

Without better regulation, the global market for breast milk will exploit mothers

Written by The Conversation



Some mothers in countries such as India and Cambodia sell surplus milk to make maternity leave affordable. Flickr/bisbeejones

Markets in mothers' milk could be good or a bad thing for women and their children, depending on how governments respond. Making breast milk more easily available may help more mothers breastfeed, and improve [the economics](#) of the situation for women.

With maternal breastfeeding now promoted as a choice rather than a biological imperative, it is hypocritical and duplicitous for governments to authorise companies to sell breast milk without strengthening the rights of women to breastfeed, sell or share their own milk.

Global trade in breast milk

The international market for breast milk has grown from both demand and supply factors, and from difficulties common to new mothers worldwide.

The huge accumulation of scientific evidence on the importance of breastfeeding for both women and babies has resulted in an [increase in market demand for milk](#). This is led by health professionals treating medically vulnerable babies.

Potential bacterial or viral contamination of traded breast milk can be avoided by pasteurisation. The risks are comparable [to those associated with cow milk infant formula](#).

The buyers for breast milk in the United States include women having trouble breastfeeding, especially after difficult childbirth. Lack of paid maternity leave for women after childbirth also increases demand for breast milk in the US. Bodybuilders [also buy it for sports nutrition](#).

On the supply side, new technologies are helping lactating women in the US and elsewhere to

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extract, store and exchange their milk safely and independently. Exchange increasingly occurs online.

For some, selling surplus milk makes maternity leave affordable. Others provide milk to babies of relatives and friends through informal networks.

However, breast milk is in short supply where formula is cheap and [breastfeeding rates are low](#)

Only a small number of companies are involved in the global trade, the biggest being Prolacta. The US company has been collecting milk through milk banks for around US\$30 a litre and turning into a commercial product sold to US hospitals [for nearly US\\$500 a litre](#). Alongside the not-for-profit breastmilk banks, several million ounces of breastmilk are [processed in North America each year](#)

The Australian government recently approved a local dairy entrepreneur, Neolacta, to [import and sell breast milk](#). Neolacta has attracted controversy in India around plans to collect milk without remuneration from poor mothers at a Bangalore hospital and sell it publicly for US\$300 a litre, in return for donating the [processed milk to the hospital's neonatal unit](#)

Another company, Ambrosia Milk, was selling breast milk in [the United States](#). Unlike the Indian proposal, the company [paid Cambodian mothers for their milk](#), so they earned at least twice the local wage.

Ambrosia's scheme barred mothers from contributing milk until babies had been breastfed for six months, and required health checks. Offering women around US\$15 a litre for breast milk, Ambrosia found willing suppliers.

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However, [Cambodian officials shut down the trade](#) this year, declaring:

Even though we are still poor, we are not so poor that we have to sell human breast milk.

Why would women get involved?

To date, [the policy debate](#) around the market for breast milk has focused on exploitation, any health risks and milk banking, without exploring the bigger picture of economic incentives and gender inequalities.

Governments have neglected to recognise the economic value of women’s “lactation work” or to provide legitimacy, guidance and safety to informal breast-milk exchange. The work involved in breastfeeding [is rarely acknowledged](#), although it can take considerable [time, skill and energy](#)

International authorities including the World Bank, [recently called](#) for better resourcing of breastfeeding, including [by paid maternity leave](#)



More information must be given to mothers involved in exchanging breast milk. Breastfeeding image from www.shutterstock.com

US and Australian regulators have helped dairy industry players to position themselves in a commercialised breast milk supply chain, but individual women are discouraged from trading by legal ambiguities about rights and responsibilities. Selling breastmilk is probably not illegal and buyers may sue over unsafe milk. Businesses selling food [must be licensed](#) and meet food safety standards. Laws in different jurisdictions differ, depending on whether breastmilk is considered a food or a human tissue, or even a therapeutic good.

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Mothers involved in exchanging breast milk [are alternatively praised or stigmatised](#) , raising issues about institutionalising medical control of women's bodies and economic choices.

[Health researchers are already experimenting](#) with financial rewards to improve breastfeeding rates. In fact, [various studies have shown](#) governments' own budgets would benefit if more women breastfed. Lower rates of infectious illness and later life chronic disease for breastfeeding mothers and children reduces health care costs.

Maternal breastfeeding and breast milk could be made safer and more accessible to women in both rich and poor countries if governments were innovative and courageous in acknowledging women's economic and health rights, and if governments acted to protect maternal breastfeeding through comprehensive policies.

Regulating the trade in breast milk

The major risk of the emerging trade is that it will reduce maternal breastfeeding. If mothers are not breastfeeding, [their own health is compromised](#) , and the risks of breast cancer are higher. Feeding at the breast also benefits children's development and bonding, and reduces infection risk even compared to feeding breastmilk.

At the supplier end, in India or Cambodia, breastfeeding mothers may be persuaded to make more milk and lactate longer. However, they may unknowingly sell or donate too much of their own child's birthright.

If mothers don't know the true worth of their breast milk, or have few decent work or leave options, they are easy targets for [companies marketing cow's milk substitutes for breast milk](#)

The overriding goal of regulating the selling or sharing of human milk should be to empower women to breastfeed their own children, while protecting maternal breastfeeding from economic incentives and markets that undermine it.

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Although health policymakers may think a market for breastmilk solves the problem of breastfeeding, it doesn't. Markets work by holding costs down, and selling at a profit to those willing and able to pay, not to the children who most need it.

[Public health regulation supported](#) the expansion of markets for infant formula last century. Comparable public health support is now needed to make breast milk more available and breastfeeding less costly for women. Markets increase the need for strong employment and consumer regulation to protect women and children worldwide.

In Australia this could mean National Health and Medical Research Council guidelines to assist safe sharing, selling and buying of human milk. There also needs to be clarification of mothers' legal rights and responsibilities.

Insurance and technical support could be provided for running women's breast milk cooperatives, focused on helping mothers with breastfeeding. Health services could screen and certify potential suppliers, and offer storage and logistics support.

For example, in Brazil, the [government implemented a comprehensive and integrated national strategy](#) that incorporated community-based milk banking. The integrated strategy dramatically improved breastfeeding rates and children's health in the country.

[World Health Organisation guidance](#), including the International Code of Marketing on Breast-milk Substitutes, should extend its scope to commercialised breast milk. Import and export regulation for breast milk should include fair trade or fair pay requirements. Product labelling should certify that the women supplying the breast milk received fair pay and health protection.

Governments also need to urgently implement the International Labour Organisation's conventions on paid maternity leave and lactation breaks. [Breastfeeding takes time](#) and "time is money" for women as well as men.

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If governments prioritise corporations over women's economic and health rights, sales of breast milk will result in everyone but mothers benefiting from trade.

Julie Smith receives funding under a Future Fellowship from the Australian Research Council. She is a volunteer breastfeeding counsellor and member of the Australian Breastfeeding Association.

Read more <http://theconversation.com/without-better-regulation-the-global-market-for-breast-milk-will-exploit-mothers-79846>