

## Breast milk you can bank on

November 21 2013, by Wendy Frew

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Kate and mum Janet Gowland gave and received milk from Perth's PREM Bank. Credit: Stephen Heath.

Sixteen weeks into her third pregnancy, Janet Gowland's waters broke and there was a risk she would miscarry.

Fortunately, she didn't and the West Australian mother of two then had a couple of months to prepare herself for a premature birth. But it was still a daunting prospect.

"I knew I was going to have a preemie baby for about eight weeks so I could psychologically prepare myself for that. But I still struggled emotionally," says Janet, speaking from her home in the wheat belt

region of Western Australia, about 120 kilometres south east of Perth.

In January, at 28 weeks, Janet gave birth to her daughter Kate, at Perth's King Edward Memorial Hospital.

For a short while, Kate was fed with tiny amounts of another woman's breast milk until Janet began lactating.

At first, it felt strange accepting another woman's milk "but it was a five-second decision", says Janet, "because you know it is the best thing for your baby".

Producing more milk than Kate needed, Janet herself became a donor and as of last month had donated about 140 litres of breast milk to King Edward's Perron Rotary Express Milk (PREM) Bank, which has been used to feed scores of other premature babies.

Such donations, made through neonatal intensive care units (NICU) attached to hospitals, are a vital – and in many cases, life-saving – part of maintaining the health of premature babies, according to researcher, Dr Katherine Carroll.

Compared with other countries, Australia has very few hospital-based milk banks, and mothers and their premature babies are suffering because of it, she says.

For the past couple of years, Dr Carroll, a Postdoctoral Research Fellow at the University of Technology, Sydney (UTS), has been researching modern milk banking in NICUs in the US, where they are widespread.

"We really need to start talking about milk banks in Australia," says Dr Carroll.

"We need to value this precious resource because there is not even enough for the sickest of babies. The World Health Organisation and the American Academy of Paediatrics say the best thing for premature babies when their mother's milk is not available is another mother's breast milk. So why are we not doing that?"

Human breast milk can reduce the risk of necrotising enterocolitis (NEC), a severe and potentially fatal gastrointestinal infection common in premature babies. Feeding formula to premature babies dramatically increases the risk of them developing NEC.

But milk from a [premature baby](#)'s mother isn't always at hand. After a traumatic early birth, a woman may be too sick to feed her child or she might not have begun lactating. Some premature babies are unable to suckle at the breast and a lack of physical contact between mother and child can delay lactation.

This is when a mother who has more milk than she needs for her child can step in. In the first weeks after birth, a woman's body is trying to work out how much milk to make. Sometimes, she produces too much.

Dr Carroll's research shows that many women choose to store the surplus milk in case their supply dries up, or in case they become ill and can't suckle their child, or for a range of other reasons such as returning to work where it is difficult to breast feed or express milk.

"If everything goes well they donate the extra milk," says Dr Carroll.

Some women also choose to pump extra milk for a milk bank.

In the US, milk banks have been operating for more than 100 years. In Brazil, there are more than 210 such banks and Brazil has helped establish banks in other countries.

Australia's milk banks were closed down in the mid-1980s following the outbreak of Human Immunodeficiency Virus (HIV). Even though the virus can now be deactivated by pasteurising the milk, only a few banks have reopened. Currently, HIV positive mothers are precluded from donating their milk and are screened out with blood tests.

One of the first banks to open in Australia in recent years was Perth's PREM Bank, where Kate Gowland was born and where her mother Janet is its biggest donor to date, donating 140 litres of her own milk to the bank.

PREM processes more than 1000 litres of milk a year for as many as 400 premature babies, says PREM Bank Manager Dr Ben Hartmann. It has had to turn down some offers of milk because it has reached its processing capacity.

"We want to produce as much milk as possible," says Dr Hartmann "but we also want to minimise its use by getting pre-term mums feeding their babies as soon as possible," he says.

"For a mum, it is a disempowering process, the separation of mother from child, all the technology ... but there is one thing the doctors cannot do for her baby and that is provide [breast milk](#)." It is a sentiment shared by Janet Gowland.

"When you are in the hospital, the babies are so dependent on the nurses and you are so powerless. For me, donating some of my milk meant I could at least do something for other mums who had gone through traumatic births but didn't yet have milk."

Dr Carroll says we should value the work women put into making and expressing milk.

"There is a common belief that women donate their surplus milk because of altruistic reasons but it is more complicated than that. Mothers work so hard to get that milk out; it is almost like a job. They don't want to throw that hard work away.

"This is reproductive labour. Mothers have to freeze, store and correctly label the milk. They have to scrupulously clean the equipment they use to express the milk."

Dr Carroll knows it will take time for milk banking to be more widely accepted in Australia.

"I'd like to see donor human milk being made available to every NICU in Australia. Lactating women are producing this liquid gold and we don't fully acknowledge its importance. Breast milk is literally a lifesaver."

Provided by University of Technology, Sydney

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