Welcome!

- Thank you for your continued support of non-profit milk banking in North America! The objective of this publication is to highlight the activities of our accredited and developing milk banks.
- Take a moment to forward it to a friend, colleague or someone else who you think might be interested.
- If you received this from someone else, please visit the HMBANA website to be added to our mailing list: www.hmbana.org.

In this issue

Letter From the President
Early Bird Registration Ends Soon
From the Journals
Mothers' Milk Bank of North Texas Grows in 2015

Letter From the President

Greetings! Happy New Year!

Welcome to 2016! As you all are aware, 2015 was a big year for HMBANA. We are now up to 24 HMBANA Accredited milk banks! I want to take a moment to welcome all of our newly accredited...
HMBANA milk banks to the association:
Mothers’ Milk Bank of Alabama
Mothers’ Milk Bank of Mississippi
Mothers’ Milk Bank of Florida
Mothers’ Milk Bank of the Western Great Lakes

You can find all of our accredited and developing milk banks listed on our WEB site. ([www.hmbana.org/locations](http://www.hmbana.org/locations))

We are preparing to start work on a new strategic plan, that includes fund raising from various sources. With all of this tremendous growth comes obvious growing pains and deep soul searching, discussions on the future of nonprofit milk banks, but it will also allow us as an association to have a larger discussion: Where are we on the landscape of human milk services? Where do we want to go? How are we going to make donor milk ACCESSIBLE to ALL infants in need? WHAT do we hope to accomplish TOGETHER? These questions will help us solidify our objectives, strengthen our mission, fine tune our organization and serve the membership.

2016 also brings to HMBANA a new Interim Executive Director. We are excited to welcome Mary Michael Kelley, M.Ed., M.P.A to this new role. Mary Michael comes to us from the Community Food Bank of Central Alabama, where she spent ten years there in progressive positions, most recently as Executive Director and as founder of the Mothers’ Milk Bank of Alabama, one of our newly accredited HMBANA milk banks. The executive committee is actively working with her and take advantage of her knowledge and expertise in nonprofit administration, as well as experience in an organization with an overarching organization (Feeding America) similar to the structure HMBANA and milk banks are organized. Please take a moment to welcome her to the HMBANA family! ([mmkelley@hmbana.org](mailto:mmkelley@hmbana.org))

Mary Michael and the Conference Committee are working very hard to put on the best International Congress of the Human Milk Banking Association of North America in Orlando Florida! The speakers are the best in their fields. Be part of the cutting edge of milk banking and breastfeeding on April 11 and 12, 2016!

Thank you for all that you do in the lives of babies, and thank you for your support of nonprofit milk banks.

Here’s to 2016!

Sincerely,

Pauline Sakamoto, RN, MS

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**Early Bird pricing for the 2016 International Congress on Donor Human Milk Banking will end March 1st, 2016.**

**Register today at:** [https://www.hmbana.org/2016-hmbana-full-conference-registration](https://www.hmbana.org/2016-hmbana-full-conference-registration)
A study of human milk changes over time
By: Kim Updegrove, RN, CNM, MS, MPH, Immediate Past President of HMBANA
Executive Director, Mother’s Milk Bank at Austin

Mothers are encouraged by the American Academy of Pediatrics to breast feed exclusively for six months and to continue providing breast milk for at least one year postpartum. The World Health Organization encourages mothers to breastfeed for two years minimally. Milk banks — both HMBANA affiliates and others — and milk sharing sites have quite different protocols for accepting milk expressed at varying times since babies’ births. Of particular interest is that extending the donation cutoff date could increase the donor milk supply.

This study measured changes in components of expressed human milk between 11 and 17 months postpartum, and its findings add considerably to the body of knowledge underlying these protocols. Protocols may continue to be very different, however, based on the intended recipients of the milk, type of milk processing — especially heat treatment — and its effects on specific nutrients, and the specific intended milk product to be produced. Moreover this study did not address bioavailability, i.e., the degree to which the measured components are absorbed by recipient infants. Also warranting further investigations are the relationship of specific nutrients and proteins to milk volume and to subject effect. Such additional research is essential since demand for donor human milk is increasing as more neonatal intensive care units (NICUs) incorporate donor human milk into their feeding protocols. It is noteworthy that two of the researchers are on the Human Milk Banking Association of North America’s (HMBANA) Board of Directors.


This study addressed the paucity of data regarding human milk composition beyond one year postpartum.
with the goal of contributing to evidence-based guidelines regarding how long lactating women are eligible to donate their milk. The researchers obtained donor milk samples from three HMBANA member milk banks with an average pumping date of 4 months after delivery, and from 19 lactating women in North Carolina who provided monthly milk samples from 11 months to 17 months postpartum. Increased concentrations over time of total protein, lactoferrin, lysozyme, Immunoglobulin A, and sodium were noted, while decreases in zinc and calcium were seen. Iron was also significantly lower in the lactating moms’ samples versus milk bank samples. Total concentrations of Human Milk Oligosaccharides were significantly lower in the 11-to-17-month samples as well. No changes were observed in lactose, fat, iron, or potassium. Correlations between volume of milk expressed and nutrient levels was seen (inverse relationship), feeding interval was inversely related to fat (as intervals increased, fat levels decreased) and sodium (sodium increases as the interval increases), with increased proteins as volume decreased. Researchers suggest that accepting milk bank donations from lactating mothers beyond one year postpartum could increase the supply of DHM while also raising the concentration of total protein, lactoferrin, IgA and lysozyme in pooled donor human milk; however mineral fortification may be needed.

Growth in 2015 is Bringing Big Changes to North Texas

Mothers’ Milk Bank of North Texas (MMBNT) has experienced consistent growth every year since opening in 2004. Of course, for non-profit milk banks, growing pains are good and reflect the success of our mission. In fact, more sick babies than ever are receiving life-saving, pasteurized donor milk from MMBNT.

Here is what our year looked like in 2015:
- 552,761 ounces dispensed, over 100,000 ounces more than in 2014
- 778 approved donors, over 100 more than in 2014
- 114 hospital NICUs served
- 64,155 minivan miles delivering and picking up milk
- 7 new collection depots in Texas

To meet the ever increasing demand for processed milk, we have concentrated efforts in both community education and capital improvements. In late 2014, we implemented Project MOMM (Make Our Mission Matter), a program designed to communicate effectively with potential donors about milk banking. Mom-friendly education packets are distributed in hospitals during childbirth/breastfeeding classes and at discharge. If a mother produces breastmilk in excess of her own baby’s needs, she will know about the option of donation.

In December, we implemented a lab expansion project that will provide space for a new pasteurizer and modify three spaces within our current building. The lab will occupy two rooms; one for milk thawing, homogenization and packaging, the second for sterilization and pasteurization. The freezer & packing room will be relocated and the milk logging room will occupy our former conference room. These changes will improve efficiency and greatly impact the volume of milk dispensed. While renovation projects are always challenging, we are thrilled to have the capability to help thousands more medically needy babies have a
fighting chance.

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