



Breastfeeding and Human Milk Donation. A brief report

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Opinion

Breastfeeding has long been recognized as an essential aspect of newborn care and breast milk is unanimously identified as a health opportunity for all newborns. Yet it remains a global challenge since decades of breastfeeding promotion, exclusive breastfeeding rates for the first 6 months of life remain low, around 40% globally [1]. If we refer to premature babies, the point of view has changed in the sense that these newborns are considered to be at high risk of incurring in (short and long term) negative consequences which are well known and described in relation to the absence of breast milk [2-4].

WHO and other global health leaders have recommended to increase the availability of milk banks to improve the procurement of donated human milk as a strategy for improving neonatal health and survival [5,6]? In a policy brief entitled "Ensuring equitable access to human milk for all", the donated milk is said to be part of the essential newborn care and that more is needed to ensure that all newborns, including the sick and vulnerable ones, have access to human milk [7].

Many countries in the world have activated national policies and strategies to support the access and availability of donated human milk, but in those regions where infant and newborn mortality is high (as in South Asia or sub-Saharan Africa) there are few banks. In the last 10 years the total number of milk donated banks in the world has tripled. Approximately 500 human milk banks operational in 37 countries [8]. In many countries (Germany, Norway, Scandinavia) [9,10] donated human milk banking has been integrated and incorporated into child welfare policies and is promoted, protected and supported as an extension of national breastfeeding policies. The boundaries between these two realities are ever more subtle. It is recognized that their activity is synergistic in the sense, for example, that the squeezing aimed at obtaining the milk to be donated represents a further stimulation

of the breast and helps prevent mammary complications - these important effects contribute to the prolongation of breastfeeding period. It should be added that the donation of milk has a very positive effect on the mood of the mothers [11]: a further condition favoring breastfeeding for a longer time.

The presence of a milk bank in NICU represents a favorable element for breastfeeding and significantly improves both the availability of mother's milk for feeding the premature baby and breastfeeding with higher percentages of nutrition with mother's milk on discharge from NICU [12-17].

This is easily understood if one considers that the presence of a milk bank in NICU results in the activation of standardized methods aimed at increasing the production of breast milk. This is also our experience [17]. In Italy 38 HMB are currently operational. They are regulated by law by the Ministry of Health and coordinated by the Italian Association of Milk Banks (AIBLUD).

Inspired by the International Convention on the Rights of the Child (UN 1989) and by concepts of globality and efficiency in perinatal care, the main objective of AIBLUD is to encourage the use of human milk donated in the Neonatology Centers and, in particular, in NICUs, supporting and promoting breastfeeding and donation of breast milk. 18 centers have been activated in 20 years, but they cover only 29% of the needs of premature babies [18]. This not yet satisfactory percentage requires greater knowledge and dissemination of the practice of donating human milk and its positive effects on breastfeeding.

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