

## **PE1426/H**

### **PE 01426 National Donor Milk Bank Service**

#### **Petitioner Response**

Upon reading the written responses to the petition, it appears that the overall view is that equal access to donated breast milk is a positive step in the care of neonates, that improved availability would be welcomed by all respondents and that the preferred method of achieving this would be through the establishment of a national milk bank service rather than the creation of a series of local banks. Indeed, the statement that "the Government supports the development of a pan-Scotland Donor Milk service" hopefully demonstrates that the matter is now a priority for the Scottish Government. In addition, ScotsERVS's response clearly displays the commitment necessary for supporting the expansion of the current service at Yorkhill across the whole country. There were, however, some issues raised in the responses that merit consideration.

NHS GGC clearly outlined the case for expanding donor milk provision from the current bank at Yorkhill. The crucial value of breast milk in protecting vulnerable babies from necrotising enterocolitis as well as improving neuro-developmental outcomes is clear and demands from parents and clinicians can only be expected to rise as awareness of the existence and benefits of donor breast milk grows. Certainly the most basic online search now reveals a wealth of information that has quickly led parents to request donor milk in their local neonatal unit and this is before the Small Wonders DVD is even being routinely distributed. NHS GGC also showed how the capacity of the milk bank service has been increasing in recent years and ScotsERVS also demonstrated that 12 out of the 16 neonatal units have now received donor milk from Yorkhill.

In terms of expertise and equipment, NHS GGC also stated that the milk bank service has expanded significantly in the last 3 years. It has developed a new milk management system, now routinely analyses nutritional content of donations and is undertaking a system to optimise nutritional intake for recipient babies. It would therefore seem a natural and efficient progression to build on these developments to establish a national service based in Glasgow rather than build this up in other locations from scratch and this view is shared by the Scottish Government. However, this is not to overlook the fact that the milk bank at Glasgow still needs increased funding to be able to expand appropriately to fulfil the demands placed on a national service but the estimate of between £150-200 000 would be much more cost-effective than establishing separate local banks.

Although only half of the health boards responded to the written questions, it would be a mistake to assume that the current model of accessing donor milk from Glasgow will continue to serve them as well in the future as it has perhaps done in the past. Increasing demand will impact on the surplus that can be made available outwith NHS GGC and without a Scotland-wide screening process, larger numbers of potential donors cannot be recruited without potential difficulties, in particular for those who live outwith the central belt 'catchment' area of Yorkhill. It is worth remembering that prior to the launch of the pilot project in 2011 involving ScotsERVS, a pre-term infant born in Glasgow with access to the donor milk service had a 60% greater chance of survival than an infant born with identical clinical needs born only a few miles away in Lanarkshire.<sup>1</sup>

Health boards should also welcome donor milk provision into their strategies for promoting breastfeeding and not view it as 'competition' for maternal milk. As Ronald Cohen, Clinical Professor of Paediatrics at Stanford University has pointed out, the availability of donor breast milk supports maternal lactation in a number of ways. Parents counselled by clinicians about accessing donor breast milk for their child will be left in no doubt about the value of breast milk and in particular the unique nature of maternal milk, even in very small quantities. Also, the very fact that a neonatal unit provides milk from other mothers for your child reinforces the fact that medical staff really do value the properties of breast milk and that formula really is a last resort in their eyes and not an equivalent alternative. Mothers also know that donor milk is only available in limited supplies so this will provide impetus to their own programme of expressing to augment their own supply.<sup>2</sup>

The role of the voluntary sector within a national milk bank service is also one that bears consideration. As an organisation, ScotsERVS have gone above and beyond their original remit to provide an out of hours medical courier service within the NHS GGC area and are now providing 24 hour coverage across Scotland on a daily basis and this cannot be provided in any other way. Sources of funding should be considered to allow ScotERVS to expand their service in conjunction with a national milk bank as neither the proposed or current system could not function without such a team of highly trained volunteers and the potential benefits this relatively new organisation has for NHS Scotland in general is considerable.

In conclusion, it appears that a national milk bank service operating out of enhanced facilities in Glasgow would be the quickest and most efficient way of ensuring equal access to donor breast milk across Scotland. None of the boards that responded detailed any plans or identified any possible funding for setting up a local milk bank,

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<sup>1</sup> <http://giveacar.co.uk/charities/scotservs-scottish-emergency-rider-volunteer-service>

<sup>2</sup> <https://www.hmbana.org/sites/default/files/downloads/B1.RonCohenBDM-HMBANA%20%2712-HO.pdf>

which is understandable as it is a large and potentially expensive undertaking. However, by building on the services that already exist at Yorkhill and utilising the services of professional volunteers such as ScotsERVS, Scotland could soon have a system whereby the most premature and vulnerable babies all have equal access to donor breast milk regardless of where they happen to be in the country. NHS GGC's observation that if only one baby a year fails to develop NEC in Scotland through the use of donor milk then this would easily fund a national Donor Milk Bank for Scotland speaks volumes when looking at this issue from both a clinical and financial perspective, let alone a humanitarian one.

**Donna Scott**

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