

# Experts debate best alternative to mother's milk

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Earlier this year, the World Health Organization (WHO) re-emphasized the importance of breastfeeding by setting new global standards for child development.

Although most scientists agree that breast milk provides the best nutrition for new babies, the WHO position recasts the spotlight on the long-standing debate around the best infant-feeding options for mothers with full-time jobs or other biological barriers to nursing.

That debate is mirrored in the differing opinions of two experts at the University of Wisconsin-Madison and centers on whether infant formula (a cow- or soy milk-based product that strives to duplicate the nutritional content of breast milk) or "donor milk" (breast milk donated by other lactating women) is the healthier alternative to nursing.

UW-Madison family physician Anne Eglash believes that human donor milk has clear benefits over formula. "We assume that the donor human milk has many of the same advantages of breast milk: preventing infection, providing essential fatty acids, reducing risk of allergy and preventing long-term health problems such as obesity, high blood pressure and autoimmune diseases like arthritis."

Eglash and other health care professionals established the non-for-profit Mother's Milk Association of Wisconsin (MMAW) for Madison women interested in donating extra breast milk. Based on standards set by the Human Milk Bank of North America (HMBANA), the donor goes

through a screening process and blood test before the donated milk is pasteurized and distributed to mothers who are unable to breastfeed. Eglash hopes her grassroots efforts will help lead to a resurgence in donor milk use as the leading alternative to breastfeeding.

Until the Industrial Revolution, human infants survived solely on breast milk, from their mothers or other lactating women known as "wet nurses." But gradually, as the medical establishment branched into pediatrics, formula feeding replaced human milk as the dominant infant diet.

"We have this culture in the U.S. where breastfeeding is no longer natural - formulas have become the norm," says Eglash. "We basically got duped by Nestle, a number of other formula companies and the medical establishment. The most common breastfeeding substitute for a baby is formula in the U.S. In several other countries like the United Kingdom, India and Brazil, it's still donor milk."

But Frank Greer, a pediatrician and UW-Madison professor of nutritional sciences, notes that formula is a more accessible, cost-effective and reliable substitute for nursing than donated human milk. Greer has researched infant nutrition since the late 1970s.

According to Eglash, donor milk from a nonprofit, HMBANA-sponsored bank costs about \$3.50-\$4 per ounce plus shipping. Greer says that the increased expense does not provide any clear or measurable benefits over formula, which costs around 15 cents an ounce. And although HMBANA advises that premature babies receive donor milk, Greer says that research shows that donor milk-fed premature babies have no advantages over formula-fed ones. "Evidence for donor milk making any difference is lacking, unfortunately."

Greer adds that the immune system boost inherent to breastfeeding is

tied to each mother and baby's environment, so neither formula nor donor milk can exactly replicate the unique makeup of each mother's milk. With formula, parents know exactly what they are feeding their child, Greer says, although the composition of donor milk can vary depending on a donor's diet and environment.

According to Greer, the dynamic mix of compounds present within mother's milk provides defense against infections for the first four months of life. However, many of the valuable elements of donated breast milk, including the antibodies and living cells that supply immunity, are destroyed during the heating and cooling of sterilization.

Although Eglash concedes that there is insufficient research on the benefits of donor milk, she still considers it a safer alternative to breastfeeding, suggesting that there have been hundreds of cases of contaminated or tainted formula, but no recorded illnesses from drinking donor milk. Greer suggests that mothers should not worry about contaminated formula, as long as they mix it according to manufacturer directions.

Even as donor milk processing is refined and formula manufacturers develop a better product, agreement on the benefits of traditional nursing is the only constant in the debate on breastfeeding substitutes.

Source: University of Wisconsin

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