



Position Statement on Donor Milk

Applies to

- All Australian Breastfeeding Association (ABA) staff and volunteers

Definitions

Word or Phrase	Definition
Cross-feeding	Shared breastfeeding (direct feeding 'at the breast' of another mother)
Directed donation	Medically supervised donation of unpasteurised milk from a known donor, that includes donor screening and testing and sometimes milk testing
Donor milk	Human milk donated to a milk bank or in an informal milk sharing arrangement
Human milk bank (HMB)	An organisation or service that collects, stores, screens, processes and distributes pasteurised human milk.
Informal milk sharing	Sharing of human milk outside of a HMB as expressed milk or cross-feeding
Wet nursing	Cross-feeding, sometimes for payment
The Association	The Australian Breastfeeding Association (ABA)

Scope

- All ABA publications and communications, national, branch, regional and group
- All ABA websites, forums, podcasts, and social media sites
- All ABA events (including group meetings)
- All ABA Helpline services including LiveChat, telephone and email services.

Principles

When an infant needs supplementation, the Association supports the option to use donor milk in accordance with WHO/UNICEF Global Strategy for Infant and Young Child Feeding of 2003¹:

For those few health situations where infants cannot, or should not, be breastfed, the choice of the best alternative – expressed breast milk from an infant's own mother, breast milk from a healthy wet-nurse or a human-milk bank, or a breast-milk substitute fed with a cup, which is a safer method than a feeding bottle and teat – depends on individual circumstances.

The Association supports and encourages the establishment of human milk banks in line with the WHO/UNICEF Declaration of 1980²:

Where it is not possible for the biological mother to breastfeed, the first alternative, if available, should be the use of human milk from other sources. Human milk banks should be made available in appropriate situations.

The Association aims to provide accurate information to allow safe milk sharing in all contexts.

The Association supports the principles for ethical governance of donor milk that address vulnerability, equity and fairness, autonomy, and human rights, as called for by the 2019 Oxford-PATH Human Milk Working Group³.

The Association acknowledges and respects the traditional and continued practices of cross-feeding of First Nations people and culturally and linguistically diverse groups, including asylum seeker, refugee, and immigrant communities.

The Association encourages health professionals to provide accurate and up-to-date information on the risks and benefits of different forms of human milk sharing relative to artificial baby milk.

The Association supports and encourages the development of clinical guidance for all forms of human milk sharing and their inclusion in the breastfeeding education of health professionals.

Objectives

1. Support women in making informed decisions about donor milk and human milk banking.
2. Encourage methods of using donor milk that support rather than displace breastfeeding.
3. Encourage the establishment of human milk banks.
4. Encourage the ethical governance of donor milk.
5. Encourage ways of sharing human milk that address social inequities in breastfeeding and access to donor milk.
6. Recognise the contribution of human milk sharing to food security and infant feeding in emergencies.
7. Protect the Association from potential risks involved in donor milk.

Position statement

1. Support women in making informed decisions about donor milk and milk banking

The Association is committed to supporting mothers to breastfeed their infants and children to provide information and support to enable this.

A mother's own milk is the normal food for her infant and child and, with the right information and support, most mothers can produce enough breastmilk for their infants.

In rare cases where mothers do not have enough breastmilk for their infants, or where breastfeeding is not possible, the Association recognises human milk from another healthy¹ woman is the next best alternative.

Therefore, ABA encourages governments and health care facilities to ensure that safe alternatives, including access to human milk banks and information about safe donor milk, are available to all.

¹ In this instance the term 'healthy' refers to women who have none of the contraindications for breastfeeding or providing expressed breastmilk including, but not limited to, some medical conditions, contraindicated medications, illicit drugs and infectious diseases transmitted through breastmilk. For a full discussion and recommendations, see reference: National Health and Medical Research Council. (2012. Breastfeeding in specific situations. In: Infant Feeding Guidelines: Information for health workers (pp. 61–70). National Health and Medical Research Council.

https://www.eatforhealth.gov.au/sites/default/files/files/the_guidelines/n56_infant_feeding_guidelines.pdf

Sourcing, sharing or donating human milk

Informal milk sharing

The Association recognises that some mothers will choose to source human milk through private arrangements (informal milk sharing). There are risks involved in using privately sourced donor milk. The Association strongly encourages mothers to ensure that they are well informed of the potential risks and benefits of donated human milk, the methods available to minimise risks, and to make decisions based on their own individual circumstances.

The Association recommends that mothers seek medical advice about donor screening and testing, based on the following guidance:

- The Australian College of Midwives' 2014 [Position statement on the use of human donor milk](#)
- The Academy of Breastfeeding Medicine's 2017 [Position statement on informal breast milk sharing for the term healthy infant](#).
- Donor screening questions and blood tests required by Australian human milk banks that are available on their web pages.

Community-based, altruistic milk sharing networks exist to facilitate the informal sharing of human milk. The Association provides the following information and links to some of these resources as a service to the community and to assist mothers to make informed decisions.

The Association does not necessarily endorse the information available from these resources and makes no representations as to their accuracy.

- www.eatsonfeets.org
- www.hm4hb.net

For donations of breastmilk

Name of milk bank	Location	Web site
Lifeblood Milk	Sydney Adelaide Brisbane	www.milkbank.com.au
Mercy Health Breastmilk Bank	Melbourne	www.mercyhealthbreastmilkbank.com.au
Perron Rotary Express Milk (PREM) Bank	Perth	www.kemh.health.wa.gov.au/Our-services/Service-directory/Prem-Milk-Bank

Safe human milk handling and transport

Information on the safe expression and handling of donor milk is provided by human milk banks to their donors. Safe expression and handling of milk shared informally is available from the sources above, the Association's web page on Expressing and storing, and the ABA booklet *Breastfeeding: expressing and storing breastmilk* and the NHMRC Infant Feeding Guidelines.

Directed donation of unpasteurised human milk from a known donor

The Association recognises that, in some circumstances, a health service will enable the use of unpasteurised milk from a known donor who is screened and blood tested under medical supervision (directed donation). The Association supports the development of protocols for directed donation and awareness of these protocols.

Human milk banks

The Association recognises that Australian human milk banks provide tested, donated milk for babies, typically under medical supervision. Most human milk banks in Australia are located within a hospital and provide donor milk to premature babies born in that hospital. However, in some circumstances, pasteurised donor breastmilk may be sourced from not-for-profit human milk banks.

2. Encourage methods of using donor milk that support rather than displace breastfeeding

Donor human milk provides a lifesaving, short-term intervention when a mother's own milk is temporarily unavailable. The provision of donor milk from human milk banks can promote, protect, and support breastfeeding.

The Association supports the use of donor milk viewing it as a short-term intervention, provided alongside support to the mother to breastfeed and increase her supply with the intention of reaching full capacity for the provision of breastmilk for her own infant.

3. Encourage the establishment of human milk banks

Many babies in neonatal intensive care units cannot access sufficient supplies of their mother's own milk during the first days or weeks of life. For these vulnerable babies, mainly low birth weight and premature babies, the WHO recommends the use of human milk obtained through human milk banks^{4,5}.

ABA supports access to donor milk from a human milk bank for:

- premature and low birth weight babies, and then for
- full-term babies to prevent the overuse of formula supplementation of breastfed infants in hospital⁶

ABA recognises that human milk banks provide safe human milk and encourages their establishment.

4. Encourage the ethical governance of donor milk

The Association supports advances in human milk banking and sharing that enables ethical, equitable access to donor milk provided with appropriate breastfeeding support. Donor milk should not be used, promoted, or marketed in ways that displace breastfeeding.

The Association supports the principles for ethical governance of donor milk that address vulnerability, equity and fairness, autonomy and human rights, as called for by the 2019 Oxford-PATH Human Milk Working Group³.

5. Encourage ways of sharing human milk that address social inequities in breastfeeding and access to donor milk

The Association recognises the interconnected rights of mothers to breastfeed and control their milk as part of their bodies, the rights of babies to human milk, and the rights of parents to understand their options in infant feeding. The Association acknowledges that the realisation of these rights depends on the generosity and capacity of individuals to donate milk and the wider, societal factors (cultural, political, economic, and institutional) that underpin this capacity. The Association recognises that the distribution of human milk in society follows a social gradient and therefore encourages milk sharing initiatives that address inequities in breastfeeding and access to donor milk.

The Association encourages investment in breastfeeding and the health of women and children through public health and universal access to excellent health and maternity care to minimise the need for donor milk and to make milk sharing safe for any baby that is unable to be fully fed their own mother's milk. Antenatal education should include awareness of

human milk donation in a way that does not undermine the confidence of a woman in her ability to produce breastmilk.

The Association supports the rights of parents, carers, and health professionals to know how donor milk is sourced and used, consistent with principles of informed consent and privacy. The Association recognises the emergence of trade and commercial interests in human milk that may be exploitative or undermine breastfeeding. The Association supports developments in human milk banking, research and technology that support breastfeeding and are transparent about the social and economic conditions under which women produce donor milk, and about commercial affiliations in human milk products or research. The Association believes that mothers who produce and use donor milk should be consulted about policy and regulation regarding its safety, distribution, and governance.

6. Recognise the contribution of human milk sharing to food security and infant feeding in emergencies

Milk sharing can contribute to infant food security in households and communities during both normal times and emergencies.

In emergency or disaster situations, cross-feeding may be safer than using expressed donor milk (or infant formula) if bottle-feeding is considered dangerous because of/due to a lack of drinkable water or power to sterilise feeding equipment^{7,8}. Like any supplement, donor milk needs to be acceptable, feasible, affordable, sustainable and safe⁹.

7. Protect the Association from potential risks involved in donor milk

The Association does not directly facilitate private human milk sharing by making its resources available to link private donors and recipients and accepts no responsibility for expressed breastmilk donated by its members. Association members who donate expressed breastmilk do so as breastfeeding mothers and not on behalf of the Association.

References

1. WHO/UNICEF, 2003. Global Strategy for Infant and Young Child Feeding. World Health Organization.
2. WHO/UNICEF (1980). WHO/UNICEF Meeting on infant and young child feeding. *Journal of Nursing-Midwifery* 25(3):31–38.
3. Israel-Ballard, K., et al. (2019). Call to action for equitable access to human milk for vulnerable infants. *The Lancet Global Health* 7(11): e1484–e1486.
4. World Health Organization 2011. Guidelines on optimal feeding of low birth-weight infants in low- and middle-income countries. World Health Organization.
5. World Health Organization (2017). WHO Recommendations on Newborn Health: approved by the WHO Guidelines Review Committee. World Health Organization.
6. Hunt RW, Ryan-Atwood TE, Davey M-A, Gaston J, Wallace E, Anil S on behalf of the Maternal and Newborn Clinical Network INSIGHT Committee 2019, Victorian perinatal services performance indicators 2018–19, Safer Care Victoria, Victorian Government, Melbourne.
7. Angood, C. (2017). *Operational Guidance on Infant Feeding in Emergencies (OG-IFE)* version 3.0. Emergency Nutrition Network (ENN).
8. Gribble, K. (2018). Supporting the most vulnerable through appropriate infant and young child feeding in emergencies. *Journal of Human Lactation* 34(1): 40–46.
9. World Health Organization (2020). "Breastfeeding, maternal health and everyday living. Q.17 Does 'AFASS' still apply?"

Approved by
ABA Board

Revision history

Revision	Date	Description of modifications
PS002.201102	24 Feb 2011	Approved by ABA Board
V2	Nov 2013	Position Statement reformatted for website template. Updated URLs. No change in content.
V3	29 Nov 2014	Merged with Human Donor Milk Policy. Approved board meeting 163
V4	8 October 2021	Major review and update