

Give Breast Milk

By ELIZABETH CURRID-HALKETT MARCH 27, 2015



I PRODUCED more than 2,500 ounces of surplus breast milk with my first son. I am almost six months postpartum with my second child, and already my freezers are stuffed with five-ounce bags of milk. Some women are computer programmers or impressive cooks. I'm good at producing breast milk. My friends and family marvel at this talent, sort of. They like to joke that I could make real money if I sold it.

Big milk producers are able to make thousands of dollars selling their surplus breast milk, which led Wired magazine to call breast milk "liquid gold" a few years ago. The going rate now is something like \$1 to \$4 per ounce. No wonder some women consider the sale of their breast milk a part-time job.

But I don't sell my milk. I am lucky enough to be able to donate it. With my first son, I sent more than 1,000 ounces of breast milk to the Mothers' Milk Bank in San Jose, Calif., which distributes milk to neonatal intensive care units around the country. I am about to donate my first several hundred ounces from this round and will continue to send stored milk as long as I am breast-feeding. Milk banks don't charge hospitals, except for basic fees that cover the cost of processing, pasteurizing and transporting the milk, as well as blood tests and screenings for the donors.

The benefits of breast milk aren't just for sick or premature babies, of course. Last week, a Brazilian study found that an infant who was breast-fed for at least a year, no matter what the mother's education and family's income were, had a higher I.Q. score and a higher monthly income at age 30 than those who were breast-fed for less than a month. The longer they were breast-fed, the better they did. A 2013 study on intergenerational social mobility in Britain found that children who were breast-fed were more likely to move up the socioeconomic ladder than those who were not.

A market for breast milk seems like the logical solution for matching the deluge of milk some women produce to the desperate need for milk that some babies and hospitals have. Last week, The New York Times reported on the booming breast milk industry. One private company, Prolacta Bioscience, buys breast milk for \$1 an ounce, concentrates it, fortifies it and then goes on to sell the concentrated version for as much as \$180 an ounce to hospitals.

This doesn't seem right to me. I realize that companies like Prolacta and its competitor Medolac are doing some good. After all, they create a product that helps very premature babies. But their product comes at a huge price.

I also understand that not every mother can donate milk. Even for those who are physically able to produce surplus milk, pumping costs time and effort, and one needs to own or rent a breast pump and buy lots of storage bags. And, in order to become a donor, there are a number of steps that complicate things: an application, blood tests, forms for a woman's obstetrician and the baby's pediatrician to fill out.

Many women pump milk at work for their own babies, and the last thing a sleep-deprived, overworked lactating mother has is an extra 10 or 20 minutes or the energy to lug extra milk bottles and bags to and from work.

I get all of that. But none of this actually takes that much time. Filling out the forms and taking the blood tests, for example, takes no more than an hour of one's life. Under the Affordable Care Act, breast pumps are now covered by most forms of insurance, although the tedium of labyrinthine rules may put women off pumping milk for their own babies, let alone for others.

Philanthropic organizations focused on women and children's health issues ought to provide free pumps and storage bags to those mothers who want to donate but are daunted by the logistics. We need to make it easy for women to provide this service.

We also need more public-awareness campaigns run by the milk banks and the hospitals that rely on them. Even if they have the capacity to do so, lots of women aren't even aware that they can donate milk. Hospitals and milk banks need to spread the word on how to donate to milk banks and the tremendous help this milk can be to N.I.C.U.s and premature babies.

For those of us who are given generous maternity leaves, who are healthy, who have the extra 10 minutes, or who are genetically disposed to produce surplus breast milk, I say go for it. But give it to a milk bank, and allow hospitals to use their financial resources for other aspects of caring for sick babies.

Breast milk donation ought to be more like giving blood, not for profit and not as part-time work. Yes, there is always a subset of people who sell their blood (in the form of plasma), and that may also be true for some big milk producers, as it was historically for wet nurses who were paid to feed other women's babies.

Every ounce counts, so even if women aren't able to send hundreds of ounces to milk banks, milk drives sponsored by hospitals or health organizations could make it easier for women to take part. To donate milk takes a bit more effort than showing up at a blood drive, but it is just as critical. Giving milk, like giving blood, offers an invaluable reward: the satisfaction of doing our duty as healthy humans to help babies who are not.

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