May 16, 2013

Testimony to Senate Committee on Health Care and Human Services regarding support for the Northwest Mothers Milk Bank

Dear Chair Monnes-Anderson and Committee Members:

Thank you for the opportunity to provide testimony today. My name is Helen Bellanca, I am a family physician and a member of the Northwest Mothers Milk Bank Medical Advisory Council. I am here to share a medical perspective on the benefits of donor milk.

The evidence that breast milk is the optimal nutrition for all infants continues to grow. Human milk provides hundreds of known nutrients, vitamins, minerals, immune factors, hormones and biological factors that are known to be crucial to the optimal growth and development of a newborn. Infants who receive breast milk as their primary nutrition in the first year of life have fewer infections, lower rates of asthma, diabetes and obesity and improved cognitive development.

When a child is born prematurely, however, the benefit of human milk over synthetic formulas is even more dramatic. Premature infants have underdeveloped intestines that are not prepared to digest food, and so it is crucial that the food they receive is as easy to digest as possible. There is a substantial difference between the ease of digestion and absorption of human milk compared to formula made from cow milk or soy milk. Premature infants are also particularly susceptible to serious infections of the blood and lungs, and human milk provides immunological support to fight those infections that formula does not. Premature infants are cut off from the maternal supply of hormones, biological factors and specialized fats that they would have received if the pregnancy had lasted longer, and these are most nearly approximated by human milk.

It is crucial that hospitals that care for premature infants have access to donor human milk, because the mother's own milk is not always available. The mother may be pumping, but her milk supply has not yet come in because it was not designed to do so until the completion of the full term of the pregnancy. The mother may be too ill to provide her own milk because of cancer, trauma, or a severe health condition. The mother may choose not to breastfeed, but her infant's physicians may recommend human milk in those most crucial first few weeks, or the mother may have died during childbirth.

Because the evidence of benefit of human milk for premature infants is so strong, the American Academy of Pediatrics now recommends that if a mother's own milk is unavailable, donor human milk should be used for these infants. The World Health Organization and UNICEF also recommend using donor human milk when the mother's own milk is not available.

A human milk bank is vital for safe donation, because donor mothers need to be screened for infectious diseases, and the milk needs to be pasteurized to kill harmful bacteria that may have contaminated the milk during pumping or storage. The milk can then be pooled to optimize nutrients and dilute any potentially harmful substances.

Currently, Oregon's Neonatal ICUs are ordering human milk from milk banks in Denver and San Jose, but these banks are only able to meet less than half of the need that we have in Oregon. The health care providers who care for our sickest infants are committed to providing human milk to those infants, because they recognize the clear benefit. But even though they write orders for human milk, those orders cannot be filled because there is not enough supply form existing milk banks. At the same time, we have a huge, established base of milk donors here in Oregon who want to donate milk, and that milk is currently shipped out of state for processing. The Northwest Mothers Milk Bank is a desperately needed resource –that milk can now stay here in Oregon to fully meet the needs of our most fragile infants.

Milk banks prioritize recipients based on need, with premature infants in the Neonatal ICU being the highest priority recipients. If the supply is sufficient, donor milk could also be used for full term infants who have certain medical conditions or for adopted infants.

There is strong evidence that premature infants in the Neonatal ICU who receive donor human milk have shorter lengths of stay, fewer serious infections, and fewer cases of necrotizing enterocolitis.

Necrotizing enterocolitis (NEC) is a serious disease of inflammation and infection in the intestines that can occur when vulnerable infants are trying to process food through their immature systems. The intestines become severely inflamed and sections can die, resulting in perforations. In the worst cases, surgery is needed to remove sections of intestines, resulting in lifelong feeding problems and disabilities, as well as higher risks of death and enormous costs. NEC occurs in about 1-7% of all admissions to the Neonatal ICU, which in Oregon translates to about 30-50 cases a year. Donor human milk would likely prevent 75% of those cases, resulting in immediate cost savings of $7million to $15 million as well as preventing the severe suffering of these children and their families.

It's important to note, too, that prematurity is a health equity issue. African Americans and Native Americans, and in some cases Hispanics are over-represented in the population of premature infants in the Neonatal ICU. While donor human milk would benefit every infant born prematurely, it would particularly benefit communities of color and infants at risk for necrotizing enterocolitis.

Thank you for the opportunity to share information with you about the Northwest Mothers Milk Bank. It is a desperately needed health resource in our state, backed by strong scientific evidence of efficacy and the endorsement of major health organizations. We know that milk banks yield a huge benefit to states – in fact, the return on investment is close to $90 for every dollar spent, in terms of long term health savings. Opening the Northwest Mothers Milk Bank is the right thing to do for our most fragile infants and their families.

Thank you for your consideration.

Respectfully,

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