

Indiana Mothers' Milk Bank — A Success Story

By Mary Alexander, Executive Director

On Wednesday, August 10, 2005 the Indiana Mothers' Milk Bank, Inc. opened its' doors to the community. Clarian Health Partners led the effort to establish the milk bank as a community-based, community-supported entity. The Indiana Mothers' Milk Bank, Inc. is the first of its kind in Indiana. It was launched with the generous support of the Methodist Health Foundation, which provided a start-up grant of \$200,000.

Since the opening, the milk bank has received financial support from the Nina Mason Pulliam Foundation, Junior League of Indianapolis, Clarian Health Partners and the Lorena Fund, a fund of the Central Indiana Community Foundation. We have had incredible support from the corporate community of Indiana as well.

This past winter the milk bank received a grant from the Clarian Health Values Fund for the Integration of Spiritual and Religious Dimensions in Health Care. Upon the opening of the Indiana Mothers' Milk Bank, Inc., three mothers chose to donate their milk following the death of their infant and this number has increased to eighteen as of May 2006. However, there is no data regarding the experience of initiating and/or pumping milk for donation following perinatal bereavement. This grant will allow the staff to explore and gather data regarding this experience from the maternal perspective. The project title is *Dealing with Loss: Sharing the Gift of Mothers' Milk*.

In the first 6-months of operation, the staff focused on developing the systems for screening donor mothers, collecting and pasteurizing donated mothers' milk,

and procedures for shipping and handling. During the annual retreat of the Executive Board, board members provided visionary leadership moving development of the milk bank into an aggressive marketing phase for 2006. The major focus of this marketing phase is to generate awareness and to educate the public on the benefits of donor human milk.

To kick off the marketing phase, Lamar Advertising donated three billboards to the milk bank. The billboards will assist in our goal to recruit donors and to educate the general public. Advertisements promoting the milk bank have been purchased in large metropolitan areas. An editorial on donor human milk banks was written for a national resource guide for pregnant women.



These billboards helped increase public awareness of the new milk bank.

This August, the Indiana Mothers' Milk Bank, Inc. in partnership with the Indiana Perinatal Network, Clarian Women's Health Programs, La Leche League and Women, Infants and Children's Program



Board of Directors members, Howard Harris, MD, Kinga Szucs, MD and Mary Weber, MSN, were instrumental in helping start the Indiana Mothers' Milk Bank.

are providing an area at the Indiana State Fair for breastfeeding mothers in conjunction with Breastfeeding Awareness Month. In addition to the breastfeeding tent, we will have (6) 20 ft. signs promoting breastfeeding on a shuttle. Inside the shuttle, small signs will direct mothers to our breastfeeding tent called, "Lactation Station."

Our marketing phase also includes educating the health care professional on the benefits of pasteurized donor human milk. Dr. Donna Miracle, Director of Research and Clinical Operations spoke at Methodist Hospital, June 16, 2006, with Dr. E. Stephen Buescher, MD. The conference is presented by La Leche League of Indiana and hosted by Clarian Women's Programs. The title of the conference is *Mothers' Milk: An Infant Support System*. In the Fall of 2006, Dr. Miracle is also scheduled to speak at the Clarian Health Partners' Breastfeeding Conference with Dr. Ekhard E. Ziegler.

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From the Chair

By Frances Jones RN, MSN, IBCLC



Why is HMBANA and its member banks non profit? This question has been posed by a number of health professionals recently and the answer is simple. The main purpose of HMBANA and its' member banks is to provide a safe optimal product at the lowest possible cost to recipients particularly those who are premature or at high risk for illness, whose mothers are unable to provide any or sufficient mother's milk. The milk donors, without whom HMBANA banks could not operate, generously donate their milk and receive

no financial remuneration. HMBANA banks accept this gift and pass along the benefit without having profit generation as a motive. The non profit model enables HMBANA banks to provide pasteurized donor milk at as low a price as possible to as many recipients as possible.

The definition of a non profit is an entity established for almost any purpose other than profit generation including social welfare, civic improvement, pleasure or recreation. A non profit organization registers with the government, receives tax breaks and its structure and financial reports are open to public inspection. Non profits can be financially successful but funds generated are put back into the organization rather than paying investors through dividends as is the case for for-profit businesses. In the case of HMBANA banks some of the money generated through operation of the banks is spent on providing pasteurized milk to medically fragile infants whose families do not have the financial resources to pay the processing fees. Over the years of operation, the bills for these cases run to hundreds of thousands of dollars in donated pasteurized milk.

It has been suggested that the price of donor milk from non profit HMBANA banks is too low and increasing the cost of the milk would result in greater value being placed on donor milk and lead to increased use of donor milk. This is an interesting thought as the demand for HMBANA milk has risen dramatically over the last few years. The reason for this increasing demand is open to speculation but increased research and publicity about the benefits of human milk and the availability of information via the internet are thought to play a significant role.

The idea that in North American society things are only valued in proportion to how much money is charged for them raises the question of what we value. A close relationship with a friend, a hug from your child, an intimate moment with your partner- we don't pay money for any of these but we often value these relationships and experiences above all others. For mothers, the first time we held our newly born children or received that first all important smile are remembered as priceless and yet received with no financial payment. Often our most valued "possessions" cannot be financially valued. Human milk is a priceless commodity – the donor provides it at no cost to our banks with the understanding that HMBANA and its member banks are all non profit entities. The recipients understand that HMBANA banks provide the pasteurized milk by charging a processing fee based on the actual cost of processing the milk. There is no charge for the milk itself and neither HMBANA nor the member banks make a profit on the milk. The processing fees enable the HMBANA banks to stay in business.

In addition, non profit banks strive to support and encourage mother's breastfeeding and provision of breast milk for their own children. By having pasteurized milk available in the hospital and the community, HMBANA milk banks and the agencies that access the milk make a statement about the value of human milk. By providing pasteurized donor milk, health professionals indicate that human milk is the preferred option when mother's own is not available thus encouraging mothers in their efforts to provide their own milk. Provision of donor milk states clearly to families that human milk is irreplaceable!

continued on page 7

One Mother Makes a Difference

A Recipient Story from the Mothers' Milk Bank of North Texas

By Amy Vickers, Clinical Coordinator

Liz and Robert were vacationing in Dallas, Texas, when Liz, 30 weeks pregnant with the couples' first child, went into premature labor. Liz was admitted to a hospital in Dallas. Despite the doctors' efforts to prolong her pregnancy, Liz delivered Alexis Emily 10 weeks early. Alexis weighed 3 pounds, 3 ounces (1,447 gms) and was immediately taken to the Neonatal Intensive Care Unit (NICU).

Robert and Liz were shocked, scared and overwhelmed. When they first visited Alexis in the NICU, she was on the ventilator and looked to them as if she had tubes and wires everywhere. They felt helpless.

During her pregnancy, Liz had learned much about the importance of mother's milk for her baby and was planning to breastfeed. She was anxious to be able to provide her own milk for Alexis. With the

help of her lactation consultant and much support from Robert she began to pump her breasts. In spite of her dedicated efforts, Liz produced very little milk. She and Robert researched the great benefits of human milk for preterm babies. During this research they learned about donor milk and found the Mothers' Milk Bank of North Texas.



The NICU where Alexis was being treated had not used donor human milk before. Robert and Liz discussed the option of using donor milk with

Alexis' neonatologist. The neonatologist agreed and donor milk was ordered.

Alexis progressed very well and had no serious setbacks. She was discharged from the hospital just days before she was to be 36 weeks. She continued to receive donor milk until she was 4 1/2 months old.

At 10 months old, Alexis weighs almost 20 pounds (9,072 gms). She is happy and healthy. She loves to ride in the car, swing in her swing and take walks. She loves visitors- especially her grandparents!!

This hospital now regularly utilizes donor milk from the Mothers' Milk Bank of North Texas. Alexis' story is a perfect example of how a mother, who wants the best for her baby, can be a catalyst for change in a large urban health care institution.

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Healing with Liquid Gold

A Milk Donor's Story

By Mary Geraghty Kenyon, Iowa City, IA

When our son Will was born in October 2004 at 24 weeks, 3 days gestation, many aspects of his future and ours were uncertain. I knew we were extremely lucky to live only a few miles from one of the best hospitals in the country for premature babies. I didn't know then about another incredible resource right in our backyard: The Mother's Milk Bank of Iowa.

I had been planning to breastfeed, but I didn't know whether I would be able to produce milk, having had my pregnancy cut nearly in half due to severe preeclampsia and HELLP syndrome. Both my doctor and Will's encouraged me to work at expressing milk, explaining the unmatched benefits of mother's milk for these tiniest babies. I was reassured to know that donor milk would be an option if I could not provide it. Perhaps this knowledge allowed me to remain calm as drop by drop I worked to get the milk to flow. My sister, a postpartum nurse, helped me use a syringe to gather every last drop from the bottom of the bottles those first few days. Each time I brought a few cc's to the NICU nurses I felt I was carrying liquid gold, and they treated it like a precious commodity.

I ended up with an abundant supply and a tiny son who never took more than a few

cc's every couple of hours. I soon filled my allotted space in the NICU freezer plus my own home freezer and then, knowing that I had more than enough to keep Will going for the months I hoped were ahead, I signed on to become a donor to the Mother's Milk Bank of Iowa. Each time I pumped, every four hours around the clock without fail, I felt I was contributing to the well-being not just of my own son, but of other babies facing similar struggles as well as their mothers, providing a peace of mind I would have sought had I not been able to offer nutrition myself.

One afternoon as I was leaving the lactation room in the NICU family lounge, I met another mother who spied my full freezer bags of milk and said longingly, "Oh, you're lucky. I nursed my first two kids until they were each a year old, but now I'm on medication and can't nurse my baby. I am so glad they have donor milk available for her, especially since she came so early." She did not know I was a donor, and I did not share that information. This was a mother's spontaneous expression of gratitude and relief. I knew I was doing the right thing in sharing this gift. Both donors and recipients can attest to the Milk Bank's unparalleled

impact for those of us who have been touched.

The great irony of my plentiful milk supply was that Will never had the chance to fatten up on it. He developed a complication following surgery to repair a heart defect common in premature babies. For most of the last five weeks of his 12 weeks of life he was kept off oral feeds. During that time, as

I amassed what would eventually be nearly 22 gallons (83 litres) of donor milk, continuing to pump was part of my ability to sustain belief that he would get better, would eat again, would come home and need me to be ready to feed him any time of day or night.

The night Will died, my husband and I asked our parents to go to our house before we did to clear his room of the clothes, toys and other gifts from friends and family. We couldn't bear to come home without our son for the last time and face that room full of reminders of what should have been. My mother asked whether to clear the milk from the freezer as well, but I said No. I didn't know what to do with it since it wasn't stored in the sterile Milk Bank containers, but I knew it was too precious to throw away. Who can explain a flash of reason amid the crush of grief, but a few weeks later I was gratified to learn that the Milk Bank could in fact use all the milk I had in my freezer, some for research and some for pasteurization.

Four months after Will's death, we learned to our surprise that we would be blessed with another child. After many anxious months, our second son Edward was born on Christmas night 2005, five weeks early (again, due to my preeclampsia) but strong and healthy...and hungry! Once again I worked to build my milk supply, pumping when Edward was too tired or not strong enough to nurse. He got the hang of it after about three weeks, but I kept the pump close at hand knowing that as soon we were sure he was thriving, I'd again pump extra for the Milk Bank. It did not take long for his rolls of fat and chubby cheeks to prove that he had enough and was ready to share.

My becoming a donor again is part of my belief that Will came to us for a reason and that it is up to my husband and me to ensure that his short life continues to make a difference in the lives of others. Among the things I learned from Will is the incredible value of a drop of breastmilk.



Will's mother donated almost 22 gallons of milk to the Iowa Mothers' Milk Bank.

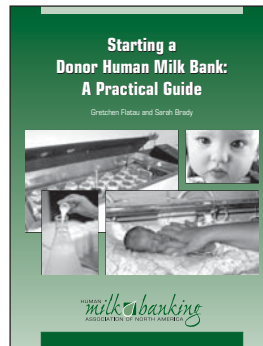
Frequently Asked Questions

By Gretchen Flatau, MPA

How do I start a milk bank in my area?

We receive many requests for information on how to start a milk bank. In response to those requests we have recently published a manual titled, *Starting a Donor Human Milk Bank: A Practical Guide*, HMBANA ©. You may purchase this manual for \$25.00 (USD), order forms are available on www.hmbana.org. Two of the most important questions you need to ask yourself when investigating the local need for a milk bank are—does the location make sense? And can I get support of doctors, nurses, lactation

consultants and parents for this effort? The ideal milk bank location is one with local hospital Neonatal Intensive Care Units that need donor milk as well as a large population of potential donor mothers. Secondly, our experience has



shown that cities that succeed in opening a milk bank have broad-base support from health care providers and community volunteers. It takes a lot of work to open a new bank—but the rewards in terms of the babies who benefit are amazing.



Cities with hospitals that ordered milk from HMBANA banks in 2005.

I keep hearing that the non-profit milk banks that operate under HMBANA guidelines can't meet the hospital demand in the US for donor milk, is that true?

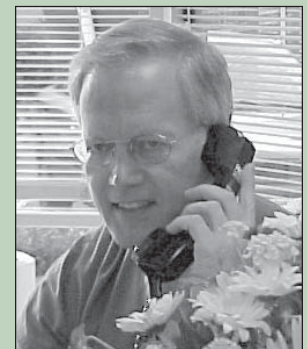
Currently there are 10 milk banks in the US that are members of HMBANA (we also have one bank in Canada). Five years ago the banks dispensed a combined total of 478,252 ounces of milk in the US and in 2005 the banks dispensed 713,529 in the US—a 49% increase from 2001. We have no reports of any hospitals having difficulty getting milk from a HMBANA milk bank during that time or any time in the past 15 years. In fact in 2005, the HMBANA milk banks sent milk to hospitals in 31 states and 3 Canadian provinces. If bank has difficulty meeting the demands of one of their client hospitals they are able to refer them to another non-profit milk bank, but this doesn't happen very often.

In Memoriam

The Mothers' Milk Bank at Austin (MMBA) and the milk banking community have lost one of its greatest advocates. Dr. George Sharpe, neonatologist, co-founder of MMBA and Vice President of the Board of Directors died on June 2, 2006 after treatment for brain cancer. Dr. Sharpe was very proud of MMBA and all the babies it has helped. But many people don't know that George helped start other milk banks in cities across North America through his talks and conference presentations. While there are a number of doctors that understand the importance of breast milk for premature and sick infants, George was one of the rare few that traveled the world, at his own expense, to encourage health care providers to make the right choice for those under their care because he believed so passionately in this work.

While many health care doctors, nurses and family friends expressed tributes to Dr. Sharpe after his death, I was particularly struck by these words from the parents of one of his former patients, "It is with great sadness to hear of Dr. Sharpe's passing. We too have a picture of Dr. Sharpe in our baby book as the kind compassionate doctor that saved our precious son over 25 years ago. He not only gave us our son back but treated us with utmost care and concern. He was truly our angel on earth."

Gretchen Flatau, Executive Director
Mothers' Milk Bank at Austin



Dr. George Sharpe

New Arrivals in Human Milk Banking

As survival rates for preterm infants increase, more attention is being focused on improving their health outcomes through nutritional management. Current research clearly indicates that human milk is the only source of complete nutrition and immunological protection to the human infant and subsequently is the optimal feeding choice for all babies. These benefits are particularly beneficial for preterm and ill infants.

It is essential that mothers of preterm infants be encouraged to provide their own milk for their babies, and supported in putting their children to breast when the infant is ready, but in the case that a mother's own milk is not available, pasteurized donor milk is the most medically-sound nutritional option. To expand access to donor human milk, several new milk banks have opened in the last two years, all of which are members of the Human Milk Banking Association of North America (HMBANA). Each has its own "birth" story, as each community has unique resources and needs. Here are their stories.

Mothers' Milk Bank of North Texas

The Mothers' Milk Bank of North Texas (MMBNT) officially began pasteurizing milk on September 27, 2004. But it all began in 2002 as the dream of Fort Worth neonatologist and founder Susan Sward-Comunelli, M.D. Dr. Sward-Comunelli came to Fort Worth in 1999 and began to

use donor human milk on a few of her most fragile patients. She and her partners quickly saw the benefits of using donor milk and protocols were established within the medical group and the NICU's they serve. The hospitals and this group of neonatologists soon realized the large quantity of donor human milk they were utilizing and began to discuss the possibility of a community human milk bank in Fort Worth to serve the Fort Worth-Dallas metropolitan area, all of North Texas and beyond.

On December 10, 2002 a luncheon with community leaders, child health advocates, and health care providers was held to kick off the Mothers' Milk Bank project. Over the next year a volunteer board of directors was established, a business plan was developed, non-profit status was obtained and funding received. The initial funding consisted of contributions from the three hospitals in Fort Worth with level III NICU's, Pediatrix Medical Group and the Amon G. Carter Foundation.

This community-based milk bank became a reality in May 2004 when office space was leased in the hospital district of Fort Worth and staff were hired. Donor human milk pasteurization began in September of 2004 after the space was remodeled. Currently MMBNT has dispensed donor milk to hospitals in Texas, Oklahoma and Florida.

Mothers' Milk Bank of Ohio

Screening its first donors in December of 2004 and shipping milk by January 2005, the Mothers' Milk Bank of Ohio began as the brainchild of Georgia Morrow, RN, IBCLC in collaboration with Dr. Craig W. Anderson, Medical Director of Newborn Services at Grant Medical Center. Both recognized the medical and nutritional necessity of human milk and developed policies to institute its use in their facility.



Jane Landis of the Mothers' Milk Bank of Ohio checks on donor milk that is pasteurized and frozen—ready for distribution to Ohio hospitals.

Funding from the Ohio Lactation Consultant Association allowed the hospital to place its first order of donor milk in January 2003. Demand for human donor milk soon spread to other area hospitals; it soon became evident that there was a need for a milk bank in central Ohio. With support from the community, and donations from the Columbus Foundation, the March of Dimes, the Ohio Lactation Consultant Association, and pro-breastfeeding individuals, the future milk bank staff moved into their own location in the Victorian Village Health Center.

Now providing milk to hospitals all over Ohio, MMBO aims not only to dispense milk to the children who need it, but to educate healthcare professionals and the general public about the necessity of human milk and the importance of breastfeeding. The MMBO staff will continue to advocate for the role of human milk as the nutritional standard in the care of premature and ill infants, and to incorporate pasteurized donor milk—or mother's own milk—into the framework of medical treatment and preventative care.



Cheri Morgan, Amy Vickers, and Laura Davis of the Mothers' Milk Bank of North Texas supply donor human milk to numerous hospitals in the north Texas region.

continued on next page

Indiana Mothers' Milk Bank, Inc.

Dispensing its first milk at the end of 2005, the Indiana Mothers' Milk Bank had its beginning in 2003, when Methodist Hospital in Indianapolis, one of several Clarian Health hospitals, became the first hospital in Indiana, and the largest hospital in the United States to receive the distinction of Baby-Friendly certification from the World Health Organization and UNICEF. As a natural extension of programs to support breastfeeding mothers, the Clarian Women's Services department began to explore the possibility of establishing a human milk bank in Indiana.

After a team, which included a neonatologist, a dietician, an infectious disease clinical nurse specialist, a lactation consultant, and the director and manager of Clarian women's services, made a site visit to one of the HMBANA milk banks a milk bank task force was formed. The decision was made to establish the Indiana Mothers' Milk Bank, Inc. (IMMBI) as a separate 501(c)(3) corporation, so that it would benefit not only Clarian's fragile infants, but fragile infants throughout the state of Indiana and beyond.

In December 2004, the Methodist Health Foundation granted the IMMBI \$200,000 for operating and capital expenses. Since that time other large grant requests have been approved and funding has been secured. The location for the Indiana Mothers' Milk Bank is in an easily accessible medical office building and rent is covered as an in-kind donation. A director and the clinical manager were hired and the bank is now fully operational.

Bronson Mothers' Milk Bank

The Bronson Mothers' Milk Bank in Kalamazoo, Michigan is the most recent HMBANA bank to open. Officially receiving designation as a HMBANA *Developing Milk Bank* in 2004, Bronson Methodist Hospital and the Kalamazoo community joined together to provide the necessary funding for the milk bank. They commenced screening donors in February

2006. Their donor pool is currently 28 and continues to grow. Already they have collected 7,000 ounces of milk. They have begun pasteurization and started dispensing milk on May 1, 2006. Bronson is accepting donors from Michigan and surrounding states that have a minimum of 100 ounces stored. **Their goal after serving their Neonatal Intensive Care Unit (NICU) is to dispense milk to all the NICU's in Michigan.**

The Human Milk Banking Association of North America and its members welcome

From the Chair

continued from page 2

Also, by providing pasteurized donor milk at the lowest possible cost, HMBANA banks support accessibility for the greatest number of clients possible and support informed choice for families. When agencies have HMBANA donor milk available they can truly provide all options to families when mother's have insufficient milk for their own children. They are able to offer information on all options and provide the supplement that families choose. In many communities human milk, whether mother's own or pasteurized donor milk is the standard of care particularly for gut priming in the smallest of infants and for agencies in those communities provision of donor milk indicates they are meeting the community standard.

When pasteurized donor milk is not available, families often enter into informal sharing arrangements. These arrangements can present risks for both the donor and the recipient. For the donor, if the child becomes ill, the recipient family might attempt legal action against the donor. For the recipient, human milk can carry bacteria and viruses such as HIV, hepatitis and CMV. Informal screening is impossible and may provide a false sense of security. In addition, when milk is received through informal donation, the recipient does not know whether they are receiving human milk and whether the milk has been stored appropriately. Contami-

the opportunity to assist new communities to develop their own human milk banks. Hopefully these stories of birth and rebirth of some of the HMBANA milk banks will inspire others to take leadership roles in this worthwhile and rewarding endeavor to provide a gift of life to all those in need of human milk.

Contributors: Amy Vickers, RN, BSN, IBCLC, Georgia Morrow, RN, IBCLC, Mary Weber, MSN, RN, CNAA, Cindy Duff, RNC, BSN, IBCLC, Gretchen Flatau, MPA

nation may be an issue. For example E coli and other bacteria can quickly reach unacceptable levels in milk just like any food that has not been handled and stored appropriately. At the very least, families who are planning informal sharing of milk need information about the risks of such practices to understand the value of HMBANA milk with the careful screening and processing and long record of safety.

HMBANA and its member banks, all non profits continue to grow and support agencies and families through the provision of pasteurized donor milk. One of the purposes of the organization is the establishment of additional milk banks under the HMBANA umbrella. Along with updated editions for 2006 of our *Guidelines for the Establishment and Operation of a Donor Human Milk Bank* and the *Best Practice for Expressing, Storing and Handling of Human Milk in Hospital, Home and Child Care Settings*, there is a new publication *Starting a Human Milk Bank: A Practical Guide*. This new publication is designed specifically to assist groups to establish additional non profit banks. Having operated for over twenty years, the HMBANA family are experts on screening donors, and processing and handling donor milk. We look forward to assisting in the establishment of additional non profit banks throughout the United States, Canada and Mexico.



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From the Journals

Singhal, Atul; Cole, Tim J.; Fewtrell, Mary; Lucas, Alan. Breast Milk Feeding and Lipoprotein Profile in Adolescents Born Preterm: Follow Up of a Prospective, Randomized Study. (2005). *Obstet Gynecol Surv*60, 1, 19-21.

This prospective study considered the effects of breast milk feeding versus formula on the lipoprotein profiles in adolescents born preterm. Preterm infants were randomly assigned to two parallel trials to receive either: (1) donor milk or preterm formula or (2) standard term formula or preterm formula. In both trials the assigned feeding was either the entire diet or supplementing mother's own milk. The mean LDL to HDL ratio was 14% lower in the adolescents who had received donor milk compared to those given preterm formula, a significant difference. CRP (C-reactive protein, a marker of the inflammatory process in atherosclerosis) was significantly lower in

the former group. No differences were noted between the donor milk group and preterm formula group in HDL cholesterol and a number of other factors. The authors concluded that breastmilk, whether mother's own or banked donor milk, would appear to lower the risk of atherosclerosis and cardiovascular disease later in life.

Boyd, CA, Quigley, MA, Brocklehurst, P. (2006). Donor breast milk versus infant formula for preterm infants: a systematic review and meta analysis. *Arch Dis Child Fetal Neonatal Ed*, 4, 5, Epub ahead of printing.

This study considered the effect of donor milk versus formula given as the sole diet, as a supplement to mother's own milk or fortified with macronutrients and micronutrients. The main outcomes were death, necrotizing enterocolitis (NEC), infection, growth, and development. The authors concluded donor milk is associated with a

lower risk of NEC and slower growth in the early postnatal period and recommended further research.

Chantry, CJ, Howard, CR, Auinger, P. (2006). Full breastfeeding duration and associated decrease in respiratory tract infection in US children. *Pediatrics*, 117, 2, 425-32.

Secondary analysis from the National Health and Nutrition Examination Survey III, a national representative cross-sectional home survey conducted from 1988 to 1994 was done. Comparison of data on 2277 children (6 months to < 24 months) divided into five groups based on breastfeeding status was compared. The authors concluded that children who were exclusively breastfed for six months rather than only four months were at decreased risk for respiratory tract infections including pneumonia and recurrent otitis media.