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The Future of Milk Banking in the US
Naomi Bar-Yam, AC5W, Ph.D. - President of HMBANA
Marion Rice, Ed.D., IBCLC - Center for Social Inclusion -
National First Food Equity Cohort

Disclosures
• Naomi Bar-Yam is employed by the Mothers’ Milk Bank Northeast, as the Executive Director. Her role as President of HMBANA and Committee work is volunteered.

• Marion Rice is an independent consultant working to advance equity approaches to banked human milk and a part of the Center for Social Inclusion, National First Food Racial Equity Cohort.

Goals for This Presentation
• Present the history of milk banking
• Describe HMBANA’s role in providing safe human milk
• Describe some of the existing and emerging public policy initiatives related to banked human milk
The beginning of milk banking can be directly related to the practice of wet nursing. And sharing of breast milk.

Lactating mothers were nursing non-biological related infants when their biological mothers were not available or unwilling to breastfeed their own infants.

Codes of Hammurabi (1800 BC) governed the attributes and activities of wet nurses.

In 1700’s in Europe, studies showed decrease in mortality and morbidity rates of breast fed infants.

HMBANA’s Mantra

MOTHERS’ OWN MILK IS THE BEST
FIRST CHOICE
WHEN MOMS’ MILK IS NOT ENOUGH OR NOT AVAILABLE FOR AN INFANT IN NEED, THEN PASTEURIZED HUMAN DONOR MILK IS AVAILABLE
HMBANA - Recipient Focused with Donor Devotion

HMBANA Growing in North America

- The institution of milk banking follows the traditions of over a hundred years of responding to potential safety issues. Concerns of disease transmission and storage and handling became a priority leading milk banking to become more of a human issue standard. (Milk Banking Association of North America began in 1985.)

- The need and demand for donor human milk is growing and HMBANA member milk banks are scaling to meet this need.

Active HMBANA Milk Banks
March of Dimes State Prematurity Report Cards

Nationally we know every baby does not start out with the same chances for health. Sometimes our differences and our history create barriers to a healthy birth.

California:
- Caucasians 7.9%
- Latinos 8.1%
- Asians 8.4%
- Native Americans 9.2%
- African Americans 11.8%


Clinical Uses of Donor Human Milk
A Changing Landscape
Research Snapshot Since 2014

Existent & Emerging Public Policy

States:

Public Policy Tracking

Currently 4 states have passed legislation designating human milk as tissue:

• California, Maryland and New York, Texas. Designates human milk as tissue, requires Tissue Bank License for human milk. Other states have HMBANA requirements as the basis of milk banking guidelines.

• Federal tissue designation by itself is problematic because of the question, “Is it a food or tissue?” and the boundaries between state and federal jurisdiction.
Existing & Emerging Public Policy

4 states passed or are in the process of passing legislation:

• California, Missouri, Kansas, Texas, Utah and Washington DC: Medicaid coverage for donor human milk;
• New Jersey: Bill to license and inspect donor milk banks;
• New Jersey: Bill to advise women of the dangers of "casual milk sharing";
• Michigan: Bill to require human breast milk banks, companies, and cooperatives to comply with certain standards.
• Michigan: Bill to prevent person-to-person sale over the Internet.
• California: Bill to prohibit the sale of human milk to human milk tissue companies before 180 days, amended to 90 days, died in committee.
• New York: Bill to provide Medicaid coverage for donor human milk, passed but unsigned by Governor... yet.

Beautiful Collaborations

Moving Forward Together
References:

- "Breastfeeding and Infant Mortality: A Study in Mexico.
- "The Impact of Donor Milk on Infant Outcomes.
- "Racial and Ethnic Differences in Breastfeeding.
- "Cows Milk Contamination of Human Milk Purchased Via the Internet.
- USAID Maternal and Child Health Aid to Cambodia.
- Effect of Supplemental Donor Human Milk on Infant Outcomes.
- "Microbial Contamination of Human Milk Purchase over the Internet."