

# Equitable Donor Milk Access Blueprint





# Introduction

The Human Milk Banking Association of North America (HMBANA) is a membership association of more than 30 independent nonprofit milk banks in the United States and Canada. With support from the W.K. Kellogg Foundation, HMBANA convened a task force of external experts to examine the accessibility of donor milk and provide recommendations toward equitable access. This blueprint for equitable donor milk access is specific to nonprofit milk banking in the United States. HMBANA advances the field of nonprofit milk banking through member accreditation, development of evidence-based best practices, and advocacy of breastfeeding and human lactation to ensure an ethically sourced and equitably distributed supply of donor human milk. HMBANA believes in a world where all infants have access to human milk through the support of breastfeeding and the use of donor milk.

As a membership association, HMBANA brings together independent milk banks to advance the field. As described here, initial findings indicate that utilization of donor human milk is racially disparate. As an association dedicated to health equity, HMBANA has endeavored to learn more, create and disseminate best practices, and engage communities and partners toward health equity. HMBANA member milk banks accept donations and process milk, most of which is purchased by hospitals that control the distribution of donor milk to save the lives of preterm babies.

It is important to note the critical distinction between for-profit and nonprofit efforts to supply human milk in the United States. Several for-profit companies commodify and market human milk and human milk fortifiers. Because these companies are for-profit, their responsibility is ultimately to their shareholders. Given that HMBANA banks follow a nonprofit model, their responsibility is focused on creating and sustaining healthy communities. Many nonprofit milk banks offer sliding scale and charity care programs to increase access.

While some for-profit companies pay donors for human milk donations, HMBANA milk banks explicitly do not pay donors for an important reason: past paid collections both in the United States and abroad, where US-based companies were taking collections, have shown that the donors' motivation to receive needed income for their milk negatively impacted their own infants. Further, HMBANA members prioritize establishing relationships in their communities rather than their donations being extracted to benefit outside communities. It is deeply important for all recipients of human milk, especially the



institutions purchasing it, to consider the ethical and moral implications of how the milk is sourced and the ultimate beneficiaries. The COVID-19 pandemic and a critical shortage of infant formula have made this equity work even more important as these crises have disparately impacted those already marginalized and at risk for poor outcomes.

## What Is Health Equity and How Does It Apply to Nonprofit Milk Banking?

The World Health Organization (WHO) defines health equity as the “absence of unfair and avoidable or remediable differences in health among social groups.” It calls for just opportunities, conditions, resources, and power for all people to be as healthy as possible. This requires the elimination of obstacles to health, such as poverty and discrimination and their consequences, including perceived and real powerlessness and lack of access to good jobs with equitable pay, good quality education and housing; safe neighborhoods; and high-quality, safe healthcare that is easily accessed.

Health inequities are produced and sustained by deeply entrenched systems that intentionally and unintentionally cause stress, silence people, and prevent them from reaching their full potential. To address health inequities, we must develop anti-oppressive and antiracist policies and practices that acknowledge the deep harms that have been caused in the United States, both past and present. We must work toward a healthcare system that is fully accessible to all regardless of race, gender, religion, ability, immigration status, class, sexual orientation, and gender identity.

Equity is both a process and an outcome. It involves sharing power with people to co-design interventions and investing and redistributing resources to those with the greatest need—with explicit consideration for how racism, gender and class oppression, ableism, xenophobia, and English language supremacy impact outcomes. (Portions are adapted from the [American Medical Association's Organizational Strategic Plan to Embed Racial Justice and Advance Health Equity](#).)

# Internal Equity Work at HMBANA

Just over half of all HMBANA member banks report being highly engaged or engaged in their own health equity work while the others report being interested or highly interested in implementing best practices toward health equity. The top three reasons that member milk banks identify as obstacles in furthering their equity work are staff time, staff size, and availability of data (2023 internal HMBANA survey). A further important distinction is that some member banks are hospital-based and thus bound by the policies and practices of those larger institutions. Both HMBANA as a membership association and individual milk banks are and have been primarily white-led. Truly [engaging in equity work as white-led organizations](#) requires awareness, humility, and accountability.

## Internal Best Practices

These best practices are potential ways to begin thinking about and designing health equity policies and practices. Each member milk bank is situated in its own unique geographic and cultural context. Only through genuine engagement in these contexts can health equity policies and practices be designed uniquely for [each member bank](#):

- Mission, vision, and values statements that reflect dedication to advancing equity
- Clearly defined equity statement that is visible
- Policies that use inclusive language and address specific barriers for all stakeholders
- Digital and print communications that use inclusive and diverse language and images that include racial diversity, economic diversity, gender expression diversity, religious diversity, etc.
- Collection and tracking of demographic information from donors
- Board and staff demographics that mirror milk bank communities served
- Implementation of a sliding fee scale and/or charitable care program for caregivers with financial barriers to accessing donor human milk
- Online and print materials in multiple languages
- Multilingual staff who can screen donors, talk with recipients,



and reach out to the community

- Equity work that is embedded in the strategic plan
- Identification of potential allies in the community (e.g., breastfeeding organizations, public health institutions, religious communities, racial justice organizations, Tribal governments) and the best ways to participate in their work
- Creation of a community advisory board or council

HMBANA member banks also have a crucial role to play in external health equity work as noted in the final section of this blueprint.

## State of the Science: What We Know

Recent scholarship and the focus on health equity as it relates to donor milk access are shedding light on disparities in access and potential strategies to redress those disparities. There is a deep connection between engaging in breast/chest feeding and the availability of donor human milk for those who are not able to breast/chest feed. [WHO](#) (and many, many others) fully recognizes that parents' own milk is the best first food for all infants and also has health benefits for the parent who is breast/chest feeding. Donor human milk is an important food for infants when the parents' own milk is not available and is a critical medical intervention for very low birthweight infants.

### AMERICA'S ESSENTIAL HOSPITALS

America's Essential Hospitals (AEH) is the leading association and champion for hospitals dedicated to equitable, high-quality care for all, including those who face social and financial barriers to care. To better understand the use and availability of donor human milk in hospitals with Level III and Level IV neonatal intensive care units (NICUs) that rely predominantly on Medicaid dollars for revenue, HMBANA partnered with the AEH institute to interview five hospitals with donor milk programs. According to the report, to ensure that donor human milk is available in AEH, it is important to 1) obtain buy-in from leadership, 2) start small to gain early successes, 3) train staff, and 4) raise awareness and obtain consent from parents and guardians.

### CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) REPORTS

In 2017, the CDC published “Disparities in Hospital-Reported Breast Milk Use in Neonatal Intensive Care Units—United States, 2015” (Morbidity and Mortality Weekly Report, Vol. 66, No. 48, December 8, 2017). Data from the 2015 Maternity Practices in Infant Nutrition and Care (mPINC) survey of all United States maternity facilities, linked with postal code-level race data from the US Census, found that hospitals in areas with higher percentages of Black residents reported lower percentages of infants in the NICU routinely receiving mother’s own breast milk (median = 72%) or banked donor breast milk (median = 5%) than did hospitals in areas with lower percentages of Black residents (median = 80% and 10%, respectively).

The report offered the following for discussion and conclusion:

- 1) The use of both mother’s own and donor breast milk in NICUs was lower in hospitals located in postal codes with higher percentages of Black residents than those in areas with lower percentages of Black residents.
- 2) Donor milk use might also be affected by hospital proximity to milk banks, state regulations, and hospital policies related to the provision of donor milk and insurance reimbursement.
- 3) Interventions aimed at increasing the use of breast milk in NICUs among hospitals serving higher-percentage Black patient populations might help reduce some of the disparities observed in this analysis.
- 4) Safe and equitable access to milk from donor banks is a factor in ensuring that all high-risk infants receive optimal nutrition.

In 2022, the CDC published “Donor Human Milk Use in Advanced Neonatal Units—United States, 2020” (*Weekly*, August 19, 2022, 71(33); 1037-1041). Data from the 2020 mPINC survey of all United States maternity facilities showed that donor human milk is not available to very low birthweight infants at 13% of Level III and Level IV NICUs.

### RECENT SCHOLARSHIP

- Palmquist AEL, Asiodu IV, Tucker C, Tully KP, Asbill DT, Malloy A, Stuebe AM. “Racial Disparities in Donor Human Milk Feedings: A Study Using Electronic Medical Records.” *Health Equity*. 2022 Oct 19;6(1):798-808. doi: 10.1089/heq.2022.0085. PMID: 36338802; PMCID: PMC9629910.
- Paraszczuk AM, Candelaria LM, Hylton-McGuire K, Spatz DL. “The Voice of Mothers Who Continue to Express Milk After Their Infant’s Death for Donation to a Milk Bank.” *Breastfeed Med*. 2022 Aug;17(8):660-665. doi: 10.1089/bfm.2021.0326. Epub 2022 May

12. PMID: 35549706.

- Subudhi S, Sriraman N. “Islamic Beliefs About Milk Kinship and Donor Human Milk in the United States.” *Pediatrics*. 2021 Feb;147(2):e20200441. doi: 10.1542/peds.2020-0441. PMID: 33483451.
- Palmquist AEL, Perrin MT, Cassar-Uhl D, Gribble KD, Bond AB, Cassidy T. “Current Trends in Research on Human Milk Exchange for Infant Feeding.” *J Hum Lact*. 2019 Aug;35(3):453-477. doi: 10.1177/0890334419850820. Epub 2019 Jun 17. PMID: 31206310.

## CULTURAL CONSIDERATIONS

The landscape in the US for access to donor human milk mirrors larger structural issues in the US healthcare system, including systemic racism and bias. Healthcare systems are fragmented by state and are based on laws and insurance coverage that limit access to donor milk. Further, as discussed in the recent scholarship section above, providers play a critical role in ensuring access to donor milk, and potential recipients have widely varying views on the use of donor human milk itself. In some cultures, there can be general discomfort with the topic, due to uneasiness in talking about bodies, body parts, sexuality, and similar.

Task force members have identified some cultural considerations based on their own wisdom and experience. In Black communities, there has been resistance to donor milk (via clinical means) as a concept due to historical trauma associated with chattel slavery and forced wet-nursing among enslaved Africans, and healthcare workers are less likely to discuss donor milk with Black families. The use of gendered language in milk banking may not be inclusive of 2SLGBTQ+ communities and lactating parents who do not identify as mothers. In Muslim communities, some believe that donated human milk creates kinship between the donors and the infants, which may lead some Muslim recipients to avoid donated human milk if the identities of the milk donors are not revealed. Native and Indigenous communities are often overlooked in many conversations about health equity, especially those related to infant nutrition, due in part to the numerous assimilative policies of the US government to restructure Native families and food systems, such as through the forced removal of children from their homes to placements in boarding or residential schools and the introduction of commodities. In many Native and Indigenous communities, milk sharing is a common practice to ensure that babies are fed; yet there is very little access to donor milk. Further, there is a fraught and complex relationship between the Indian Health Service (IHS) and communities that should benefit from the health care provided due to colonialism and broken trust



through broken treaties. While these considerations are certainly not exhaustive, they are important to contextualize equitable distribution of donor human milk in the US.

# State of the Science: What We Need to Know

## RESEARCH OPPORTUNITIES

Qualitative and quantitative research offers invaluable data to inform the work of improving equity in donor milk access. While there is more focus and research on equity as it relates to donor milk access, there are many research opportunities to help us better understand the barriers to equitable distribution of donor human milk and to inform the design of interventions to redress those barriers. Research opportunities identified in current scholarship are:

- Understanding the knowledge, attitudes, and acceptability of lactation support and donor milk among culturally diverse populations in the US
- Documenting donor milk use by race and ethnicity of the patient and of the healthcare team, geographic and place-based factors, the role of baby-friendly hospital practices, and other social determinants of health as part of continuous quality improvement efforts to help identify institutional barriers and facilitators of implementing recommended best practices in hospitals
- Evaluating infant outcomes following supplementation with donor milk among term infants
- Assessing the impact of the COVID-19 pandemic, including the recent critical shortages of infant formula, on donor milk utilization by patient race and ethnicity during postpartum hospitalization
- Understanding the knowledge and attitudes regarding donor milk of providers in NICUs serving primarily low-income, Black, Hispanic, Indigenous, and other racially minoritized populations



Further factors to investigate related to donor milk access include:

- Young people who are pregnant or parenting who might donate or receive donor milk
- 2SLGBTQ+ community (chest feeding, etc.)
- Maternal loss/disparities
- Messaging research: determining which messages work best for specific demographics
- Donor milk and kinship, specifically as it relates to Islam
- Culturally connected considerations that may serve as obstacles to obtaining donor milk from a milk bank
- Engaging partners of birthing people
- The role of medicine carriers and healers in Native and Indigenous communities
- Mixed methods research with milk bank leaders on equity and access
- How donor milk enhances breastfeeding/chest feeding rates
- Access to donor milk for infants who have been exposed to perinatal opioid use; how biases show up in clinical settings
- Access for incarcerated lactating individuals and birthing people (no supportive federal policies are in place)
- Access for those who are experiencing homelessness
- The impacts of ongoing environmental crises, particular to places of resource extraction and/or superfund sites, for gestational and lactating individuals

## Calls to Action

Getting at the root of the *structural* issues and barriers in donor milk access presents its own set of challenges. Pushing the conversation beyond just diversity and inclusion to equity and justice is imperative to moving the work forward. Further, equity and justice work demands that we also examine our relationship to the land, environmental justice, and more sustainable and viable practices.

To do this work with Black and other racially minoritized communities, we must focus on grassroots organizing, coalition-building, messaging, and advocacy. Incorporating these new practices and ways of thinking about donor milk access may be difficult at times. However, to create sustainable and equitable changes, we need to push past our discomfort to root out and interrogate structural and systemic factors that perpetuate bias and further harm. Together, we can move toward a more just donor milk environment that centers the needs of the most vulnerable and marginalized communities. Below we have identified key audiences who can take action toward ensuring equitable access to donor human milk.

## AUDIENCES

### Nonprofit Milk Banks

Please also reference the [HMBANA Member Toolkit](#) for advancing the equitable distribution of donor human milk.

- Partner with healthcare institutions receiving donor milk, local researchers, and other advocacy organizations to collect demographic data on recipients of donor milk to understand any disparities in its distribution.
- Develop a research agenda to better understand barriers to and opportunities for the equitable distribution of donor milk and partner with universities and other research entities to implement that agenda.
- Advocate for insurance coverage of donor milk, focusing on Medicaid coverage at the state and federal levels.
- Partner with associations such as AEH to continue to better understand the barriers to hospitals relying on primarily Medicaid revenue to implement donor milk programs.
- Partner with IHS clinics and hospitals as geographically appropriate to support breastfeeding/chest feeding programs and establish donor milk programs.
- Create new and amplify current public education campaigns to increase donors and to raise the awareness of donor milk so that new birthing people can request it if needed.
- Utilize grassroots organizing strategies to bolster efforts toward equitable distribution of donor milk.
- Engage with community-based organizations and public health programs to learn more about community infant feeding needs and identify opportunities to collaborate.

- Collect stories from donors, recipients, healthcare professionals, and the like to inform advocacy, organizing, and public education efforts.
- Support families who donate milk after perinatal loss by accepting all donations, honoring their child’s legacy, and providing bereavement donation education to healthcare providers.

### **Legislators, Policy-Makers, and Tribal Governments**

- End segregated health care that is reinforced by payer exclusion.
- Establish national healthcare equity and racial justice standards, benchmarks, incentives, and metrics.
- Expand Medicaid, Tricare, and commercial coverage with a specific focus on care through the first year after birth, including coverage for donor milk.
- Support the key aspects of the proposed Access to Donor Milk Act\* that will:
  - Allow state agencies to use Special Supplemental Nutrition Program for Women, Infants and Children (WIC) funding to promote the need for and benefits of donor milk and allow WIC funds to support donor milk activities in states
  - Provide emergency capacity funding (\$3 million) for milk banks, in the event of a rapid increase in demand for donor milk, as occurred during the 2022 formula shortage
  - Create a donor milk awareness program at the Department of Health and Human Services (\$1 million) and expand an existing program at the CDC to educate the public on donor milk and nonprofit milk banks and to publicize the need for donor milk
  - Require the Secretary of Health and Human Services, through the Commissioner of Food and Drugs, to issue a rule clarifying the regulatory status of donor milk provided by nonprofit milk banks

\* This act is proposed and is likely to change over time.

- Encourage all states and territories to pass legislation based on the [California Dignity in Pregnancy and Childbirth Act](#).
- Establish equitable and inclusive Infant and Young Child Feeding in Emergencies policies.

- Partner with the IHS to incorporate a culturally resonant approach to birthing that includes and honors ancestral wisdom and medicine, full-spectrum doula care, and cross-collaboration with traditional workers and healers.
- Partner with Native and Indigenous communities to reclaim ways of knowing and healing that have been suppressed through colonialism and extraction to increase breastfeeding/chest feeding rates and reduce infant and maternal mortality.

### **Healthcare Institutions**

- End the use of race-based clinical decision models (including calculators).
- Eliminate all forms of discrimination, exclusion, and oppression in all facets of education, training, hiring, matriculation, and promotion supported by:
  - Mandatory antiracism, structural competency, and equity-explicit training and competencies for all trainees and staff
  - Publicly reported equity assessments for healthcare institutions
  - Partnership with organizations such as [Irth](#) and [Birthing Cultural Rigor](#) to identify and improve patient care experiences
  - Recruitment and retention of a workforce that is representative of the communities being served
- Prevent the exclusion of and ensure just representation of Black, Indigenous, Latinx, and other minoritized people in healthcare training and education as well as in leadership and decision-making positions.
- Solidify connections and coordination between healthcare, public health, and the communities being served.
- Acknowledge and repair past harms committed that are related to inequitable distribution of donor milk in the communities being served.
- Educate clinicians and healthcare staff about the importance of utilizing donor milk.
- Engage with local milk banks to ensure continuous and equitable access to donor milk.
- Provide HMBANA-accredited donor human milk in relevant

inpatient and outpatient settings

- Advocate with insurance companies for coverage of donor human milk.
- Provide lactation education after perinatal loss, including breast care and lactation suppression and the option to donate milk after loss.

### **Funders**

- Support the research opportunities listed above to better understand attitudes, beliefs, and distribution of donor milk.
- Support programs and initiatives that seek to better understand the role of racial and gender bias in health care and expand equitable access to models of care that provide the most optimal outcomes, including community-based programs, full-spectrum doulas, and midwifery care.
- Fund nonprofit milk banking initiatives that support donor milk access, equity programming, bereavement support, and capacity-building.
- Invest in nation-building and equipping Native families and communities to create conditions that support equitable health care.
- Fund community-based birth worker programs in Native and Indigenous communities to reestablish ancestral birth worker roles.

(Portions are adapted from the [American Medical Association's "Organizational Strategic Plan to Embed Racial Justice and Advance Health Equity"](#) and ["Racism and Bias in Maternity Care Settings," an official position statement from the Association of Women's Health, Obstetric, and Neonatal Nurses.](#))

# HMBANA Donor Milk Access and Health Equity Taskforce Members



## IFEYINWA ASIODU

Dr. Ifeyinwa Asiodu is an Associate Professor at the University of California, San Francisco (UCSF) School of Nursing, an investigator with the Bixby Center for Global Reproductive Health, and an affiliated Faculty Member with the Center for Health Equity. Dr. Asiodu is a respected public health nurse, lactation consultant, and researcher, with over 20 years of nursing experience. Dr. Asiodu's research focuses on identifying and addressing the impact of social and structural determinants of health during the reproductive life course, specifically on human milk feeding, lactation support, contraception, and maternity care practices. Dr. Asiodu received her BSN from the University of Southern California and her MS and PhD from UCSF School of Nursing. She completed postdoctoral work at the University of Illinois at Chicago.



## LINDSAY GROFF

Lindsay's dedication to helping medically fragile children is inspired by her own experience as a mother and milk donor when her daughter, Charlotte, had an extended stay in the neonatal intensive care unit. Lindsay held to her personal goal of providing breast milk for one year, both to Charlotte through a nasogastric tube and to other vulnerable infants by donating excess milk. Today Lindsay is passionate about her role at HMBANA and, with her thriving daughter, shares a deep belief in serving under-resourced communities through her work with local nonprofits. Lindsay has an MBA from Rowan University and a bachelor's degree in marketing from Rutgers University.



### SUMMER KELLY

Summer serves as the Executive Director of the Mothers' Milk Bank of the Western Great Lakes. She holds a BSN from Rush University and an MS in Biology from Northeastern Illinois University, where she researched the bioactive components of human milk. Summer currently serves as President of HMBANA, where she also chairs the Accreditation Committee.



### NADIA KHAN

Nadia recently received her doctorate degree in Islamic Studies from the University of Chicago Divinity School. Her dissertation focused on debates amongst American Muslim parents, religious scholars, and parenting experts about child-rearing. Her research explored infant feeding and childhood disciplinary practices among American Muslims. She is currently running a weekend school called KL Kuttāb in Kuala Lumpur, where she resides with her family.



### JASHA LYONS ECHO-HAWK

Jasha Lyons Echo-Hawk is a self-described “Intertribal Love Song” belonging to the Seminole, Pawnee, Iowa, Omaha, and Mvskoke Creek Nations. They identify as Two Spirit. An award-winning equity advocate and organizer, Jasha helped found Indigenous Milk Medicine Week and the Indigenous Milk Medicine Collective. They currently practice as an Indigenous Lactation Counselor and a certified birth worker. Jasha sees the reclamation of birthkeeping and rematriation as a path to collective liberation. They are honored to be a parent and maintain a “Run, Pray, Laugh” lifestyle with their family.



### KIMBERLY MOORE-SALAS

Diné (Navajo People) Kim is born from the Naakaii Diné (Mexican People) and Tsi’naajinii (Black Streak People) clans. She was born in Tuba City, maternally from Tolani Lake, Arizona. Kim is an International Board-Certified Lactation Consultant with over 12 years of experience in peer counseling and hospital- and community-based lactation. She is a Co-Instructor for the Indigenous Breastfeeding Counselor training and Advisory Committee member for the Navajo Breastfeeding Coalition and United States Breastfeeding Committee Tribal Liaison.



### AUNCHALEE PALMQUIST

Dr. Aunchalee Palmquist is an Associate Professor of the Practice at the Duke Global Health Institute. She holds a PhD in Medical Anthropology from the University of Hawai'i at Mānoa and is an International Board Certified Lactation Consultant (IBCLC). Dr. Palmquist is a health equity scholar, feminist ethnographer, and an internationally recognized breastfeeding and human lactation researcher. Her scholarship focuses on the intersections of breastfeeding, science, and society. Dr. Palmquist has conducted a diverse range of ethnographically informed research on human lactation, breastfeeding, and other forms of human milk feeding (milk sharing, milk banking, pumping, induced lactation, and relactation). Inspired by feminist anthropology, Indigenous methodologies, bioethics, and human rights frameworks, she uses research to uncover root causes of health inequities and to imagine new directions for policy, practice, and advocacy.



### SONA SMITH

Sona Smith (she/her) is the Birth Justice Program Officer at the Ms. Foundation. She has worked in nonprofit and movement spaces for over 15 years and has experience developing, implementing, and managing innovative programs that serve young people in Chicago and beyond. She is deeply committed to improving the lives of youth, families, and organizations in disinvested communities. She has worked for various organizations, including Chicago Volunteer Doulas as the Executive Director. She has a rich history in youth development, program management, leveraging community support and resources, developing coalitions, and building relationships with a shared sense of purpose. Her work in the birth justice movement has included serving as a birth doula and lactation peer counselor for families in Chicago and participating as one of the first members of Health Connect One's Birth Equity Leadership Academy.

Currently she sits on the HMBANA Donor Milk Health Equity Task Force. She is a recent graduate of both the Cultivate Women of Color Leadership Cohort and Rockwood Leadership Institute Reproductive Health, Rights, and Justice Fellowship. Most recently, she has served as Executive Director of the Illinois Caucus for Adolescent Health, a youth-centered reproductive justice organization in Chicago. She was recently named as a member of the Obama Foundation Leaders USA inaugural cohort. Sona is a mother of three amazing children: Aya Sol, Ameen Naji, and Ajani Najim. Her commitment to birth and reproductive justice was birthed through her lived experiences as a Black woman and mother navigating harmful systems of oppression and injustice as she was becoming a parent.





### SHANNON SULLIVAN

Shannon (she/her) is a seasoned nonprofit professional with over 20 years of experience as an Executive Director, Regional Director, and a nonprofit consultant. She partners with clients to articulate big questions and design innovative and effective processes to address them through planning, facilitation, and culture-building in her role at the groundswell alliance. Shannon is a trained mediator and circle keeper, a devoted Chicago Public Schools parent, and an activist for criminal legal system reform and racial justice. Her other passion is as a founding member of interrogating whiteness, an initiative to engage other white folks to dismantle white dominant culture.



### KENTINA WASHINGTON-LEAPHEART

Kentina is an educator, a consultant, and an advocate who has dedicated nearly 15 years to causes related to reproductive justice. As a former NICU chaplain, a Breastfeeding Peer Educator, and a mother who nursed her own daughter, Kentina knows firsthand the life-changing effect that is possible when all mothers have access to compassionate, culturally competent, full-spectrum breastfeeding education and support, including donor milk. Kentina has a deep appreciation for and commitment to the causes of bodily autonomy and freedom for Black and brown people broadly and Black women specifically, particularly in healthcare settings. She finds great joy in her identities as a Black, queer womanist whose lived experiences inform every aspect of her work.



*Mobilizing the Healing Power of Donor Milk*

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## **MISSION**

HMBANA advances the field of nonprofit milk banking through member accreditation, development of evidence-based best practices, and advocacy of breastfeeding and human lactation to ensure an ethically sourced and equitably distributed supply of donor human milk.

## **VISION**

HMBANA believes in a world where all infants have access to human milk through the support of breastfeeding and the use of pasteurized donor human milk.

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The W.K. Kellogg Foundation (WKKF), founded in 1930 as an independent, private foundation by breakfast cereal innovator and entrepreneur Will Keith Kellogg, is among the largest philanthropic foundations in the United States. Guided by the belief that all children should have an equal opportunity to thrive, WKKF works with communities to create conditions for vulnerable children so they can realize their full potential in school, work and life.

The Kellogg Foundation is based in Battle Creek, Michigan, and works throughout the United States and internationally, as well as with sovereign tribes. Special attention is paid to priority places where there are high concentrations of poverty and where children face significant barriers to success. WKKF priority places in the U.S. are in Michigan, Mississippi, New Mexico and New Orleans; and internationally, are in Mexico and Haiti. For more information, visit [www.wkkf.org](http://www.wkkf.org).