

Donating breastmilk. Regulated and unregulated practices: A review of the ethical issues

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Breastmilk is the optimal source of nutrition for babies although there are a range of situations in which breastfeeding is difficult, including prematurity. Human milk is donated in the UK in both regulated and unregulated ways. A network of human milk banks receive and distribute donor milk, primarily to premature and sick infants, supported by NICE guidance (NICE, 2010) and the UK Association for Milk Banking (UKAMB). Variations in the geographical spread and funding of the banks mean that women who want to donate or receive breastmilk are not always able to do so. Discourse around the ethics of the provision and use of human milk in this way often emphasises issues of risk and safety.

There are also ways in which breastmilk is donated informally, often using the terminology of 'sharing', usually to full-term infants. Some women feed each other's babies via friendship groups whilst others contact each other using online (often international) networks specifically set up for the purpose of peer-to-peer human milk sharing. Health bodies in a number of countries (although not in the UK) have issued warnings against obtaining breastmilk in this way, focussing again on 'danger' and 'risk' and drawing on limited research evidence (Keim et al, 2013; Stuebe et al., 2014, cited in Palmquist and Doehler, 2014). In the UK the issues were raised in a recent BMJ editorial (Steele et al, 2015). Other researchers have compared the risk of sharing breastmilk with the (known) risks of formula feeding (Gribble and Hausman, 2012).

These topics have been the subject of a range of academic papers as well as online discussions, raising questions about the ethical issues and obligations in both regulated and unregulated practices of milk donation. These include the nature of donation and whether donors and recipients are viewed differently according to the mode of donation (milk bank vs. milk sharing; donating vs. selling) and the situation of the recipient. Is the ethics of 'giving' a body product different when the product is human milk rather than blood or organs? Is this an area which should remain unregulated, as a private practice, or should it be more widely or formally considered? In addition there are a range of issues relating to the perception of human milk – as both 'white/liquid gold' and 'matter out of place' (Douglas, 1966) – which draw on ideas of cultural unease about women's bodily fluids. Milk for use in milk banks is depersonalised but there is unease about sharing intimate bodily fluids with known/unknown others.

The focus here is on informal milk sharing – why and how it happens (the lived experience of donors and recipients) and how both donation and risk are framed and accounted for. What is known is mostly from the US and Australia; women who use websites for milk sharing talk about ‘informed choice’. where they examine all the available evidence, share information about milk collection and storage and gather knowledge about the donor (e.g. is the donor breastfeeding her own baby?). Health professionals and non-professionals working with pregnant and lactating women may be asked for advice and need to consider these issues.

My conclusion is that breastmilk donation differs from other forms of donation in important ways; donating and sharing breastmilk has increased in prevalence and possibilities but the scale and scope of informal milk sharing in the UK is unknown. Many opportunities to donate and receive breastmilk have arisen in grassroots woman-to-woman ways (in a similar way to other forms of parenting and breastfeeding support). Ideas of risk frame the ‘official’ reaction to sharing breastmilk via the internet (but not in the UK) and little is known about how individual women understand and make sense of these risks.

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