

HUMAN milk banking ASSOCIATION OF NORTH AMERICA

HMBANA Matters
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HMBANA's Newest Milk Bank Fills a Need

By Cindy Duff RNC, BSN, IBCLC Bronson Breastfeeding Center and Milk Bank Coordinator

Our story is a story about the future. We began by looking ahead to the babies that we knew would be arriving, not only at our hospital, but also throughout Michigan. These babies include the tiniest and most fragile of all babies—the premature baby. Our dream is to provide a safer world from day one for these babies and a brighter future for all of us.

The dream of our neonatologists, NICU nurses and lactation consultants came true on February 21, 2006, when our first donor was screened. Today, we have screened and accepted milk from more than 300 donors.

Not every mother can produce enough milk for her baby. Bronson Mothers' Milk Bank provides the nutritional benefits of breast milk to these Neonatal Intensive Care (NICU) babies.

Bronson built a new hospital on what is now our South Campus in 2000. Since then, our inpatient volume has grown more than 40 percent, requiring us to



Two Bronson staff members processing human milk to be given to some of our most vulnerable patients.

develop our former buildings into a North Pavilion, which opened April 15, 2007 and houses the Bronson Mothers' Milk Bank, Bronson Breastfeeding Center, Bronson BirthPlace, and NICU, in addition to our Adult Medical Unit and Select Specialty Hospital, a long term acute care hospital.

While waiting for the North Pavilion to be completed, our milk bank has used several spaces in the hospital for its operation. We started off with one "drop off" freezer in our Breastfeeding Center, and one refrigerator and two freezers in a storage area in our NICU.

Also in our NICU, a portion of the counter and storage space was cut out of our "Own Mother's Milk" freezer area for our pasteurizer to reside. A twenty-four inch laminar flow hood is located in this room, allowing us the necessary clean environment to process the milk. This is also where we pool, analyze and bottle the milk. The space is small, but the productivity is great.

The milk continued to flow to our milk bank due to the generosity of our donor mothers. We quickly found the need to acquire another "drop off" freezer and three more 24.7 cubic foot freezers. Two of these freezers reside in the same storage area as our dry ice maker and tanks. We were out of space for the third freezer, until one of our neonatologists suggested we place the freezer in the doctor's call room in the NICU. The other physicians and nurse practitioners concurred. It fits perfectly and is completely full of donor milk.

As a new milk bank, we didn't know what to expect our first year. We pasteurized



Neonatologist Seth Mailin, MD, shows how the freezer in the physician call room is filled to capacity with human milk from our generous donor mothers.

our first batch of milk on April 28, 2006. In less than one year we have accepted more than 52,000 ounces of milk from donor mothers. We have pasteurized more than 29,000 ounces of this milk, and we have dispensed more than 23,000 ounces.

We are proud to be the first milk bank in Michigan, and we are also proud of the accomplishments we have made in our first year. We would not be where we are today without the support of our physicians, NICU nurses and staff, and our Breastfeeding Center staff. Our outlook for the years ahead is certain—we will continue to dispense milk to our tiniest patients to help build a stronger future and a safer world.

Bronson Mothers' Milk Bank
Born: February 21, 2006
Birthplace: Kalamazoo, MI

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www.HMBANA.org

From the Chair

By Frances Jones RN, MSN, IBCLC



Annual Report 2006

In 2006, the Human Milk Banking Association of North America (HMBANA) had a busy productive year. As an association, we continue to grow and to encourage the use of pasteurized donor milk for children in need, as the standard of care when mother's own milk is insufficient or unavailable.

The milk bank members of the HMBANA, all located in the United States and Canada, actively support the establishment of new nonprofit banks. This is major goal of the organization and we are pleased that in February 2006 the Bronson Mothers' Milk Bank in Kalamazoo, Michigan opened its doors as a HMBANA member milk bank. In addition, an increasing number of depots have been established to support already existing banks.

HMBANA has been working with a number of agencies interested in establishing nonprofit donor banks. In the next year, the prospects are excellent that more nonprofit banks will open their doors and join the HMBANA "family"!

HMBANA's support of nonprofit banks extends globally and together with UKAMB (United Kingdom Association of Milk Banks), HMBANA founded the International Milk Banking Initiative – IMBI in October 2005. Throughout 2006, this initiative has been developing as a web-based organization with plans to eventually develop an international organization of nonprofit milk banks. Currently a website with information on nonprofit banks around the world as well as information on common issues and educational offering is being set up.

Over the years the amount of milk distributed by HMBANA banks has grown significantly and this year over 900,000 ounces have been distributed. HMBANA banks have dispensed milk to 32 states in the US and 3 provinces in Canada. As an organization we are aware our donors donate to HMBANA banks for altruistic reasons. Therefore we feel our donors have an ethical right to clearly understand what is done with their milk and who benefits from their milk. They are made aware of the nonprofit nature of the banks and the possible uses of their milk.

We are proud of our safety record and follow careful quality assurance guidelines to ensure the safety of our products. HMBANA Guidelines are updated with expert consultation annually or more often as appropriate and are the legally recognized standard in three American states. Quality Assurance (QA) focuses on what has been found over 30 years to be medically relevant in order to keep the donor milk as safe and financially feasible as possible.

HMBANA banks have a long track record in collaborating with researchers with regard to developing nutritionally appropriate feeds. Human milk fortifier from human milk is an ongoing project as there are concerns such as donor tracking that make this issue particularly challenging. A number of HMBANA banks have been supporting research projects. Of particular note is the San Jose Milk Bank who won Best Abstract in Breastfeeding for 2006 by the American Academy of Pediatrics, the Indiana Milk Bank who won Best Abstract at the 2006 ILCA conference, and research done by South Carolina Medical Center, Jean Rhodes, on the bacterial levels of donor human milk after thawing, won an award at the 2006 ILCA conference.

There have been a number of specific activities undertaken in 2006. These include:

- Developing a Depot Manual for American hospitals and lactation sites to support HMBANA milk banks
- Trade marking the name "Mothers' Milk Bank" restricting use of this title to HMBANA banks only.

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- Publishing Best Practice for Expressing, Storing and Handling Human Milk in Hospitals, Homes and Child Care Settings. (2006), How to Start a Milk Bank (2006), Guidelines for the Establishment and Operation of a Donor Milk Bank (2006)
- Outreach through representation on the US Breastfeeding Committee and Canadian Pediatric Society Nutrition Committee was undertaken.
- Presenting at the Neonatology Conference in Milan Italy in October 2006, during a one day meeting on Donor Milk Banking, with about 125 physicians in attendance.
- Evaluating chemical leaching from plastic containers into human milk. Although findings via the FDA show insignificant amounts of plastic in the human milk stored in plastic bottles, more research is needed to determine the best method of storage for human milk.
- Responding to multiple requests from media, medical professionals and mothers' groups regarding the opening of a "for profit" human milk processing plant in Monrovia California.

Most notable was the National Public Radio program in May of 2006, by reporter Nancy Mullane, regarding the ethical issues of a for profit human milk tissue bank especially when the norm in North America is the nonprofit model. At this time, it is HMBANA's policy not to support "for profit" endeavors regarding human milk tissue.

- Developing a data base system for HMBANA milk banks which includes internal tracking and recall, labeling, bar coding and hospital tracking and recall methodology.
- Reviewing the technical advances in human milk testing devices to determine the composition of human milk.
- Working with the USDA to formulate accurate instruments for the use of preterm formulations.

There is one group in particular that all the HMBANA member banks send a special thank you to – that group is our milk donors. Without the efforts of this special group of mothers, the nonprofit milk banks could not help our special small recipients.

A special thank you goes out to each and every one of you!

HMBANA Presents Human Milk for Human Infants: Evidence & Application

November 8 & 9, 2007

Doral Tesoro Hotel & Golf Club, Fort Worth, Texas

By Gretchen Flatau, MPA, Executive Director, Mothers' Milk Bank at Austin

International experts will present the latest research and evidence on the use of human milk for human infants at the 2007 HMBANA conference this fall in the Fort Worth/Dallas area. This informative conference scheduled for November 8th and 9th will give participants the chance to learn about fortification of human milk, use of donor milk in the NICU, ethics and human milk, breastfeeding promotion, growth issues and donor milk, as well as best practices for milk banking and protection of breastfeeding in the US and Europe.

The impressive roster of speakers includes Dr. Ekhard Zeigler, Researcher and Neonatologist, University of Iowa

Pediatrics; Dr. Guido Morro, Neonatologist and President of the Association of Italian Donor Milk Banks; Dr. Miriam Labbock, Director of the Center for Infant and Young Child Feeding and Care at the University of North Carolina; Gillian Weaver, Chair of the United Kingdom Association for Milk Banking; Dr. Kay Dewey, Professor, Department of Nutrition at the University of California, Davis and others. The conference is suitable for participants with all levels of expertise. This will be an excellent opportunity to converse with milk banking and breast milk experts from around the world.

The conference will be held at the luxurious Doral Tesoro Hotel and Golf Club

located only 17 miles from DFW Airport. Cost of the conference is \$330 for registrations secured by September 15, 2007 and \$375 after September 15th. There is an additional fee for those seeking CMEs.

There are plenty of opportunities for sponsors and exhibitors. In addition to the conference, participants will have the chance to attend a special Texas themed awards dinner on the evening of Thursday, Nov. 8th. Tickets to the dinner will be available in advance with conference registration or by contacting the HMBANA office. For more information on the conference and dinner visit www.hmbana.org.

Promoting Breastfeeding and Milk Banking! Quintessence Breastfeeding Challenge

By Frances Jones, RN, MSN, IBCLC, Coordinator, British Columbia Women's Milk Bank

For the last five years many Canadian and American mothers have participated in the Quintessence Breastfeeding Challenge. The Challenge which involves a "latch on", counts every baby whether in a small town or large city and promotes breastfeeding and, at many sites, donor milk banking. It provides a wonderful opportunity for education on both issues!

The Quintessence Breastfeeding Challenge came about after Quintessence Board member Dr Wah Wong, a retired long time UNICEF worker, suggested that Quintessence sponsor an event like the "latch on" that occurred in Australia in 2000. Although somewhat doubtful about such an event, the Quintessence board decided to host a "Guinness World Record Breastfeeding Challenge." The first year the event was limited to one province in Canada but there was such a positive response from women of many cultural backgrounds and

different walks of life that we were committed to continue and expand the event! A decision was made to drop the "Guinness" attempt as that restricted the event to larger centres and the Quintessence Challenge was born with the emphasis on every mother and child!

Each year since 2001, the Challenge has expanded in geographical locations. This year, 2007, we hope to have sites in New Zealand, Australia and parts of Europe. Many groups have "latch ons" in August or other times that fit in with their World Breastfeeding Week celebrations. We hope that many of these groups will join this Canadian challenge. The registration is free and available on-line. It can be as simple as a few mothers getting together over a pot of tea and "latching on" or as happened in Montreal, Quebec last year, 800 young children "latched on" with parents and friends looking on in a large metropolitan

mall. Those who were present noted the amazing silence!

The Challenge can be done with mothers in the hospital or birthing units as well as in the community. Some hospitals use the Challenge as a time to encourage breastfeeding particularly among NICU mothers by having a site and "counting them in." Every participant receives a certificate of participation and many display their certificates proudly!

On the day, it is really fun to check out the website and to watch those numbers rolling up for all the sites! Take the Challenge and help us promote breastfeeding and nonprofit donor milk banking. Check out www.babyfriendly.ca for more information.

Join the **2007 Quintessence Challenge** on September 29th at 11 a.m. local time. Go to www.babyfriendly.ca for more information and results from previous years.

Going the Extra Mile to Make a Difference

By Amy Vickers, RN, BSN, IBCLC,
Clinical Coordinator, Mothers' Milk Bank
at North Texas and
Beth Vastine, Special Projects Coordinator,
Mothers' Milk Bank at North Texas

Baby Daniel was born very prematurely at just 26 weeks gestation in 2005 in Florida. During his stay in the NICU, Daniel developed several complications including necrotizing enterocolitis, a devastating disease that caused a perforation in his intestine resulting in emergency surgery. After surgery his little body would not tolerate any type of infant formula. Plans were being made for him to be discharged on total IV feedings.

Daniel never had access to breastmilk from his biological mother. Fortunately, his foster mother, Crystal, who was already fostering Daniel's two older siblings, knew the benefits of breastmilk and began to



Noah surrounded by his siblings.

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Helping Babies in Need

Mothers' Milk Bank of Ohio Partners with the Mothers' Association of Wisconsin & Angel Flight Central

By Georgia Morrow, RN IBCLC, Mothers' Milk Bank of Ohio

It is the compassion, concern, and generosity of our donor mothers that allows babies the nourishment of human milk even when their own mothers are unable to provide it. With the establishment of the Mothers' Milk Bank of Ohio (2005), a Grant Medical Center service, came the need to transport milk from donor mothers residing in distant cities and states. From this need quickly blossomed a network of volunteer healthcare professionals throughout the Midwest—St. Vincent Mercy Medical Center, O'Bleness Memorial Hospital, Cincinnati Children's Hospital Medical Center, the Children's Medical Center of Dayton and the Mothers' Milk Association of Wisconsin—working together to make donor milk available to those who need it.

Particularly challenging was the delivery of milk from our Wisconsin donor mothers with the shipping costs prohibiting delivery of the milk by overnight mail; however, our Wisconsin supporters were determined to find a viable option. For a number of months, members of the Mothers' Milk Association of Wisconsin committed to the cause made the demanding 16 hour drive from the Madison area to Columbus and back to deliver local donor milk to the Mothers'

Milk Bank. As interest in, and demand for, donor milk grew, the Mother's Milk Bank of Ohio began to enjoy the support of enough Wisconsin donors and serve enough recipients that couriering milk by car became logistically impossible.

It was at this point that Angel Flight Central, a non-profit service of over 6,000 pilots that provides 90% of the charitable non-emergency medical and community service flights in the US joined our milk banking team. This alliance has allowed us to expand our services and make human donor milk an option for even more recipients, in both hospital and outpatient settings.

The efficiency and generosity of Angel Flight makes scheduling a Milk Mission simple. The process begins with a call from Dr. Anne Eglash (whose office houses the Wisconsin collection site), letting us know the freezer is full. Next, we notify Judy Benjamin, Angel Flight's Mission Coordinator, that a milk shipment is ready. Within moments, she issues a call for a volunteer, and in a matter of hours, a pilot responds, and finalizes the flight plans with both the Mothers' Milk Bank of Ohio and the Mothers' Milk Association of Wisconsin. As milk bank staff



Dr. Anne Eglash, a Milk Bank volunteer assists Angel Flight pilot, Ivan Rodriguez, as he prepares to fly a shipment to Ohio.

busily screen donors, pasteurize milk, document incoming milk, and prepare milk shipments, gracious volunteers transport frozen milk to and from the airfields and assist the pilots in unloading the plane. Through each of these efforts, the volunteers add as many as 12 to 14 boxes of breast milk each month to the milk bank's supply... exceeding 33,000 ounces in the past 18 months.

It is through the generosity of our donor mothers and the participation of individual volunteers, Angel Flight and our collection sites, that we have been able to strengthen our commitment to make a difference in the area of infant nutrition and reinforce the message that nothing can protect and nourish an infant the way human milk can.

★ Save the Date! ★

HMBANA International Milk Banking Conference: Human Milk for Human Infants: Evidence and Application

November 8 & 9, 2007 ★ Fort Worth, Texas ★ Doral Tesoro Hotel & Golf Club

Check www.hmbana.org for updates.

The Miracle of Breast Milk – a Recipient Profile

By Donna J. Miracle, RN.C., PhD, Director for Research and Clinical Operations, Indiana Mothers' Milk Bank and Mary Tagge, RN, BSN, IBCLC, Clinical Director, Mothers' Milk Bank, Denver Colorado

Spinal Muscular Atrophy (SMA) is an autosomal recessive neuromuscular disorder. This disease process affects approximately 1/10,000 live births and is the second most common neuromuscular disease. In more than 50% of affected children, death occurs before age two.

The major problem with this disease process is muscular atrophy and the metabolism of fatty acids. Therefore, it is important to provide optimal dietary management and nutritional status for these vulnerable infants and children. This is where pasteurized donor human milk (DHM) plays a pivotal role. Often, mothers who are providing their own milk for these infants find it challenging to maintain lactation over an extended period of time and need a supplemental source of nutrition to use when faced with this difficulty.

As with any infant/child in a vulnerable physical state, it is important to provide the most optimum nutrition available. It is reported that in the absence of mothers' own milk, DHM promotes optimal digestion and in addition acts as an infant support system through a complement of bioactive factors. These biologic activities range from antimicrobial effects to immunostimulatory functions. It is well known that human milk contains proteins that are species specific such as lactoferrin, secretory IgA, K-casein, lactoperoxidase, haptocorrin, lactadherin and peptides that can inhibit the growth of pathogenic bacteria and viruses and are thus protective against infection. Although some of these protective mechanisms are lost in the pasteurization process, most are retained and no other food or pharmaceutical source contains this complement of bioactive factors.

Since September, 2006, The Indiana Mothers' Milk bank has supplied DHM for two patients diagnosed with SMA. Originally, mothers of these patients contacted Georgia Morrow, the Director for the Mothers' Milk Bank of Ohio, desperate to obtain banked human milk for their children. Georgia was instrumental in helping these mothers through the pro-



Elizabeth's family and health care provider believe she greatly benefits from a diet including donor human milk.

cess of obtaining DHM. One mother said, "She was wonderful! She thought, like me, that human milk might help my daughter Elizabeth with digestion."

The journey leading up to obtaining DHM for Elizabeth was described by her grandmother as follows, "Elizabeth's respiratory was failing, she kept losing weight and we ran out of ideas. The more calories I added to her diet the worse she got—they kept saying add more fat. I tried everything—different amino acid formulas, rice milk." Distraught and stressed with being unable to help, she recalled crying all of the time. She said, "my heart sank thinking about that time. She had gastrointestinal distress and quit growing for 6 months—even with the machines and respiratory protocol, we were losing her and I thought to myself that she was going to die before she turned two like the doctor told me".

Elizabeth's mother went on to tell the story that within 2 weeks of receiving DHM her secretions slowed down, she started gaining weight, her respiratory function improved, she had more energy and less constipation. Now, on this special diet regimen, Elizabeth's mother reports that she maintains weight better, bounces back quickly from illness and is a totally different

child on the DHM. And, most importantly, Elizabeth has not been hospitalized since DHM has been added to her diet regimen.

This story is similar for another little girl, CE, who was supplied DHM from the Mothers' Milk Bank at Presbyterian St. Luke's Medical Center in Denver, Colorado. For eight months, CE received her own mothers' milk. Soon after weaning, she began to develop colds and increased respiratory secretions as well as food intolerances. The physician then ordered DHM as a medical necessity for immune therapy. Interestingly, non-dairy milk was even better tolerated by CE to which her family attributed her weight gain. The mother said, "the doctors asked if she was on steroids because she looked so good with bright eyes, teeth and hair growing and her hair had not been growing before".

Mothers with children diagnosed with SMA have to experiment with individualizing a diet that is optimum for their child. For children with SMA, mothers report that it is important to have DHM with a nutritional analysis between 21-23 cal/ounce. Higher calorie milk seems to present more problems with digestion.

The improvement in Elizabeth's journey for nearly four years is attributed, by her mother and grandmother, to her participation in a clinical trial at Stanford University with Dr. Ching Wang and the addition of the DHM into her diet regimen. This is similar to CE's journey for almost 3 years. Her physician and family attribute her ability to maintain an optimal health status to the addition of DHM to her medical therapy regimen.

Since improved health outcomes are reported when DHM is used with the SMA diet, it is critical that researchers incorporate DHM into health outcome measures when designing study protocols. Then, healthcare providers can practice from the evidence rather than anecdotal information and empower families facing this difficult disease journey.

Frequently Asked Questions

By Gretchen Flatau, MPA

I contacted a milk bank in a neighboring state to donate milk but they turned me down because they said my baby is too old. I understand the bank is low on milk, why did they turn me down?

We certainly appreciate your efforts to help in this important endeavor. Each bank operates independently and makes decisions on taking out of state donors independently. It is very expensive to take a donor whose milk must be shipped to the milk bank. So generally when we do take an out-of-state donor we are looking for someone that already has a large volume of milk pumped and ready to donate. Most moms who try to start pumping when the baby is over 6 months old usually are not able to supply much milk. One of the other concerns we have is the nutritional value of the milk. While it can vary a great deal from mother to mother the protein level in particular goes down with the age of the infant they are feeding. Since most of the infants we are serving are 1 to 3 pound preemies with a great need for protein, the milk from mothers feeding older babies is not usually appropriate. So when we take milk from a mother with an older infant we are taking a risk. Generally we

hope we can mix that milk with mom's milk from younger babies, but that depends on the current pool of milk a particular bank may have at a given time. It can all be very tricky and is why a bank may say yes one month but not the next. We all try very hard to keep our costs down as it is important, particularly for some of our outpatient families that the cost of receiving milk is not prohibitive. Most HMBANA banks make every effort to provide milk for those with a medical need regardless of their ability to pay but that requires us to do lots of fundraising and to keep costs low. So sometimes we have to say no to a potential donor if the cost of receiving the milk will be too costly.

What does it cost me to donate my milk to a milk bank?

When you donate to a HMBANA milk bank it shouldn't cost you anything but your time and effort. The milk banks will cover the full cost of the screening including the blood test, will provide you containers to store your milk in and will pay for shipping the milk if that is necessary. Much like donating blood, sharing the gift of life takes time and commitment. Go to www.hmbana.org to find the milk bank closest to you.



Can I get milk for a baby being discharged from the hospital? I have an infant that I would like to discharge from our NICU but we have not been able to wean the baby off of DHM and mom's own milk is not available.

Yes, the HMBANA milk banks serve infants in the home. Some babies cannot be weaned from human milk at discharge. In many situations a milk bank can provide milk for the infant with a doctor's prescription. If the family lives in a city without a bank the milk will be shipped weekly directly to the home via overnight delivery. You should contact the milk bank closest to you to make arrangements to order donor milk. Some state Medicaid programs and some insurance policies will provide coverage for donor milk dispensed to outpatients.

From the Journals

Lording, R.J. (2006). A review of human milk banking and public health policy in Australia. *Breastfeed Rev.* 14(3):21-30.

This article reviews role of donor milk banking and Australian public health policy. It emphasizes the importance of including donor human milk banking in public policies as a strategy to protect and support breastfeeding.

Vohr B, et al. (2006). Beneficial effects of breast milk in the neonatal intensive care unit on the developmental outcome of extremely low birth weight infants at 18 months of age. *Pediatrics.* 118:115-23.

Researchers studied feedings of 1035 extremely low birth weight infants prospectively, and conducted developmental assessments at 18 months of age. Data collected using the Bayley Mental Development Index found that ELBW children who had received breast milk scored higher, and that the score increased as the daily volume of milk

Almeida, SG Dorea, J. (2006). Quality control of banked milk in Brasilia Brazil. *J Hum Lact* 23(3)335-339.

The authors provide some basic information on donor milk banking in Brazil and outline a study done at one hospital based bank. The study examined the "nutritional and hygiene-related profiles" of the bank which serves a low-income community. Information about both donors and recipients is also provided.

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Going the Extra Mile to Make a Difference

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research milk banking and the possibility of getting donor milk for Daniel.

She remembers approaching various staff members at the Florida hospital about bringing in donor human milk. "Their reactions were anything from just thinking it was really odd, to actually having one of the pediatric surgeons humiliate me in the NICU." Although it was a fight to educate the staff, doctors and hospital administration, Crystal finally convinced them to try donor milk. The milk for Daniel was delivered by overnight carrier. "He began to thrive on it immediately," said Crystal. Daniel grew and developed on donor human milk and was soon completely off all IVs and discharged home to Crystal, her husband, Mike, and the 5 other children in their home.

Ten months later Daniel's birth mother delivered another premature infant, Noah. Crystal and Mike were contacted to foster Daniel's sibling. Born in September 2006, Noah was just 24 weeks gestation and weighed only 1 pound 6 ounces. Crystal was already familiar with the hospital's policies and procedures. She requested that Noah only be fed human milk. Noah progressed without serious complications even though he was smaller and born even earlier than his brother. "I believe their lives were saved because of donor milk," said Crystal. Noah stayed in the hospital just eleven weeks and was released with no complications. Crystal was later thanked by the hospital's neonatologists for working so hard to get donor human milk into their facility. This hospital now routinely utilizes donor human milk.

Crystal is a wonderful example of how a mother, who wants the best for her babies, can be instrumental in changing the policies of a large healthcare institution to benefit all of the babies in their care.

Crystal and Mike are in the process of adopting Noah, now four months old and Daniel, eighteen months and have already adopted their older two siblings aged 2 ½ years and 4 years. Crystal and Mike also have three biological children ages 12, 14 and 17.

HMBANA milk banks dispensed a combined total of over 875,000 ounces of donor milk in 2006, a 17% increase over the previous year.