Volume 8 Issue No. 1 April 2024

BFREE Newsletter

Breastfeeding Resiliency, Engagement, and Empowerment

"Empowering parents to breastfeed every step of the way"

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LETTER FROM THE EDITOR

Dear BFREE Coalition & Community Members,

Happy Spring from the BFREE Team! We hope you and your families are continuing to stay happy and safe as the weather gets warmer. We are especially pleased to present the April issue of our newsletter.

We are highlighting Human Donor Milk, including Milk Banks and the breastfeeding experiences of parents who receive donor milk. We are grateful to all of the parents and organization advocates who shared their stories and experiences.

First, we spotlight the Catholic Charities of Long Island WIC Program for receiving lactation friendly worksite and community space recognition. We also highlight efforts to connect with Spanish-speaking communities in our region including partnering with La Fiesta Radio station.

We then transition to our newsletter's theme on Human Donor Milk (and Undersupply). We include background information on the topic and highlight the Preterm Donor Milk Bank at Westchester Medical Center (WMC). We are also excited to share our Parents' Perspective, where we include a story from a mother who used Human donor milk.

Finally, we present our community corner - highlighting our recent efforts to connect with communities on Long Island, especially in Hempstead.

As always, we are sincerely appreciative to all of this edition's contributors, to the entire BFREE Steering Committee for its active engagement and sage advice, and to each of you, our many collaborators, for your collective passion in support of breastfeeding. Please email us at BFREE@northwell.edu to share feedback and any potential contribution ideas for future newsletters!

Sincerely,

Hong of Berist

Henry Bernstein, DO, MHCM, FAAP

Principal Investigator

Breastfeeding, Chestfeeding, and Lactation Friendly New York



*The BFREE Team understands that the language around breastfeeding can be very gendered and risks alienating marginalized populations. While we are encouraging more inclusive language, such as "parents" over "mothers", "partners" over "fathers", and "human milk" over "breast milk", we also wanted to stay true to the voices that generously contributed to this newsletter. We hope to continue educating ourselves and expand the inclusivity of our work to promote healthy infant feeding for all parents.

Success Spotlight

The BFREE Team is happy to celebrate Catholic Charities of Long Island WIC Program for achieving Lactation Friendly worksite and community space recognition! Our team would like to especially thank our site champion, Lauren Sondey, WIC Program Coordinator, and Marlyse Cetoute-Bernardin, WIC Breastfeeding Coordinator, for their great efforts to support their employees and members of the community during their breastfeeding journeys.



Pictured in the back row from left to right: Amy Agiato, Marlyse Cetoute-Bernardin, Karen Vasquez, Lauren Sondey, Ana Guzman, Dorit Yona, Laura Bauer, a member of our BFREE Team, Sandra Michel, and Diana Mitelman.

Front row from left to right: A member of our BFREE Team, Fanny Madera, and Helen Keleman-Mysliwiec.



Office on Women's Health National Breastfeeding Helpline: 1-800-994-9662

Call anytime M-F 9:00 am-6:00 pm to talk with a health information specialist in English or Spanish This work supported by the NYSDOH "Breastfeeding, Chestfeeding, and Lacation Friendly New York" grant aims to increase local capacity and support to improve the continuity of care for breastfeeding/chestfeeding, especially in low income, racially and ethnically diverse communities with the overarching goal of reducing breastfeeding/chestfeeding disparities in these communities. Congratulations to all for being recognized for your hard work and you have our deepest gratitude for working with our team.

Connecting With Our Spanish-Speaking Community

The BFREE Team remains grateful to Paola Duarte (CLC), Sandy McCabe (IBCLC), Marta Blanco (CLC), Italia Granshaw (CLC), Lizeth Villa and the community health workers from the Perinatal and Infant Community Health Collaborative (PICHC) for their excellent facilitation and translation in our ongoing Spanish Lactation Support Groups to promote culturally and linguistically competent services. We would also like to thank our subcommittee for Spanish-Speaking Communities for recommending this valuable initiative and working tirelessly to advocate for the community!

We have continued to partner with the radio station La Fiesta 98.5. We were fortunate to have Michelle Saavedra-Cedeño and Laura Babyatsky join the radio station to speak about breastfeeding and WIC, that expands the rights of nursing mothers in the workplace in NY State. Please click <u>here</u> to view the interview.



MICHELLE SAAVEDRA-CEDEÑO, CLC

CONSEJERA DE LACTANCIA MATERNA DE MADRE A MADRE BILINGUE



LAURA BABYATZKY, MS, RDN, CLC

BREASTFEEDING COORDINATOR & QUALIFIED NUTRITIONIST, SC.

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Human Donor Milk

While a parent's own milk is the best source of nutrition for their infant, human donor milk is a great alternative and supplement for preterm infants, infants who are unable to breastfeed/chestfeed, and infants who are in need of additional nutrition.¹ Donor milk is full of nutrients, provides immunological and anti-inflammatory benefits to baby, and is more easily digested than formula.² The Human Milk Banking Association of North America (HMBANA) currently accredits 33 milk banks in the US and Canada, including the New York Milk Bank, ensuring that all donated milk is safe.³ All donor milk is screened, pasteurized, and tested for bacteria and viruses. Informal donor milk-sharing organizations allow donors and recipients to connect more directly, however health professionals advise parents to be well-informed of associated risks and benefits to casual milk-sharing.¹

Resources

Frequently Asked Questions about HMBANA

Frequently Asked Questions about Milk Banks

Donor Milk Resource Page

What Parents Need to Know About Sharing Breast Milk

Contact your nearest milk bank to donate or receive human donor milk! Click here to visit the New York Milk Bank.





¹ https://llli.org/breastfeeding-info/milk-donation/

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² https://www.milkbankontario.ca/about-us/facts-about-donor-milk/

³ https://www.hmbana.org/about-us/frequent-questions.html#content_24680f57a7b0da6964dbff70f18de50d_item_9862279

PRETERM DONOR MILK BANK AT MARIA FARERI CHILDREN'S HOSPITAL AT WESTCHESTER MEDICAL CENTER

In February 2024, the BFREE team had the pleasure of speaking with members of the Preterm Donor Milk Bank at the Maria Fareri Children's Hospital at Westchester Medical Center (WMC). Patricia Krumholtz-Belkin, RN, IBCLC, MSN, PNP, Regina Eichenberger, PA, IBCLC, MPH, Tina Roeder, RN, MSN, IBCLC/MFCH (preterm donor milk bank manager), and Cosmina Mandru, MD, IBCLC, were on hand to answer our questions about their Preterm Donor Milk Bank, which is spearheaded by Boriana Parvez, MD, IBCLC, and Medical Director.

This group recognizes the immense benefits of infants receiving breast milk/chest milk over formula and aims to support moms/parents with milk supply issues by providing them with Pasteurized Donor Human Milk (PDHM) to provide the best nutritional start for their infants.





This Preterm Donor Milk Bank was opened in 2019 and is regulated by the Department of Health (DOH). In NYS, PDHM is regulated as a tissue or blood donation which in addition to the rigorous donor testing and processing requires that the records of all recipients and batches of donor milk have to be kept until the recipient is 21 years old or longer, similarly to blood transfusion records. Before opening the Milk Bank, they were purchasing milk from the NY Milk Bank and the New England Milk Bank.

WMC has the first and only Preterm Donor Milk Bank as well as the first and only Kosher Milk Bank (started in 2022). They work to supply PDHM to parents in their hospital who want to provide their baby breast milk/chest milk but are unable to do so for any reason. Originally, the bank only supplied PDHM to infants in the neonatal intensive care unit (NICU) weighing 1500 g or less at birth. However, they are in the process of opening up their PDHM services to all NICU and well-babies who need it at their hospital. They are self-sufficient, meaning that they supply the NICU with all the needed donor milk and no additional milk is purchased from an outside milk bank.

In speaking with this Milk Bank, we were especially interested in the qualifications and process to become a donor and a recipient, as well as how the milk is tested, analyzed, and fortified.

Hospital's Steps to Become a Donor:

1) Produce Excess Milk

To initially qualify to be a donor, the parent has to produce excess milk. Either the moms/parents will be approached in the hospital or after being discharged. Some parents even choose to contact the milk bank about a donation. There is no maximum donation amount specified, but a donor must be able to donate a minimum of 250 oz (125 bottles – 2 oz each). They also confirm that they are not taking milk away from the baby of the donating parent.

2) Interview

The prospective donor fills out a 4-page questionnaire (with 40 questions) asking about her lifestyle (e.g., smoking, drinking, drugs, etc.) One big reason that a mother would be disqualified is if she received a blood transfusion in the preceding 6 months (which can often happen if there is a hemorrhage during birth).

3) Doctor note/support

Next, the prospective donor has to get a note from their provider stating that they can provide this milk and that it won't negatively impact their own baby.

4) Blood Test

The prospective donor is tested for Hep A, B, C, HIV, and syphilis, and receives a rubella titer test. If the mom/parent tests negative for Hep A, B, C, HIV, and syphilis and positive for rubella antibodies, they can then donate their milk. All testing is paid for by the hospital.

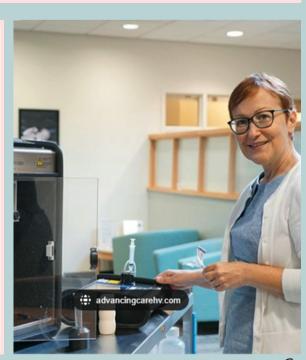
How to Become a Recipient:

Qualifications:

- Newborns whose mothers/parents may not be producing enough breast milk/chest milk but who want to breastfeed/chestfeed.
- All babies need a prescription from the medical team, and a signed consent from the parents, for PDHM.

WMC Donor Milk Cost?

- The Preterm Donor Milk Bank covers the costs of the PDHM, and the recipient does not need to pay.
- For healthy babies at the hospital, a prescription is required to receive PDHM.



Pasteurized Donor Human Milk (PDHM):

After the mom/parent donates their milk, the hospital will:

(1) Pasteurize the Milk

The hospital is licensed by the DOH to collect and pasteurize human milk. The milk is pasteurized on-site at the hospital.

(2) Culture the Milk

The milk is cultured for 2 days and if no growth is seen, the milk is acceptable use.

(3) Analyze the Milk

The milk is analyzed to get the protein, carbohydrate, calorie, and fat content per 100 ml. All of the milk is then labeled with this information.

(4) Fortify the Milk

Finally, the milk is fortified, an important final step, especially for the NICU infants who require enhanced nutrition.

Kosher Milk

The hospital has orthodox moms who donate their milk, allowing the bank to also supply Kosher PDHM. This PDHM is no different than other PDHM, except that it comes from a mother/parent who follows a Kosher diet. The Kosher milk bank is certified in 2 ways: donors must meet orthodox guidelines and the milk is processed under the supervision of a Rabbi with a pasteurizer dedicated to Kosher milk. This allows them to widen the range of patients they can supply PDHM.

Preterm Milk

Mothers/parents of preterm infants can and are encouraged to donate, only if they have an extra supply of milk and meet the other qualifying requirements. This is because preterm milk has a different nutrient content than that of mothers whose babies were born at term. This preterm PDHM, given the different nutrient value, can be used for preterm babies who require the additional nutrients, primarily infants between 23-25 weeks of age. For the hospital's smallest premies, (<1500g/<34wks), they use a human milk-based fortification so that they truly receive only human milk for their feeding needs.

Overall Benefits of a Milk Bank

All babies benefit tremendously from breast milk/chest milk, as compared to formula, especially premies born <37wks, and extreme premies born <28wks. Human milk has unique benefits for babies when compared to formula. Having a milk bank then allows for more moms/parents to supply their babies with human milk. For some moms/parents who plan to breastfeed/chestfeed but are not able to produce enough milk immediately after birth, PDHM is particularly helpful for use as "bridge milk" or milk used between the time the baby is delivered and when mom's/parent's milk comes in.

Our BFREE Team would like to say a special thank you to Cosmina Mandru, MD, IBCLC, Patricia Krumholtz-Belkin, RN IBCLC, MSN, PNP; Regina Eichenberger, PA, IBCLC, MPH (Lactation Consultant in the NICU); and Tina Roeder RN, MSN, IBCLC/MFCH (Preterm Donor Milk Bank Manager); and Boriana Parvez, MD, IBCLC (Medical Director, WMC Preterm Donor Milk Bank), who provided us valuable insight about their Donor Milk Bank for this newsletter.

Parent's Perspective

My name is Jimena Grimaldi. I have 2 children, Luca (12) and Emily (10). I have been a lactation consultant for 21 years, currently working at Flushing Hospital Medical Center where we use donor milk in our level 3 NICU which has 14 beds. I have seen how donor milk has been lifechanging especially for those babies from mothers who have delayed lactogenesis and who meet the criteria, less than 32 weeks. Donor milk will be given until the mother's milk comes in and or up to when the baby reaches 32 weeks or up until the discretion of the doctor.



Initially, I knew donor milk prevents Necrotizing Enterocolitis! It can save lives! I am happy that it is available when a mother's lactogenesis is delayed. My main motivation for using donor milk is that it provides optimal nutrition for the baby, promotes normal growth and development, reduces the risk of illness, and has immunologic properties.

My children were born from my heart. I could not breastfeed, which is why I opted for donor milk. When my son Luca was born 12 years ago, the price of donor milk was over \$5 an ounce. My son was born at 8 lbs 3 ounces. He was drinking 2 ounces of milk by the time he came home. Unfortunately, my husband did not want to pay for donor milk and my son did not qualify for our insurance to cover the cost of donor milk.

Parent's Perspective cont.

When I had my second child, Emily, she was admitted to the NICU due to her being premature, and underweight. She did qualify for donor milk and what a difference it makes in a baby's life. My daughter thrived! We had to stop donor milk when she reached a specific weight and gestational age. At this point, donor milk was no longer covered by insurance. Then the formula nightmare started. Emily was having allergic reactions to most formulas we tried. She experienced excessive diarrhea, diaper rash, and spitting up. It was a long journey to her first year when she was able to have almond milk and an only table food diet and NO more formula. This is how my family benefited from donor milk.

Some resources that are the most helpful when using donor milk include the Human Milk Banking Association, Breastfeeding and Human Milk Lactation, and Breastfeeding Guide for Medical Professionals. All donor milk is ordered from the New York Milk Bank, not from an unreliable website selling human milk. The New York Milk Bank is accredited by the Human Milk Banking Association of North America (HMBANA) and licensed to distribute donor human milk in New York State. Donor milk is screened for all tests required by HMBANA and following this, is deemed safe to use.

For mothers/parents who might share my experience: I have seen some distrust from parents when donor milk is offered. Also, a sense of guilt has been expressed by mothers who feel they are not producing milk needed for their babies. My advice is to trust the medical team caring for your baby as we are all here to help your baby thrive. Milk eventually will come in to meet your baby's needs. Donor milk can be looked at as a "bridge" to get you where you need to get to provide ultimate nutrition for your baby.

Thank you to all those mothers who donated milk for my daughter to thrive.



COMMUNITY CORNER

Read about the amazing experience of one of our BFREE Co-Coordinators, Tari Ajeh, where she represented our BFREE Team at the NAACP Conference hosted by the Freeport-Roosevelt Branch!



On the afternoon of March 9th, 2024, I arrived at Roosevelt Public Library and was ushered upstairs to a bustling atrium, teeming with members of the Freeport and Roosevelt communities, legislators, local businesses, and NAACP Freeport Roosevelt branch members. After a quick round of introductions, I set up the BFREE team table and set about the task of informing as many people as possible about the importance of breastfeeding/chestfeeding and the support and resources BFREE offers all around Long Island.

About thirty minutes later, the program kicked into full gear, and the importance of Henrietta Lacks' legacy to medicine was highlighted, Senator Kevin Thomas conferred proclamations on the panelists and the sobering but important short film, Toxic: A Black Woman's Story, was screened and then a panel of public health and clinical experts addressed the members of the audience, issuing several calls to action on the state of Black Maternal Health in the United States. The event ended with questions and comments from community members on their own personal experiences as birthing parents, family members, and community members, bringing in to focus the need for accountability and representation at all levels of the healthcare system in the United States.



Join our free virtual lactation support groups through this link:

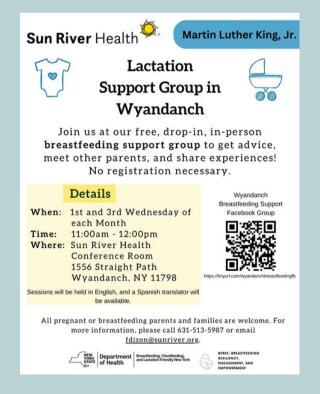
bit.ly/BFREElactationsupport





In-person sessions held at Pronto of Long Island and Sun River Health in Wyandanch!





To learn more about the BFREE Team and to access our free resources, please click below:





