

# UNICEF UK BABY FRIENDLY INITIATIVE

## STATEMENT ON THE USE OF COMMERCIALY AVAILABLE HUMAN MILK AND HUMAN MILK PRODUCTS

**December 2021**

The UK Committee for UNICEF (UNICEF UK) has been alerted to reports of commercial companies marketing and selling human milk and human milk fortifier to Baby Friendly accredited maternity and neonatal services. These services have enquired as to how this affects Baby Friendly accreditation.

### **Background**

Baby Friendly standards require that no food or drink other than breastmilk be given to breastfed babies unless this is clinically indicated and that all Baby Friendly accredited services adhere to the International Code of Marketing of Breastmilk Substitutes (the Code). The Baby Friendly standards do not prohibit or restrict the use of human milk in any form and the Code does not include the buying and selling of human milk.

Several not-for-profit NHS donor milk banks currently exist in the UK; however not every maternity and neonatal service has access to one. Services that do have access may not receive enough breastmilk for every baby that requires it.

In addition to not-for-profit NHS donor milk banks, there is also a not-for-profit *non*-NHS donor milk bank which has been set up to help fill the gaps in NHS provision. As far as we are aware, all NHS and UK not-for-profit donor milk banks abide by the operational guidance recommended in the NICE (2010) Clinical Guidance Donor Milk Banks: Service Operation (CG93).

### **What has changed?**

Recently, for-profit human milk companies have started trading in the UK. Our understanding is that these companies pay women for their breastmilk and then pool the milk together in order to process it and market it and/or products derived from the milk to the NHS and/or private individuals.

Concerns have been raised that these for-profit companies may not follow current NICE guidance in their operation and distribution of human milk. Questions have also been raised about the women providing the milk and whether they may be vulnerable to exploitation.

## What is the current guidance?

The [World Health Organization \(WHO\)](#) and UNICEF recommend donor human milk as the best alternative for sick and preterm babies when their own mother's milk is not available. Human milk is a biological material derived from the human body and processed with the intention of clinical application. As such, the [WHO](#) considers it a medical product of human origin (like blood).

The current NICE Clinical Guidance (CG93 2010) refers to the provision of human milk freely donated by women to supply not-for-profit human milk banks and includes guidance on recruitment, screening and selection, as well as the way in which milk should be handled and processed with the aim of ensuring safety. A key recommendation is that human milk from different donors is not pooled ([NICE 2010, Section 1.57](#)).

It is acknowledged that more evidence is needed to understand the effect of different types of handling, processing and/or pasteurising procedures and fortification of human milk after processing ([Fang et al, 2021](#)).

## Issues for consideration

Priority should always be given to supporting mothers to provide their own milk for their sick or preterm baby, as specified in the [Baby Friendly Initiative standards for neonatal units](#). When mothers' own milk is not available, donor milk should be considered to maximise the health and wellbeing outcomes for the baby. Preference should be given to donor milk from a milk bank that is following the current NICE guidance, as this comes from an easily identified source and prioritises safety.

Urgent research into the safety of 'pooled' human milk and updated national guidance on human milk banking, which includes for-profit human milk companies, are required.

When considering whether to use human milk or human milk products from for-profit human milk companies, it is important to consider the following:

- The alternatives to using the product (including cow's-milk based products) and the related benefits and risks of this
- Where the human milk product was sourced and how safe this is
- Ethical issues related to the selling and buying of human milk
- How the milk has been processed, stored and transported and whether this is considered safe
- The relationships between NHS staff and the company representatives, including how information is shared with staff and recognition of the power of marketing to influence decisions
- How to protect families from any unethical marketing associated with these products
- Procuring the products and at what cost

- The need for ongoing monitoring and evaluation of the use of human milk in individual units.

In the UK, families experience inequity in the provision of donor human milk when they have a sick or pre-term baby. This is unfair and requires urgent attention in order to minimise harm and ensure that all babies have the best possible start in life.

For further information see:

- [National Infant Feeding Network](#)
- [NICE \(2010\) Clinical Guidance Donor Milk Banks: Service Operation \(CG93\)](#)
- [UNICEF UK Baby Friendly Initiative neonatal standards](#)