



To pay or not to pay?

Lactation Consultant Penny Reimers considers the ethics behind paying donor mothers for breast milk

In South Africa, paying mothers for breast milk is illegal. Because human milk is classified as a human tissue, it is governed by the Human Tissue Act, which prohibits payment for donating anything deemed to be human tissue. However, this is a hot topic internationally with the explosion of for-profit milk banks in the USA and the informal buying and selling of milk on the internet.

For-profit human milk banks in the USA include Prolacta and Medolac. Online milk-sharing sites include Eats on Feets and Human Milk 4 Human Babies, while Only the Breast provides for the informal buying and selling of breast milk with approximately 1.28 million litres of breast milk available at any one time on their site. Why the sudden surge of interest in the commoditisation of breast milk, which has until now been freely available since time began?

A liquid gold mine

Katie Hind in her thought-provoking TED Talk, mentions that we know twice as much about tomatoes, coffee and wine than we do about breast milk. When searching the PubMed database at the National Institute of Health, she found over one million articles on pregnancy and only around 10,000 on breast milk. Fortunately, this is starting to change, as the last decade has brought about an explosion of interest and research into breast milk properties.

The International Institute for Research in Human Milk and Lactation (ISHRML) has encouraged much of this research, especially around human milk oligosaccharides (HMOs). HMOs play a vital role in antimicrobial activity, lowering the risk of necrotising enterocolitis, modulating the immune system and providing essential nutrients for brain development. In Sweden, researchers discovered that when a human milk protein (called alphalactalbumin) binds to a fatty acid, it

creates a unique protein-lipid complex with the ability to kill cancer cells. It rapidly shrinks the most aggressive type of invasive brain tumour, as well as bladder cancer and colon cancer tumours. Research around the microbiome and immunity has focused attention on how important breast milk is in establishing a healthy gut and immune system. Even bodybuilders have hooked onto the benefits of breast milk, as its taurine content is good for muscle growth; the milk is nutrient dense and high in calories.

The emergence of evidence that points to breast milk's various health-related benefits has led to a proliferation of human milk banks being rolled out internationally in the past 10 years. In South Africa, the rapid roll-out followed the Minister of Health's call in 2011 to establish human milk banks as a way of reducing infant morbidity and mortality in vulnerable infants. The urgency to provide donor milk, both for vulnerable infants and healthy infants whose mothers are unable to breastfeed, has also contributed to making breast milk a sought-after, precious commodity.

Compassion vs compensation

Opinions on the ethics of paying donor mothers and selling breast milk are polarised. Some feel strongly that to ensure the safety of this precious substance, altruism and compassion should be the motivation for the donation. Others feel that women should be rewarded for the time and effort spent pumping as this would enable them to spend that money on their own infant or use it for extending maternity leave.

Given concerns around safety, it is surprising that the sale of breast milk in the USA remains unregulated. Women are paid around \$1 an ounce (about 29.6 ml). But, controversy is rife and in 2014, when low-income Detroit mothers were offered money for their breast milk, there was a vehement

backlash from the community and lactation professionals alike. Detroit has a low rate of breastfeeding and the highest infant mortality rate (15/1000) in the country. Opponents recalled associations of the past, when enslaved black women served as wet nurses and were unable to breastfeed their own children. Public pressure brought the campaign to an abrupt halt.

In a counter argument, George Kent suggests that paying women for breast milk would improve supply, reduce the cost, improve the health of children substantially and enable women in low-income countries to earn money. And yet, when Ambrosia Labs attempted to do just that earlier this year, there were unexpected consequences. The company they set up in Phnom Penh, Cambodia, paid women 64 cents per ounce for their breast milk then exported and sold it in the USA for \$4 an ounce. While Cambodia has one of the highest breastfeeding rates in South East Asia, it also faces widespread poverty, and the concern was that mothers would underfeed or stop feeding their infants to sell their breast milk. There was an international outcry that this 'reeked of exploitation', so the Cambodian Health Ministry stopped the operation.

Kara Swanson, in her book *Banking on the Body*, argues against the polarisation of altruism and compensation, and suggests a middle road where both payment and compassion, with caution, could result in a safe product. The Nuffield Report, produced after an investigation into organ donation, found similarly that payment and altruism were not mutually exclusive. Some form of reward may coexist alongside altruistic intent.

Is altruism a stronger motivator?

In his book, *The Gift Relationship: From human blood to social policy*, Richard Titmuss highlights the risks inherent in offering payment to blood donors. He compares the British system of blood bank donors, which relies on voluntary donations, with the American for-profit system. He found that the non-market system based on altruism is more effective than one that treats human blood as another commodity. Unsurprisingly, people in poor health lied about their medical histories as they were desperate for money. These findings were confirmed by the World Health Organization, which found that people who donated for altruistic reasons have lower prevalence of HIV, hepatitis or other blood-borne infections than those who were seeking a monetary reward. People donating for altruistic reasons want to help others and hope to benefit should they themselves someday need blood.

The psychology of motivation describes an over-justification effect: an expected external incentive such as money or prizes decreases a person's intrinsic motivation to perform a task. This is confirmed by a European study, which was conducted in 15 countries: those favouring monetary rewards for blood donation were less likely to be donors, while those favouring non-monetary rewards were more likely to donate.

Conclusions

Should donations of human milk be considered altruistic or should mothers receive financial remuneration? Can these two coexist where some form of reward, not necessarily monetary, encourages or nudges potential

donors to donate? These are important questions that need to be explored in greater depth. Policymakers should encourage open discussion and facilitate research on these issues, as clear laws relating to the buying and selling of breast milk under various conditions internationally are needed.

Fundamental to all this, nevertheless, is that all mothers be given the necessary support to enable them to breastfeed their own children effectively, decreasing the need and demand for donor milk. 



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