Donated breast milk, an intimate and selfless gift

It’s happening every day. And it deserves to be much more widely known.

By Joan Wickersham Contributor

A baby is born 12 weeks early. He is terrifyingly small and vulnerable and will need to stay in the hospital for a while, being monitored and cared for. Breast milk is both nourishment and medicine for this child, but his mother’s milk supply has not had a chance to develop yet. That’s where donated breast milk, from a milk bank, comes in.

Milk banks aren’t a new thing. The first one was started in 1909 in Vienna, and just a year later the first one in the United States began at the Boston Floating Hospital. But over the past three or four decades, as understanding of the specific benefits of breast milk for fragile infants has increased, the number of milk banks has grown significantly. The Human Milk Banking Association of North America reports that there are currently 32 accredited nonprofit milk banks in the United States and Canada.

Mothers’ Milk Bank Northeast, located in Newton, is one of the largest. Donors send frozen milk, which is stored, pooled, and then pasteurized — heated at a high temperature to kill off any bacteria. (This process slightly reduces some of the milk’s proteins, but most of the beneficial characteristics remain.) The milk is put into small bottles and sent out, the vast majority of it to hospitals.

For fragile newborns, breast milk is preventive medicine. Premature infants are at risk for a devastating, often fatal, sudden-onset condition called necrotizing enterocolitis; a diet of breast milk fortifies the gut lining and reduces the risk of developing NEC by roughly 70 percent. A recent NIH study concluded that “preserving human milk and promoting donations guarantees an improvement in the health of newborns. Human milk banking is an absolute necessity, especially for premature infants.” Today donor milk is used in 90 percent of neonatal intensive care units in the United States.
Donor milk also helps full-term newborns whose mothers want to breastfeed but need a little extra time to build up their own milk supply. Studies have shown that the temporary use of donor milk, rather than formula, in such a case raises the chances that the mother will go on to breastfeed successfully. The baby doesn’t develop a taste for formula and the mother gets encouragement and hope that the difficulties are resolvable.

Deborah C. Youngblood, the CEO of Mothers’ Milk Bank Northeast, is careful to point out that not everyone will, or can, choose to breastfeed. “But,” she says, “if breastfeeding is your goal, we can help. It isn’t up for debate that human milk is better for health outcomes, especially for fragile babies. Nor is it up for debate that breastfeeding is better for maternal health.”

For a baby, breast milk has been shown to lessen the chances of developing certain cancers, as well as diabetes, SIDS, celiac disease, and obesity in later life. For a mother, breastfeeding reduces the risk of heart disease and some cancers. Statistically, every dollar that is spent on donor milk reduces the overall health care costs of an infant’s care by between $11 and $37. Recipient families pay a processing cost for the milk. A recent grant from the Massachusetts Office of the Attorney General helps subsidize these costs for low-income communities, to promote equitable access to donor milk.

Who donates milk? Mothers who are producing more milk than their own baby needs. Some of them know about milk banks because in the past their babies received donated breast milk, and now the mothers want to give back. Some have weaned their own babies but go on pumping for weeks or months in order to donate. Some have more breast milk in the freezer than their baby will need and don’t want it to go to waste.

Over the years there have also been donors whose gift comes out of tragedy. When a baby dies, either at birth or in infancy, one of the most piercing things is that the milk doesn’t immediately stop. A quilt hanging on the wall of Mothers’ Milk Bank Northeast depicts a tree; on each leaf is lettered the first name of a baby whose bereaved mother chose to donate milk, either for a short or long time after losing a baby.

Youngblood explains why the milk bank is nonprofit. “No one is paid to donate. We don’t want anyone to have an incentive to sell milk which their own baby needs. We’re making sure that the only reason to give is the desire to help other families.”

It’s one of the most intimate and selfless gifts imaginable. It’s happening every day. And it deserves to be much more widely known.

Joan Wickersham is the author of “The Suicide Index” and “The News from Spain.” Her column appears regularly in the Globe.