

UC Davis BFSP Evaluations

Please complete our annual [Breastfeeding Support Program Evaluation Survey](#). As a registered member of the program, you will also receive soon an email inviting you to participate. Your input is very important to us, so please take a few minutes to let us know how we

Upcoming Groups & Classes

- **Preparing for Breastfeeding July 10**
- **Continuing to Breastfeed When you Return to Work/School @ UCDMC July 31 (see page 3)**
- **Summer Support Group Meetings: June 20, July 18, September 19**

Help in Understanding the Affordable Care Act's Breastfeeding Benefits

A new [toolkit](#) designed to assist mothers in understanding the coverage of breastfeeding benefits contained in the Affordable Care Act is available from the National Women's Law Center. The 11 page document contains a number of helpful components such as an explanation of the law, a sample script for mothers to use when calling their insurer about lactation care coverage, sample letters for mothers to use when their insurer does not cover appropriate services and equipment, and a question and answer section.

New & Improved Website

Please visit our new [website](#) for lists of upcoming classes, consultation information, policies, news and resources. We now have [maps with the locations](#) of the lactation rooms. Now when participants register they will receive these links—but since you've already registered, we thought you might like it too! Please remember to bookmark the map page as you may want to refer to it in the future and it's not available to everyone.

Human Milk Donor Banks

The issue of sharing human milk is a longstanding and controversial subject. Over many generations and with the growing recognition of life-threatening diseases that can be transferred by human milk, human milk sharing remains under debate.

Throughout history, the baby of a mother who was unable to breastfeed her baby faced almost certain death. "Wet nurses" were lactating women that breastfed other women's babies if a baby's mother was unable or unwilling to feed the baby herself.

This feature article presents information about human milk bank choices in California, how to find/donate human milk, and the risks associated with informally sharing milk. The information is not intended to endorse nor criticize the use of human donor banks, but to inform and assist you in your personal decision about donating/using human milk.

What To Know:

In 1985 the Human Milk Banking Association of North America (HMBANA) was created, with one of the main goals being to establish standards for all North American milk banks. These standards are the basis for many other milk banks around the world and are reviewed and updated annually by HMBANA. Further information regarding HMBANA, as presented to the Pediatric Advisory Committee, December 2010, can be found [HERE](#).

Lactating women who are in good health, whose infants are growing and thriving, and for whom it has been established have a surplus of breast milk above the needs of their own infant, may donate their milk to a human milk bank. Studies have shown that milk bank donors voluntarily provide milk for altruistic reasons as there is no financial benefit to gain from donating milk to HMBANA milk banks. The commitment to donating a minimum volume of milk and following a strict protocol for collecting, handling, storing, and shipping, is expected of all mothers who choose to donate their milk to established milk banks.

Recent research supports that human milk, exclusively, is best for babies. The accessibility of pasteurized human milk from carefully screened donors is limited and dispensed to fragile and sick infants only at this time, as milk banks are experiencing a critical shortage of donated milk. The FDA does not regulate milk banks

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Donor Banks Continued...

but together with the CDC has established an advisory board that provides current data and resources for specific screening and procedural advice to HMBANA. According to the FDA, "There has never been a documented case of disease transmission or death due to donor milk."

Human Milk Banks in California:

Non-profit

California has one non-profit HMBANA recognized milk bank – [Mother's Milk Bank](#), located in San Jose. Mother's Milk Bank follows strict protocols for screening, collecting, processing, storing and shipping human milk. Once collected, donated milk is heat-treated to destroy many of the life-threatening diseases, bacteria and viruses that can be transferred via human milk. While some of the beneficial components of the milk are destroyed during the pasteurization process, most of the compounds unique to human milk are retained either completely or partially. A substantial number of immune substances remain functional and in amounts much higher than those that occur in formula. Further, complications that may arise from the use of breast milk substitutes are eliminated.

There is typically a small processing fee charged, per ounce, to the family receiving the donor milk. This fee helps to cover some of the costs of screening donors and processing milk; however, no individual is denied access to donor milk. Non-profit milk banks presently rely on financial donations to cover most of the screening and processing costs. Many health insurance companies are beginning to cover the costs of donor milk, especially when presented with a prescription from a Primary Care Physician. Prescriptions need to include the medical necessity or reason for the milk, the approximate amount of milk that will be needed, and the approximate length of time the milk will be needed.

Commercial

[Prolacta Bioscience](#) is a company located in California that has set up a network of affiliated milk collection organizations that can be found in hospitals, birthing centers, or associated with charities. These organizations share responsibility for qualifying donors and for collecting milk with Prolacta Bioscience. Prolacta Bioscience has a specialized processing model that screens, tests, DNA matches, blends, and formulates human milk designed specifically for the nutritional needs of extremely low birth-weight premature infants, and/or critically ill infants as found in the Neonatal Intensive Care Units (NICU).

Donated milk from several matched donors is concentrated to make the first and only human milk fortifier made exclusively from 100% human milk. It does not include any cow-based proteins as typically found in traditional fortifiers. Necrotizing Enterocolitis (NEC) is a dangerous intestinal disease that is the leading cause of death in premature infants. A study published in the *Journal of Pediatrics*, 2010, found that the odds of developing NEC in extremely premature infants was 77% less given an exclusive human milk diet as compared to infants receiving a diet that included cow's milk-based products. About 75% of the milk that is donated to Prolacta Bioscience is processed and sold to NICUs across the USA to be used as a fortifier to a mother's own milk.

Informally Sharing Milk:

When it comes to feeding the newborn, human milk is, from an evolutionary perspective, the biological norm and time-tested standard of care. Why is it then, that sharing expressed milk with a friend, family member or acquaintance is not advisable? The Centers for Disease Control and Prevention specifically recommends against the informal sharing of human milk as there is no screening. Individuals may have a viral or bacterial infection but not exhibit any symptoms. There is also a risk for contamination from drugs (including a limited number of prescription and/or herbal drugs), germs or chemical contaminants. Additionally, milk that is not handled or stored properly can become contaminated and unsafe to drink.

Congratulations are in Order!

Last year, the UC Davis Breastfeeding Support Program received the IBCLC Care Award (for Hospitals) in recognition of its dedicated lactation support program located within the UC Davis Medical Center, Sacramento. This year, the Davis campus, has been recognized with the newly created, IBCLC Care Award for Community-based Agencies.

The award is presented to agencies demonstrating the promotion, protection and support of breastfeeding in their community. The BFSP is recognized for further extending outreach activities on campus and to the greater Davis community with the introduction of the BFSP newsletter, developing a relationship with the campus Child Development centers and access to UC Davis professional resources dedicated to the research and development of evidence-based practices in lactation, breastfeeding, infant nutrition and breast milk, as well as bringing translational theory to practice.

Continuing to Breastfeed when Returning to Work/School

Thursday, July 31, 2014

12:00-1:30

FSSB (Facilities Support Services Building) Room 2030
4800 2nd Ave, Sacramento

Instructor: Shirley German IBCLC, RLC

Workshop Includes:

- Implications of CA State Law, AB-1025; the Affordable Care Act, and UC's PPSM-84.
- How to establish a Breastfeeding Plan:
 - Plan ahead at work and at home
 - Register with the UCD BFSP – lactation sites, room etiquette, administration
 - Practice – pumping, expressing, and bottle-feeding
 - Milk storage – long-term and for the day
- Devise a “Return to Work” checklist” group activity.
- Sponsored by UC Davis Breastfeeding Support Program
- worklife-wellness.ucdavis.edu
- Please RSVP to marina.podoreanu@ucdmc.ucdavis.edu or 916-734-2760.



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