Mother-to-mother milk sharing among breastfeeding mothers with lactation insufficiency

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Background and Literature

- “Disrupted lactation” may affect 1 in 8 mothers (Stuebe et al., 2014).
- Mother-to-mother milk sharing (use of milk obtained directly from another mother, NOT from a milk bank) has increased since 2010 (Akre, Grigble, & Minchin, 2011), due to the rise of Internet/social media milk-sharing platforms.
- Some mothers with low milk supply are motivated to provide human milk for their babies. The World Health Organization (WHO) lists “breasmmilk from a healthy wet nurse or a human milk bank” as a superior option to a breastmilk substitute (WHO, 2003).
- The practice is controversial (Nelson, 2012).
- FDA cautions against feeding the milk of another mother to an infant (U.S. Food and Drug Administration, 2010), yet the CDC states that a bottle of another mother’s milk is not likely to cause risk to a baby (Centers for Disease Control and Prevention, 2013).
- Screened, processed banked milk is recommended.
- High bacterial counts found in milk purchased (not shared) via the Internet (Keim et al., 2013).
- Study parameters did not approximate real-life mother-to-mother milk sharing circumstances: anonymous purchase, no relationship, milk was shipped, not delivered in person; no conclusions drawn about potential harms to baby (Stuebe, Grigble, & Palmquist, 2014).
- All methods of infant feeding (direct breastfeeding, artificial feeding, donor milk feeding) carry risk; health workers provide information on how to mitigate the risks inherent in those practices (Grigble & Hausman, 2012).

Study purpose:
- To define the prevalence of mother-to-mother milk sharing among breastfeeding mothers with lactation insufficiency.
- To identify reasons mothers used or didn’t use another mother’s milk.
- To compare the experiences (perceived and real) of mothers with lactation insufficiency who used milk from another mother with those of mothers who did not.

Methods

Data collection (February – July 2013)

Retroactive, primary data collection; online, anonymous, 141-question mixed-methods survey informed by literature and clinical practice. Participants (mothers aged 18-45 who intended to exclusively breastfeed for around 6 months) were recruited via social media platforms (Facebook, Twitter, blogs) and clinical networks via Listservs.

Analysis

- Descriptive statistics are presented for all outcome variables.
- Comparisons were made by chi-square statistic.

Inclusion criteria

- From a self-identified sample of mothers with lactation insufficiency (n = 1108):
- Mothers who intended to exclusively breastfeed for around 6 months
- Were able to exclusively breastfeed for less than 6 weeks
- Produced less than 100% of their babies’ milk needs
- n = 475 after inclusion criteria applied

Measures

“Used donor milk” group reported using milk from another mother, NOT acquired from a milk bank, to meet at least 10% of their baby’s supplementary needs.

Outcomes:
- Prevalence of use of donor milk for supplementation
- Reasons for choosing donor milk or not
- Sources of information about supplementation options (in-person, online)
- Perceived helpfulness of sources of information
- Perception of supplement choice and overall breastfeeding experience

Results

Those who used donor milk were more likely (p < .001) to get their information about supplementation options from a breastfeeding specialist (36.1%/16.5%), midwife/nurse (16.1%/5.5%), online discussion forum (39.2%/23.3%), online friend (10.2%/5.5%), blogger (16.1%/10.5%), or a doctor (7.7%/3.2%; p < .05); those who did not use donor milk were more likely to not seek information about supplementation options at all (49.3%/17.4%, p < .001), either in-person or online.

Discussion

- Those who used donor milk appear committed to breastfeeding and providing human milk to their babies; they express concern with the health risks of other supplementation options.
- Donor milk users also were more independent and informed about their options; those who did not use donor milk relied on the guidance of their healthcare providers and on the practices of their peers.
- Donor milk users were more likely to have sought both in-person and online help and assistance. They appeared to be more self-efficacious in their ability to provide breastmilk to their babies than those who did not use donor milk.
- This may be demonstrative of “confident commitment” (Avery, Zimmerman, Underwood, & Magnus, 2009), wherein the commitment to breastfeeding withstands significant challenges.
- In not seeking guidance and believing that “no one could help me,” those who did not use donor milk appear to demonstrate a pessimistic outlook about their ability to provide breastmilk to their babies.
- Both groups believed their breastfeeding experiences were very difficult, but the donor milk users reported greater overall satisfaction with breastfeeding.
- May be more likely to try breastfeeding again if they have another baby.
- Feelings of guilt may be reduced and capacity to heal from the trauma of lactation failure may be improved.
- Overall satisfaction with breastfeeding experience may lead to longer duration and provision of both time at mother’s breast and breastmilk.

Conclusions

- Nearly 30% of the population sampled used some milk acquired via a mother-to-mother milk sharing arrangement. This had not been previously measured in this population of interest for this behavior.
- Education of healthcare providers and other who support mothers in the postnatal period is necessary if they are to be trusted providers of evidence-based guidance and risk mitigation advice for any mode of feeding a family choices.
- Additional research is needed to determine whether there have been any adverse outcomes to mothers or their infants as a result of mother-to-mother milk sharing.

References