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HUMAN MILK FOR ALL INFANTS:

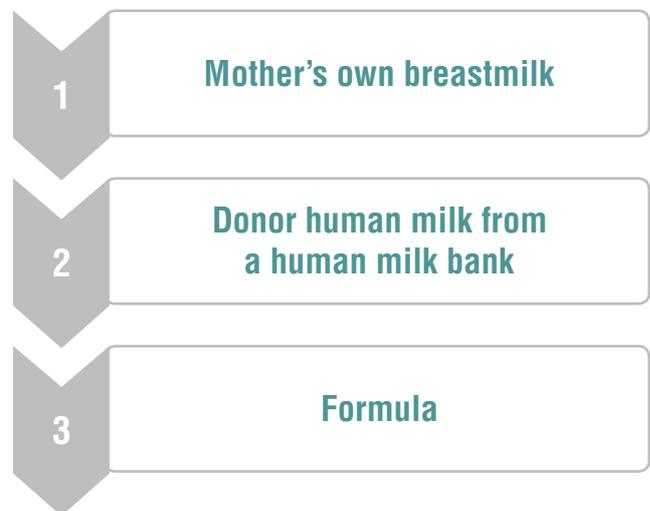
A comprehensive approach to essential newborn care

BREASTFEEDING: PROVIDING THE BEST START FOR ALL BABIES

Newborn babies need the best care possible to survive and thrive, including the most sophisticated, personalized medicine available: human milk. Breastmilk fosters strength, a healthy metabolism, good digestion, a robust immune system, and brain development. Nothing else can support immediate survival, short-term health outcomes, or lifelong benefits in the same way. *The Lancet* estimates that optimal breastfeeding practices could prevent more than 820,000 deaths in children under five every year.¹ Human milk is especially critical for the estimated 32.4 million babies in low- and middle-income countries (LMICs)—27 percent of live births—who are born sick, low-birthweight, or premature.²

Unfortunately, some infants do not have access to their own mother's milk, often due to maternal illness, a delay in milk production, death, or abandonment. In instances when mothers are not able to provide their babies with their own breastmilk, the World Health Organization (WHO) recommends providing donor human milk from a human milk bank (HMB).³ A HMB provides safe, high-quality donor milk to infants who cannot access their own mothers' milk. By investing in the establishment of an effective HMB system, governments can ensure that infants receive optimal care through access to a safe, high-quality, sustainable supply of donor milk, thus giving them the best chance at a healthy start in life.⁴

Figure 1: WHO ranking of feeding options for at-risk newborns



PROTECTING, PROMOTING, AND SUPPORTING BREASTFEEDING THROUGH HUMAN MILK BANKING

Breastfeeding is the cornerstone of a successful HMB. To ensure sufficient supply of breastmilk, HMBs need a strong donor pool of breastfeeding women. When mothers receive adequate support to breastfeed from family and community members, health workers, employers, and others, they are more likely to start and continue breastfeeding. Early essential newborn care practices during labor, delivery, and the immediate postpartum period greatly impact breastfeeding practices.

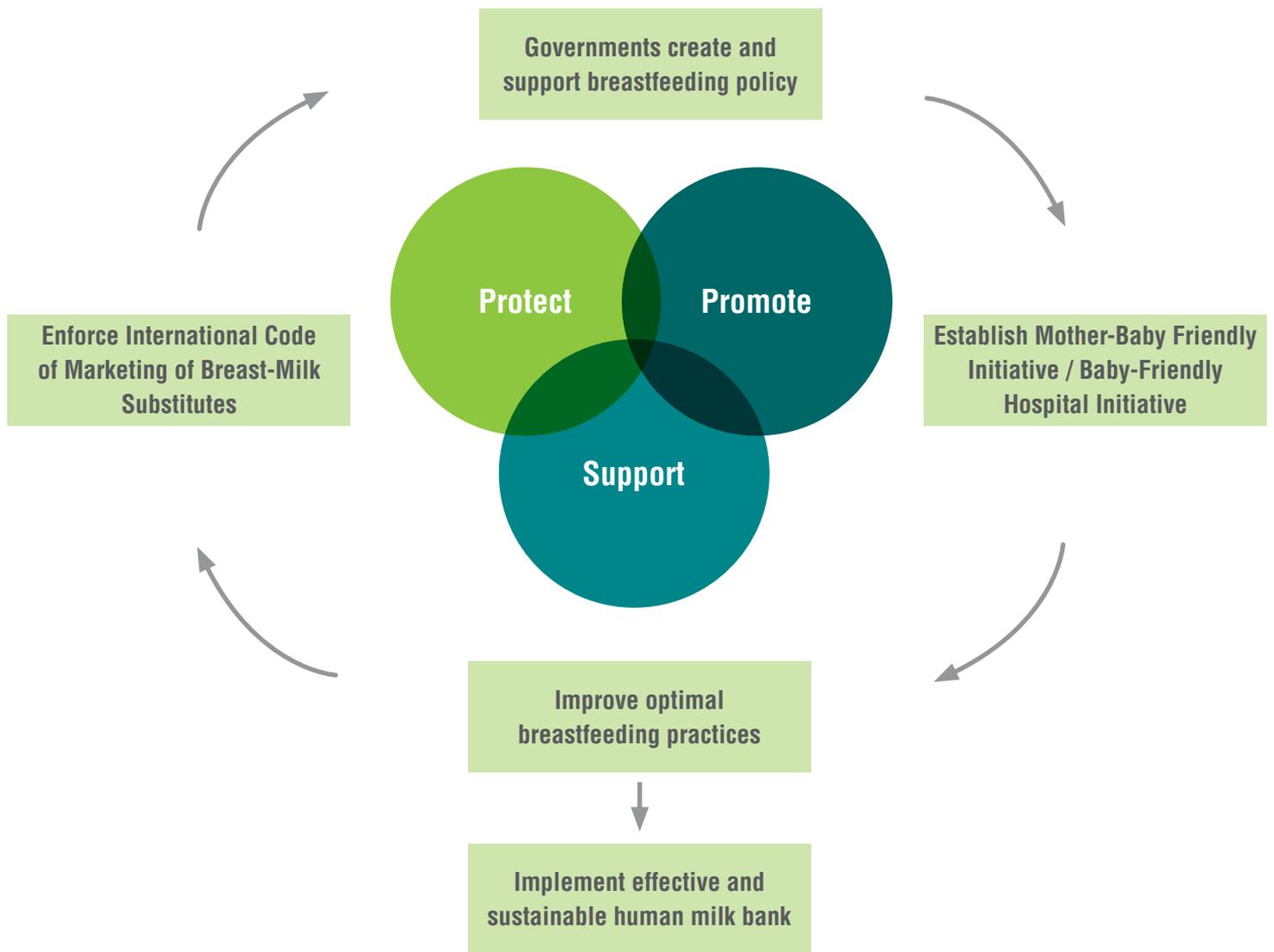


Figure 2: Effective HMB implementation requires investment by the government to protect, promote, and support breastfeeding.

Increasing resources for breastfeeding programs and advocating for policies that are supportive of breastfeeding will lead to a stronger and more effective HMB system. Critical steps to this process include consistent implementation of the Ten Steps to Successful Breastfeeding and adopting the International Code of Marketing of Breastmilk substitutes. The Code, when enforced, protects mothers from marketing that may reduce their confidence to breastfeed and their understanding that breastmilk is the best choice for all infants.

BREASTFEEDING PROTECTION, PROMOTION, AND SUPPORT IN MYANMAR

In Myanmar, about half of all deaths among children under-five occur during the first 28 days of life, and the majority of neonatal deaths are from preventable

causes. A 2015 study on causes of under-five deaths in Myanmar identified prematurity (36%), birth asphyxia (26%), neonatal jaundice (15%), and sepsis (12%) as the leading causes of death among newborns. Recognizing the need to accelerate reductions in neonatal mortality in order to achieve the targets set under Sustainable Development Goal 3, Myanmar has committed to increasing the coverage and quality of essential newborn care interventions and set ambitious coverage targets for early and exclusive breastfeeding in the National Strategic Plan for Newborn and Child Health and Development (2015 – 2018).

In recent years, Myanmar has demonstrated great success in increasing the prevalence of exclusive breastfeeding among infants under six months of age. Implementation of the National Strategy for Infant and Young Child Feeding, which includes a variety of interventions such as behavior change communication,



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revitalization of the Baby Friendly Hospital Initiative (BFHI), and policy advocacy for breastfeeding, by the Ministry of Health and Sports (MOHS) and supported by UNICEF and other partners, very likely contributed to this improvement. Major policy changes, including passing of the Order of Marketing of Formulated Food for Infant and Young Child in 2014 and increasing the duration of paid maternity leave for the private sector (from 12 to 14 weeks) and in the public sector (from 12 weeks to 6 months) may also have had a positive impact on breastfeeding practices.

HUMAN MILK BANKING IN MYANMAR

Two human milk banks (HMBs) are currently operating in Myanmar, both in the Yangon Region. The Central Women's Hospital established its HMB in 1994, and Yankin Children's Hospital introduced the service in 2015.

Since the establishment of the HMB at Central Women's hospital in 1994, there have been no infection outbreaks following the use of pasteurized donor human milk. The neonatal mortality rate at Central Women's Hospital dropped from 35 per 1,000 live births in 1991 to 17 per 1000 live births in 2017, a decrease likely aided by the establishment of the HMB and other life-saving interventions for preterm, low birthweight, and other at-risk newborns.

The Yangon Central Women's Hospital has been working with UNICEF and Alive & Thrive since 2018 to establish the country's first HMB that meets international best practices. With upgraded equipment, standard operating procedures and well-trained staff, this new standardized HMB will help ensure that all newborns at the hospital, especially at-risk infants, have access to human milk when they need it most.

Acknowledging the critical role of breastmilk for newborn survival, health and development, Myanmar's Ministry of Health and Sports (MOHS) is actively pursuing the expansion of HMB programs to five additional hospitals:

Yangon Children's Hospital, North Okkalapa General and Teaching Hospital, Mandalay Central Women's Hospital, Mandalay Children's Hospital, and Taunggyi Women and Children's Hospital. National Guidelines on Human Milk Bank Services were developed and are pending approval from the MOHS, which will set quality standards in line with international best practices for human milk banks services across the country.

For a human milk bank to be successful, it must be part of a larger strategy in which breastfeeding is fully supported and promoted within the hospital and after discharge and key indicators are routinely monitored. Human milk banks also require significant financial commitments for both start-up and ongoing costs. To make the investment cost-effective, any hospital with a human milk bank should serve as many at-risk infants who would benefit from donor human milk as possible. Good hygiene practices are vital to the safety of donor human milk for at-risk infants. Hygiene standards must be in place for all steps of the process — from donor expression, to processing, microbiological testing, and beneficiary feeding. Before establishing a human milk bank, a hospital must maintain hygiene standards in all areas of the hospital including patient wards, microbiological labs, and the neonatal intensive care unit.



HOW DOES A HMB WORK?

A human milk bank (HMB) is a service established to recruit breast milk donors, collect donated milk, and then process, screen, store, and distribute the milk to meet infants' specific needs for optimal health. Milk is donated by volunteer lactating mothers who have passed a thorough health screening. After donation, milk is processed, stored, and distributed following strict procedures to provide safe, high-quality milk and meet the needs of newborns at risk of malnutrition or infection. The mission of a HMB must be to promote and support breastfeeding by providing safe, high-quality donor milk to fill a gap for those who need mother's milk but cannot receive it.⁵

CALL TO ACTION

To facilitate timely access to breastmilk for all newborns and to mitigate any potential risks associated with the provision of donor human milk, Myanmar must continue to improve the quality and safety of the existing human milk banks and scale up services to new facilities by:

- **Increasing** resources and support for promoting, protecting, and supporting breastfeeding in health facilities and communities;
- **Ensuring** that policies and programs to increase access to and intake of donor human milk do not undermine breastfeeding but are part of a comprehensive strategy to ensure optimal feeding of sick and vulnerable newborns;
- **Endorsing and implementing** the new national guidelines and standard operating procedures (SOPs) for human milk banks in collaboration with key departments of MOHS, including the Department of Public Health (DoPH), National Nutrition Center (NNC), and Department of Medical Services (DMS);
- **Integrating** the provision of donor human milk from HMBs into national strategies and policies to improve the quality of newborn care and breastfeeding support; and
- **Allocating** financial and human resources to upgrading existing HMBs, setting up new HMBs, and ensuring consistent access to routine microbiological testing of donor human milk.



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 - 3 World Health Organization (WHO). *Guidelines on Optimal Feeding of Low Birth-Weight Infants in Low- and Middle-Income Countries*. Geneva: WHO; 2011.
 - 4 Kim JH, Chan CS, Vaucher YE, Stellwagen LM. Challenges in the practice of human milk nutrition in the neonatal intensive care unit. *Early Human Development*. 2013;89 (2):S35–S38.
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 - 6 Ministry of Health and Sports (MOHS) and ICF. 2017. *Myanmar Demographic and Health Survey 2015-16*. Nay Pyi Taw, Myanmar, and Rockville, Maryland, USA: Ministry of Health and Sports and ICF.
 - 7 MoH (2015) Study on Causes of Under-Five Deaths in Myanmar.
 - 8 Ministry of Health and Sports (MOHS) & UNICEF. (2012). *National strategy and five-year plan of action for infant and young child feeding in Myanmar*. Yangon, Myanmar: UNICEF.

Figure 1 Source: World Health Organization (WHO). *Guidelines on Optimal Feeding of Low Birth-Weight Infants in Low- and Middle-Income Countries*. Geneva: WHO; 2011.

Figure 2 Source: Demarchis A, Israel-Ballard K, Mansen KA, Engmann C. Establishing an integrated human milk banking approach to strengthen newborn care. *Journal of Perinatology*. 2017;37, 469-474.