Infants – A Panel Discussion

By Kim UpDegrove, CNM, MSN, MPH

This year's HMBANA conference brought together several experts in the fields of pediatrics, neonatology, and nutrition from around the world to discuss the issue of fortification of milk for the premature infant. Moderated by Carol Wagner, MD, neonatologist and Associate Professor of Pediatrics at the Medical University of South Carolina, in Charleston, SC, the panel consisted of Elsa Giugliani, MD, pediatrician in Porto Alegre, Brazil, representing the vast Brazil milk bank system, Audelio Rivera, MD, neonatologist at St. David's Medical Center in Austin, and President of the Board of Directors of the Mothers' Milk Bank at Austin, Nancy Wight, MD, neonatologist at the Sharp Mary Birch Hospital for Women and Children in California, Medical Director of the Sharp Healthcare Lactation Services and immediate past president of the Academy of Breastfeeding

Medicine, Thomas Young, MD, neonatologist at the Wake Medical Center in Raleigh, North Carolina, and Professor of Pediatrics in the School of Medicine, the University of North Carolina at Chapel Hill, and Ekhard Ziegler, MD, Professor at the University of Iowa School of Medicine, and Medical Director and Cofounder of the Mother's Milk Bank of Iowa.

Dr. Wagner opened the discussion with a question about fortification processes used within the various hospital systems represented around the table. With humor and a strong sense of camaraderie, each practitioner answered individually and commented on his or her particular experiences. Throughout the discussion, more differences than similarities were identified. It became clear that fortification practices differ widely even within healthcare systems, and that beliefs

about whether or not to use fortifier also differ. Dr. Rivera shared some of his newly collected data showing rates of growth in premature infants who were cared for in a hospital that relies on donor human milk when mother's own milk is unavailable. Fortifier was used for both groups when deemed necessary, and growth rates were similar. Despite differences, the panelists agreed on two issues – that neonatologists are concerned about the growth rates of premature infants, and that the use of fortifier is controversial.

Standardization of fortification of human milk will require more information than is currently available. Further research on the composition of human milk, the specific nutritional needs of infants at different gestational ages, and the development of human milk fortifiers made from human milk will answer many of the questions that remain.

## From the Journals

By Donna Miracle, RN, PhD, and Mary Rose Tully, MPH, IBCLC

**Gartner LM, Morton J, Lawrence RA, Naylor AJ, O'Hare D, Schanler RJ, et al. Breastfeeding and the use of human milk. *Pediatrics* 2005;115(2):496-506.**

This is the American Academy of Pediatrics revised and updated breastfeeding policy statement. Of significance to those interested in the use of donor human milk is the notation that in special circumstances when mother's own milk is not available banked human milk from a donor milk bank following HMBANA guidelines is an alternative feeding choice.

**Belli, PC, Bustreo, F, Preker A. (2005). Investing in children's health: What are the economic benefits. *Bulletin of the World Health Organization*, 83(10): 777-784.**

This bulletin argues that investing in children's health is a sound economic decision for governments to take, even if the moral justifications for such investments are not considered. The paper also outlines dimensions that are often

neglected when public program decisions are made.

**Updegrave, K. (2005). Human milk banking in the United States. *Newborn and Infant Nursing Reviews*, 5(1): 27-33.**

Information is provided on the purposes of HMBANA banks, amount of milk distributed in 2003 and uses of banked donor milk. The functions of donor milk banks including donor screening, milk processing, pasteurization, distribution and financial costs are also outlined.

**Updegrave, K. (2004). Necrotizing enterocolitis: the evidence for use of human milk in prevention and treatment. *J Hum Lact*. 20(3):335-9.**

This review paper outlines the role of human milk in both the prevention and treatment of NEC. Human milk, whether mother's own or donor, provides significant protection against many of the known risk factors of NEC as well as therapeutic protection for the infant recovering from

NEC. In the absence of mother's own milk, donor human milk could be life saving to fragile preterm infants, who are at highest risk of developing NEC.

**Ronnestad, A, Abrahamsen, T, Medbo, S, Reigstad, H, Lossius, K, Kaarensen, P, et al. (2005). Late onset septicemia in a Norwegian national cohort of extremely premature infants receiving very early full human milk feeding, *Pediatrics*;115(3):e262-8.**

A prospective national cohort of 462 extremely premature infants (<28 weeks and/or <1000 grams) who received very early full enteral feedings of human milk, either mother's own or donor milk, was studied. When enteral feedings with human milk were initiated by the third day of life, 92% of the infants were at full enteral feedings of human milk by the third week of life and there was a significantly reduced the risk of late-onset septicemia.

***Return Service Requested***

# Mothers' Milk Bank of North Texas Celebrates First Birthday!

## First pool of donor human milk pasteurized September 27, 2004

By Amy Vickers, RN, BSN, IBCLC

Neonatologists in Fort Worth level III NICUs began regularly using donor human milk in 2000. The milk was sent to the Fort Worth hospitals from the Mothers' Milk Bank at Austin. Use of donor milk rapidly increased as the neonatologists learned of the benefits and availability. It became apparent by 2002 that to realize the goal of providing donor human milk to all sick and premature infants in the state when their own mothers could not provide milk, Texas needed another milk bank.

Fort Worth neonatologist and milk bank founder Susan Sward-Comunelli, MD organized an informational luncheon on December 13, 2002 to introduce the Milk

Bank project to the community. Shortly after this meeting a volunteer board of directors was organized and plans for the development of the Mothers' Milk Bank of North Texas (MMBNT) were underway. Cook Children's Medical Center, Harris Methodist Hospital and Baylor All Saints Medical Center provided financial assistance during the development stage. With the award of a three-year grant from the Amon G. Carter Foundation, an office/lab space was leased and renovations began in May 2004.

By August 2004, MMBNT was ready to accept milk donations. An appeal for donors was made to the community through the media, lactation consultants, obstetricians and pediatricians. Soon donors were calling the milk bank for screening and the milk began to "pour" in. The first donor was a bereaved mother whose premature infant passed away in a local NICU. "Angie" was comforted by being able to help other babies through her donation. MMBNT approved only seven donors in the first month. As of this reporting 156 donors have been approved.

On September 27, 2004 the first pool of donor human milk was pasteurized. Three days later on September 30, 2004, the first order, 150 ounces, was proudly

delivered to the Harris Methodist Hospital NICU in Fort Worth with much fanfare, excitement and celebration.

MMBNT has served nine hospitals and seven outpatients. Over 30,000 ounces of donor human milk have been processed and dispensed.

MMBNT is an independent community agency overseen and guided by a volunteer board of directors and received 501(c)3 non-profit status in May 2004. The successful development of MMBNT would not have been possible without the assistance and guidance of the other HMBANA member banks.



**MMBNT Staff: Pasteurization Technician, Cheri Morgan, Clinical Coordinator, Amy Vickers, Office Manager, Laura Davis**

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## South Africa

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gave her a standing ovation at the end of her presentation.

Of note: \$US400 was raised during the Congress by volunteers from the San Jose Mothers' Milk Bank and the HMBANA staff who sold beaded pins which Dr. Coutoudis had brought with her. The pins were made by African women with HIV/AIDS. Many thanks to attendees who so generously supported this initiative.