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Recipient Mothers' Experiences of Human Milk Sharing: An Opportunity for Support

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Learning Objectives

1. Provide an overview of mothers' experiences and motivations for participation in peer-to-peer human milk sharing as recipients.
2. Discuss key barriers and facilitators to peer-to-peer human milk sharing for recipient mothers.
3. Describe the relationship between receiving donor milk from a peer and mothers' perceived stress and maternal mental health postpartum.
4. Identify resources and support strategies that provide information and guidance for safe milk sharing between peers.

PROUD milksharing supporter

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Overview

- Background/Purpose
- Research Methods
- Key Findings
- Implications for Practice

breastmilk is LOVE turned into food if takes someone special to share that love

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Background & Purpose



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Peer-to-Peer Human Milk Sharing

- The donation and receipt of human milk (via wet-nursing or expression) for altruistic purposes, among friends, family, and/or through online social networks.
- "Modern day milk sharing" is on the rise
- Many barriers to receiving and donating via regulated milk banks



Breastmilk, the biologically normal sustenance for humankind, is a free-flowing resource and mothers of the world are willing to share it.

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Purpose of Research

1. Milk sharing is controversial and often stigmatized
 - *What BARRIERS and SUPPORTS do mothers face?*
2. Women who do not breastfeed or fail to meet their breastfeeding goals are at increased risk for postpartum depression (PPD)
 - *How/Does this apply to mothers who participate in peer-to-peer breastmilk sharing?*

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...when we finally got to the lactation consultant, she's the one, that after I had already known about the peer-to-peer, I'd finally *had the guts to ask her*. I said, 'what do you think about donated breastmilk from moms on a Facebook community?' And she's like, 'well, legally I can't tell you what to do' or 'I can't tell you to do that because that's not what we're supposed to suggest to people.' But, she said, 'off the record, the nurses here, that work on the OB floor, they share milk all the time.'
— Jess G.

The women at La Leche League were very helpful, were willing to help troubleshoot and they didn't make me feel pressured, like the lactation consultant did. She was not supportive of receiving donated milk. She suggested formula instead and I was not able to go back to her a second time because I was supplementing with breastmilk instead of formula. It was against her organization's rules so I, I used the tips she gave me and then went onto La Leche League for additional help.
— Melissa A.

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Luckily we had been very educated because of our Bradley teacher, midwives and everything, so we were able to communicate that to them [hospital administrators] and the scientific reasons why we wanted to stick with our milk and that we were willing to get up and leave the day after a C-section, rather than change our baby's milk. And our midwife—head of the birthing center department—really had our back and she came and talked to the whole head of pediatrics for that hospital system . . . She really kind of took him to task about this and they came back about 12 hours later and said . . . We've written you guys a temporary policy so that you guys are fine [and can use the donor milk in the hospital]. And we are going to rewrite our hospital policy so that this doesn't happen again.

--Beth B.

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Factors Inducing Stress

Fear of running out of donor milk	Some reported anxiety, fear, and stress related to being able to secure a large enough supply of donor milk to meet child's needs	<i>When we get a little bit low, like right now, I am a little bit stressed out. I know we have formula as a backup, but it helps to have a lot of extra breast milk in the deep freezer just so we are set.</i> — Abby T.
Planning and coordination to secure donor milk	Logistical efforts to secure donor milk (e.g. travel, online/phone contact, scheduling) was a time-consuming and emotional challenge	<i>...one of my donors in the beginning was 45 minutes to drive one way. So that's a long time for a little baby to be in the car on a regular basis. Even for me as a new mom, I was so tired sometimes. So the driving is an aspect too.</i> — Lindsay Q.

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Factors Reducing Stress

Donor milk provided relief and comfort	Mothers said that using donor milk was comforting because they did not have to compromise their beliefs about infant feeding.	<i>So when I found this [milk sharing] was available, it really gave me piece of mind. Like I can still give her that quality without stressing myself out, you know?</i> — Christa G.
Donor milk use decreased symptoms of postpartum depression and anxiety	Mothers said donor milk reduced or provided protection from symptoms of PPD and anxiety. Increased mothers' support networks Reduced some sadness associated with being unable to reach breastfeeding goals.	<i>Milk sharing completely reduced it [postpartum anxiety]. That's the only anxiety I had, was how am I going to feed my baby. And then people would come through and give me milk and it just took it away. It made that challenge go away.</i> — Karen D.

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Implications for Practice



KEEP CALM AND SHARE YOUR BREASTMILK

www.CompleteWellnessConcept.com

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Donor Milk Feeding



What my mother thinks about what I do
What the FDA thinks I do
What society thinks donor moms do
What I think breastmilk is made of
BooBS!!!
What my baby thinks
What I really do

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Why will we accept a milk "donation" from her...

No Better Gift Than Liquid Gold

HAPPY MOTHER'S DAY
FROM HUMAN MILK FOR HUMAN BABIES.NET

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Supporting Mothers Interested in Peer-to-Peer Milk Sharing

1. Normalize interest
2. Encourage discussion w/healthcare providers, but caution about possible responses
3. Provide information, resources, and support
4. Focus on **informed decision-making**

eats on feets

Human Milk 4 Human Babies
Informed Milk Sharing Network

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THE MILK SHARED ON THESE PAGES IS DONE SO WITH GREAT LOVE, AND WITHOUT FINANCIAL GAIN. HM4HB DOES NOT SUPPORT THE BUYING OR SELLING OF BREASTMILK ON OUR NETWORK PAGES.

INFORMED CHOICE:

A choice made by competent individuals, free from coercion, that takes into account sufficient information to make a decision. This information should include the benefits and risks of a course of action, as well as taking into account what alternatives are available, and an individual's intuitive feelings on the subject.

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Academy of Breastfeeding Medicine's 2017 Position Statement on Informal Breast Milk Sharing for the Term Healthy Infant

TABLE 1. GUIDELINES FOR MEDICAL SCREENING OF POTENTIAL MILK DONORS

1. Mother-to-mother screening process through face-to-face and/or telephone interview/conversation. Donor mothers should be:
 - In good health
 - Only on medications or herbal preparations that are compatible with breastfeeding. It is recommended that LactMed¹¹ and "Medications and Mother's Milk" by Dr. Thomas Hale¹² be used for decisions on whether medications are compatible with breastfeeding.
2. Review the donor mother's prenatal and (if performed) regular postnatal infectious screening tests. The donor mother should be negative for:
 - HIV
 - Hepatitis B virus
 - HTLV-1 (in high prevalence areas)
3. Social practices. A woman is not a suitable breast milk donor if she:
 - uses illegal drugs or marijuana,
 - smokes or uses tobacco products, including nicotine gum, patch, e-cigarettes,
 - consumes ≥1.5 ounces (44 mL) of hard liquor/spirits, 12 ounces (355 mL) of beer, 5 ounces (148 mL) of wine, or 10 ounces (296 mL) of wine coolers (beverage of wine and fruit juice with lower alcohol content than wine) daily, and
 - is at risk for HIV or had a sexual partner within past 12 months who is at risk for HIV.

<https://abm.memberclicks.net/assets/DOCUMENTS/ABM%202017%20PositionStatement%20on%20Informal%20BreastMilkSharing%20for%20Term%20Healthy%20Infant.pdf>

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Conclusion

- In addition to children's' health benefits, donor milk use may support mothers' mental health.
- Need to reduce barriers & increase support
- Open communication between parents and healthcare professionals about milk sharing—including benefits, risks, and ways to mitigate them—is recommended.

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Helpful Links

1. La Leche League on Milk Donation and Sharing: <https://www.llli.org/breastfeeding/info/milk-donation/>
2. Academy of Breastfeeding Medicine's 2017 Position Statement on Informal Breast Milk Sharing for the Term Healthy Infant: <https://abm.memberclicks.net/assets/DOCUMENTS/ABM%202017%20PositionStatement%20on%20Informal%20BreastMilkSharing%20for%20Term%20Healthy%20Infant.pdf>
3. Human Milk Banking Association of North America: <https://www.hmbana.org/>
4. KBC - Milk Banking, Sharing and Donating Resources: <http://ksbreastfeeding.org/resources/milk-banking-sharing-donating/>
5. Human Milk 4 Human Babies – Global Network FAQs: <https://www.facebook.com/notes/human-milk-4-human-babies-global-network/frequently-asked-questions/1047078892093211/?in=UKC>
6. Human Milk 4 Human Babies – KS: <https://www.facebook.com/HM4HBKS/>
7. Eats on Feets: <http://www.eatsonfeets.org/>

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FAMILIES ARE CAPABLE OF WEIGHING RISKS AND BENEFITS THEMSELVES.

ADVICE ISN'T NECESSARY.

INSTEAD,

HOLD SPACE FOR MILKSHARING FAMILIES AND PROTECT THEIR RIGHT TO DO WHAT IS NORMAL, HEALTHY, AND ECOLOGICAL.

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