

# Unveiling the voices: Exploring perspectives and experiences of women, donors, recipient mothers and healthcare professionals in human milk donation: A systematic review of qualitative studies

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## ABSTRACT

**Objectives:** This study aims to examine and synthesise the views and experiences of women, donors, recipient mothers and healthcare professionals regarding human milk donation or sharing.

**Methods:** The Joanna Briggs Institute (JBI) meta-aggregative approach to systematic reviews of qualitative studies was adopted. Six databases, MEDLINE, CINAHL, Embase, PsycINFO, Web of Science and Scopus were searched. English written qualitative studies from database inception to February 2024 were included. The JBI Critical Appraisal Checklist for Qualitative Research was used to appraise the collected research evidence.

**Results:** A total of 629 papers were screened, and 41 studies were included in the review. Six key findings were synthesised. (i) Donors, recipients and their families all benefit from milk donation. (ii) Motivation to receive or donate breast milk. (iii) Awareness and participation are affected by formal vs. informal sharing, mothers' personal experiences and external factors. (iv) Concerns about disease transmission, jealousy, bonding and traits. (v) Challenges encountered by donors, recipient mothers, staff and milk banks (vi) Suggestions for promoting human milk donation.

**Discussion:** Stakeholders of human milk donation, including donors, recipient mothers, healthcare professionals, and human milk bank representatives, face various physical, mental and practical challenges. Informal sharing complements formal donations and contributes to improved breastfeeding rates. Advocacy and education efforts are still needed to increase participation and safety levels. The major limitation of the study is the inadequate search on views of immediate family members.

### Statement of Significance

#### Problem or issue

Donor human milk plays a vital role in promoting breastfeeding. However, there is a lack of comprehensive frameworks that integrate the experiences and perspectives of various stakeholders regarding human milk donation or sharing. These perspectives are crucial for informing clinical practice.

#### What is already known

Numerous qualitative studies have been conducted, interviewing various stakeholders separately about human milk donation and sharing.

#### What this paper adds

This paper provides valuable insights into the practice of informal breast milk sharing. It also discusses the establishment and promotion of formal Human Milk Banks (HMBs) from a global and comprehensive perspective.

### Introduction

Breastfeeding is a vital aspect of human development as it provides essential nutrients to newborns and health benefits to nursing mothers [1]. The WHO recommends exclusive breastfeeding for infants up to 6 months of age [2].

However, implementing appropriate breastfeeding practices such as early and exclusive breastfeeding is not without challenges. Some common challenges include perceived insufficient breast milk

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production or maternal return to work [3]. Both formal donation and informal sharing of human milk are viable solutions to these challenges. Formal donation refers to human milk sharing through milk banks, whereas informal sharing refers to sharing among mothers privately without the involvement of a professional organisation.

Donor human milk (DHM) from a human milk bank (HMB) plays an important role in the promotion of breastfeeding [4,5]. DMH is defined as breast milk expressed by a mother and processed by an HMB for use by a recipient other than the donor mother's own baby [6]. An HMB is a professional organisation that screens donors based on stringent criteria and collects, processes and dispenses donor milk [7].

Milk donation processed by HMBs is primarily provided to sick or premature infants [7], with a limitation on full-term infants with mothers in inadequate milk supply. In response to the shortcomings of formal milk donation, some individuals resort to informal milk sharing, without the involvement of a professional organisation. Informal human milk sharing can take the form of direct methods, such as wet-nursing and cross-nursing [8], or indirect, such as frozen storage of human milk [9].

Despite numerous qualitative studies conducted to interview various stakeholders in human milk donation and sharing [10–12], no comprehensive frameworks have integrated their experiences and views to inform clinical practice. Identifying the perspectives and experiences of stakeholders can provide insight for HMBs and inform milk donation strategies. Therefore, we conduct a systematic review of qualitative studies with the objective of examining and synthesising the views and experiences of women, donors, recipient mothers, healthcare professionals and HMB representatives regarding human milk donation or sharing.

## Methods

For this systematic review, we adhered to the Joanna Briggs Institute (JBI) methodology for systematic reviews of qualitative evidence [13]. The review was conducted following an a priori protocol registered with PROSPERO (CRD42022337835).

### Inclusion and exclusion criteria

We included studies that focus on the perceptions and experiences of primiparous and multiparous women, human milk donors, recipient mothers and healthcare professionals regarding human milk donation or sharing.

We included relevant studies published in English and in peer-reviewed journals from the inception of the database until 2024. Qualitative primary research studies (including but not limited to designs such as grounded theory, phenomenology, ethnography and action research) were included. However, we excluded quantitative studies and mixed-methods studies.

### Search strategy

We employed a comprehensive search strategy. Initially, we conducted a narrow search in the MEDLINE database to locate articles related to human milk donation or sharing. Subsequently, the Population, Intervention, Comparator, Outcome and Study design (PICOS) framework to shape our research strategy. We incorporated keywords featured in the titles and abstracts of relevant articles and associated index terms to develop a full search strategy for six databases, namely MEDLINE, CINAHL, PsycINFO, Embase, Scopus and Web of Science. We adapted the search strategy for each information source used and concluded the search from the inception of the database to February 20, 2024. The full search strategies for each database are described in Appendix I. Finally, we screened the reference lists of all selected studies for additional relevant studies. We restricted the search to studies published in English.

### Study selection

All citations identified from the search were consolidated and added to EndNote v.20.0. We eliminated any duplicate entries. Two independent reviewers screened the titles and abstracts of the identified studies against the reviewer's inclusion criteria. We retrieved in full any studies that showed potential relevance. Any disagreements between reviewers were reconciled through discussion or, if necessary, consultation with a third reviewer.

### Study inclusion

A comprehensive database search revealed 629 relevant articles. After the removal of duplicates, screening of titles and abstracts, and subsequent full-text screening against the inclusion criteria, 41 studies were included in the review. Fig. 1 illustrates the search results, study selection and inclusion process.

### Assessment of methodological quality

The methodological quality of eligible studies was evaluated by two independent reviewers using the JBI critical appraisal checklist for qualitative research [14]. We performed data extraction and synthesis for all studies, irrespective of their methodological quality.

Overall, the methodological quality of the 41 identified studies ranged moderate to high. All the studies met between 50%–100% of the JBI quality criteria. The details of the methodological quality of the studies are summarised in Table 1.

### Data extraction

Data were extracted from the selected studies by two independent reviewers using a standardised JBI data extraction tool [13]. The extracted data included the study title, methodology, method, setting, country, participant, phenomena of interest, data analysis and description of main results. Findings and illustrations were extracted verbatim from the articles through multiple independent readings by the reviewers. The reviewers discussed the findings and reached a consensus, consulting with a third reviewer when necessary.

Each finding was assigned a level of credibility based on its association with reported illustrations. Findings were deemed unequivocal (U) when a direct association was evident, credible (C) when a logical inference could be made, and not supported (NS) when no relationship or illustration was found. Disagreements regarding the level of credibility were resolved through discussion or, if necessary, assistance from a third reviewer. We made no attempts to contact the authors for additional or missing data.

### Data synthesis

NVivo 20.0 was used to conduct a meta-aggregation of the qualitative research findings; following the JBI's three-step meta-aggregation process [15]. The findings were collected and categorised based on similarities in meaning. These were then synthesised to produce a comprehensive set of findings. Only findings that were unequivocal and credible were included in the synthesis.

### Characteristics of studies

The studies included in this review were published between 2009 and 2024. They were conducted in various countries including the United States, the United Kingdom, Canada, Australia, New Zealand, Brazil, Spain, India, Uganda, South Africa, Malaysia, Chile, Turkey, Singapore, Vietnam, Uganda, and Ireland. All the studies were published in English, in total, they comprised 1019 participants, including milk bank representatives, donors, recipient mothers, healthcare

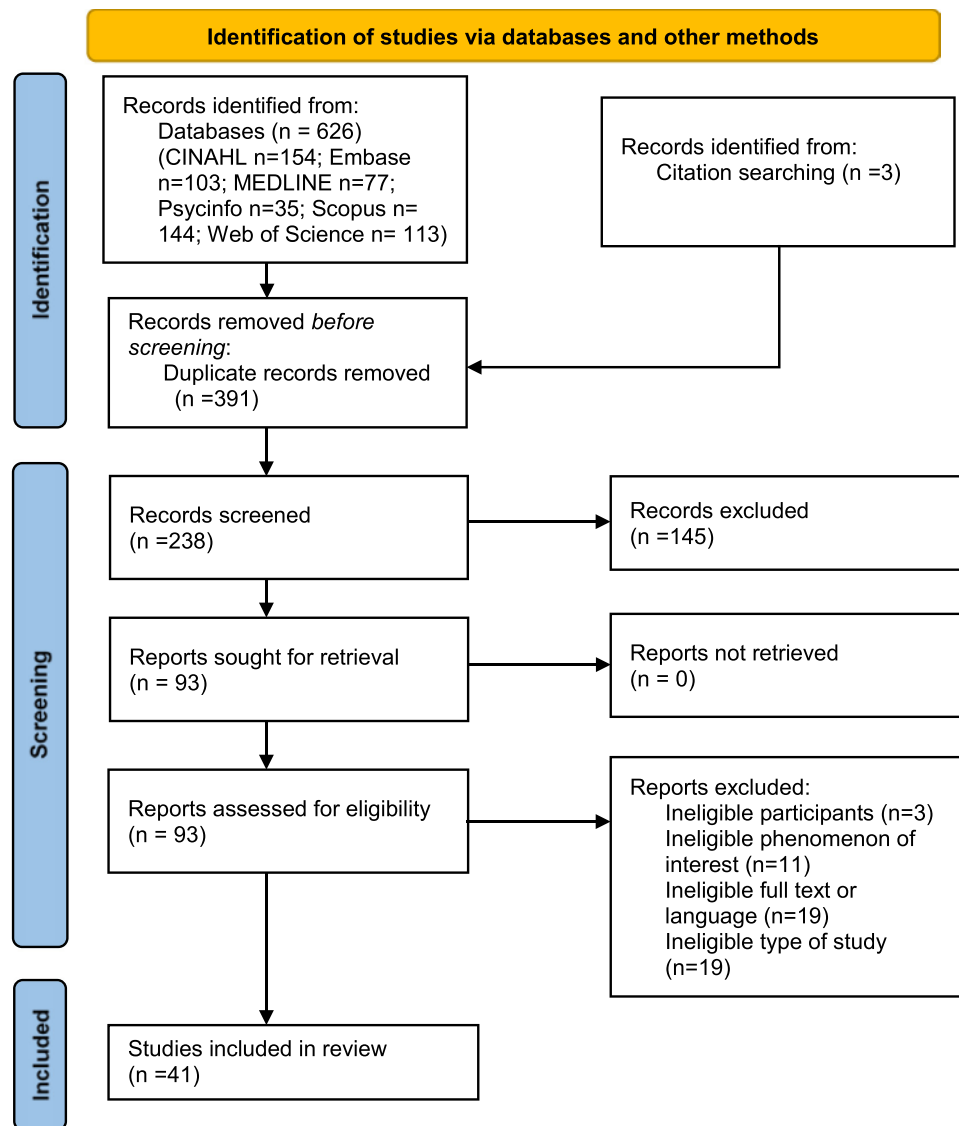


Fig. 1. PRISMA Flowchart.

professionals and mothers without experiences of human milk donation or sharing. The characteristics of the included studies are described in Table 2.

## Results

### Review findings

Six themes, comprising the perspectives and experiences of women, donors, recipient mothers, healthcare professionals are synthesized. The findings and illustrations from each study are presented in Appendix II. Eighteen findings were considered unsupported because no illustrations were reported by the study authors; these findings were not included in the synthesis (see Appendix II).

#### Theme 1: Donors, recipient and their families all benefit from milk donation

The first theme of our findings provides insights into the physiological and emotional benefits of breast milk sharing activities for the recipient children, recipient family, and donors [8,16-18]. The direct beneficiaries of breast milk donation or sharing are recipient children.

The study emphasized the health benefits of breast milk for these children were depicted [17,19,18,20-22], especially for children with medical conditions or born prematurely:

*Donating milk is donating health to the premature babies of the Neonatal ICU. [Formal donor] [17]*

*My milk is life for my baby and for the sick baby...and that's why I donate, it is vaccine, it is medicine. [Formal donor] [17]*

Mothers and families also benefit from receiving milk donations. These donations fulfil their desire to provide breastmilk and alleviate the psychological stress associated with not being able to breastfeed for various reasons [8,16]:

*It saved my sanity and my mental health, I was completely overjoyed, overwhelmed by somebody else's kindness, and it means my baby is healthy and thriving and happy. [Informal recipient mother] [16]*

*It's not just milk, it's mental helath. [Informal recipient] [16]*

On the other hand, some donors benefit from donating breast milk as they receive extra professional assistance from HMBs when they encountered difficulties with breastfeeding, such as pain and breast

**Table 1**  
Critical appraisal of eligible qualitative studies.

No.	Study	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Total %
1	(Fernandez et al., 2022)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	100
2	(Welborn et al., 2012)	U	Y	Y	Y	Y	N	N	Y	Y	Y	70
3	(Candelaria et al., 2018)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	100
4	(Machado et al., 2015)	Y	Y	Y	Y	Y	N	N	Y	Y	Y	80
5	(Peso et al., 2018)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	100
6	(Mondkar et al., 2018)	U	Y	Y	Y	Y	Y	N	Y	Y	Y	80
7	(Benevenuto et al., 2020)	Y	Y	Y	Y	Y	N	N	Y	Y	Y	80
8	(Pineau et al., 2013)	U	Y	Y	U	N	N	Y	Y	U	Y	50
9	(Thorley et al., 2012)	U	Y	Y	U	N	N	Y	Y	Y	Y	60
10	(Esquerria-Zwiers et al., 2016)	U	Y	Y	Y	Y	N	Y	Y	Y	Y	80
11	(Mackenzie et al., 2013)	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	90
12	(Lubbe et al., 2019)	U	Y	Y	Y	Y	Y	Y	Y	Y	Y	90
13	(Magowan et al., 2020)	U	Y	Y	Y	Y	Y	Y	Y	Y	Y	90
14	(Rabinowitz et al., 2018)	U	Y	Y	Y	Y	Y	Y	Y	Y	Y	90
15	(Kair et al., 2017)	U	Y	Y	Y	Y	Y	Y	Y	Y	Y	90
16	(Coutsoudis et al., 2011)	U	Y	Y	Y	Y	N	N	U	Y	Y	70
17	(O’Sullivan et al., 2016)	U	Y	Y	Y	Y	N	Y	Y	Y	Y	80
18	(Bressler et al., 2020)	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	90
19	(Gribble et al., 2014)	U	Y	Y	Y	Y	N	N	Y	Y	Y	70
20	(Perrin et al., 2016)	U	Y	Y	Y	Y	N	Y	Y	Y	Y	80
21	(McNally et al., 2020)	U	Y	Y	Y	Y	N	N	Y	Y	U	60
22	(Wagg et al., 2022)	Y	N	Y	Y	Y	N	N	Y	Y	Y	70
23	(McCloskey et al., 2019)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	100
24	(McCloskey et al., 2018)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	100
25	(Ferrarello et al., 2019)	U	Y	Y	Y	Y	N	Y	Y	Y	Y	80
26	(Miller et al., 2018)	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	90
27	(Cohen et al., 2021)	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	90
28	(Shenker et al., 2021)	U	Y	Y	Y	Y	N	Y	Y	Y	U	70
29	(Mantri et al., 2021)	U	Y	Y	Y	Y	N	Y	Y	Y	Y	80
30	(Thorley et al., 2009)	U	Y	Y	U	Y	N	N	Y	Y	U	50
31	(Alves et al., 2013)	Y	Y	Y	Y	Y	N	N	Y	Y	Y	80
32	(Shaw et al., 2007)	U	Y	Y	Y	Y	N	N	Y	Y	Y	70
33	(Karacan et al., 2024)	U	Y	Y	Y	Y	N	Y	Y	Y	Y	80
34	(Ward et al., 2023)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	100
35	(Loh et al. 2023)	U	Y	Y	Y	Y	Y	Y	Y	Y	Y	90
36	(Tran et al., 2023)	U	Y	Y	Y	Y	N	Y	Y	Y	Y	80
37	(Namuddu et al., 2023)	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	90
38	(Mahlatjie et al., 2022)	U	Y	Y	Y	Y	Y	Y	Y	Y	Y	90
39	(Paraszczuk et al., 2022)	U	Y	Y	Y	Y	Y	Y	Y	Y	Y	90
40	(Hyde et al., 2023)	U	Y	Y	Y	Y	N	N	Y	Y	Y	70
41	(Jackson et al., 2023)	U	Y	Y	Y	Y	Y	Y	Y	Y	Y	90

Y, yes; N, no; U, unclear

JBI critical appraisal checklist for qualitative research

Q1 = Is there congruity between the stated philosophical perspective and the research methodology?

Q2 = Is there congruity between the research methodology and the research question or objectives?

Q3 = Is there congruity between the research methodology and the methods used to collect data?

Q4 = Is there congruity between the research methodology and the representation and analysis of data?

Q5 = Is there congruity between the research methodology and the interpretation of the results?

Q6 = Is there a statement locating the researcher culturally or theoretically?

Q7 = Is the influence of the researcher on the research, and vice-versa, addressed?

Q8 = Are participants, and their voices, adequately represented?

Q9 = Is the research ethical according to current criteria or, for recent studies, is there evidence of ethical approval by an appropriate body?

Q10 = Do the conclusions drawn in the research report flow from the analysis, or interpretation, of the data?

engorgement:

In fact, the need first came from me, because my daughter was choking with the jets of milk, there was excess milk and I was afraid my daughter would choke again and I had mastitis. [Formal donor] [18]

Sharing breast milk provides women with psychological satisfaction, both in their role as a mother [22–25] and as a donor [17,18].

*I used to think like this: People! How many children do I have from donating milk? [Formal donor] [18]*

Oh, I am just so proud of myself. It makes me feel awesome I just feel great doing this. Even my family is super proud of me for doing it. [Formal donor] [18]

*Theme 2: Motivation to receive or donate breast milk*

The second theme reveals the motivation behind the decision-making process of donors and recipients. Understanding a mother’s motivation can assist in crafting effective healthcare policy and approaches. The first theme identified is the reluctance to “waste” stored surplus milk, which often results from physiological reasons or fear of insufficient milk [18,20,21,26,22,27,28]. The stored milk is seen as an embodiment of a woman’s labour, motherhood, and love devoted to her children. Consequently, women typically do not pump solely for the purpose of donation [20].

I was like this stuff is gold, I can’t throw it away...Because that was hard work. It takes so much time and energy to pump. [Formal donor] [19]

**Table 2**  
Main characteristic of the studies.

No.	Title	Methodology	Method	Setting	Country	Participants	Phenomena of Interest	Data analysis	Description of main results
1	Milk Donation Following A Perinatal Loss: A Phenomenological Study	Hermeneutical phenomenology	Semi-structured interviews-telephone or teleconference	Not specified	Spain	13 women. 4 participants experienced stillbirths, and 9 neonatal deaths	To explore women's experiences of donating their breast milk following a perinatal loss	Data was recorded, transcribed, and categorized into themes and subthemes.	The Silence Surrounding Grieving Lactation; Experiencing Lactation Amid a Sea of Tears; Expressing and Donating Breast Milk: A Healing Ritual; Breaking the Taboo of the Grieving Lactation
2	The Experience of Expressing and Donating Breast Milk Following a Perinatal Loss	Phenomenological study	In-depth, semi-structured interview-face to face or via email.	Participants' homes, or coffee shop, or a park, or their workplace	Milk Bank in San Jose, CA or Columbus, OH, the United States	Twenty-one bereaved mothers who donated their milk	To explore the lived experience of expressing and donating breast milk following a perinatal loss	Colaizzi's phenomenological methodology	Identifying as a mother/ Grieving the Loss of Motherhood; Meaning Associated with the Experience of Pumping Milk; Finding Meaning in and Integrating the Experience of Perinatal Loss; Importance of Addressing Lactation with Bereaved Mothers
3	Experiences of Women Who Donated Human Milk	Qualitative, interpretive phenomenological design	A face-to-face, semi-structured interview	The Mothers' Milk Bank in a children's hospital	In the Northeastern region of the United States.	Twelve HMBANA-approved milk donors older than 21 years with infants hospitalized in the NICU	The experiences of women who donated breast milk to a hospital-based milk bank regulated under the policies and procedures set forth by the Human Milk Banking Association of North America (HMBANA).	Colaizzi's method of data analysis	Ripple of Hope and Help; Dynamic Interplay of Nurture; Standing on the Shoulders of Others; Sharing Their Stories
4	Experiences of human milk donation in Andalucía-Spain: a qualitative study	Descriptive qualitative study	Semi-structured interview	In the Virgen de las Nieves hospital of Granada	Spain	7 women who donated milk to the Human Milk Bank	The experiences, beliefs, motivations and difficulties regarding milk donation of a group of women who donate milk in Granada	A structured model adapted from Flick	Milk Bank Information; Perceived social and family environment; Belief in the benefits of breastfeeding; "Having a lot of milk"; Altruism: "if it happens to my baby"; Milk Bank Support; Family Support to donation; Lack of knowledge of other health professionals; Distance from the milk bank;
5	Experiences, beliefs and attitude on donation of human milk in women of Arauco province	Descriptive, transversal study, qualitative research, phenomenological approach	Semi-structured interview	In the waiting room of the Primary Care Center of the Curanilahue Hospital, the commune of Curanilahue, Biobío Region	Chile	15 women	To interpret the perception about experiences, beliefs, and attitudes towards the donation of breast milk in adult women	Content analysis using informant triangulation	Incomprehension at Work It is not a common practice; Lack of direct experience; Awareness of donation through media; Importance of mother's willingness to accept; Trusting the process; Concerns the transmission of diseases through milk; In good health; Have

(continued on next page)

Table 2 (continued)

No.	Title	Methodology	Method	Setting	Country	Participants	Phenomena of Interest	Data analysis	Description of main results
6	Understanding Barriers and Facilitators for Human Milk Banking Among Service Providers, Mothers, and Influencers of Preterm and Sick Neonates Admitted at Two Health Facilities in a Metropolitan City in India	Qualitative	In-depth interviews and focus group discussions	Two health facilities under the Mumbai Municipal Corporation	India	56 service recipients including mother and key influencers and 9 service providers	Understanding the perceptions and acceptability of DHM and HMB among service providers, individual mothers availing services and influencers	Triangulation, open coding, axial coding, selective coding, and reduction	<p>excess breast milk; Lead a healthy lifestyle; Want to help both mothers and babies; Know the benefit of human milk than milk powder</p> <p>HMB perceived to be safe and less resistance among mothers to donate; Shortage of milk supply; Shortage of human resources; Improper collection and storage; Recurring expenses of HMB equipment repairs; refusal to donate; Different opinions of availability after discharge among family members; Approaches to motivate and counsel mothers; Creating supportive and stress-free environment in the hospital for mothers; Creating awareness; Not familiar the procedure of DHM; Understood the benefits of DHM and accepted it; Feel guilty for their inability to breastfeed their babies themselves; Aware that their donated milk is given to babies in need; Feel comfortable to donate; Only the excess milk is donated; Concerns about the health and hygiene of donor mothers; Concerns about affecting donors' own babies; Good for babies</p>
7	SOCIAL REPRESENTATIONS OF DONORS ON HUMAN MILK DONATION IN A UNIVERSITY HOSPITAL	Qualitative research that used as a conceptual framework of the Social Representations Theory	Interviews	The HMB of a public university hospital in southern Brazil	Brazil	30 milk donor women registered with the institution's HMB.	the social representations of donors about the donation of human milk	Content analysis	<p>Different access to the HMB; Need support from HMB; Personal experience as a mother of premature infant; HMB is a welcome place; Believe that milk is being properly used; Take responsibility to disseminate the HMB service; Family support is essential; It takes work to</p> <p>(continued on next page)</p>

Table 2 (continued)

No.	Title	Methodology	Method	Setting	Country	Participants	Phenomena of Interest	Data analysis	Description of main results
8	Giving Milk, Buying Milk: The Influence of Mothering Ideologies and Social Class in Donor Milk Banking	Qualitative study	In-depth interviews	A donor milk bank	California	19 donors, 17 parents recipients	The complex motivations underlying breast milk exchange and highlights the influence of intensive motherhood and social class on participants' conceptualizations of breast milk and milk banking.	Qualitative data analysis	guarantee the quality and quantity of the milk; Show pride in producing and donating milk; Beliefs and values built in environment; It is pleasure to share; Donation represents a way to avoid waste; Expand, multiply the feeling of being a mother; It is sad to stop donating A Cure for Everything for babies; A Gift I Have to Give Right Now; Believe the beneficial for mothers of recipients; That is hard work physically and emotionally; Appreciate its economic value; Payment for breast milk would also increase the supply; Donor compensation would degrade the milk physically and morally; Believe the benefit for their infants; Beneficial to parents of recipients; Assume the characteristics of donors; Concerns that payment would lead to the exploitation of poor women; Normative judgments about milk sellers; More moral than economic valuations; Breast milk is a commodity produced through labor; Potential benefits for low-income donors
9	Human milk use in Australian hospitals, 1949–1985	Qualitative study	Interviews-email or telephone	New South Wales, Queensland, South Australia and Western Australia	Australia	14 mothers, three of the mothers also had experience as trainee midwives and midwives, and four midwives contributed their experiences as staff members, only.	To explore the use of expressed human milk by hospitals	Qualitative data analysis	Hospitals routine; Shared to milk pool by hospital; Over-fullness of the breasts; Appeals for donors in the community; Methods of expression of mother's milk; Lack of screening of donors; Not always informed about what happened to the milk they expressed; The milk they expressed; The (continued on next page)

Table 2 (continued)

No.	Title	Methodology	Method	Setting	Country	Participants	Phenomena of Interest	Data analysis	Description of main results
10	"It's Somebody Else's Milk": Unraveling the Tension in Mothers of Preterm Infants Who Provide Consent for Pasteurized Donor Human Milk	Qualitative, descriptive study	In-depth semi-structured interviews	A 57-bed level III NICU in a Midwestern metropolitan medical center, Chicago,	USA	20 mothers of premature infants hospitalized in the neonatal intensive care unit	To explore the decision-making processes for mothers of premature infants who provide consent for DHM feedings	Conventional content analysis	milk was used for premature; The milk is processed in the pasteurizer Perceived or actual insufficient HM volume; Trust in the NICU clinicians; Nominal or no desire to provide HM; Concerns over the quality and safety of their own HM; It's somebody else's milk (aversion or jealous); DHM quality; Paternal hesitation to DHM feedings; Sufficient HM volume; Support from clinicians; Positive effect of DHM on their infants' health
11	Mothers' Knowledge of and Attitudes toward Human Milk Banking in South Australia: A Qualitative Study	Qualitative study	In-depth semi-structured interviews and focus groups -face-to-face or by telephone	No specified	Australia	12 mothers who were breastfeeding and/or had preterm or sick babies	Mothers' perceptions of donating to or using donor milk from a human milk bank	Framework analysis	Little knowledge of Human Milk Banking; Sources of information; Best nutrition for babies; Potential risks; Feel deep regret at throwing out; Prefer milk bank than informal Sharing; Families and friends; Health professionals; Transport; Drop-off/pick-up locations; Equipment; Commitment and bureaucracy; Sources, settings, and audiences; Timing; Views about donor payment
12	Stakeholder Attitudes towards Donating and Utilizing Donated Human Breastmilk	Qualitative	Observational approach; focus group discussions	a public hospital and clinics in the Northwest Province, South Africa	Africa	Mothers of infants (n = 13), grandmothers (>60 years old) (n = 17) and healthcare professionals working with infants (n = 11).	The attitudes of stakeholders (including mothers, grandmothers and healthcare professionals) towards donating and using donated human breastmilk	Qualitative content analysis approach	Only if knowing each other; fear that the infant would bond with the wet nurse; Awareness about concept but not the procedure; Effort required to express milk for donation; Safety as a main concern; Who the donor is; Concerns about practical issues
13	Exploring the barriers and facilitators to the acceptability of donor human milk in eastern Uganda – a qualitative study	Qualitative	Focus group discussions and in-depth interviews	In a hospital setting in eastern Uganda	Uganda	21 mothers, 6 grandmothers, 1 father	To explore the potential barriers and facilitators to utilizing donated human milk for neonates	Inductive thematic analysis	Benefits of breast milk acknowledged; Wet nursing before the era of HIV; Knowledge of wet nursing; Prior understanding of the

(continued on next page)



Table 2 (continued)

No.	Title	Methodology	Method	Setting	Country	Participants	Phenomena of Interest	Data analysis	Description of main results
14	Human Donor Milk or Formula: A Qualitative Study of Maternal Perspectives on Supplementation	Qualitative	Semi-structured in-person interviews	Oregon Health & Science University (OHSU), a large academic medical center in Portland, Oregon	USA	24 mothers of term infants during their postpartum hospitalization	To describe all-comer maternal perspectives on different supplementation options, including HDM, infant formula, milk informally shared between friends or relatives, and milk purchased from an online seller.	Thematic analysis	concept of DHM; Potential of HIV transmission; Communicable disease transmission; Perception of poor hygiene; External influences (cultural/familial/health worker); Importance of transparency and health education; DHM could become an acceptable practice with education Feel uneasy about formal milk donor selection; unsure of what can be passed through breast milk; Prior infant feeding experiences influence decision-making; Human milk is "natural"; Feel suspicious of formula as "synthetic"; Do not know enough about HDM to choose it; Mistrust online milk sellers for many reasons; Attitudes about using a friend or relatives' milk were mixed Donor milk is a bridge; formula is an ongoing plan; Formula is familiar whereas donor milk is unfamiliar; Donor milk is costly and challenging logistically; Donor milk is healthier
15	Donor Milk or Formula: A Qualitative Study of Postpartum Mothers of Healthy Newborns	Qualitative	Semi-structured interviews	The mother-baby care unit at the University of Iowa Hospitals and Clinics (UIHC), an academic medical center in Iowa City, Iowa.	USA	30 postpartum mothers of healthy newborns who breastfed and gave supplementary feedings with pasteurized donor milk and/or formula during the birth hospitalization.	To explore maternal perceptions about donor milk and formula supplementation and implications for continued breastfeeding	Constant comparative method	Drop in breastfeeding and wet nursing rates by disease; Wet nursing may serve as cultural precedent to breast milk donation; Fear of the infant bonding with the wet nurse; Formula marketing plays a role in the acceptability of donor milk; Fear about its safety; Lack of trust about the efficacy of screening and pasteurization process; Faith in healthcare services; Want to know (continued on next page)
16	Acceptability of donated breast milk in a resource limited South African setting	Qualitative	Focus group discussions	At a public hospital and nearby clinic in Durban	South Africa	20 mothers, 5 grandmothers, 4 partners, 8 nurses, 11 doctors	Examine attitudes towards donated breast milk and healthcare providers of potential recipient infants.	Qualitative content analysis and coding techniques	

Table 2 (continued)

No.	Title	Methodology	Method	Setting	Country	Participants	Phenomena of Interest	Data analysis	Description of main results
17	Informal Human Milk Sharing: A Qualitative Exploration of the Attitudes and Experiences of Mother	Qualitative	Semi-structured, in-depth interviews	At a location of the mother's choice, usually her home or a local café, 4 counties in upstate New York	USA	41 mothers from 4 countries	Explored the experiences of and attitudes toward HM sharing among mothers with experience of HM feeding and breast pump use, regardless of whether or not they had participated in HM sharing.	Identified themes in the data using an inductive approach	the identity of their baby's breast milk donor; Lack of familiarity; Convince of its value and efficacy; Want to meet or see from another person; Race or ethnicity of the donor is insignificant; Unacceptability of donor milk (from white race) but ok to accept blood Awareness of HM Sharing; Source of awareness; Made aware of informal HM sharing by a lactation consultant; More open to provide than to receive; Want to know the recipients; Difficult to find the donors or recipients; Have no idea; Only if producing excess HM; Feel "weird about it"; Unknown provider; Altruistic motivations; It wouldn't go to waste; When facing all kinds of breastfeeding problems; In the face of a short-term problem; Occurred between family and friends; Exchanges are mediated through third parties
18	Informal Milk Sharing for the Hospitalized at-Risk Infant in the Ultra-Orthodox-Haredi Jewish Community in the United States	Qualitative phenomenological approach	Semi-structured telephone interviews	The Northeastern geographical region of the United States	USA	14 English speaking women over 21 years of age who self-identified as Orthodox Jews and reported sharing milk informally to a member(s) of their community	To explore the experience of informal donation among Ultra-Orthodox women who have informally shared their milk	Edmund Husserl's philosophical framework and Colaizzi's method of analysis	Thank God for milk supply; Appreciate the magnitude their gift will have; Things are kept discreet, fear that they might be doing something wrong or illegal; Working together to make that happen; A strong sense of shared values but do not personally know the recipient family; Consider using peer-to-peer shared milk in a variety of ways; Milk sharing as a solution to the problem of inability to fully breastfeed; A better alternative than formula;
19	'A better alternative': why women use peer-to-peer shared milk	A descriptive survey	Closed- and open-ended questions	On the Facebook pages of the internet-based milk sharing groups Human Milk 4 Human Babies ( <a href="http://h">http://h</a>	Australia, Canada, Malaysia, New Zealand and the United States	41 peer milk recipients from five countries	The beliefs and practices of individuals involved in peer-to-peer milk sharing	Descriptive statistics and conventional qualitative content analysis	(continued on next page)

Table 2 (continued)

No.	Title	Methodology	Method	Setting	Country	Participants	Phenomena of Interest	Data analysis	Description of main results
20	Expanding the Supply of Pasteurized Donor Milk: Understanding Why Peer-to-Peer Milk Sharers in the United States Do Not Donate to Milk Banks	A qualitative design using a grounded theory approach	Semi-structured telephone interviews	m4hb.net/) and Eats on Feets (http://www.eatsonfeets.org/). No specified	USA	27 women who had shared milk with a peer but not with a milk bank.	To explore how lactating women with a surplus of breast milk come to the decision to share their milk with a peer rather than donate to a milk bank.	Thematic analysis	Maternal medical conditions impact breastfeeding. Apply multiple strategies before peer-shared milk; Satisfaction with peer-shared milk Strong belief in the value of breast milk; A fear that they will not have enough milk; Want to give back; Sources of information regarding milk exchange; -Organizations are profiting from milk donations; Concerned with the work involved in becoming a milk bank donor;Benefit for recipients infants and mothers; Personal connection Bring up the idea of informal milk sharing; Convincing husband to support informal milk sharing; Challenges from family and friends; Uncertainty of milk supply from donors; Lack of support from pediatrician; Challenging but worthwhile; Deep appreciation for donors; Feel sad and guilty due to insufficient milk supply Desire to breastfeed but a lack of milk; Feel a moment of joy when infant have gained weight; Feel fragile/guilty but won't be giving up; A need for milk: "it's not just milk it's mental health"; Most supportive strangers online; A blanket ban about talking about milk donation online; Feel joy and "saved" about finding the HM4HB page; From nervous to confident in taking milk from a stranger; Make a personal
21	MOTHERS WHO ENGAGE IN LONG-TERM INFORMAL MILK SHARING	Case study	Interviews	No specified	No specified	Three mothers who used informal milk sharing for at least 6 months	Perspectives from mothers who used informal milk sharing for at least 6 months	Thematic analysis	Bring up the idea of informal milk sharing; Convincing husband to support informal milk sharing; Challenges from family and friends; Uncertainty of milk supply from donors; Lack of support from pediatrician; Challenging but worthwhile; Deep appreciation for donors; Feel sad and guilty due to insufficient milk supply Desire to breastfeed but a lack of milk; Feel a moment of joy when infant have gained weight; Feel fragile/guilty but won't be giving up; A need for milk: "it's not just milk it's mental health"; Most supportive strangers online; A blanket ban about talking about milk donation online; Feel joy and "saved" about finding the HM4HB page; From nervous to confident in taking milk from a stranger; Make a personal
22	"It's more than milk, it's mental health": a case of online human milk sharing	A qualitative, exploratory study, case study	A telephone interview	No specified	UK	One mother who is seeking human donor milk through online groups	The attitudes, thoughts, and feelings of one mother who is seeking human donor milk through online groups	Chronological and linear analytical approach adopting pattern matching	Bring up the idea of informal milk sharing; Convincing husband to support informal milk sharing; Challenges from family and friends; Uncertainty of milk supply from donors; Lack of support from pediatrician; Challenging but worthwhile; Deep appreciation for donors; Feel sad and guilty due to insufficient milk supply Desire to breastfeed but a lack of milk; Feel a moment of joy when infant have gained weight; Feel fragile/guilty but won't be giving up; A need for milk: "it's not just milk it's mental health"; Most supportive strangers online; A blanket ban about talking about milk donation online; Feel joy and "saved" about finding the HM4HB page; From nervous to confident in taking milk from a stranger; Make a personal

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Table 2 (continued)

No.	Title	Methodology	Method	Setting	Country	Participants	Phenomena of Interest	Data analysis	Description of main results
23	Peer-to-Peer Human Milk Sharing: Recipient Mothers' Motivations, Stress, and Postpartum Mental Health	Qualitative, descriptive, and exploratory research, A phenomenological approach	Semi-structured individual interviews-telephone	The global Facebook page for Human Milk 4 Human Babies	USA and Canada	Mothers from the United States (n = 18) and Canada (n = 2), who had been recipients of PBMS within the past 1 year	(1) mothers' motivations for participation in PBMS; and (2) the relationship between receiving donated breast milk and mothers' perceived stress and maternal mental health postpartum	Transcripts were coded using an inductive approach and principles of grounded theory, were used to analyze data.	connection with the donor: "Trust not regulation"; Unaware that could get milk from the milk banks; Sufficient supply from peer-to-peer milk sharing; Social media has made donor milk more accessible; awareness needs to be raised Human milk's superior health benefits; Medical need; Human milk is noted to be "normal, feel risks to using formula; Financial cost relative to PBMS; Planning and coordination to secure donor milk; The benefits of using donor milk outweighed its stress-inducing features; Fear of running out of donor milk; Donor milk provides general relief and comfort; Donor milk use reduces symptoms of postpartum anxiety and depression
24	A Liberation Health Approach to Examining Challenges and Facilitators of Peer-to-Peer Human Milk Sharing	prospective, cross-sectional, qualitative research; descriptive and exploratory; phenomenological approach	In-depth interviews-telephone	The global Facebook page for Human Milk 4 Human Babies	In the United States and Canada	Mothers (N = 20) in the United States and Canada who were recipients of peer-to-peer human milk sharing	The experiences of mothers who have received donated human milk from a peer	Open coding; informed by the liberation health social work model	Require substantial effort to secure HM; A lack of support from healthcare professionals; Need to return to work; Kills a lot of the good proteins; Too old to receive milk; Time and money consuming; Do not know the source of milk; Lack of societal awareness and acceptance of HM sharing; Knowing HM sharing is an option sooner will have reduced or prevented stressful; Informed decision making and transparency; Support from healthcare professionals Nurses' presumed safety of PDHM but lack of knowledge; Nurses' role as patient and family Advocate; Staff and
25	Nurses' views on using pasteurized donor human milk for hypoglycemic term infants	Qualitative	Focus groups	A large Baby-Friendly designated birthing facility	USA	20 nurses	Maternal child nurses' knowledge and beliefs about using pasteurized donor human milk	Conventional content analysis	(continued on next page)

Table 2 (continued)

No.	Title	Methodology	Method	Setting	Country	Participants	Phenomena of Interest	Data analysis	Description of main results
26	Going along with it: neonatal intensive care nurses' views of a donor milk practice change	Grounded theory qualitative study	Interviews	38-bed Level III NICU at WellSpan York Hospital, a large community teaching hospital in southcentral Pennsylvania	USA	Nine neonatal intensive care nurses	To explore and describe NICU nurses' perceptions of the change in product from pasteurized DHM to sterilized DHM in the context of lack of their input into the decision and lack of being offered supportive evidence for the change.	Constant comparative analysis	parents, need education about PDHM; Concerns about work flow and how practice changes impact their time; Nurses lack clarity related to informal milk sharing versus PDHM; Nurses recall specific situation in which informal milk sharing occurred Feel confident about feeding pasteurized DHM to infants; Decision made with lack of nursing input change from pasteurized DHM to sterilized DHM; Trust in the physicians; Doubts about the new product; Questioning the Benefits and Safety; Preferring the past practice; Feeling Uncertain; Asking for evidence; Barriers to seeking evidence
27	The impact of the Covid-19 pandemic on North American milk banks	Qualitative study	Online questionnaire survey, search for HMB's websites, in-depth semi-structured interviews-video conferencing or over the phone	No specified	Canada and the United States	The personnel of 30 human milk bank services for questionnaire, the personnel of nine HMBs for interviews	How the pandemic affected HMBs' personnel daily work and understanding of it; milk demand, supply and handling; and relationships to co-workers and others.	Constructivist grounded ethnographic theory	Hospital resource reallocation; Risk aversion; Reduced need for DHM; Bank rationing; An increase in numbers of donors and in the volume of DHM; Outreach and new policies; Remote work; Longer lactation; Altruism; Changed intake questionnaires to screen for donors during Covid-19
28	Maintaining human milk bank services throughout the COVID-19 pandemic: A global response	Qualitative	Open-ended questions	A Virtual Collaborative Network (VCN) using a WhatsApp group	36 countries	80 HMB leaders	To understand the impacts of the pandemic on HMB services and develop initial guidance regarding risk limitation	Themes	Demand for donor milk decreased; Avoid unnecessary risks; DHM is enough; Proper rationing when face challenges; Prescreening for COVID-19 exposure in milk donors; Inadequate logistics of milk donor serological screening; Communication was vital; 'Milk quarantine' principles; DHM handling carefully; Contingency planning (continued on next page)

Table 2 (continued)

No.	Title	Methodology	Method	Setting	Country	Participants	Phenomena of Interest	Data analysis	Description of main results
29	CHALLENGES IN IMPLEMENTATION OF MOTHER MILK BANKS IN RAJASTHAN: A SITUATIONAL ANALYSIS	Qualitative study; A situational analysis	In-depth face-to-face interview	Three oldest AAMBs, located at Tonk, Alwar, and Chittorgarh district of the Rajasthan.	India	Lactating mothers (n=30) and health care providers (n=25)	The challenges faced in the implementation of the AMMBs in Rajasthan	Content analysis	Structure; Financial Support; Operational Process; Technical procedure; Quality maintenance; Human Resources; Demand-supply ratio; Knowledge about DHM and Mother Milk Banking; Willingness for Breastmilk Donation and Utilization; Unwillingness for Breastmilk Donation and Utilization; Barriers to becoming donor or recipient; Influencers in becoming donor or recipient; Lack of Awareness and Motivation; Cultural myths and taboos
30	Mothers' experiences of sharing breastfeeding or breastmilk: co-feeding in Australia 1978-2008	Qualitative	Interview-telephone or email, or both	No specified	Australia	43 women	The experience, from the point of view of the mothers involved, of sharing breastfeeding or expressed breastmilk (EBM).	Qualitative data analysis	Meet the mother's desire for her baby to have human milk; Helping their friends avoid the use of AEM; Convenience; Accept from a reliable source rather than screening; The need for consent; Providers were generally comfortable with the experience; Uneasy at first, but become open to the experience; Feelings of emotional discomfort or regret quickly pass; Positive about the opportunity to help; Attitudes of friends and family were mixed; Attitudes affected by regional factors and the period; The attitudes of medical doctors were positive; The child's behavior-Notice but accept it; Differences in age accentuate differences in behavior towards a different breast; The weaning of one child will create new issues;

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No.	Title	Methodology	Method	Setting	Country	Participants	Phenomena of Interest	Data analysis	Description of main results
31	HUMAN MILK BANK UNDER THE PERSPECTIVE OF THE DONATING WOMAN	Descriptive study; a phenomenological study with qualitative approach,	Systematized observation and semi structured individual interviews	The Human Milk Bank of the Hospital Universitário Antonio Pedro (HUAP),	Brazil	11 women/nursing mothers donator of human milk	The values related to the act of milk donation which emerges in the symbolic imaginary traumas of nursing mother's values and the meaning of the imaginary value structures which are revealed in the action of the donating women.	Formulation of thematic category	A way for the transformation of the world; A lack of performance of the health professionals; Unsupported and misunderstanding from surroundings; Health professional does not provide the information; Health professionals in milk banks are supportive; Engendered values in the act of human milk donation
32	Cross-nursing, ethics, and giving breast milk in the contemporary context	Qualitative research	Semi-structured, face to-face interview	No specified	New Zealand	12 New Zealand women	The phenomenon of cross-nursing from the perspective of 12 New Zealand women in the contemporary context	Code for common themes	A reciprocal arrangement; The model of alternating reciprocity; Consensual cross-nursing is a mutual decision-making; Detracting from the unique bonding a nursing mother and her baby share'; Cross-nursing in emergency; Occurred through a personal appeal from relatives; Non-consensual cross-nursing lead to unhappy
33	Beliefs and views of breastfeeding mothers regarding human milk banking: A qualitative study	Case study, qualitative research method	Descriptive characteristics form and semi-structured interview forms	Education room of the Family Health Center	Turkey	30 breastfeeding mothers	The beliefs and opinions of breastfeeding mothers about human milk banking	Content analysis	Breastfeeding siblings should not marry each other on religious grounds. The mothers were willing to act as wet nurses in case of necessity, but they expressed a preference against having their own baby nursed by another woman. They would consider using milk banks only if the information provided was limited to the mother and baby. If they found themselves in a difficult situation, they would only seek a wet nurse from their immediate social circle.
34	Emotional journey of Asian mothers of premature infants who received pasteurised donor human milk: A qualitative study	Qualitative descriptive study	Semi-structured individual interviews	A level III neonatal intensive care unit	Singapore	17 mothers whose premature infants received donor human milk	The effect of donor human milk usage on the emotional experience of mothers with premature	Braun and Clarke's process of thematic analysis.	Resistance to receiving somebody else's milk; Recognizing maternal limitations and baby's needs' depicted the

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No.	Title	Methodology	Method	Setting	Country	Participants	Phenomena of Interest	Data analysis	Description of main results
35	Understanding Mothers' Experiences of Being Ineligible to Donate Their Milk to a Not-for-Profit Milk Bank	Qualitative study	Interviews	A large, not-for-profit milk bank	Australia	10 mothers who were permanently or temporarily deferred from donating	The experience of mothers being temporarily or permanently ineligible to donate milk as a central focus	Thematic analysis	mothers; Embracing benefits of donor human milk and acceptance with gratitude Donation as a solution to wasting milk; eligibility questions were acceptable and understandable; more information early on allows self-deferral; deferral is not always clear; deferral is disappointing but does not prevent future donation; deferral did not prevent feeding own infant; early information enables preparation for donation; slow communication disrupts perfect timing to donate; alternatives to wasting milk.
36	Case Report: I feel like a mother to other babies: experiences and bereavement and breastmilk donation from Vietnam	Qualitative exploratory descriptive case study	Documentary analysis, interview, and mini ethnography	Da Nang HMB,a Center for Excellence in Breastfeeding	Vietnam	A donor who after the death of her twins started donating her milk to the first HMB in Vietnam	Experience and perspectives of bereaved mothers	Pragmatic ethnographic analysis,	A strong motivation to donate breastmilk when aware of the service ; donating breastmilk helped her deal with grief ; family members supported her through this tough time and supported her decision ; health staff supported her decision.
37	"It's just like a blood transfusion": perceptions on the use of donated breast milk in selected hospitals in central Uganda: a qualitative study	Qualitative descriptive study	Focus group discussions, key informant interviews	Nsambya and Naguru hospitals	Uganda	42 participants (mothers, and health workers.)	The perceptions of mothers, fathers, and health workers on the use of donated breast milk	Thematic analysis	Positive perceptions and negative perceptions. Participants linked donated breast milk to blood transfusion, believed it had nutrients comparable to the biological mother's milk, and thought it was an opportunity to avoid formula or cow milk and help babies that cannot access breast milk. However, the notable negative perceptions were: the feeling that donated breast milk is disgusting, could result in acquiring non-parental genes and traits, and that

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No.	Title	Methodology	Method	Setting	Country	Participants	Phenomena of Interest	Data analysis	Description of main results
38	Bereaved mothers' experience of expressing and donating breast milk: an interpretative phenomenological study	Qualitative study	Semi-structured interviews	ZOOM	Ireland	7 bereaved mothers who donated milk to the Human Milk Bank	Mothers' experiences of perinatal loss and the role that expression/donation played for them in their grief.	Interpretative phenomenological analysis	it was unsafe. Participants also feared that donated breast milk could be expensive and affect the bond between mother and child.
39	The Voice of Mothers Who Continue to Express Milk for Donation After Infant Death	Qualitative study	Qualitative interviews	ZOOM	America	21 bereaved mothers	The experience of women choosing to continue to express milk after a perinatal loss specifically for donation to a nonprofit milk bank governed by the Human Milk Banking Association of North America.	Content analysis	Fulfilling the mother role; the power of being able to 'Do'; making good from the bad.
40	Rural Nurses' Views on Breastmilk Banking in Limpopo Province, South Africa: A Qualitative Study	Explorative and descriptive qualitative study	One-on-one, semi-structured interviews	A tertiary hospital and a rural feeder clinic in the Mankweng area	South Africa	14 nurses	The views of nurses towards breastmilk banking	Tesch's open coding method	An outlet to grieve ; A meaningful life ; Still a mother ; A positive from a negative ; Support and recognition ; Letting go and moving on ; Finding my way
41	Untold Narratives: Perceptions of Human Milk Banking and Donor Human Milk Among Ghanaian Immigrant Women Living in the United States	Exploratory qualitative study	Semi-structured interviews	Zoom or telephone	America	16 Ghanaian women	to understand perceptions of DHM and human milk banking (HMB) as well as factors influencing decision-making toward DHM among Ghanaian immigrant women living in the USA.	Narrative thematic approach	Breastmilk banks and their importance; Donation and receiving donated breastmilk; Strategies to increase awareness Women's decision-making which is informed by external influences; health provider's role in promoting human milk utilization; the importance of addressing barriers to human milk utilization and donation; superstition and spirituality.

Part of it is selfish, was like the pain of pumping.... it's so much work to get it, you know it's kind of a part of you, as demented as that sounds. It's hard to just throw that away, all that effort away. [Formal donor] [19]

Altruism is another prevalent theme [17,21,28–32]. Donation was seen as an opportunity to do good deed for their imagined child in need, as well as for mothers and families. The inclination to help their imagined recipient infant can be seen as an extension of a mother's affection for their own offspring.

*If it happens to my baby. [Formal donor] [21]*

Donors relate to recipient mothers by picturing themselves in their situation, referencing their personal experience [22,30,32,33], and aligning on the value of human breast milk [19,32,33]. After all, the imagined sisters in need are individuals similar to them, both in character and experience.

Because I put myself in the place of a woman who has a premature baby or that the mother has no milk to produce for her baby. Yes, I would donate. [Formal donor] [32]

I think the moms of the sick babies [benefit], just knowing that there's going to be this continuous supply of their sick babies' food ... having that security. [Formal donor] [19]

Another crucial theme identified is how human milk donation can aid the grieving process after the loss of a child. Breast milk production can be unexpected and distressing for bereaved mothers [26,34]. Typically, healthcare providers prescribe medications to halt milk production, but this can be "painful" for these mothers [26,34]. As such, donating breast milk can serve as a powerful, comforting grief ritual [26, 34,35,23,24]. It can imbue the life of the deceased child with profound meaning, foster a sense of life continuity, and aid in reconstructing a mother's maternal identity [26,34].

I always say that this milk was something that my daughter had left in my body, a very important gift that didn't belong me and which I had to give to others because she wasn't there any longer to be fed [Bereaved donor] [34]

*I could have fed him, my body was working perfectly, I hadn't failed in all aspects of motherhood. [Bereaved donor] [34]*

Recipients, on the other hand, cite circumstances that hinder them from breastfeeding despite preferring breast milk. The efforts in searching for milk donations showcase their dedication to their child's wellbeing. In the context of formal donations, a mother's trust in healthcare professionals frequently sways her decision to accept donations.

Breastmilk truly is the best gift for a child. When I realised my body can't make it, I really wanted a better alternative than formula. [Informal recipient] [36]

When they came to me and said, 'There's donor milk and it's available,' I remember just thinking—and I didn't really ask questions. I just knew that it was what she needed. I trust the doctors and the nurses enough that, again, they're not gonna hurt her. [Formal recipient] [10]

*Theme 3: awareness and participation are affected by formal vs. informal sharing, and external factors*

The third theme provides insights into factors affecting awareness and participation rates. The two dominant factors are, firstly, the comparisons between informal and formal sharing; and secondly, external factors.

To begin with, the comparison between formal and informal

donations shapes a mother's understanding of milk donation. There are four identified differences between the two methods of breast milk sharing.

Firstly, the donor-recipient relationship. Breastmilk sharing is seen as intimate, with women preferring known donors or recipient. Alternatively, women may long to cultivate a sisterly or friendship-like relationship with each other. When donations are made anonymous, as in formal milk banks, recipients engage with the milk bank instead. Meanwhile, informal sharing involves direct personal interactions and an emphasis of reciprocity.

I became linked to the milk bank, I have the habit of always telling other women to look for the bank and, if possible, donate too, because she will have all the support. [Formal donor] [18]

I mean I had heard of milk bank before. But peer-to-peer HM sharing made me less hesitant than a person that I didn't know [Informal recipient] [37]

The second difference is safety protocols. HMBs used donor screening and pasteurisation to ensure milk safety, whereas recipient mothers in informal sharing evaluate milk safety based on communication and a sense of trustworthiness.

We talked before and she was very open about everything that she had been through um how many children she had and the whole background which made me feel happier about doing, about accepting the milk. [Informal recipient] [16]

The third difference lies in the level of formality. HMBs are seen as regulated, formal third-party institutions. In contrast, informal sharing is considered to have a lower level of social recognition and is often conducted in private.

*Things are kept very private. I don't know who else may have been involved, we just did what we believed without thinking whether we were allowed or not, like with hospital protocols. [Informal donor] [29]*

The final difference lies in recipient selection. HMBs are primarily intended for premature or hospitalised infants, whereas informal sharing is open to any infant in need:

*They [milk bank] told me that my daughter was too old to receive milk [Informal recipient] [37]*

The following four external factors impact women's attitude towards participation. Firstly, there is inadequate information from healthcare sectors. The limited awareness about formal milk donation restricts mothers' options and access to resources. As a result, mothers often gather information through non-medical channels like the internet, social media, radio, and newspapers [18,20,21,36,37].

*When my daughter was in the hospital because she became ill, I read the papers (about the milk bank) and got informed. [Formal donor] [21]*

*There's a mom's group that I belong to and I've seen a woman who has both offered and coordinated a donation of breast milk. [Cross-nursing woman] [31]*

Secondly, the impact of women's family members or relatives can be significant. Some members were supportive, whereas others prevented mothers from sharing due to various concerns.

*My family agrees that I donate milk and when they have time available, they take me to Granada to deliver the milk. [Formal donor] [21]*

*He [the father] did not like it at all 'No, I want my baby to have his momma's milk, and not donor milk'. [Formal recipient] [10]*

Thirdly, women's views on human milk sharing are shaped by both HMB-associated and other healthcare professionals.

*(Non-milk bank staff) He was extremely positive about it. Said it was a fantastic thing and more women should be doing it. [Cross-nursing woman][30]*

*At the health post I said I had a lot of milk and wanted to donate, they (non-milk bank staff) told me that it was nonsense. [Formal donor][17]*

Fourth, community values and religion can also shape a member's perception of human milk sharing. Certain individuals may find it necessary to seek clarification from a religious leader on whether human milk sharing is permissible [10,38]. Special religious requirements, such as the donor adhering to kosher, may need to be met. [29,39,40]

*I think this is very familiar. Since I was little, I was always taught, I was taught to always contribute, in some way, with someone, with the world. [Formal donor] [18]*

*Milk brothers and sisters should not marry according to our religion. [General women][41]*

#### Theme 4: concerns about disease transmission, jealousy, bonding and traits

The fourth theme reveals the common concerns of potential participants in both formal and informal milk sharing. The general public, across various studies, displayed a lack of knowledge about human milk donation and the formal donation procedure. Fear of potential disease transmission or milk contamination were the primary concerns associated with breast milk donation and sharing [20,31,32,40,42]. This was especially true in cases where donors were unfamiliar to the recipient or in regions experiencing an epidemic.

*I feel like it's less safe if I don't know the people, I'd just be more comfortable with my own [milk] or [milk from] somebody I knew. [General women][39]*

*These days, things are not good, AIDS has come, so you can't risk to breast feed your relative's child because the mother has died, no, no it can't happen. [General women][40]*

Moreover, recipient mothers can feel guilty or jealous about not being able to feed their children themselves. However, witnessing their children thriving on the donated milk often leads to later acceptance:

*I'm kind of jealous that she [the donor mother] can. [Formal recipient] [10]*

On the other hand, potential donors are hesitant about having enough milk for their own babies [7,32].

*Milk for her own baby may become less if one donates. [General women] [7]*

Notably, when asked about receiving donations, a significant number of donors expressed discomfort [27]. The uneasy feelings possibly stem from the underlying beliefs and ideology about breast milk. The introduction of 'others' milk' seems to threaten the sacred one-on-one mother-children bond and maternal competence that breastmilk embodied [7,10,38,30,42,43].

*The first time I [breastfeed sister's son] I remember feeling that I had crossed some invisible line into deviant behaviour, or had broken some taboo. [Cross-nursing women] [30]*

*If my baby is getting somebody else's milk it's going to bond with that somebody. [General women] [38]*

Moreover, it appears that breastmilk may have the unique ability to transmit certain traits from the mother. However, it is important to note that this does not necessarily include any negative qualities [38,44,42].

*Let's say you are a slow learner; that baby can also be a slow learner too. [General women] [41]*

*If they take the baby for DNA test won't the baby be connected to the donor. What if she steals my child... [General women] [44]*

#### Theme 5: Challenges encountered by donors, recipient mothers, staff and milk banks

The fifth theme provides insights into the challenges encountered by donors, recipient mothers, staff and HMBs.

Both donors and recipient mothers need to invest time and money in the process. For donations made to HMBs, the main difficulty was travelling to and from the HMB.

*I have no way to deliver it(milk), because it is pretty far. Then, I get a bit discouraged. [Formal donor] [21]*

*I have to travel, at least an hour and a half away, to pick it [milk donations] up most of the time. [Informal recipient][8]*

From a milk donor's perspective, the efforts needed for donation amidst childcare pose an immense challenge for them. Conducting body checks and tests, pumping milk, cleaning bottles and maintaining sterile conditions is a laborious process.

*I had no idea how hard it was, every time you have to wash, sterilise the thing, the collector and wash hands and be careful with the breast and have a lot more care with everything. So, it takes work. [Formal donor] [21]*

For informal recipient mothers, searching for compatible donors remains a challenge as there is a never-ending need to search for donations to ensure a continuous supply:

*It was like a part-time job I found myself, like on Facebook, a lot... Seeing if there were offers. [Informal recipient] [45]*

*I won't lie, that you get down to one freezer and you're thinking, "I have 2 weeks" worth of milk left. How am I going to feed my baby? And, you know, sometimes I was so close, you know, to having just enough. It was constantly just this game of cat and mouse...That was incredible stress. [Informal recipient] [8]*

Although staff in HMBs had the most frequent contact with donor and recipient mothers, nurses were not consulted when changes were introduced to the HMB's sterilisation process:

*They didn't even really ask or let us know this was going to happen. It was just so abrupt. [Nurse in the HMB][46]*

HMBs may have encountered challenges such as shortages in milk supply and human resources in daily operations [7].

*As there is shortage of staff, less milk is collected. [Nurse in the HMB][7]*

In contrast, most HMBs received sufficient milk donations during the pandemic. Apart from altruism, HMBs personnel also suggest that remote work allow parents to have less anxiety about keeping extra milk [47]. However, recipient mothers and healthcare professionals were concerned about contracting COVID-19 through the donated milk, despite the precautionary measures taken by HMBs.

*(During COVID) We got a lot of calls and emails from providers asking about the safety of milk. [Staff in the HMB][47]*

*Donor screening became very strict, like epidemiological history inquiry, commitment signature, temperature measurement, and previous examination items. [Staff in the HMB] [48]*

*We are being extraordinarily cautious and 'quarantining' the breast milk of approved donors 3 weeks after expression. [Staff in the HMB] [48]*

#### Theme 6: suggestions for promoting human milk donation

The final recurring theme is the interviewees' recommendations on

promoting breast milk donation and HMBs. The most prominent theme is raising awareness.

As women see healthcare staff as the key influencers and trustworthy sources [40], the first step is to equip these professionals with adequate training in order to increase the initiation and continuation of milk donation.

*If it was something that the nurses encouraged, if they would sort of say, "You look like you've got a lot of milk. We have a milk bank," and took it from there, because they're your main contacts during that period. [General women][20]*

*...in case it's the health worker who has given it to me, I accept because she knows where it came from. [General women] [40]*

*When I was pumping and stuff, they always made sure that you had enough supplies to keep going. Every [nurse]. you know, they were very encouraging, always there for me...and then just giving us the information and contacting the right people to be able to donate. So they've been really helpful. I could never have done this without them. [Formal donor] [28]*

Education for mothers, family and community members, acknowledgement during the early antenatal period, explanation of infection control procedures, and strategies to reify the imagined are further suggested.

*They should be teaching the mothers antenatally about breast milk... Encouraging them to understand what is donor milk, so that it hasn't got that [label] as a foreign something. People are familiar with the word even if they didn't see, when they come in, 'this is the donor milk you were taught about.' [Nurse] [38]*

*The whole process that it's gone through, who donated milk, if it was pasteurized, if it's safe. I would want to know all those things [General women] [38]*

*If we can maybe involve a mom who already received the donor milk and whose baby grew well if we have her as an example that might help [General women] [38]*

Moreover, as mentioned in theme 2, bereaved mothers should have the option to donate breast milk to aid in grieving process:

*As mothers who have lived so close to death, we strive to make our reality visible and real. Donating milk was a way of giving voice to this silenced grief. [Formal donor] [34]*

In summary, establishing more HMBs was deemed necessary.

*All tertiary care hospitals should have a HMB. A collection centre should be established at the maternity homes and secondary care hospitals in close vicinity [Neonatologist] [10]*

Donor compensation is a contentious area in establishing HMBs. Proponents argued that financial compensation acknowledged the monetary value of the labour involved in donating breast milk. This could encourage more donations and benefit donors financially:

*I think [payment] would actually encourage milk [donation]. I know the mothers' milk bank has their expenses to cover, even if there was a small kickback that could encourage more people to donate their excess. [Formal donor] [19]*

However, opponents argued that such incentives may undermine the quality of health and moral value of the practice and potentially exploit the economically vulnerable donors:

*I would have real concerns over, if there is payment involved, people doing it for the wrong reasons and then your screening process is possibly jeopardized because people are going to try and fudge the results. [General women][20]*

*If they were being forced to do it, or if they were desperate, or not willing to do it, if it was their only option. [Formal Recipient mother][19]*

Nonetheless, it was agreeable that equipment shall be supplied or rented to donors for free, despite concerns on feasibility [33,37].

*Rather use my own breast pump because that's obviously one that would suit me. [General women][20]*

## Discussion

This qualitative systematic review provides a comprehensive picture of the global experiences and perceptions of various stakeholders towards HMBs and informal sharing. It offers insights into the practice of informal breast milk sharing and the establishment of formal HMBs.

This review aligns with previous studies on facilitators of human milk donation, such as the encouragement by healthcare professionals [49–51]. Considering the effective influence of healthcare workers, they could take on a pivotal role in informing potential donors and recipients. This review further suggests providing on-the-job training for healthcare workers who are not affiliated with HMBs. This would ensure that potential donors or recipients are informed about milk sharing during relevant medical consultations. Another motivator, similar to previous studies [51], is the drive to help babies in need. This review supplements strategies to sustain donation, such as displaying photos of real-life recipients or organizing meet-ups [18,38].

In alignment with previous research [52], the provision of financial compensation to donors remained a contentious topic across regions. It is crucial for local authorities to regulate compensation carefully to prevent exploitation of the economically vulnerable and disruption of societal norms. Nonetheless, HMBs should offer assistance to donors, which may include providing a pick-up service. Other studies have shown that such assistance can make donation more acceptable [53].

Mathais and colleagues [53] identified three types of barriers to breastmilk donation and acceptance, namely: individual, social and systemic. Our findings further underscore the interconnectedness between these factors.

Individual factors hindering the use of human milk bank echo findings from other studies, such as safety concerns [53–57]. This review added that family members, including husbands or mothers-in-law, also share similar concerns. Their attitudes can discourage mothers from milk sharing, demonstrating how social factors intertwine with individual ones. Thus, family members should be included in the discussion of human milk donation. This study also highlights the necessity of a broad community outreach campaign to raise awareness about milk donation. Such a campaign serves as a systemic facilitator, providing clear information about infection control measures to potential milk sharers and the community. One common systemic barrier towards milk donation is the exclusion of bereaved mothers. Currently, bereaved donation programs are offered only in limited regions, such as in the US and UK [58]. This research finding supports the provision of donation choices to bereaved mothers.

Furthermore, the identified themes show that mere scientific education is not enough to address stakeholder's concerns. Consistent with previous studies [54], cultural taboos and personal discomfort were expressed in terms of safety concerns. Therefore, community stakeholders, including religious leaders, should be consulted in shaping a human milk donation-friendly system. For instance, not using anonymized pooled donor milk in the Muslim society, as marriage between a recipient of donor milk and offspring of the donor is considered incestuous [54,59]. Nonetheless, counselling services should be incorporated into formal donation programs.

## Implication to research

Current studies tend to focus on either formal or informal milk sharing, but our findings reveal that potential participants often evaluate both methods during their decision-making process. For a more comprehensive understanding, future research should consider

examining both methods concurrently. In terms of institutional guidelines, at present, there are no universal guidelines that unify the management of human milk sharing [60]. Fung and colleagues [61] recommend setting up global standards on minimum requirements of quality management. On the other hand, they also advise developing legislation and an ethical framework in a country-specific manner [61]. Similar to their suggestion, this review suggests that tailoring strategies to local ideology, family dynamics, infrastructures, medical systems, insurance coverage and socio-economic patterns based on localised research could offer the most effective solutions.

### Limitations

Although the findings of this review are informative, there are some weaknesses. The search for studies was limited to those published in English. There might be key findings in literature in other languages that are yet to be retrieved. The main population searched for in this review was women, especially mothers as primary caregivers of newborns. By focusing on this population, the views and perceptions of fathers and other immediate family members who may be key decision-makers were overlooked. Including these groups might provide a more holistic view of breast milk donation or sharing.

### Conclusions

This systematic review is the first to synthesise global qualitative evidence on the views and experiences of five groups regarding human milk donation or sharing: women without experience in milk sharing, donors, recipient mothers, healthcare professionals, and HMBs representatives. By consolidating evidence on various aspects of human milk donation or sharing, we have highlighted the challenges and suggestions for improving human milk sharing. Providing education to healthcare workers, perinatal women, and the general public is the first step to promote breast milk donation.

### Funding

None.

### Appendix I. Search strategy

#### SCOPUS

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- 1 TITLE-ABS-KEY ( female\* OR wom?n OR mother\* OR donor\* OR recipient\* OR staff OR nurse\* OR obstetrician\* OR "maternity support worker\*" OR "perinatal educator\*" OR "maternity care provider\*" OR "lactation consultant\*" OR clinician\* OR caregiver\* OR carer\* OR hospitalist\* OR physician\* OR doctor\* OR "medical practitioner\*" OR midwife\* OR midwives OR psychiatrist\* OR dietitian\* OR nutritionist\* OR "health practitioner\*" OR "health professional\*" OR "health auxiliary" OR "accredited social health activist\*" OR "health aide\*" OR "health officer\*" OR "health worker\*" OR "medical auxiliary" OR "health care personnel" OR "health care practitioner\*" OR "health care professional\*" OR "health care provider\*" OR "health care worker\*" OR "health personnel" OR "health profession personnel" OR "healthcare personnel" OR "healthcare practitioner\*" OR "healthcare professional\*" OR "healthcare provider\*" OR "healthcare worker\*" OR "health provider\*" )
  - 2 TITLE-ABS-KEY ( "donor milk" OR "donat\* breast milk" OR "donat\* human milk" OR "donat\* human breastmilk" OR "donat\* milk" OR "donor breast milk" OR "donor human milk" OR "milk donat\*" OR "milk bank\*" OR "shar\* breastfeeding" OR "shar\* milk" OR "shar\* breastmilk" OR "milk shar\*" OR "breastmilk shar\*" OR "receive human milk" OR "receive human breastmilk" OR "receive breast milk" OR "receive breastmilk" OR "human milk exchange" OR "cross nursing" OR "co-feeding" OR "cross-feeding" OR "wet-nursing" OR "wet nurse\*" OR "human milk supply" OR "milk kinship" OR "milk sibblingship" )
  - 3 TITLE-ABS-KEY ( expectation\* OR experience\* OR perspective\* OR cognition OR attitude\* OR belief\* OR feeling\* OR information OR perception\* OR satisfaction OR views OR knowledge OR recognition )
  - 4 TITLE-ABS-KEY ( qualitative\* OR interview\* OR "focus group\*" OR "grounded theory" OR "participant observation" OR phenomenolog\* OR "thematic analysis" OR ethnograph\* OR "action research" )
  - 5 #1 AND #2 AND #3 AND #4 AND PUBYEAR > 1980 AND PUBYEAR < 2025 AND (LIMIT-TO ( LANGUAGE, "English" ) )
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### Ethical Statement

The protocol of this review is registered on PROSPERO on 17 June 2022 (registration number: CRD42022337835).

### CRediT authorship contribution statement

Junyan Li: Data curation, Investigation, Writing – original draft, Writing – review & editing, Project administration. Hoi Lam Ip: Investigation, Data curation, Writing – review & editing. Yingwei Fan: Data curation, Writing – review & editing. Jojo YY Kwok: Writing - review & editing. Daniel YT Fong: Supervision, Writing -review & editing. Kris Yuet Wan Lok: Conceptualization, Data curation, Investigation, Writing – original draft, Writing – review & editing, Project administration, Supervision.

### Declaration of Competing Interest

No conflicts of interest have been declared by the authors.

### Data Availability

Further analytical data can be provided upon reasonable request.

### Acknowledgement

No funding and conflicts of interest have been declared by the authors.

### Registration

The protocol of this review is registered on PROSPERO (registration number: \*\*\*\*\*).

- 1 mainsubject(Mothers OR Nurses OR Obstetricians OR Clinicians OR Caregivers OR Physicians OR Midwifery OR Psychiatrists OR Health Personnel) OR tiab(female\* OR wom?n OR mother\* OR donor\* OR recipient\* OR staff OR maternity support worker\* OR perinatal educator\* OR maternity care provider\* OR lactation consultant\* OR carer\* OR hospitalist\* OR doctor\* OR medical practitioner\* OR midwives OR dietitian\* OR nutritionist\* OR health practitioner\* OR health professional\* OR health auxiliary OR accredited social health activist\* OR health aide\* OR health officer\* OR health worker\* OR medical auxiliary OR health care personnel OR health care practitioner\* OR health care professional\* OR health care provider\* OR health care worker\* OR health profession personnel OR healthcare personnel OR healthcare practitioner\* OR healthcare professional\* OR healthcare provider\* OR healthcare worker\* OR health provider\*)
- 2 mainsubject(Expectations OR Experiences OR Cognition OR Attitudes OR Information OR Perception OR Satisfaction) OR tiab(expectation\* OR experience\* OR perspective\* OR beliefs\* OR feeling\* OR perception\* OR views OR knowledge OR recognition)
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- 4 tiab(donor milk OR donat\* breast milk OR donat\* human milk OR donat\* human breastmilk OR donat\* milk OR donor breast milk OR donor human milk OR milk donat\* OR milk bank\* OR "shar\* breastfeeding" OR shar\* milk OR shar\* breastmilk OR milk shar\* OR breastmilk shar\* OR receive human milk OR receive human breastmilk OR receive breast milk OR receive breastmilk OR "human milk exchange" OR "cross nursing" OR co-feeding OR cross-feeding OR wet-nursing OR "wet nurse\*" OR "human milk supply" OR "milk kinship" OR "milk siblingship")
- 5 1 AND 2 AND 3 AND 4  
(Note:  
– Limit to English language  
– - Limit to publication date before February 20, 2024)

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- 1 SU ( Female OR Women OR Mothers OR Nurses OR Clinicians OR Caregivers OR Medical Staff OR Hospitalists OR Physicians OR Midwifery OR Psychiatrists OR Multiskilled Health Practitioners OR Community Health Workers OR Home Health Aides OR Health Personnel) OR AB ( wom?n OR mother\* OR donor\* OR recipient\* OR staff OR obstetrician\* OR maternity support worker\* OR perinatal educator\* OR maternity care provider\* OR lactation consultant\* OR carer\* OR doctor\* OR medical practitioner\* OR midwives OR dietitian\* OR nutritionist\* OR health professional\* OR health auxiliary OR accredited social health activist\* OR health officer\* OR medical auxiliary OR health care personnel OR health care practitioner\* OR health care professional\* OR health care provider\* OR health care worker\* OR health profession personnel OR healthcare personnel OR healthcare practitioner\* OR healthcare professional\* OR healthcare provider\* OR healthcare worker\* OR health provider\*)
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- 4 SU ( Milk Banks OR Donor Milk) OR AB ( donat\* breast milk OR donat\* human milk OR donat\* human breastmilk OR donat\* milk OR donor breast milk OR donor human milk OR milk donat\* OR "shar\* breastfeeding" OR shar\* milk OR shar\* breastmilk OR milk shar\* OR breastmilk shar\* OR receive human milk OR receive human breastmilk OR receive breast milk OR receive breastmilk OR "human milk exchange" OR "cross nursing" OR co-feeding OR cross-feeding OR wet-nursing OR "wet nurse\*" OR "human milk supply" OR "milk kinship" OR "milk siblingship")
- 5 S1 AND S2 AND S3 AND S4  
(Limiters - Publication Year: -2024; English Language)

Web of Science

- 1 TS=(female OR wom?n OR mother\* OR donor\* OR recipient\* OR staff OR nurse\* OR obstetrician\* OR "maternity support worker\*" OR "perinatal educator\*" OR "maternity care provider\*" OR "lactation consultant\*" OR clinician\* OR caregiver\* OR carer\* OR hospitalist\* OR physician\* OR doctor\* OR "medical practitioner\*" OR midwife\* OR midwives OR psychiatrist\* OR dietitian\* OR nutritionist\* OR "health practitioner\*" OR "health professional\*" OR "health auxiliary" OR "accredited social health activist\*" OR "health aide\*" OR "health officer\*" OR "health worker\*" OR "medical auxiliary" OR "health care personnel" OR "health care practitioner\*" OR "health care professional\*" OR "health care provider\*" OR "health care worker\*" OR "health profession personnel" OR "healthcare personnel" OR "healthcare practitioner\*" OR "healthcare professional\*" OR "healthcare provider\*" OR "healthcare worker\*" OR "health provider\*")
- 2 TS=("donor milk" OR "donat\* breast milk" OR "donat\* human milk" OR "donat\* human breastmilk" OR "donat\* milk" OR "donor breast milk" OR "donor human milk" OR "milk donat\*" OR "milk bank\*" OR "shar\* breastfeeding" OR "shar\* milk" OR "shar\* breastmilk" OR "milk shar\*" OR "breastmilk shar\*" OR "receive human milk" OR "receive human breastmilk" OR "receive breast milk" OR "receive breastmilk" OR "human milk exchange" OR "cross nursing" OR "co-feeding" OR "cross-feeding" OR "wet-nursing" OR "wet nurse\*" OR "human milk supply" OR "milk kinship" OR "milk siblingship")
- 3 TS=(expectation\* OR experience\* OR perspective\* OR cognition OR attitude\* OR belief\* OR feeling\* OR information OR perception\* OR satisfaction OR views OR knowledge OR recognition)
- 4 TS=(qualitative\* OR interview\* OR "focus group\*" OR "grounded theory" OR "participant observation" OR phenomenolog\* OR "thematic analysis" OR ethnograph\* OR "action research")
- 5 #4 AND #3 AND #2 AND #1 and English (Languages) and 2023 or 2019 or 2018 or 2022 or 2016 or 2024 or 2021 or 2020 or 2009 or 2007 or 2013 or 2015 or 2017 or 2006 or 1984 or 2004 or 2005 or 2011 or 2012 or 2014 (Final Publication Year)

Medline

- 1 (Women or Nurses or Caregivers or Medical Staff or Hospitalists or Physicians or Midwifery or Nutritionists or Community Health Workers or Home health aides or Health Personnel).hw. or (wom?n or female\* or mother\* or donor\* or recipient\* or staff or Obstetrician\* or maternity support worker\* or perinatal educator\* or maternity care provider\* or lactation consultant\* or clinician\* or psychiatrist\* or carer\* or doctor\* or medical practitioner\* or midwives or dietitian\* or health auxiliary or accredited social health activist\* or health officer\* or health worker\* or medical auxiliary or health care personnel or health care practitioner\* or health care professional\* or health care provider\* or health care worker\* or health profession personnel or healthcare personnel or healthcare practitioner\* or healthcare professional\* or healthcare provider\* or healthcare worker\* or health practitioner\* or health professional\* or health provider\*).ab.
- 2 Milk Banks.hw. or (donor milk or donat\* breast milk or donat\* human milk or donat\* human breastmilk or donat\* milk or donor breast milk or donor human milk or milk donat\* or shar\* breastfeeding or shar\* milk or shar\* breastmilk or milk shar\* or breastmilk shar\* or receive human milk or receive human breastmilk or receive breast milk or

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	receive breastmilk or human milk exchange or cross nursing or co-feeding or cross-feeding or wet-nursing or wet nurse* or human milk supply or milk kindship or milk siblingship).ab.
3	(Cognition or Attitude or Perception or Personal Satisfaction or Knowledge).hw. or (expectation* or experience* or perspective* or attitudes* or belief* or feeling* or information or perception* or satisfaction or views or recognition).ab.
4	(Qualitative Research or Interview or Focus Groups or Grounded Theory).hw. or (qualitative or Interview* or focus group* or participant observation or phenomenolog* or thematic analysis or ethnograph* or action research).ab.
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1	(female or nurse or obstetrician or clinician or caregiver or medical staff or physician or midwife or psychiatrist or dietitian or health practitioner or health auxiliary or health care personnel or staff).sh. or (female* or wom*n or mother* or donor* or recipient* or maternity support worker* or perinatal educator* or maternity care provider* or lactation consultant* or carer* or hospitalist* or doctor* or medical practitioner* or midwife* or midwives or nutritionist* or health professional* or accredited social health activist* or health aide* or health officer* or health worker* or medical auxiliary or health care practitioner* or health care professional* or health care provider* or health care worker* or health personnel or health profession personnel ORhealthcare personnel or healthcare practitioner* or healthcare professional* or healthcare provider* or healthcare worker* or health provider*).ab.
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3	(expectation or experience or cognition or attitude or information or satisfaction or knowledge or recognition).sh. or (expectation* or experience* or perspective* or attitude* or belief* or feeling* or perception* or views).ab.
4	(qualitative analysis or qualitative research or interview or grounded theory or participant observation or phenomenology or thematic analysis or ethnographic research or ethnography or action research).sh. or (qualitative* or interview* or focus group* or phenomenolog* or ethnograph*).ab.
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Appendix II. : Study findings and illustrations

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<b>Number 1</b>	
<b>Study: Milk Donation Following A Perinatal Loss: A Phenomenological Study</b>	
Finding 1	<b>Lactation After Loss: A Forgotten Aspect of the Care</b> –The Silence Surrounding Grieving Lactation(U)
Illustration	Perhaps most health care professionals think that the best way to help this mother is to erase the trace of what has happened, but that trace will never be erased, what if donating milk is a help to cope with grief? Lactation should always be free and informed. Let the mothers choose (Participant 9). Page 4 For me it was very painful to suppress breast milk because it was the only project that we had together. I was very clear that I wanted to donate my son’s milk, but they advised me otherwise. They told me it was because of ethics, that it was very painful for a woman to donate milk without having her infant... (Participant 5). Page 4
Finding 2	<b>Lactation After Loss: A Forgotten Aspect of the Care</b> –Experiencing Lactation Amid a Sea of Tears(U)
Illustration	“I always say that this milk was something that my daughter had left in my body, a very important gift that didn’t belong me and which I had to give to others because she wasn’t there any longer to be fed...” (Participant 1). Page 4
Finding 3	<b>Milk Donation: A Resource to Alleviate Pain and offer hope</b> –Expressing and Donating Breast Milk: A Healing Ritual(U)
Illustration	I needed to find something that would give direction to my empty life... Milk donation was a lifesaver for me, it kept me busy...I needed to give meaning to the life of my baby, so short...I couldn’t save my son’s life, but I could save another baby’s (Participant 13). Page 5 The time spent expressing milk was a video call to heaven, my time to be with my baby... I closed my eyes, and when I heard the sound of the machine, my mind said that it was my baby’s heartbeat... Sometimes I thought it was a dream, that I hadn’t lost my baby, but expressing milk made me aware that it had happened... my body cried tears of milk for him (Participant 8). Page 5 I was expressing and donating milk until I stopped feeling the need, little by little I stopped expressing myself gradually and without planning to; although I was a little sad, my body did not want to break that bond because it was the only thing left of him in my body (Participant 9). Page 5
Finding 4	<b>Milk Donation: A Resource to Alleviate Pain and offer hope</b> –Breaking the Taboo of the Grieving Lactation(U)
Illustration	Society is determined to make your motherhood disappear, but as mothers who have lived so close to death, we strive to make our reality visible and real. Donating milk was a way of giving voice to this silenced grief (Participant 12). Page 5 You feel that you have to educate the rest of society so that they know how to be by your side. It was the best way to protest, to be able to demonstrate as a mother in the face of society... I took the opportunity to express milk when people came over to see how I was doing to ask me and to be able to talk about it (Participant 9). Page 5

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<b>Number 2</b>	
<b>Study: The Experience of Expressing and Donating Breast Milk Following a Perinatal Loss</b>	
Finding 1	Identifying as a mother/Grieving the Loss of Motherhood(U)
Illustration	For some participants, pumping milk allowed them to identify as mothers when they were unable to breastfeed their babies. Pumping helped Sherrie be more at peace with her son’s situation. She said that “[p]umping gave me a sense of actually being a mother. I have a kid even though he is not here with me.” Page 508 Dana felt strongly that telling a bereaved mother to bind her breasts right away is like telling her to stop being a mother. “To not give bereaved mothers the option to pump, in a sense, you might take something away from that mom if the baby died and you are telling them to stop being a mom, stop doing what you are supposed to be doing.” Page 508
Finding 2	Meaning Associated with the Experience of Pumping Milk(U)
Illustration	Pumping helped Jennifer even out or contain the range of emotions that she experienced after Evelyn died. “It wasn’t like I wasn’t grieving the loss anymore, but things were a lot more even.” Lorie thought about Aidan all the time while she was pumping. “Sometimes it was more of a matter-of-fact thing, sometimes it was hard, and sometimes it was easy, like grieving. Page 508
Finding 3	Meaning in and Integrating the Experience of Perinatal Loss(U)
Illustration	Jennifer could not imagine throwing her milk down the drain. In her words, “It was all this milk, I just don’t want it to go to waste, you know this is hard work and I want it to actually go to help somebody.” Page 508 Although it was out of necessity at first, pumping helped Rita to ease the pain of the loss of her twins when she learned that she could donate her breast milk. In her words, “I didn’t feel strongly about it until I knew it was an option, and I didn’t know it was an option until I called La Leche League.” She went on to say, “It was pure

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	relief for me and even though you only have to pump to comfort the first few times I just pumped until no more milk came out because I wanted it out and I knew it could go somewhere." Page 508
	Jill was torn about shipping her milk to the milk bank. On the one hand it was letting go of a part of Isaiah and at the same time, she worked really hard pumping her milk so she could donate it to help other babies. "Every time I went into the freezer and saw the results of what I was doing, I was like, this is so good." Page 508
	For Jennifer, expressing and donating breast milk helped her connect to more than just the grief associated with losing a baby. It was a way of honoring her daughter's life and staying connected to the experience of all that the loss brings. "It did draw out my experience of her," and it "made what life she had a bigger event than just a blip that nobody knows about." Page 508–509
	In the words of 1 participant, "At the time I donated my milk, there was a news story about a baby being abandoned in a trash can. I had this fantasy that my milk would go to this abandoned baby. I was hoping that it would be very nurturing for the baby that was abandoned." For Rita, knowing that she could donate her milk helped her immensely in moving through the grieving process. She says that "[donating my milk was monumental, because it was a living food that should have been for my baby, and it went to someone else's baby, and that's just amazing." Page 509
	In Gina's experience, "Even though he was only here for 3 and a half months, he had a major impact on so many people, and this is 1 of the ways he did. I knew that it would help me heal in that little way." Page 509
Finding 4	Importance of Addressing Lactation with Bereaved Mothers(U)
Illustration	Rita's breasts and told her not to pump her milk no matter what. "I mean, Natalie's exact words were, 'Oh, honey, you are not supposed to pump, no don't pump.'" Page 509
	In Mandy's words, "This would have been an ideal time for one of them to say, 'by the way your boobs might feel like they are going to explode if you don't pump.'" One participant gave specific instructions about how hospitals should address lactation with bereaved mothers: I would like hospitals to be educated in setting moms up to say look, you're probably gonna get milk. If it stays comfortable and you don't want to pump, that's fine. But if it gets uncomfortable to the point where it hurts, you are going to need to express a little bit. This opens up the door for mom to ask about what she should do with her milk. Page 509

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**Number 3****Study: Experiences of Women Who Donated Human Milk**

Finding 1	Ripple of Hope and Help(U)
Illustration	Casey noted, the other thing is just being able to help other people. You know, just the feeling of being able to give back. You know, we would never want it [donor milk] to go to waste. It was, you know, something that. I think it was one of the easiest decisions to make. It was like absolutely. If I have a chance to donate it, I want to. Page 559
	It's, you know, just being able to give back, no matter who it is. who it helps. Knowing that there's babies that will benefit from it, really benefit you know, gives you a little bit of joy and, you know, makes your heart happy [laughs]. Page 559
	Most people, when they do nice things for other people and give back, they like to show it off, and knowing that I'm doing it, but I will never like. like I'm never gonna get like any reward for it, but I feel like I am rewarding myself by doing it because I am making another baby get what they wouldn't get in the beginning, a start, like to help another baby survive and have their life. Page 559
Finding 2	Dynamic Interplay of Nurture(U)
Illustration	The participants described feeling "proud" and "better" about themselves after donating. Lacey was proud of being able to donate her milk and explained how her family was also proud and supportive of her: "Oh, I am just so proud of myself. It makes me feel awesome I just feel great doing this. Even my family is super proud of me for doing it. I just think I'm awesome cause I, I can really do this!" Page 559
	This is something extra that I get to say. This is like at the end of my resume when, you know, you can say you speak Spanish. "It's like, yes, I donated milk." It's just amazing how good I feel about myself inside. I'm learning now that there's ways to become better than you used to be. This experience really makes you appreciate everything. I feel it's truly changed me. Page 560
	It makes me feel like a better person. I wanted to do this, it's like on my plate of list of things to do, and you know it's something good and nice. I like how it's making me feel inside. Page 560
Finding 3	Standing on the Shoulders of Others(U)
Illustration	I met with lactation and they kind of explained exactly how it should go. Having all that support throughout the hospital made it really, really easy. The nurses in the NICU are so great. You cannot thank the nurses enough. You just can't. Page 560
	Casey described how she felt that the nurses took good care of her and were there to answer her questions and help with anything she needed: When I was pumping and stuff, they always made sure that you had enough supplies to keep going. Every [nurse]. you know, they were very encouraging, always there for me. You know, "keep doing it, keep going, don't get discouraged," you know? They were always setting you up with everything that you need and then just giving us the information and contacting the right people to be able to donate. So they've been really helpful. I could never have done this without them. Page 560
Finding 4	Sharing Their Stories(U)
Illustration	Casey spoke about how she educated other mothers: A lot of people were like surprised that you could even do that [donate milk]. Some of the people I spoke to actually decided that they would like to donate, so I was able to give the information out to other moms. So they were willing to take the information and see what they can do. So I think a lot of people were, you know, really pleased that you know, I brought to light that something that nobody really knew about. Page 561
	Stephanie discussed how she would recommend donation and how sharing her story may make another mother more willing to try: I definitely recommend it [donation]. Just saying, "Hey, you should really donate," it really doesn't, I think, mean anything. I feel like you have to give them your story, your experience, mixed with some kind of knowledge, and they'll want to do this too. Page 561

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**Number 4****Study: Experiences of human milk donation in Andalucía-Spain: a qualitative study**

Finding 1	<b>Decision to become a donor-Milk Bank Information(U)</b>
Illustration	when you go back home (after delivery) you get all the child's papers and receive a handout that tell you all about milk donation, in addition to it, a friend of mine who is a pediatrician told me about the donation personally. (M6) Page 129
	I heard about milk donation online, specifically through an association called Mami Lactation and they told me that milk is needed. (M2)Page 129
	when my daughter was in the hospital because she became ill, I read the papers (about the milk bank) and got informed.(M3) Page 129
Finding 2	<b>Decision to become a donor-Perceived social and family environment(U)</b>
Illustration	In fact, everyone freaks out because nobody knows there is a milk bank. (M1) Page 129
	They see me with the breast pump, and I comment "I donate milk", and all seem amazed. They say I'm a good person for that, but I'm ashamed cause I do it not because I'm a good person but in fact they have a very positive reaction. (M4) Page 129
Finding 3	<b>Motivations to Donate-Belief in the benefits of breastfeeding(U)</b>
Illustration	I raised my two children with exclusive breastfeeding up to six months without any bottle, or chamomile, or water, or any type of supplement and they are children who have grown very healthy and very thick and very large. Then I thought if I could give my milk to other children, why not? Because this milk is very good, so I decided that I wanted to donate it. (M7) Page 130
	So as I'm well informed about breastfeeding and I'm fortunate that I am very knowledgeable and I have had a lot of support around me and from my family the I decided to be a donor, because I think it is necessary for children. (M5) Page 130
Finding 4	<b>Motivations to Donate- "Having a lot of milk" (U)</b>

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Illustration	Because I had a lot of milk. Then it had told me about the milk bank, and I decided to become a milk donor; I felt bad throwing it out. (M2) Page 130 I had a great amount of milk, so it was better giving the leftover to babies in need before I throw it out. (M3) Page 130 I had a plenty of milk because the baby only fed from one of my breasts. She no longer wanted my breast, and it hurts when milk is not removed. Then it had told me in the hospital about the donation, so instead of throwing it out, I decided to give it away. (M6) Page 130
Finding 5	<b>Motivations to Donate-Altruism(U)</b>
Illustration	I thought (donate milk) was good for the children who could not be breastfed and who were also premature. (M4) page 130 If there is a way to help someone else, and on top are children, who are the most beautiful thing in the world, here I am. (M5) Page 130
Finding 6	<b>Motivations to Donate-</b> “If it happens to my baby” (U)
Illustration	It can happen to me (not having milk) to the next child. (M1)Page 130 In the future if I have another child and I couldn't breastfeed him for any reason, I'd like someone else to do it. (M3) Page 130
Finding 7	<b>Support to donation-Milk Bank Support(U)</b>
Illustration	Sometimes I get discouraged, and then when I go to the Milk Bank and I see the joy they receive me and be thankful, I feel motivated to continue. (M5) Page 131 The truth is that the hospital staff it is very nice, the milk bank is awesome. When I go and everyone says," how nice, it makes us very happy" that's very beneficial for children, as it renews my will. (M2) Page 131
Finding 8	<b>Support to donation-Family Support to donation(U)</b>
Illustration	My husband helps me out occasionally, carrying the mik. The baby is already too much work, and hospital is far away from home. (M2)Page 131 My family agrees that I donate milk and when they have time available, they take me to Granada to deliver the milk. (M3) Page 131
Finding 9	<b>Difficulties to donate-Lack of knowledge of other health professionals(U)</b>
Illustration	Regarding donation no one had told me anything. In fact, neither my doctor knew about milk donation, nor does the health center. (M2) Page 132 As I asked at the hospital and at first no one could tell me whether or not there was, (milk bank) was also a personal thing(milk donation).(M1) Page 132
Finding 10	<b>Difficulties to donate-Distance from the milk bank(U)</b>
Illustration	To arrive at the milk bank in Granada takes me almost an hour to go and another hour to go back. So many times, I took my child with me to not leave him alone for a long period. A journey to carry milk like that is hard. I felt sorry for my son. Because, sometimes when I'm heading back to home, he got a bit desperate. I also do not like to go alone, and of course if I do not take him, I cannot be with him... I think it should be implemented more milk banks in the provinces. (M5) Page 132 In fact, it causes me trouble. I have no way to deliver it(milk) because it is pretty far. Then, I get a bit discouraged. I have to wait till I have an appointment with the doctor because they cannot come to pick it up. (M3) Page 132
Finding 11	<b>Difficulties to donate-Incomprehension at Work(U)</b>
Illustration	Even for breastfeeding there is no support in the workplace. From the experience I had with my another daughter, there is no special support, in fact, no one even stimulates you to donate. (M7) Page 132 They have suggested me (at work) I shouldn't keep breastfeeding my child or should feed him another food earlier, so the child could hold it while I'm working. (M4) Page 132
Finding 12	<b>Difficulties to donate-Reduction of milk by the process of breastfeeding itself(U)</b>
Illustration	In the past three weeks have been harder to get milk because...I've adjusted a bit more with the baby demand. My breast no longer swells too much, and I can't get milk as I use to. (M7) Page 132 Right now, the baby is already bigger and easily take the milk, and hs been a while that I don't donate milk. (M6) Page 132

**Number 5****Study: Experiences, beliefs and attitude on donation of human milk in women of Arauco province**

Finding 1	It is not a common practice(C)
Illustration	"...my nephew, when he was little, I breastfed him because he was the same age as my son. "Page 594 "Ah yes, but it's that, there within the family. "Page 594 "Specific situations, suddenly my sister went to Concepcion and so that not, when he was fussy and fell asleep..." Page 594 "...I thought that my milk was not 'feedable' for my daughter and I had to go to a cousin... because I couldn't find anything to do because my daughter fell asleep at 5 am and I couldn't find anyone else to turn to..." Page 594
Finding 2	Lack of direct experience(U)
Illustration	"...I haven't at least had the experience of donating my breast milk and I haven't had to receive it either... The truth is, I don't know of any case of a breast milk donor..." Page 594 "I don't know, I couldn't answer that question because I don't understand more about the topic, I don't know." Page 595 "I don't know, I have no idea, I think there might be some... mmm infectious, I don't know, it might be" Page 595 "I've seen when a mother breast-feeds another child because they don't produce enough milk... a cousin, she gives a baby of a sister-in-law of hers, because she doesn't produce enough milk." Page 594
Finding 3	Awareness of donation through media(U)
Illustration	"...I heard it once on the radio... here in Chile there were some moms who wanted to, who had a lot of milk and wanted to donate it, but they questioned it, others because I don't know if it was a lack of information, but some of them didn't want to because of the diseases, they thought they were transmitted through milk, there was some questioning, that's what I heard more or less". Page 594
Finding 4	Importance of mother's willingness to accept(C)
Illustration	"it's all right, but that's up to each mother, because maybe... some mothers don't like other mothers feeding their children. Page 594 "For a cleaning thing, for a trust thing and because you don't want your son to see, I don't know, I wouldn't want to see another lady giving my son titty, no, I'll take it away, no, I don't like that. Page 595
Finding 5	Trusting the process(C)
Illustration	"Not because I think the milk would be tested, they're not going to give him/her milk without first going through processes, I don't know, I don't think there are risks, no." Page 595
Finding 6	Concerns the transmission of diseases through milk(U)
Illustration	"...through milk, you can still transmit some kind of disease, so if it's not well..., well checked, I don't know, it can cause a disease" Page 595 "...it can be HIV too when, by the way, we're being monitored if we have that disease but there are people who are not aware of it and maybe they could still donate the milk." Page 595 "Reasons? ...HIV, diabetes, some disease that attacks the immune system, like that. Page 595 "Yes, but... first I have to get examined before to donate the milk." Page 596
Finding 7	Conditions to become a donor-In good health(U)
Illustration	"...I think, she must be in good health, I imagine, and a lot of milk..." Page 595
Finding 8	Conditions to become a donor-Have excess breast milk(U)
Illustration	"As long as I had enough for my baby and that I could donate, of course, but always thinking about me, about my baby! There would be a possibility but if I see that it's not enough for my baby, obviously I couldn't do it because there isn't much, that I don't produce much but if it was in abundance, obviously I would contribute to another baby could access what is breastfeeding...". Page 596 "I don't know I'd have to think about it... it depends how much milk you have in your breasts to breastfeed, well I'm not a very good milk producer..." Page 596 "...I think, she must be in good health, I imagine, and a lot of milk..." Page 595

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Finding 9	Conditions to become a donor- Lead a healthy lifestyle(C)
Illustration	"To be an alcoholic, a drug addict, something like that...." Page 595
Finding 10	Positive attitude to donate- Want to help both mothers and babies(U)
Illustration	"Because I put myself in the place of a woman who has a premature baby or that the mother has no milk to produce for her baby. Yes, I would donate." Page 596 "Because I know the benefits because I have exclusively breastfed my 3 children with breast milk, and they don't get sick, no, you can tell the difference compared to other children of friends who as I said, have been raised with milk powder....and, they are smarter, I don't know, all positive benefits". Page 596 "...they say that it is not of any risk because, so many benefits for the mother of the baby, as also for the baby, because that link also exists with... with that lady, because when accepting her milk." Page 594 "...because I could help others...other babies, I wouldn't think so much of myself, because if I had enough to...as extra, it could help him/her." Page 595
Finding 11	Positive attitude to donate-Know the benefit of human milk than milk powder(U)
Illustration	"Because I know the benefits because I have exclusively breastfed my 3 children with breast milk, and they don't get sick, no, you can tell the difference compared to other children of friends who as I said, have been raised with milk powder....and, they are smarter, I don't know, all positive benefits". Page 596

**Number 6****Study: Understanding Barriers and Facilitators for Human Milk Banking Among Service Providers, Mothers, and Influencers of Preterm and Sick Neonates Admitted at Two Health Facilities in a Metropolitan City in India**

Finding 1	HMB perceived to be safe and less resistance among mothers to donate (C)
Illustration	"Mothers have a very positive response as they see that babies whose mothers are not able to breastfeed are being fed by the nurses very nicely with the milk from HMB. Those mothers whose babies were admitted in NICU are most motivated. Sometimes they wait even after the Outpatient Department (OPD) to donate their milk." [Senior resident, Level III NICU] Page 697
Finding 2	Challenges in banking practices- Shortage of milk supply (U)
Illustration	"Sometimes shortages occur. Sometimes, cultures grow in pre- or post-pasteurized milk, then we have to discard the milk. We need to look for alternative-formula milk or sometime cow's milk when there is shortage of DHM. Then we keep the available stock of pasteurized donor human milk (PDHM) for preterm babies and in case of exhaustion of PDHM, preterm babies are fed formula milk. For term babies in NICU/PU we give cow's milk or ask parents to go for formula milk." [Senior resident, Level III NICU] Page 697
Finding 3	Challenges in banking practices-Shortage of human resources (U)
Illustration	"It (DHM) is not adequate for our requirement. As there is shortage of staff, collection of milk is less. There needs to be counselling for mothers who refuse to donate." [Lactation nurse, Level III NICU]
Finding 4	Challenges in banking practices-Improper collection and storage (NS)
Illustration	-
Finding 5	Challenges in banking practices-recurring expenses of HMB equipment repairs (NS)
Illustration	-
Finding 6	Perceived barriers among mothers for donating milk-refusal to donate (NS)
Illustration	-
Finding 7	Perceived barriers among mothers for donating milk-Different opinions of availability after discharge among family members (NS)
Illustration	"Everybody takes it for granted that HMB is there, if mother is not providing milk, then HMB is always there." [Lactation counselor, Level III NICU] Page 697
Finding 8	Sustaining an adequate supply of DHM-Approaches to motivate and counsel mothers (NS)
Illustration	-
Finding 9	Sustaining an adequate supply of DHM-Creating supportive and stress-free environment in the hospital for mothers(C)
Illustration	"After discharge, when the baby requires more milk, the mothers have less milk. They also need to be shown the right techniques to express milk." [Neonatologist, Level III NICU] Page 697 "Mother to mother motivation can work even more than the doctor to mother or any other channel. They can influence in the most positive and the most negative manner. They can have mother support group who can keep hammering these issues." [Neonatologist, Level III NICU] Page 697
Finding 10	Sustaining an adequate supply of DHM-Creating awareness (C)
Illustration	"All tertiary care hospitals should have a HMB. A collection center should be established at the maternity homes and secondary care hospitals in close vicinity" [Neonatologist, Level III NICU] Page 697
Finding 11	Perception regarding DHM- Not familiar the procedure of DHM (C)
Illustration	"Mother's expressed milk or the milk that comes in 'steel dabbas' from the hospital are given to the babies in the NICU." [Recipient mother, Level III NICU] Page 698 "We have not seen what happens there (the HMB); there are doubts if this is good." [Recipient mother, Level III NICU] Page 698
Finding 12	Perception regarding DHM-Understood the benefits of DHM and accepted it(C)
Illustration	"Donor milk is useful to all babies when their mother is not able to breastfeed her own baby." [Recipient mother, Level III NICU] Page 698 "If mother's milk is good for her child, it should be good for my child too." [Recipient mother, Level III NICU] Page 698
Finding 13	Perception regarding DHM-Feel guilty for their inability to breastfeed their babies themselves (C)
Illustration	"I feel bad that baby was given donor milk and I could not feed my milk to the baby." [Recipient mother, Level III NICU] Page 698
Finding 14	Perception regarding DHM-Aware that their donated milk is given to babies in need (U)
Illustration	"Someone else's baby is saved if I share my milk; I don't lose anything." [Donor mother, Level III NICU] Page 698 "The doctor says we should give milk because the babies whose mothers are not getting milk, it will be good for them." [Donor mother, Level III NICU] Page 698
Finding 15	Perception regarding DHM- Feel comfortable to donate (C)
Illustration	"Whenever we bring our baby for check-up in the first three months, I donate milk." [Donor mother, Level III NICU] Page 698
Finding 16	Perception regarding DHM-Only the excess milk is donated(C)
Illustration	"Someone else's baby is saved if I share my milk; I don't lose anything." [Donor mother, Level III NICU] Page 698
Finding 17	Perception regarding DHM-Concerns about the health and hygiene of donor mothers (U)
Illustration	"Don't like giving donor milk to my baby as the donor mother may be suffering from any diseases or if the mother keeps herself unclean. This might give the baby digestive problems." [Potential donor, recipient mother, Level III NICU] Page 698
Finding 18	Perception regarding DHM- Concerns about affecting donors' own babies (C)
Illustration	"Milk for her own baby may become less if one donates. Let them donate if they have more milk." [Potential donor, recipient mother, Level III NICU] Page 698
Finding 19	Perception regarding DHM-Good for babies(U)
Illustration	"Good for their baby; my baby will drink, and other mothers' babies will also drink, it will be good for the babies." [Potential donor, recipient mother, Level III NICU] Page 698

**Number 7****Study: SOCIAL REPRESENTATIONS OF DONORS ON HUMAN MILK DONATION IN A UNIVERSITY HOSPITAL**

- Finding 1** Different access to the HMB(U)
- Illustration** I think I had this initiative because I saw my pregnant sister-in-law, I saw my pregnant cousin and they both donated [milk] to help. They were an example for me and that's why I donated. (I19) Page 3  
When I was leaving the hospital, when I delivered my second daughter, a nun from the hospital gave me a folder that had the milk bank phone; told me that if I had enough milk I should call the bank. (I14) Page 3  
We always hear a lot in the media that they are always asking the bank for milk, because many little children need it, right? (I16) Page 3  
I heard about the bank from the Maternity of Cornélio Procópio (PR), but they didn't give me the phone number. Then I searched the internet. (I28) Page 3
- Finding 2** Motivation to donate-Need support from HMB (U)
- Illustration** The milk bank for me is a place of support ... because it is a moment when we are more sensitive, so they are sensitive to deal with us ... the patience to tell us to be calm, and that it will be okay. (I5) Page 4  
When, like, I had my first child, my breast cracked, the breast became engorged, they were here every week. I had a nurse here to help me every week. They were able to guide me and that relieved a little, too. (I8) Page 4  
In my first week of breastfeeding, I needed to contact the milk bank and they came to me and explained how to milk and store my milk to donate. I had support from the bank, and I thank them for that, so much that I donated twice: from my daughter who is now 8 years old and my son who is now 3 years old. (I16) Page 4  
In fact, the need first came from me, because my daughter was choking with the jets of milk, there was excess milk, and I was afraid my daughter would choke again and I had mastitis. (I30) Page 3
- Finding 3** Motivation to donate-Personal experience as a mother of premature infant(U)
- Illustration** My first contact with the milk bank was because I was having difficulty expelling milk and my breasts were full; my baby was premature, he was admitted to the Neonatal Intensive Care Unit and then, as my milk was always left over, I always donated, because I was sensitive about the premature. (I18) Page 3  
I produced a lot of milk. They [bank workers] were able to guide me. I've been relieving myself a little and clarifying my doubts that made me insecure. (I8) Page 5
- Finding 4** Motivations to donate- HMB is a welcome place(U)
- Illustration** I called the bank and went there, and I was so very welcomed. I got there in a lot of pain, but I was treated very well. Wow! I felt welcomed, I left there very happy and very satisfied ... I say they treat you like a queen. (I11) Page 4
- Finding 5** Motivations to donate-Believe that milk is being properly used(U)
- Illustration** I saw on the internet that the survival rate of babies in the ICU increased a lot after Brazil organized itself with the donation of breast milk, and then I understood the importance and I was encouraged [to donate]. (I9) Page 5  
Then, when I got pregnant, I would say: if I have milk I will donate, for sure, because it is a donation that really reaches its destination, right? It gets to who is in need. We donate and it does not get lost along the way. It really reaches those who need it! (I8) Page 5
- Finding 6** Take responsibility to disseminate the HMB service(U)
- Illustration** I became linked to the milk bank, I have the habit of always telling other women to look for the bank and, if possible, donate too, because she will have all the support. (I16) Page 5  
My mother was an example for me. She breastfed me for more than two years... And she encouraged me to donate and helped me a lot, because I would come from another city to donate milk and I stored it at her house. She would take the milk to the bank. (I27) Page 5
- Finding 7** Family support is essential(U)
- Illustration** Thank God I had support from my husband, so I was able to help. My husband supported, still supports, he thinks it is important. So, having he helps me, it [donate] was possible. (I23) Page 5
- Finding 8** It takes work to guarantee the quality and quantity of the milk(U)
- Illustration** I used to take the pump, always at the pump. Sometimes she suckled on one breast and on the other it would start to drip, and I would place the pump on the other, and it was easy. It would come out, without making much effort. (I24) Page 6  
I had no idea how hard it was... every time you have to wash, sterilize the thing, the collector and wash hands and be careful with the breast and have a lot more care with everything. So, it takes work, right? (I4) Page 5
- Finding 9** Show pride in producing and donating milk(U)
- Illustration** It is a pride! It's even cool to say this: I'm even donating milk. That's cool, got it? (I4) Page 6
- Finding 10** Motivations to donate-Beliefs and values built in environment(C)
- Illustration** I think this is very familiar. Since I was little, I was always taught, I was taught to always contribute, in some way, with someone, with the world. (I3) Page 6  
[...] there are people who donate toys, there are people who donate clothes. I donate breast milk. (I8) Page 6
- Finding 11** It is pleasure to share(U)
- Illustration** [...] It's so good to know that I am sharing my daughter's milk with other people. So, for me, donating her milk is a fulfillment. (I6) Page 6
- Finding 12** Motivations to donate-Donation represents a way to avoid waste(U)
- Illustration** After, even though they [the babies] come home, breastfeeding, they couldn't handle the milk I produced; so, I always donated. I was sorry to have that milk thrown away [that someone could throw it]. (I17) Page 6
- Finding 13** Motivations to donate-Expand, multiply the feeling of being a mother(U)
- Illustration** I am very grateful to the mothers who donated [milk] at the time my son needed it. And I thought about it when I made my donation. I used to think like this: People! How many children do I have from donating milk? (I27) Page 7
- Finding 14** It is sad to stop donating(U)
- Illustration** Then it started to decrease and the day I called the girls to pick up the last bottle, which I hadn't been able to fill out, that I prepared all the material to return, it was very sad, it was really sad. (I30) Page 7

**Number 8****Study: Giving Milk, Buying Milk: The Influence of Mothering Ideologies and Social Class in Donor Milk Banking**

- Finding 1** Gifting Health: Donors' Reasons for Donating-A Cure for Everything for babies (C)
- Illustration** I felt it was valuable, liquid gold. The doctor ... right after [I] gave birth his mouth was open, so I got him on the boob not thinking anything of it, and he sat there and ate for like an hour. And the doctor kept coming in and out and he was like 'wow you're giving him liquid gold.' I was like, okay, that's cool. Page 64
- Finding 2** Gifting Health: Donors' Reasons for Donating-A Gift I Have to Give Right Now (U)
- Illustration** It just seems like a valuable resource that not everybody can have, not everybody has access to. I mean I know there's a small percentage of women who can't produce milk for their babies, and there's the mothers of preemies whose milk supply doesn't come in. It's a valuable resource and you can't just go out and buy it in the store ... I feel like it's a gift that I have to give right now, and it's only for such a short time. Page 64  
As Wendy told me: "It's not like blood ... everybody has blood, any time year-round ... the breast milk only comes when moms give birth." Page 64
- Finding 3** Gifting Health: Donors' Reasons for Donating-Believe the beneficial for mothers of recipients(U)
- Illustration** Wendy told me: "I think the moms of the sick babies [benefit], just knowing that there's going to be this continuous supply of their sick babies' food ... having that security."
- Finding 4** Gifting Health: Donors' Reasons for Donating-That is hard work physically and emotionally(U)

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Illustration	For instance, when I asked if she had considered pouring her excess milk down the drain, Mirabel told me she would die rather than throw the milk away, and asked: "Do you know how many hours you spend watching this thing come out of you?" Similarly, Mia told me: "I was like 'this stuff is gold, I can't throw it away... Because that was hard work. It takes so much time and energy to pump.'" Mia explicitly linked the milk's value (comparing it to gold) to the amount of work she put into pumping. Page 65 Part of it is selfish, was like the pain of pumping. I don't want to go to through that for nothing, you know and if, if somebody else can benefit from it you know, and it's not like I was putting myself through the extra trouble ... it's so much work to get it, you know it's kind of a part of you, as demented as that sounds. It's hard to just throw that away, all that effort away. Page 65 I remember I cried when they picked up the cooler [of milk] ... I had some sort of emotional attachment to my freezer [full of milk] from that difficult time when we didn't know what was going on with him and how he was doing and you know what the final outcome would be, that was in the hospital, that's what I did. Page 66
Finding 5 Illustration	Donors' Economic Valuations-Appreciate its economic value(U) [Being paid for my milk] would be kind of nice, but I don't do it for that reason, but yeah, I thought about it. Cause three or four dollars an ounce would be a nice little income every month. Page 67 I'd be lying if I said money is not a motivator. I mean look at the economy, and if I didn't have to work 45-50 hours a week for something I already had, you know yeah I wouldn't say I'd turn it down. Page 67 "Getting something out of it—I wouldn't mind, I would put it in my daughter's baby account. I wouldn't mind at all." Page 67
Finding 6 Illustration	Donors' Economic Valuations-Payment for breast milk would also increase the supply(U) I think [payment] would actually encourage milk [donation]. I know the mothers' milk bank has their expenses to cover, even if there was a small kickback that could encourage more people to donate their excess. 'Cause heaven knows there has to be higher demand than there is supply, so I don't know, I think it would motivate more people to try to do so. Page 67
Finding 7 Illustration	Donors' Economic Valuations-Donor compensation would degrade the milk physically and morally(U) I think it makes it a different model if we were able [to be paid], my concern is people making decisions to donate when they're not safe to donate, that kind of thing ... you know I got it for free, I feel very lucky to have it, I don't really feel like it's something you should profit off of. Page 68 I would not buy someone else's milk, just because they never know, I mean they could present you with blood tests and stuff like that, but still, you don't know about alcohol or even prescription drugs that they take ... So, I guess I think [donors] are a little more honorable, just because it takes effort to do this. Page 68 I didn't want to sell it ... It felt like if I wanted to do something good for somebody why would I have to charge for it, it's coming from me ... for me I'm more of a person who's like giving, not receiving. Page 68 "It helps more if you're doing it out of the kindness of your heart than for the money ... If I can help somebody without taking from them why not do it that way." Page 69
Finding 8 Illustration	Demanding the Best-Believe the benefit for their infants(U) I'm not in the medical sphere but I, you know she's very strong, it's extraordinary, my nanny can't believe. She's like extremely strong, extremely alert, extremely developed ... she can roll over since her first week you know which is like, the nanny says it's unheard of ... I even thought that maybe she's getting different antibodies or something like that [from using donor milk]. Page 70
Finding 9 Illustration	Demanding the Best-Beneficial to parents of recipients(U) Knowing he was getting breast milk; you know I think that's what really helped me more. I mean it helped him you know because breast milk is the best for babies...but in my head I wanted him to have breast milk only, I didn't want him to have formula. Page 70
Finding 10 Illustration	Assume the characteristics of donors(U) For instance, Miriam, a middle-class parent, told me: "I do think of it as just women ... who understand and realize the importance of what they're doing, and give it to a child in need." Similarly, Julie, a Medi-Cal recipient, told me: "I see moms who know the value of breast milk, and they don't want a drop of theirs to go to waste." Page 71 She went on: And therefore, I would assume this person who's educated and aware eats healthier or somewhat healthy. Not drinking beer and eating chips ... [a] peace activist, you know, in Northern California, eating vegetarian food. Page 71 They must be really interesting type of people that really have a passion for helping out children, you know. And for them to never meet the recipients you know it's out of the goodness of their own heart, they're not doing [it for] any benefits other than 'I know that somewhere out there I'm helping either sick kids or kids in need or [lactose] intolerant' ... I guess would go back to the heart issue. You could be a hippie or a professional, and if you've got the heart and extra milk then why not? Page 71 I envision a lot of these women would be White women because they're the ones that can afford to stay at home and they have more care and they can have, you know, a midwife, a doula ... they can also hire help like a nanny. I've met some women that have nannies before they have given birth too, you know so its socioeconomics, like everything else in America. So, I envision most of the breast milk my son is getting is from white privileged women. Page 71 Actually, if you want to know the truth we call it Aunt Jemima breast milk here. I assume women of every color, probably a Black woman, probably a Mexican woman, probably a Chinese woman, probably a white woman, everybody of every race is doing their feeds together. So basically it's an American providing the breast milk. Page 72 Samantha envisioned donors as women "[who] lost their baby, or their baby doesn't want their milk, or they have too much, and they decide to donate it to other babies that need it." Page 72
Finding 11 Illustration	Views on Donor Compensation-Concerns that payment would lead to the exploitation of poor women(U) I would have concerns about people being in situations they wouldn't want to be in ... If they were being forced to do it, or if they were desperate, or not willing to do it, if it was their only option. Page 74
Finding 12 Illustration	Views on Donor Compensation- Normative judgments about milk sellers(U) When I first learned about the milk bank ... I wanted to know if they were getting paid. Because if they were getting paid, I wasn't going to do it. I just thought there's going to be some freaky lady out there who, I don't know what she's putting in the bottle, she could be saying it's milk it could be glue. So that was my number one question are they getting paid and if they were, no, I'd rather do formula. Page 73
Finding 13 Illustration	Views on Donor Compensation- More moral than economic valuations(C) I also think that there's more love in the milk, you know, a woman who's doing this without any financial benefit, there's something there, there some sort of community, there's some sort of, you know, I forget the word, but they're giving. And they could just be pouring it down the drain or they could just not pump at all. But something is going into it. Page 74
Finding 14 Illustration	Views on Donor Compensation-Breast milk is a commodity produced through labor(U) For instance, Heidi told me donors should be paid because "it's not easy to pump ... it's a big deal." Jackie cited both the time and labor involved and drew an explicit comparison with formula: "I think they should be compensated, they're helping children everywhere, they're taking time out of their day to do that. We have to pay for the formula." Page 74-75
Finding 15 Illustration	Views on Donor Compensation- Potential benefits for low-income donors(U) For instance, Julie thought paying low-income women for their milk would be great. As she put it: In some ways paying [donors] can have its benefits too, you know it could help. I mean I'm somebody that's on Welfare and fixed income, if I could get paid for my breast milk, and I had any extra to donate, and I could get paid for it that's great. So, I think it's a good thing, I think it's great to pay women to donate their milk. Page 75

**Number 9****Study: Human milk use in Australian hospitals, 1949-1985**

Finding 1 Reasons for expression of milk postnatally-Hospitals routine(U)

Illustration My first baby was premi [sic] but it was also the routine for all the mums at the hospital. [It was] the done thing, everyone did it, didn't faze you (HMB.4). Page 17

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	Another mother reported that the practice in Sydney in the Canterbury District Hospital in 1967 was that: All mothers with new babies were told to express routinely as their milk would be used for prem babies in the nursery and it would be a shame to waste it. Milk was expressed into sterile containers, collected and pooled in the nursery. Babies who required 'top-ups' were also given this pooled breast milk (HMB.5). Page 17
Finding 2	'Milk pooling was common in the hospital and many mothers donated their excess milk', recalled a mother who delivered there in 1982 (HMB.10). Page 17
Illustration	Reasons for expression of milk postnatally Shared to milk pool by hospital(U) As far as I am aware my milk only went to my babies but I have no actual idea if this happened or not ... as access to the NCC was barred (HMB.7). Page 17 Definitely not my idea to give the bulk of my milk. I was storing milk for my baby 'for when' she was able to take oral milk fluids/feeds and as I was living 45 minutes away from her (the hospital) when I was discharged and needed to leave milk for her until I returned the next day. I did have an overabundance of milk and was happy to donate whatever was excess, however, I wasn't at that point. All the milk I had been expressing for at least 5 days had been pooled and given to the prem babies. I therefore had no milk stored for when I was discharged without my baby (HMB.10). Page 17–18
Finding 3	Reasons for expression of milk postnatally-Over-fullness of the breasts(C)
Illustration	In 1983 a Sydney mother who began expressing in the postnatal ward to relieve oversupply was happy to provide her milk to the hospital. 'I was asked if I wanted to take part, there was no coercion' (HMB.2). Page 18
Finding 4	Appeals for donors in the community(C)
Illustration	One of the respondents to this study reported going to the Princess Margaret Hospital for Children in Perth in 1977 to make a one-off donation of EBM, in response to an appeal by the hospital to mothers in the community. Earlier, she had asked her suburban maternity hospital to send her excess EBM to the Princess Margaret Hospital for use by sick babies, but she doubts that this was done in view of the negative attitude shown towards use of EBM by the Special Care Unit staff she encountered. Page 19
Finding 5	Methods of expression of mother's milk(U)
Illustration	Everyone was brought around a bowl after feeding time ... I tried the pumps but they hurt and I preferred hand expressing (HMB.4). Page 19 Mothers expressed into autoclaved sputum mugs when one respondent was a trainee midwife at the Mater Mothers in Brisbane in 1966–67. This milk was then pooled. Manual expression into a sterile bowl was usual at an Adelaide suburban hospital in 1976 (HMB.1). [staff]Page 19 apart from being the easiest and quickest way when learned [or] shown how — hand expressing was the only option as very few had access to breast pumps and they were a cow to clean. Clements was the only one around ...for many years (HMB.5). Page 19 The participant who was asked to express in the Trevilian after-care home in 1967 used an electric machine to express her milk, which she thought was crueler, but it was easy and apparently did not result in soreness. She stated: I didn't really like it as I didn't have a problem with breastfeeding. I'd never expressed before ... [I had] an overabundance with previous baby and fed one-sided (HMB.3). Page 19
Finding 6	Lack of screening of donors (U)
Illustration	A mother who gave birth during the same period in Penrith had a very clear memory about the lack of screening of mothers and their EBM, and the absence of any questionnaire or testing. " Definitely no. No consents to share the milk, or accept milk for your baby from others, questions on your health. Nothing (HMB.10)". Page 20 She had experience of the procedures for use of the donor EBM from when she was a trainee midwife and midwife at the same hospital and confirmed the lack of any screening. "I am certain no records were checked before 'we' (as nurses and when we were in the nurseries) gave any EBM to any babies, any time (HMB. 10)". [staff] Page 20
Finding 7	Processing and dispensing of donor EBM-Not always informed about what happened to the milk they expressed(U)
Illustration	She stated, 'I assume [the EBM] went to a pool, but I never actually asked and we weren't told' (HMB.4) Page 20 Sydney mother who expressed her milk while on the postnatal ward in the 1960s reported: All mothers with new babies were told to express routinely as their milk would be used for prem babies in the nursery and it would be a shame to waste it. Milk was expressed into sterile containers, collected and pooled in the nursery (HMB.5). Page 20–21
Finding 8	Processing and dispensing of donor EBM-The milk was used for premature(U)
Illustration	they were pretty careful with the handling of the breastmilk, they treated it as GOLD, and especially allocated it to the smallest/sickest infant as a priority system (HMB.10) Page 21
Finding 9	Processing and dispensing of donor EBM-The milk is processed in the pasteurizer(U)
Illustration	The milk would arrive in ... small pots or bottles, be pooled together and then poured out into the number of bottles in quantities needed for each infant for a 24 hour [period]... eg 8 feeds of 35 mL etc., labelled for the infant and put into the machine to be 'pasteurized', then would be sent down to the SCN [Special Care Nursery] fridge. Every day repeat the process (HMB.10). Page 21

**Number 10****Study: "It's Somebody Else's Milk": Unraveling the Tension in Mothers of Preterm Infants Who Provide Consent for Pasteurized Donor Human Milk**

Finding 1	Reasons for Providing Consent for DHM Feedings-Perceived or actual insufficient HM volume. (U)
Illustration	"I'd rather have him have that [donor] milk versus the—if he'd get just IV or get nothin' at this point, or even formula." Page 97 "I was pumping away really good for like the first few weeks, and then I got out, home, and I don't—I'm trying to get my milk supply back up to where it's supposed to be, but it's going. I'm trying to get as, get a good supply in for him." Page 97 "I consented for it, so I knew that if I didn't have or if he ran out of milk, or if I either wasn't producing enough right away, that he would get the donor milk." Page 97
Finding 2	Reasons for Providing Consent for DHM Feedings-Trust in the NICU clinicians. (U)
Illustration	"I'm gonna be honest. When they came to me and said, 'There's donor milk and it's available,' I remember just thinking—and I didn't really ask questions. I just knew that it was what she needed. I trust the doctors and the nurses enough that, again, they're not gonna hurt her; they're gonna give her what she needs." Page 98
Finding 3	Reasons for Providing Consent for DHM Feedings-Nominal or no desire to provide HM(U)
Illustration	One mother very honestly shared her feelings about breastfeeding: "But let me tell you the truth. I didn't care, because I was not planning on breastfeeding. And if he needed milk, he needed to get it from someone else." Page 98
Finding 4	Reasons for Providing Consent for DHM Feedings-Concerns over the quality and safety of their own HM.(U)
Illustration	"I'm still on 8 different medicines and I didn't want to take the risk and they said, 'Well we have donor milk. Is that something you'd be interested in?' And I was 'I'd trust that [DHM] more than my own milk.'" Page 98
Finding 5	Approaching DHM Feedings with Caution-It's somebody else's milk (aversion or jealous) (U)
Illustration	Aversion was often associated with the idea of DHM being a biological substance: "At first, I didn't like it. It's something that comes out of your body that's for your baby and it's not from you. Nowadays people are so sick and all kinds of things and he's so little; it worries me." Page 98 "As a mom, partially jealous here, like if I can't do it [provide milk], I'm kind of jealous that she [the donor mother] can." Page 98 I pump every 2–3 hours.... She never had to be on donor milk. And I agreed to that but in my heart I'm like, I don't want her to get someone else's. I want to be the one to make her better. But I was thankful it was available if she needed it.... I've often considered seeing if I could donate some of what I have since apparently, I'm an overproducer. Page 98
Finding 6	Approaching DHM Feedings with Caution-DHM quality(C)
Illustration	"Obviously my initial reaction was 'no way.' I don't want someone else's breast milk in my baby. I have to say that, cause like, where's it coming' from? I have no idea.... It's not just some—forgive me—like crack whore off the street. You don't know where it's coming' from—that's my initial thing. Is it gonna be okay for my baby?" "Mothers who expressed concerns about the quality of DHM provided consent for DHM feedings after their concerns were thoroughly addressed by the NICU clinicians. Page 99
Finding 7	Approaching DHM Feedings with Caution-Paternal hesitation to DHM feedings(U)
Illustration	"He [the father] did not like it at all.... 'No, I want my baby to have regular milk, you know, his momma's milk, and not donor milk.'" Page 99
Finding 8	Approaching DHM Feedings with Caution-Sufficient HM volume(NS)

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Illustration	-
Finding 9	Unraveling the Tension-Support from clinicians (C)
Illustration	And I was like, okay I've never heard of this. And before I said OKAY, I actually had to talk to a few of my friends who pretty much all had premature babies. And they've never done it. And I was like, oh no. I don't want him getting anybody else's milk. And I think about it, well, if I can't produce enough to feed him and he's too small to be on formula right now, what other, you know, alternatives do I have? I would rather they make sure he has something that's gonna help and sustain him, even if I can't, rather than let him go hungry. So, after I was explained about how the test process and screening goes into testing the milk, I thought about it; I was like, that's something I can, I can go ahead and give a try. Cause what can it hurt? But I think based on what I've been through and experienced, I think it's one of the best decisions I could have made. Page 99
Finding 10	Unraveling the Tension-Positive effect of DHM on their infants' health (U)
Illustration	This tension was further alleviated when mothers were able to observe the positive effect of DHM on their infants' health: "They used donor milk, and he tolerated it just fine. I'm such a fan of donor milk, and I really appreciate moms doing that." Page 99

**Number:11****Study: Mothers' Knowledge and Attitudes toward Human Milk Banking in South Australia: A Qualitative Study**

Finding 1	Little knowledge of Human Milk Banking(C)
Illustration	Some participants had never heard of human milk banking or knew only that banks exist and that there are none in South Australia. Participants were unclear of the practicalities of milk bank management, for example, transporting milk to milk banks and to recipients. Those with some knowledge believed that screening processes were similar to blood donation and treatment processes were similar to cow's milk: "It gets rid of all the nasties out of it ... so they don't have to give preemie babies or sick babies in hospital formula if the mum can't breastfeed or have enough milk" (Bernadette BF). Page 224
Finding 2	Sources of information(C)
Illustration	Mothers reported several sources of information including social and family networks, the ABA, social media, and midwives. Typically, they sought information because they had excess milk and had explored potential donation: "I just asked them at the hospital while she was in the neonatal unit because I had so much milk and I thought if someone didn't have milk... They said not here, in Melbourne and Perth" (BFFG). Page 224
Finding 3	Mothers' Perceptions of Human Milk Banking-Best nutrition for babies(C)
Illustration	"I think because it contains so many essential nutrients and antibodies" (Abby BF). Page 224
Finding 4	Mothers' Perceptions of Human Milk Banking-Potential risks (U)
Illustration	"That is the only thing—I'd have to feel comfortable that it was screened and [my son] wouldn't be exposed to any illness" (Cecelia PS). Page 224–225
Finding 5	Mothers' Perceptions of Human Milk Banking-Feel deep regret at throwing out(U)
Illustration	Those who did not find avenues to donate articulated disappointment that there were no such local facilities: "There were women there who were struggling so much with a lack of milk and I was in the next room pouring it down the sink and to me that's just so not right" (BFFG). Page 225
Finding 6	Prefer milk bank than informal Sharing (U)
Illustration	Even though I gave my child milk from other women, I've taken their word for the fact that they said that there was nothing wrong with them, but with a milk bank you don't take their word for it, you 100 percent know that that milk is clean and good for your baby. (Isabelle PSRD)Page 225
Finding 7	Factors Influencing Mothers' Decisions to Donate or Use Human Milk Banks-Families and friends(C)
Illustration	Almost all mothers indicated that support from their partner (all were partnered) was crucial to donating to or receiving milk from a human milk bank. They perceived that family and friends' support of breastfeeding would extend to supporting using human milk banks as a preferable alternative to formula "A lot of the people I talk to about breastfeeding ... seem to have a very positive view. Either way, if I was a donor or a recipient I think that people would be positive" (Abby BF). Page 225 "If I was to explain to my husband what an actual milk bank is ... that it is screened and all those sorts of things, I think he'd feel more comfortable about it" (PSFG). Page 225
Finding 8	Factors Influencing Mothers' Decisions to Donate or Use Human Milk Banks-Health professionals(C)
Illustration	Some mothers reported having experienced health professionals who were unsupportive of breastfeeding or who had suggested formula too readily. I reported a midwife being unofficially supportive: "One of the midwives said, 'Look, if the milk is in the fridge and it's got your baby's name on it then that's the milk that we use'" (Imogen BFPSSR). Mothers felt that a milk bank may be more acceptable to health professionals because it would be seen as less prone to contamination than informal sharing. Page 226
Finding 9	Practicalities-Transport(U)
Illustration	Like for me it would have needed to have been somewhere really close by or someone just came and grabbed it off you.... It needs to be so, so easy so you can just go "here." Otherwise, that would be a barrier to donating. (BFFG)Page 226
Finding 10	Practicalities-drop-off/pick-up locations(C)
Illustration	Having locations already set up for expressing milk, for example, hospitals, was another feasible option: "a bit like a little blood donor center" (BFFG). Mothers of preterm/sick babies reported that accessing milk in the hospital would also be practical: "She was in hospital for so long, if it was already there at the hospital ... even when she was out of hospital I still spent so much time going to and from there" (Janice PS). Page 226
Finding 11	Practicalities-Equipment(C)
Illustration	they would "rather use my own breast pump because that's obviously one that would suit me" (BFFG). Page 226 Mothers who had experience expressing felt that it should be a closed system to reduce the risk of contamination and that the milk containers could be "screwed straight onto your pump that you could take off, cap it. It doesn't matter whether it was a bag or a bottle" (BFFG). Page 226
Finding 12	Practicalities-Commitment and bureaucracy(C)
Illustration	"If there are too many loopholes that you need to jump through to access it... When you're in the throes of being a new mum ... All you know is you've got a screaming baby who's not satisfied" (Helena BFR). Page 226
Finding 13	Promotion of Human Milk Banks—Toward a Supportive Social Environment-Sources, settings, and audiences(C)
Illustration	"In an ideal world, everyone would just know about it. I know that if my kid had leukemia or whatever, I would know that there was such a thing as bone marrow transplants" (Angela BF). Page 226 If it was something that the nurses encouraged, if they would sort of say, "You look like you've got a lot of milk. We have a milk bank," and took it from there, because they're your main contacts during that period. (Cecilia PS)Page 226–227
Finding 14	Promotion of Human Milk Banks—Toward a Supportive Social Environment-Timing(C)
Illustration	"If someone had told me about it [in early pregnancy] then I probably wouldn't have really thought about it." Page 227 Well, me being out of it within that first 24 hours, if I have known before and like ticked the box or whatever and said, "Yes, I would like that," then I would have known he was being fed that even though they couldn't ask me. (PSFG)Page 227
Finding 15	Views about donor payment (U)
Illustration	"I would have real concerns over, if there is payment involved, people doing it for the wrong reasons and then your screening process is possibly jeopardized because people are going to try and fudge the results" (PSFG)Page 227 One mother suggested that, rather than paying donors, funds would be better spent on running the milk bank such as "delivery or extra locations for drop offs or anything that might not be able to be afforded" (Abby BF). Page 227

**Number 12****Study: Stakeholder Attitudes towards Donating and Utilizing Donated Human Breastmilk**

Finding 1	Exposure to the Concept of Wet Nursing-Only if knowing each other(C)
Illustration	participants indicated that they would be willing to practice wet nursing if they knew the other person involved, and knew her status; they added that it had to be a family member to ensure that they were comfortable with this practice. Page 5
Finding 2	Exposure to the Concept of Wet Nursing-fear that the infant would bond with the wet nurse(C)
Illustration	“You might lose the love from mother to child.” (M3:2) Page 5 “I breastfeed the child or if it is my child I give the child to someone to feed the child; there is something we call a bond when you breastfeed. So, that means that person will bond with my child.” (M3:1) Page 5
Finding 3	Awareness about concept but not the procedure(C)
Illustration	All participants had heard about human milk banking, mostly from healthcare facilities. However, not everyone knew which processes were followed during milk banking, except for healthcare participants who were familiar with these processes. “But if you understand more, I don’t think there will be any problems. If nurses in clinics can explain it well, like you have just done, people will understand more and know how important it is to donate.” (M1:D5) Page 5
Finding 4	Attitudes and Perceptions Regarding the Donation of Breastmilk-Effort required to express milk for donation(U)
Illustration	“To express, it’s difficult sitting the whole day expressing.” (M4:5) Page 6
Finding 5	Attitudes and Perceptions Regarding Receiving Donated Breastmilk-Safety as a main concern(C)
Illustration	They indicated that screening tests had to be implemented to ensure that the donor is healthy. One mother reported: “If they have checked my milk and that of another woman, they are the same as long as they are clean.” (M4:1) Page 6
Finding 6	Attitudes and Perceptions Regarding Receiving Donated Breastmilk-Who the donor is(U)
Illustration	“We Black people have a tendency of saying English is not my language, as it is something you never got from your mother. So, if a child drinks someone else’s breastmilk, they will be confused.” (M3:1) Page 6 “Some families have heritages, so I would be giving another child my heritage.” (HC3:1)Page 6 “Let’s say you are a slow learner; that baby can also be a slow learner too.” (HC2:1) Page 6
Finding 7	Concerns about practical issues(U)
Illustration	“Now it’s transported to the clinics, with refrigeration of the milk, you don’t know the quality of the milk when it reaches you.” (HC5:2)Page 6

**Number 13****Study: Exploring the barriers and facilitators to the acceptability of donor human milk in eastern Uganda – a qualitative study**

Finding 1	Existing practices and perceptions of feeding -Benefits of breast milk acknowledged (NS)
Illustration	-
Finding 2	Existing practices and perceptions of feeding -Wet nursing before the era of HIV(U)
Illustration	“Formally, in case the mother dies, they could just get the baby and give to another mother to breastfeed” FGD 6. “These days, things are not good, AIDS has come, so you can’t risk to breast feed your relative’s child because the mother has died, no, no it can’t happen” FGD 2. Page 4–5
Finding 3	Existing practices and perceptions of feeding when milk is scarce-Knowledge of wet nursing (U)
Illustration	One HCW mentioned recently seeing the practice both in the hospital and also on national television. “I have ever seen it on NTV (Ugandan TV channel). The old women were breastfeeding their grandchildren because the mothers were going to look for food” HCW 3. “I have seen a grandmother breastfeeding her grandchild. This was a young mother and she didn’t have enough milk” HCW 3. [staff] Page 5
Finding 4	Existing practices and perceptions of feeding -Prior understanding of the concept of DHM(U)
Illustration	One caregiver introduced the concept of donating breast milk before it had been raised by the facilitator: “The best way is when the mother has no milk, in case you’re having someone who is looking after you or nearby and looks healthy, has no HIV and is also breastfeeding, she can press the breast in a small cup and you can use any means to give the child either using a spoon or a bottle” FGD1. Page 5
Finding 5	Potential of HIV transmission(U)
Illustration	“HIV virus is a lot among the people, so there is no safe person, you can say this person is healthy but the one you say is healthy is the one who is very sick” Page 5 “I have sympathy to give but the child may fall sick and they say that the one who has killed our baby. It means she had a lot of infections, so I can’t, no, it can’t happen” FGD 6. Page 5 The HCWs all acknowledged that the mothers would be concerned about HIV transmission; “They (the mothers) can be worried thinking the milk might be having some other infection” HCW 3. “[staff]Page 5
Finding 6	Misconception of non-Communicable disease transmission(U)
Illustration	“We have told them the dangers of HIV during pregnancy, during labour and after via breastfeeding, so they know” HCW4. Page 5 Several participants were concerned that noncommunicable diseases of many types, could be transmitted through milk; “I may be having breast cancer or blood cancer now I get my milk and give it but myself I know that I have cancer but I give saying that let it also get my disease” FGD 6. This included such conditions as; “Epilepsy, asthma., these type of diseases are complicated, so I think when you breastfeed the baby with such kind of milk at times you may get such kind of complication transferred from the mother’s milk to the baby and eventually it also affects the baby in the future” FGD 4. Page 5 One HCW also remarked that caregivers might think non-communicable diseases (NCDs) could be transmitted through DHM or the baby could even change skin color, and would need educating accordingly: “If a mzungu (white person) gave an African milk, that baby will not become a white, it will only get the food value out of that milk. if that mother had a familial disease like hypertension, diabetes, it will not be passed on through breast milk to your baby, your baby is only getting the good part of it” HCW4. Page 5
Finding 7	Perception of poor hygiene(U)
Illustration	Another mother said that if milk was acquired like blood it would be more acceptable to her because it would be more hygienic; “The packed one, you just close your eyes and you give” FGD6. Page 5 This included the mother not being clean when she expressed the milk; “She (the donating mother) is all over dirty”, “You don’t know how her hands looks, sometimes they express and touch dirty things and drop in the cup and that milk now contains germs” FGD3. Page 5 “This milk, you can put in the cup and the fly falls there” FGD 2 “The hygiene is not good, meaning I will not accept such kind of condition that’s why people have always preferred that milk from the cows” FGD4. Page 5
Finding 8	External influences (cultural/familial/health worker) (U)
Illustration	Participants in five FGDs remarked that they would accept DHM because of their confidence in HCWs to give safe milk: “I don’t know where it came from but in case it’s the health worker who has given it to me, I accept because she knows where it came from” FGD 6. Page 6 Husbands were described as the final decision makers by several participants, with wives having to follow his decision: “I need first to ask my husband, if he accepts then I accept” FGD 3, “If he refuses, then I have to leave it (using DHM) because they can chase me away from the home” FGD 6. Page 6 R: “So people in our place if they hear that you’re going to express milk and give to another person, they know that you’re going to kill that person”. I: “that you’re going to kill the child?” R: “yes, that you’re going to kill”; I: “so they were saying that all those who express, children die?” R: “yes” FGD 4. Page 6 “They might think maybe there is some poison. So sometimes when you are giving you have to be clear because they might be thinking that you want to kill their babies” HCW 3.
Finding 9	Importance of transparency and health education(U)
Illustration	“This kind of thing, donation of milk, is rare here, it is rare so when they start it (in NNU), they (the caregivers) may first imagine ‘Why? Why is it now that they want to do this?’” HCW3. “It is something which has never been happening so it is a new thing but I believe when you teach, in time people will get used” HCW2. [staff]Page 6

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	“We need information on what you’re supposed to do before you donate” FGD 2. Page 6
	“That information we should get from the hospital or in the health centre or the village health teams” FGD 6. Page 6
	“I need them to sensitize all the people to be aware of it, myself, the entire village and the local chairperson” FGD 6. Page 6
	“I think we need to make things plain to them and say, ‘ok we’ve got milk from another mother, we’ve tested and here are the results, is it ok with you?’ But if we are doing it like behind doors, I think it will bring some bit of mistrust” HCW 1. Page 6
	When you talk to someone, I believe they can understand. Because otherwise they can say ‘Donated milk, maybe they are bringing from chimpanzee, they are bringing from those animals, it’s the one they are bringing to feed their baby’” HCW 2. Page 6
Finding 10	DHM could become an acceptable practice with education(U)
Illustration	“I think it can work. It will be the first time it will be part of treatment, like you give ampicillin, you give these fluids, you tell them there is milk and you first explain to her” HCW 4. Page 6
	When the process of screening, pasteurisation and milk banking was explained by the facilitators as a method of acquiring DHM the mothers were much more accepting. One mother felt that milk banking would be a good idea; “So, for me I say like this, if they say that they are saving the lives of those children through donated milk, they should make that milk ready and store like they do blood” FGD 2 Page 5

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**Number 14****Study: Human Donor Milk or Formula: A Qualitative Study of Maternal Perspectives on Supplementation**

Finding 1	Feel uneasy about formal milk donor selection (C)
Illustration	One mother worried about “who it’s coming from” (#5, would choose HDM). Page 198
	“how they took care of themselves, make sure they don’t do nothing bad, like drugs, or if their eating super unhealthy, ‘cus I heard that’s bad” (#20, would choose formula). Page 198
Finding 2	“I feel like it’s less safe if I don’t know the people, I’d just be more comfortable with my own [milk] or [milk from] somebody I knew.” (#23, chose) Page 199
Illustration	unsure of what can be passed through breast milk (U)
	“I don’t know what all is passed through breast milk.” (#16, chose HDM) Page 199
Finding 3	One mother expressed fears “about what could be passed through breast milk, even with testing I just worry” (#24, would choose formula). Page 200
Illustration	Prior infant feeding experiences influence decision-making(U)
	“I had a really good experience with my son and he’s now six, he’s healthy. We formula fed and it was excellent.” (#6, chose formula) Page 199
	“The difference between the two I’ve seen [with] my son [formula-fed] and my daughter [exclusively breastfed]. He gets sick more often, and when he gets sick it takes longer to get better. And with my daughter she barely gets sick and if she gets sick, it’s like a day, then she’s over with it. And who really knows what’s in [formula] anyways.” (#3, chose HDM) Page 199
Finding 4	Human milk is “natural”(U)
Illustration	Most mothers who chose HDM reasoned that it is “the natural path” (#11, would choose HDM). Page 200
	One mother stated “your body knows what a baby needs to eat. It’s better than infant formula I believe because it actually came from the body” (#5, would choose HDM). Page 200
	Another mother suggested that HDM banks are probably “cleaner than the factories where they make the formula” (#4, would choose HDM). Page 200
Finding 5	“[HDM] would be a lot healthier for the baby, just more well-rounded. [it’s] from the source and what I plan to do anyway” [to exclusively breastfeed]. (#10) Page 199
Illustration	Feel suspicious of formula as “synthetic”(U)
	“I don’t really like [formula], because I don’t feel that anybody actually knows what a baby needs when they’re actually born, enough to reproduce it, and I’m not really sure about what they’re using in formula that I’m feeding to my baby.” (#5) Page 199
	Some mothers simply disliked the idea of infant formula “factories,” lamenting that “you don’t know what you’re gonna get in those cans” (#4, would choose HDM). Page 200
	One commented that “[babies] should not get something that’s, like, genetically modified or made in the lab” (#21, would choose HDM). Page 200
Finding 6	A few mothers worried about infant formula ingredients, noting that “a lot of them have high fructose corn syrup” (#13, would choose HDM). Page 200
Illustration	Do not know enough about HDM to choose it(U)
	“I just don’t know very much about it.” (#8) Page 199
	“It would just be more of a logistics issue; I’d probably prefer it if it was easy logistically. like something you could pick up at the store, or somewhere easily accessible as a store.” (#19) Page 199
	Others reiterated their lack of information on “how the donors were screened” (#1, would choose formula). Page 200
	Several mothers identified access to HDM as a specific barrier, describing worries about “how expensive it was” and assuming that they would “have to drive all over town” to acquire it (#8, would choose formula). Page 200
Finding 7	Mistrust online milk sellers for many reasons(U)
Illustration	“[Milk from an online seller] definitely wouldn’t be an option, I don’t think I’d, no. People do crazy things on the Internet, I mean I wouldn’t drink milk that isn’t out of a store or that I didn’t milk the cow myself, like I wouldn’t buy milk for myself off Facebook, so I wouldn’t want to buy milk for my baby off Facebook either.” (#21, chose HDM) Page 199
	Most worried about safety, exclaiming that “I wouldn’t feel comfortable with that, I would be worried about safety, lack of regulation, you can’t buy other kinds of human. blood online, you know?” (#8, would choose formula) Page 200
	Another remarked that it “just seems a little sketchy” (#16, would choose HDM). Page 200
	Mothers cited lack of credibility, not knowing “what’s in it or what it’s made with [or] who it’s coming from,” (#20, would choose formula) a lack of “quality assurance,” (#19, would choose formula) and “there being exposure to drugs or alcohol” (#17, would choose HDM). Page 200–201
	A few mothers worried about “a really high risk of it not being what they said it is” (#17, would choose HDM) Page 201
Finding 8	Attitudes about using a friend or relatives’ milk were mixed (U)
Illustration	One mother who felt comfortable with this type of informal milk sharing described the naturalness of using milk from both friends and family, with the example that “in foreign countries, if the mom died at birth. and there was somebody in their tribe. who was already breastfeeding. they’d just jump in and take care, and I think that’s beautiful” (#3, would choose HDM). Page 201
	Many mothers also felt comfortable because, unlike supplementation with pasteurized HDM, using a friend or relative’s milk would mean “know[ing] a little more about who you’re getting it from” (#24, would choose formula). Page 201
	These mothers felt that knowing the milk provider personally would make them more mistrustful of the shared milk, because “I don’t know exactly their medical background and [they haven’t] been screened” (#16, would choose HDM). Page 201
	“From family I would [use donated milk], but no not from a friend. Page 199
	I don’t like that really, I feel weird if I would give [my baby] somebody else’s milk that wasn’t mine, from me. I’d feel more comfortable [with family].” (#20, chose formula) Page 199
	“[Milk from a friend or relative] would be the type of donor milk I’d prefer. I guess helping your neighbor and your family is just, I’d rather get it from someone I know just like as a reassurance for myself, just like okay I know that person, I kinda know what they do, I know that they don’t smoke. that kind of thing.” (#21, chose HDM) Page 199

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**Number 15****Study: Donor Milk or Formula: A Qualitative Study of Postpartum Mothers of Healthy Newborns**

- Finding 1** Donor milk is a bridge; formula is an ongoing plan(C)  
**Illustration** Participant 27: "Until my milk came in, I preferred him to have donor milk because I knew he needed a jump start since he lost around a pound after birth due to feeding issues we had to work out.... Once my milk came in, he started eating like a champ!" Page 714  
 Participant 18: "I had it; it's in the back of my mind. I knew that I would do, probably Enfamil, if needed." Page 714
- Finding 2** Formula is familiar whereas donor milk is unfamiliar(C)  
**Illustration** Participant 13: "I'm comfortable with formula because I had a good experience with my first son. So if I didn't have milk supply, I don't have a problem resorting to formula." Page 714  
 These mothers expressed beliefs that the use of donor milk would be unclean or would undermine the bond between them and their children: "I don't feel comfortable with having someone else's bodily fluids going into my child" (Participant 20). Page 713  
 there was a related subtheme surrounding how foreign the idea of donor milk is. Mothers used words like "weird" (Participants 3 and 4), "gross" (Participant 3), and "creepy" (Participant 6) to describe the idea of feeding their infant donor human milk. Page 713
- Finding 3** Donor milk is costly and challenging logistically(C)  
**Illustration** Participant 4: "I know there is a [donor milk] program and stuff. We just thought formula would be easier." Page 714  
 Participant 26: "Formula is easy to access, and, yeah, I can find it everywhere." Page 714  
 Two of the mothers who chose to use donor milk described unknowns about how they would obtain donor milk after discharge, assuming they might need ongoing supplementation (Participants 2 and 6). Page 713
- Finding 4** Donor milk is healthier(U)  
**Illustration** Mothers with this opinion used words like "healthier" (Participants 2, 18, and 23), "nutritious" (Participants 2, 13, and 16), and "natural" (Participants 9 and 10) to describe donor milk or words such as "preservatives" (Participant 1), "bad things" (Participant 7), and "synthetic" (Participant 10) to describe formula. A few mothers listed more specifically a perception that donor milk was better for their children's "immunity" (Participant 8) or because of "antibodies" (Participants 1 and 25). Page 713  
 Participant 23: "I've just heard better health benefits with the donor milk." Page 714  
 Participant 10: "I don't really think that babies are naturally born to process those synthetic chemicals like that." Page 714

**Number 16****Study: Acceptability of donated breast milk in a resource limited South African setting**

- Finding 1** Drop in breastfeeding and wet nursing rates by disease(U)  
**Illustration** "because of the disease that are around these days, breastfeeding is not common anymore." (M2:5) Page 3  
 "In these days no one is wet nursing because of the diseases we have," (M1:5) Page 3  
 "a long time ago, it was right. But not now, due to these diseases. Before, there were diseases like TB but it can be cured, but the diseases today have no cure. So wet nursing today is totally wrong. It mustn't happen now." (M4:4) Page 4
- Finding 2** Wet nursing may serve as cultural precedent to breast milk donation(C)  
**Illustration** "Even in our history, we're talking about our culture [motions to the woman next to her] if she's still having the scanty supply, I'm having plenty, [motions to someone else], she's having plenty, her baby cries and she's going to toilet so I'll just take her baby and give, and breastfeed the baby. I think to replace that culture, though there are still many complications, I think using donor milk is ideal." (N2) Page 3
- Finding 3** Fear of the infant bonding with the wet nurse(U)  
**Illustration** "If I breastfeed somebody's baby that baby's going to make a bond with me, otherwise if my baby is getting somebody else's milk it's going to bond with that somebody." (M1:5) Page 4
- Finding 4** Formula marketing plays a role in the acceptability of donor milk(C)  
**Illustration** For instance, several of the participants reported that donated breast milk would be more acceptable if it was brought to them in appealing containers. One of the mothers went so far as to make explicit the connection between this desire and the packaging of formula: "If we can teach pregnant women about this and try to put it in nice, attractive containers, then people will accept it and disregard formula." (M1:1) Page 4
- Finding 5** Obstacles to accepting donated breast milk- Fear about its safety(U)  
**Illustration** "The reason that other women aren't going to accept it is because they don't know where it's tested, how it's tested, is it tested?" (M4:4) Page 4  
 "they'll be worried that the baby might get diseases from that milk." (M4:1) Page 4  
 "I'm not happy [about the window period]." (N2) Page 4
- Finding 6** Obstacles to accepting donated breast milk-Lack of trust about the efficacy of screening and pasteurization process(U)  
**Illustration** "I don't believe the screening is 100 %." (N6)  
 "... as long as they explain to me about donated breast milk. The whole process that it's gone through, who donated milk, if it was pasteurized, if it's safe. I would want to know all those things." (M2:4) Page 5
- Finding 7** Faith in healthcare services(U)  
**Illustration** "there are no fears about donated breast milk, because I'll be in the hospital, given the milk by someone who knows, and it's tested. I would trust the people who are working there in the hospital." (M4:4) Page 5  
 "I don't think there will be any fears about breast milk as long as it's lab tested." (M1:1) Page 5
- Finding 8** Want to know the identity of their baby's breast milk donor(U)  
**Illustration** "if I knew who was donating that breast milk, like if it was someone who was known to me, I'd feel more comfortable choosing that over formula, even if it was just a colleague or something. Because there's still that uncertainty: has this cleaning process been absolutely effective?" (D2) Page 6  
 "my other fear is that women talk amongst themselves, and if you tell someone that your baby's getting donated breast milk and later when the baby's older they tell him, he'll want to know what that mother was." (M1:1) Page 6
- Finding 9** Lack of familiarity(U)  
**Illustration** "If I knew who was donating that breast milk, like if it was someone who was known to me, I'd feel more comfortable choosing that over formula, even if it was just a colleague or something. Because there's still that uncertainty: has this cleaning process been absolutely effective?" (D2) Page 6  
 "I think maybe just getting around this whole idea of donor milk is a fairly new thing." (D4) Page 6
- Finding 10** Convince of its value and efficacy(U)  
**Illustration** "it's made a difference in my baby. While I was sick in high care, they gave donor milk and my baby gained weight quickly." (M2:2) Page 6  
 "I think it's working because it worked for Mom #2 when she was in high care." (M2:5) Page 6  
 "we're using donor milk. It's helping them. It is a good thing with the neonates, especially the premature babies. It has got good outcomes." (N8) Page 6
- Finding 11** Want to meet or see examples(U)  
**Illustration** "If we can maybe involve a mom who already received the donor milk and whose baby grew well if we have her as an example that might help." (M3:5) Page 6
- Finding 12** Discomfort and sensitivity-Bodily fluid from another person(U)  
**Illustration** "it's just that it's milk from someone else and it's not artificially made, it's from someone else. It's just an uneasy feeling, and it's the way I feel." (D4) Page 7
- Finding 13** Discomfort and sensitivity-Race or ethnicity of the donor is insignificant(U)  
**Illustration** "we're all the same. Even our breast milk is the same. The race doesn't matter because we're all the same." (M3:5) Page 7  
 "What matters is if you're healthy or not healthy. It doesn't matter who donated the breast milk, as long as you're healthy." (M2:4) Page 7

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Finding 14 Illustration	Discomfort and sensitivity-Unacceptability of donor milk (from white race) but ok to accept blood (U) "Blood is the same," (N4) Page 7 "Blood is just for a few hours." (N5) Page 7 "I'll just tell myself that if the donor milk were for a short time, then I can accept it." (M1:2) Page 7
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**Number 17****Study: Informal Human Milk Sharing: A Qualitative Exploration of the Attitudes and Experiences of Mother**

Finding 1 Illustration	Awareness of HM Sharing(C) Most mothers were aware of informal HM sharing, and many were positive about it, saying that it's "great" and a way to "put all of that work [of pumping] to some kind of positive use." However, a few mothers described HM sharing as "weird" or "a gross concept." Page 418 Source of awareness (C) Mothers had read about HM sharing online or in magazines, had heard about it from friends or on the radio, or knew someone who had either informally provided or received HM: There's a mom's group here in [town] that I belong to and I've seen a woman who has both offered and coordinated a donation of breast milk. (Zoe, nonsharer) Page 418
Finding 2 Illustration	Made aware of informal HM sharing by a lactation consultant(U) The private lactation consultant ... mentioned that she very informally ... helps set up relationships with people giving each other breast milk.... She said, "I try really hard not to get involved," but she said, "I do pass names on and then, like, interactions happen in like parking lots and stuff like that." (Colette, nonsharer) Page 419
Finding 3 Illustration	Consideration of HM Sharing-More open to provide than to receive (U) The only way that I considered myself being a part of it was if I had more, then I would like to give it away. (Gaby, nonsharer) Page 419 I ... found several online forums and put out there that I had milk to donate but I never got any request back. (Uma, nonsharer) Page 419 ... my friend [name] upstairs. She said, "Oh, I found a bunch at the bottom of the freezer, and I threw it out," and I was like, "What the hell? Like, I would have given that to my kids." ... Um, so someone close to me, I absolutely would have done it. (Violet, nonsharer)Page 419
Finding 4 Illustration	Consideration of HM Sharing-Want to know the recipients(C) Many nonsharers said that if they heard of an infant in need of HM through family, friends, or the community "grapevine," they might offer to provide HM. Page 419
Finding 5 Illustration	Consideration of HM Sharing-Difficult to find the donors or recipients(C) I ... found several online forums and put out there that I had milk to donate but I never got any request back. (Uma, nonsharer) Page 419 For those who considered providing HM but did not, either they did not have enough to give away, they found the process of finding a recipient mother too difficult, the person to whom they had intended to give HM no longer required it, or they felt that other mothers would not want their milk. Page 419 For those who considered receiving HM but did not, either they did not like the person who was offering, they felt it would be too difficult to source a consistent supply of HM, or their husband was against it. Page 419
Finding 6 Illustration	Consideration of HM Sharing- Have no idea(U) So borrowing somebody else's milk is kind of like borrowing somebody else's dentures.... It'll do but it's not made for them. So I don't know. I don't know if we were in that situation what we would do. (Xena, nonsharer) Page 419
Finding 7 Illustration	Concerns about HM Sharing-Only if producing excess HM(U) [My baby] was at my mom's house ... so he already had some milk that he was eating; he was fine. So, I'm like, "Well, it's extra; do you want it?" So ... she took it. (Nora, provider) Page 419
Finding 8 Illustration	Concerns about HM Sharing-Feel "weird about it" (U) I expect [my own child] to like it and want it because she's part of me but it's just weird to give it to someone, a part of someone else. (Orla, nonsharer) Page 419
Finding 9 Illustration	Concerns about receiving HM-Unknown provider (U) I didn't know if, like, if I borrowed breast milk from somebody and they were HIV positive, if the baby could get that. So that would be my number one concern. (Megan, nonsharer) Page 419
Finding 10 Illustration	Motivations for HM Sharing-Altruistic motivations(U) My sister is currently pregnant and if I knew that she was having problems with nursing or couldn't nurse for some reason, like, I would definitely hand it right over to her. (Sadie, nonsharer) Page 419 A couple of weeks or month ago ... [my husband] heard a story about a mother who had died during giving birth and ... That there might come up a call for donating milk. (Freya, nonsharer) Page 419
Finding 11 Illustration	Motivations for HM Sharing-It wouldn't go to waste(C) It was like 30 bags I just donated to some moms [through the Internet] because I just realized I had way too much in the freezer that I was probably not going to be able to use. (Pilar, provider)Page 420
Finding 12 Illustration	Motivations for receiving HM-When facing all kinds of breastfeeding problems (NS) I do have another friend who tried to breastfeed her baby, and because of some reason, she couldn't produce milk and so she did have friends who donated their milk to her, at least, like, in the first couple of months of her baby's life. (Yasmin, nonsharer) Page 420
Finding 13 Illustration	Motivations for receiving HM-In the face of a short-term problem(C) We needed my son's weight gain to get up there so he could, you know, have the energy to learn how to nurse properly, and I needed to heal because my nipples were destroyed at that point. (Adele, recipient) Page 420
Finding 14 Illustration	Routes of HM Sharing-Occurred between family and friends(U) ... my sister-in-law.... I was giving her some frozen milk for a little while. I forgot about that. (Nora, provider) Page 420 [My friend] called me and asked if she could have this, all the milk that I had stockpiled, and so I gave her like hundreds of ounces of milk. (Olive, provider) Page 420
Finding 15 Illustration	Routes of HM Sharing-Exchanges are mediated through third parties(U) So, the lactation consultant was at our house and so she called the midwife that knew the donor and, and then the midwife just immediately called the donor, and within ... 10 minutes, they called back and said, "Yeah, she's got tons of milk; just come over." (Doris, recipient) Page 420 Through, um, some lactation consultants, um, I found out that she needed breast milk, like, immediately. And so, I gave her my entire supply. (Hazel, provider) Page 420 The lactation consultant ended up calling me at some point, asking me, she was trying to find milk for a mom who needed it. So probably, [midwife], [lactation consultant], they're like my go-to gals for anything. (Holly, provider)Page 420

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**Number 18****Study: Informal Milk Sharing for the Hospitalized At-Risk Infant in the Ultra-Orthodox-Haredi Jewish Community in the United States**

Finding 1 Illustration	Faith-Thank God for milk supply(U) My milk comes from Hashem (God), my body created new milk for another baby, I am helping Hashem's other children. Page 337 This (my milk) is one of the most powerful things that God has created, I would routinely recite psalms over my milk before it was picked up for delivery. Page 337 I thank the "man above" (God) who helps me to give this milk. Page 337
Finding 2 Illustration	Faith-Appreciate the magnitude their gift will have(U) We all just help one another, we felt by doing this we were giving ourselves over to Him. Page 337 It was more than actually helping the child it was providing hope for the parents and family. Page 337

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Finding 3 Illustration	Fear of the establishment- Things are kept discreet, fear that they might be doing something wrong or illegal(U) The hospitals have so many rules, I don't want to say anything wrong and mess things up where the baby won't be able to receive any more donor milk. Page 338 I'm not sure who picked up my milk, I think the hospital thought it was the mother's own milk and it wasn't. Page 338 Things are kept very private. I don't know who else may have been involved, we just did what we believed without thinking whether we were allowed or not, like with hospital protocols. Page 338
Finding 4 Illustration	There were always different drivers, the milk was dropped off at the security desk quickly labeled with date and time, I didn't ask any questions. Page 338 Social connectedness-Working together to make that happen(U) Somebody posted that they needed milk for a sick baby in a social media group that I am a part of, many mothers had commented on the posts so I felt safe to say that I had a freezer full and I could help. Page 338 It was very easy to do because all the instructions are online, I learned how to make my body make more milk, so I still had enough for my baby at home. The women were all supportive and encouraging online it was like one big family working together to care for our community. Page 338 A van driver that brought my children to school asked if I was still nursing and if I was willing to help out with a baby that was sick and needed mothers' milk. He explained how several women (in the community) were helping this particular child and put us in contact with each other so that we could arrange to have milk dropped off around the clock to help the infant in need, so we all started working together to make that happen. Page 338 We fed the baby for a period of five weeks and took turns delivering the milk to the hospital, when they no longer needed milk I looked online to see if there were any other families in need to begin the process again. Page 338 I got a message from a woman who said she was looking to find out if I still had milk available because there was a sick baby in need so I wanted to help more so I called all of the nursing mothers I personally knew and five of them donated to this child. Page 338
Finding 5 Illustration	Community cohesiveness and cultural practices- A strong sense of shared values but do not personally know the recipient family(U) We all just help each other because we can. It doesn't make any difference who it is going to so long as the baby needs it, we do it. Page 339 Five of us pulled together to help save the baby, we never got to see him but knew it would help him, so we all worked together and the five of us fed that baby for several weeks. Page 339 I would do anything for any baby in my community, most of us felt that way so we just do it, we feel that if we could we always should. I guess, you know we just help each other, we give our all. Page 339
<b>Number 19</b>	
<b>Study: 'A better alternative': why women use peer-to-peer shared milk</b>	
Finding 1 Illustration	Consider using peer to- peer shared milk in a variety of ways(C) Ten respondents considered using peer-shared milk after a friend or relative suggested it; eight had thought about milk sharing prior to needing it; for five respondents it was viewed as a logical solution or had been suggested by a health worker; for four respondents online discussions had alerted them to the possibility; three respondents each stated that they had turned to peer-shared milk after failing to obtain banked donor milk or that they had heard about milk sharing from a non-specified source; and one each stated that it was the only choice available, that the media had alerted them or that they had discovered milk sharing via an internet search. Page 12–13
Finding 2 Illustration	Milk sharing as a solution to the problem of inability to fully breastfeed(U) For example: 'I have never been able to make enough milk to sustain any of my children' [28], and 'I was unable to produce enough milk for my daughter' [32]. Page 14 'Baby was not gaining weight, after many months of effort to gain a sufficient supply of milk I looked into other options' [5]. 'I returned to work when my daughter was 7 months and I was not able to pump enough during the day. When I am with her I am able to feed fine. It was just that I am not responding to the pump' [62]. Page 14
Finding 3 Illustration	A better alternative than formula(U) Respondents stated, 'I wanted [my child] to have the benefits of breastmilk' [36], 'Breastmilk truly is the best gift for a child. When I realized my body can't make it, I really wanted a better alternative than formula' [20], and 'Knowing about the inferiority of formula was a huge factor' [15]. Page 14 For example, 'We tried every formula on the market, including prescription formulas, but none of them worked for our girls without making them in constant pain and miserable' [3] Page 14 'My first child still suffers from dry, itchy skin and constipation. I believe much of that is from the formula he had to eat in his first few days of life ... When I heard about this option I ... got donor milk as soon as I could' [12]. Page 14
Finding 4 Illustration	Maternal medical conditions impact breastfeeding(U) An IBCLC that I saw through the hospital we were being treated at [diagnosed me]. The diagnosis was made by assessing our history (we were in SCU at day 5 due to severe dehydration in baby) and a physical examination (wide set, tubular breasts). [15] Page 15 A midwife that I saw a couple of times after pregnancy told me she thought that because of the shape of my right breast ... and the size difference ... that I may ... but that she didn't know for sure because she didn't know a lot about it. Then, the 6th lactation consultant I saw told me she knew 110 % that's what I had, without question. [1] Page 15 An IBCLC diagnosed me in the NICU after the birth on my 2nd daughter. I saw three other LCs after the birth of my 1st daughter, and she just gave me a pump recommendation and a list of herbs to try ... With my second daughter, there was an IBCLC on staff in the NICU. She heard about my previous breastfeeding experience/ troubles, examined my daughter's latch and checked for any signs of her being tongue-tied (she wasn't), examined my breasts, went through my history and lack of breast changes during either pregnancy. She then told me that I was a classic example of IGT and gave me some advice of things to try and different herbs to take and told me it wasn't my fault and that I likely will have to always supplement due to just not having the right amount of tissue there. She was very thorough and great. I wish all care providers had her knowledge!! [47] Page 15 I diagnosed myself because nobody I saw had the slightest idea what was going on or how to help. I had heard about it from other women in an online support group ... then read about the issue ... I still recall being a teenager just on the outside of puberty crying in my doctor's office because my breasts and nipples were oddly shaped and I was afraid I couldn't breastfeed ... She said it was nothing and not to worry because 'they have ways to help you', but she was wrong. Nobody could help me. [7] Page 15 'I was unable to breastfeed due to a lack of production. No one has been able to identify a cause or come up with a cure' [36]. Page 15
Finding 5 Illustration	Apply multiple strategies before peer-shared milk(U) The first thing I tried was to increase my supply by eating lactogenic foods, renting and then buying two hospital-grade pumps, taking galactagogue tinctures, drinking lactogenic teas, avoiding drying herbs and substances ... I tried pumping after every feed with my first, every 2 hours, all day and all night. I had to use formula because I didn't make enough milk and the milk banks said they could not sell me any milk (it was too expensive anyway). I tried using at-breast supplementers with my first, but it was too hard to learn and resorted to pumping and bottle-feeding. I ... got three women to donate their milk to me ... I never had enough to feed her only breastmilk. With my second child ... I found Facebook milk-sharing... Because it had been such a struggle to obtain breastmilk with my first child, I had already made peace with using formula if I needed to. I used formula for 1–2 weeks as the supplement in the Lact-Aid or SNS with my second child. I became incredibly fortunate [to find enough donors] ... He's been on my milk plus donations since 6–7 weeks of age. He's now over 6 months old and doesn't take a bottle since all his food is via my breasts + SNS. [14] Page 16
Finding 6 Illustration	Satisfaction with peer-shared milk(U) 'DEFINITELY!' [3], 'Absolutely yes' [63], and 'I would, and I have recommended it to several close friends/family' [9]. Page 16 I absolutely would. Although I feel now, with the education I have and the support I will have gone forward, that I will be successful with my second. [2] Page 16

**Number 20****Study: Expanding the Supply of Pasteurized Donor Milk: Understanding Why Peer-to-Peer Milk Sharers in the United States Do Not Donate to Milk Banks**

- Finding 1** Strong belief in the value of breast milk(U)
- Illustration** "I actually researched so much before I had her ... I was so determined to completely breastfeed my daughter. My daughter has not had any formula, so I'm just excited about that ... I even went to the extent of pumping while I was pregnant. Even though I didn't have much I got 17 ounces of colostrum." [Anna, 1700 oz, 3 recipients] Page 232
- "I actually even still to this day, I'll look at my son just amazed that not only did he grow inside of me, but for the first part of his life where he wasn't eating other foods, he was solely sustained just on what my body created and made for him and it's just an awe." [Wendy, 1000 oz, 4 recipients] Page 232
- Finding 2** Unexpected donation- A fear that they will not have enough milk(U)
- Illustration** "Well, I don't really know, it wasn't anything that I had planned on doing. It was just that I knew that I was going to breastfeed my daughter and then when my milk came in I had an oversupply and I didn't know what to do with it and we ended up having to get a second freezer just to keep all my milk in it and we began to think that it was just ridiculous." [Michelle, 1500 oz, 3 recipients] Page 232
- "I think because I was very paranoid that I was not going to have enough, and so I was very religious about pumping any time that I was away from my baby. You know, I would pump every 2 hours. I pumped until my second baby was 18 months old because I wanted to make sure that when I was with her, I would still have enough milk. I think that because of that, I just ended up with all this extra milk both times." [Margaret, 600 oz, 3 recipients] Page 232
- "I will say that had I had the room to keep it, I would have kept it. It was out of necessity that I donated." [Karen, 800 oz, 1 recipient] Page 232
- Finding 3** Planned donation-want to give back (NS)
- Illustration** -
- Finding 4** Sources of information regarding milk exchange(U)
- Illustration** "This is the first time that I had even heard of milk sharing and I heard about it when I saw an acquaintance of mine post something about she needed some milk for her baby that was actually in her foster care at that time.... It never dawned on me that I could do that. I contacted her through Facebook, and I asked, 'Where do I start? I would like to help.' She sent me some links to some things and I kind of read up like how to get your supply up and about pumping and things like that because I'm a stay-at-home mom, I had never even really pumped that much because I didn't even need to." [Joan, 1000 oz, 1 recipient] Page 233
- "There are several ladies in the group and one of them had talked about that she had heard of people sharing milk. So we had gotten in a whole discussion about it. She had breastfed for a short time and then she quit producing milk and put him on formula. He had a lot of problems from being on the formula. She made a comment about how she wished she had thought about that and I was like, 'Well, I have milk in my freezer, in my mother-in-law's deep freezer, and in my mom's freezer. I have plenty. If you want it, I've got it.'" [Beth, 9200 oz, 3 recipients] Page 233
- "I came across an article about milk sharing and so I kind of started, you know how they have links and stuff, clicking through the links and realizing that I could donate all this excess that I have just been dumping down the sink and I was really excited about that because it felt like such a waste, you know." [Rebecca, 1500 oz, 2 recipients] Page 233
- "I think I brought it up and my OB was not very knowledgeable. She said, 'Oh, I know there is a milk bank that just opened, but I don't really know anything about it.' That was basically the answer that I got. And then I just kind of let it go and then I did a little bit of my own research." [Frances, 2800 oz, 6 recipients] Page 233
- "I didn't even really bring it up with the doctors and they never brought it up to me. I think it was mostly me just looking stuff up on my own without any outside professional input on the matter." [Kristin, 1600 oz, 5 recipients] Page 233
- "To be honest, I haven't necessarily had anyone really discuss it with me besides the lactation consultant that led the support group. She was very supportive of milk sharing and she's also a nurse and mother herself." [Marcelle, 1500 oz, 4 recipients] Page 233
- Finding 5** Concerns and knowledge gaps about milk banks-Organizations are profiting from milk donations(U)
- Illustration** "I'm not sure exactly what it is, but I know that it's very cost prohibitive for people if their insurance doesn't cover it and even though it's a nonprofit, I don't believe that somebody is not getting rich off of mothers donating their milk and I don't like that .... Yeah, I mean the people who work there are certainly making money. Just like all of these other nonprofits that you hear of where the CEOs have ridiculous salaries." [Ginger, 3600 oz, 5 recipients] Page 233
- "Babies are better off with breast milk and 3 dollars an ounce isn't good. A 4-ounce bottle is 12 dollars. If you go to the store and get formula, an entire can of formula is between 15 and 25 dollars and you get 50-100 ounces in a can. That's a lot!" [Anna, 1700 oz, 3 recipients] Page 233
- "From what I understood it was basically just mixed with everyone else's milk that was donated and then all pasteurized and then sold to different moms or people who wanted it for their kids. I'd heard that sometimes it was donated to preemies, but most of the time it was a money thing, which I wasn't super pleased about." [Susan, 2000 oz, 4 recipients] Page 233
- Finding 6** Concerns and knowledge gaps about milk banks-concerned with the work involved in becoming a milk bank donor (getting screened, adhering to milk-collecting protocols, shipping the milk) (U)
- Illustration** "So my first thought was to go through a milk bank, but when I looked into it and the closest milk bank was like 45 minutes away and they required that you go in for blood testing and do an interview and with a 12-week-old, and a full-time work schedule, I knew I didn't have the time to go through the protocols that they would require." [Jamie, 2000 oz, 3 recipients] Page 233
- Finding 7** Helping and connecting Benefit for recipients infants and mothers(U)
- Illustration** "I struggled to breastfeed, but then to find out that you're not able to exclusively breastfeed your baby must feel so disheartening. So I was really excited to do that for them and also I felt so fortunate to have so much extra milk because I know that there were other mothers who were going back to work and weren't able to breastfeed as long because they couldn't pump much at work and then they lost their supply. I obviously had no issue with that, so I felt really lucky to be able to do that for other moms." [Claire, 200 oz, 3 recipients] Page 233
- "I mean it made me feel really good that I was able to not only supply the nutritional value to my son, but to help out another child that could use it." [Judy, 300 oz, 5 recipients] Page 233
- Finding 8** Helping and connecting-Personal connection(U)
- Illustration** "I wanted to hear why they needed the milk a little bit more to make it more personal for me." [Danielle, 1200 oz, 3 recipients] Page 233
- "Two of my nephews were preemies. I have several friends who had preemie babies so once I found out that it could go to a preemie in need I was like, 'Oh well, maybe I should have gone that route.' But mainly it felt much more personal to give it to an individual rather than donating it to a bank." [Marcelle, 1500 oz, 4 recipients] Page 233

**Number 21****Study: MOTHERS WHO ENGAGE IN LONG-TERM INFORMAL MILK SHARING**

- Finding 1** Bring up the idea of informal milk sharing(U)
- Illustration** Mom A recounted this experience: My colleague] said, "Ten years ago you never would have even heard me talk about this'...I got onto the Facebook groups, and I started building our supply, probably around late August, right before he was born. It was awesome. Page 340
- Mom B's midwife introduced her to the Human Milk 4 Human Babies Facebook page, and she began receiving milk from two donors. Page 341
- At her final meeting with a lactation consultant, Mom C was introduced to informal milk sharing. Page 341
- Finding 2** Difficulties-Convincing husband to support informal milk sharing(U)
- Illustration** Mom A said He didn't understand...I said, 'If [our baby] was sick, and needed blood, would you allow him to get blood?' And he said, 'Yes.'...I said, 'If [our baby] was sick and needed a new heart, would you allow him to get a new heart?' He said, 'Yes, of course.'...I said... 'Breast milk is that way...It's treated like a drug...It saves babies' lives.' And so, I went through everything. Page 340
- Finding 3** Difficulties-Challenges from family and friends(C)

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Illustration	Since she adopted her child, many wondered where she was getting the milk, and it was difficult to avoid the conversation. Mom A's parents were open and accepting to the idea, but her husband's family was a challenge. Her husband was not breastfed as a child, and she attributed their hesitancy to a lack of understanding about the necessity of human milk. To avoid conflict around family, Mom A would unthaw and prepare the milk in advance. Page 340
Finding 4	Difficulties- Uncertainty of milk supply from donors(U)
Illustration	The first developed clogged ducts and her child became ill with thrush, eliminating the supply she could donate to Mom B. The second donor left for a trip out of the country and decided to only pump for a milk bank upon her return. For these reasons, Mom B stated that her biggest challenge was running dangerously low on her milk supply. Page 341
Finding 5	Difficulties- Lack of support from pediatrician(U)
Illustration	Although she was fortunate enough to have a few donors provide milk for an extended period, Mom C never found a consistent donor. She estimated having received milk from 50 donors in total. Page 341
Finding 6	Difficulties- Lack of support from pediatrician(U)
Illustration	One such challenge was the lack of support from their pediatrician, who the couple felt tried to insinuate that Mom B was making the wrong decision. Their family subsequently left this doctor's practice. Page 341
Finding 6	Challenging but worthwhile(U)
Illustration	Mom C's pediatrician had never heard about informal milk sharing, however. She stated [Our pediatrician] was completely in the dark. I was schooling her... She had absolutely no idea about donor milk. Page 341
Finding 7	Deep appreciation for donors(U)
Illustration	Often, when Mom A picked up milk, the donor approached her with a warm hug and asked to see her baby in the car. During his first year of life, Mom A's baby never had an infection or fever, which she attributes to using human milk over formula. Mom A shared This last year has been interesting, challenging, but I wouldn't do it any other way. And if we ever go down this road again, I will do donor milk in a heartbeat. I really, really will. Page 340
Finding 7	Deep appreciation for donors(U)
Illustration	In total, Mom B received milk from about 10 donors and drove up to 2 hours to obtain it. She stated that even though the process was difficult, I would not change anything. Page 341
Finding 8	Feel sad and guilty due to insufficient milk supply(U)
Illustration	Mom C felt passionately about her son receiving human milk and shared her story with anyone who asked. In discussing how informal milk sharing is viewed, Mom C stated Why didn't I know about this before? I felt like, well nobody talks about how almost impossible society makes it to [share human milk]. And that it is okay and that moms actually have the power-we've taken it away from them. And we can take care of each other. Page 342
Finding 7	Deep appreciation for donors(U)
Illustration	Mom B has stayed in contact with several of the donors with whom she interacted. She acknowledged that there will never be anything she can do or say that will be enough to express her gratitude. Mom B stated I leave every [donor] with a super tight hug in hopes they feel my deep appreciation for what they did for us. Page 341
Finding 8	Feel sad and guilty due to insufficient milk supply(U)
Illustration	Mom C stated I was not prepared for all of the issues that could possibly happen. I just figured it would be natural and easy and that's what breastfeeding was. The disappointment and frustration Mom C felt about not meeting her breastfeeding goals was devastating. Page 341
	Mom B stated that the inability to produce enough milk for her child left her with feelings of guilt and hopelessness. Page 341

**Number 22****Study: "It's more than milk, it's mental health": a case of online human milk sharing**

Finding 1	Desire to breastfeed but a lack of milk(U)
Illustration	"For as long as I can remember I've wanted to breastfeed and it's been the one thing I wanted to do as a mum was breastfeed, when I couldn't do that, it I suppose it's a very natural, it's meant to be one of the most natural things in the world just to feed your baby that's what breasts are for and when I can't do that it felt like it was my fault like my body had failed him. Um I did find that quite hard to deal with ... it was just something I wanted to do, I don't know why I have no idea, it's just something I wanted to do and expected to do ... so I didn't expect it to be as hard or even not produce milk to be able to feed my baby that was just a bit of a shock, that I didn't have any milk. Yea I wasn't expecting that. Page 4
Finding 2	Feel a moment of joy when infant has gained weight(U)
Illustration	"Spent the day in hospital after Lucas lost weight again. He is down to 3320 g. More than 11 % loss. Got to keep feeding him every two hours, then express straight after then give him expressed milk ... I'm finding it very hard to do more ... I'm tired and emotional not sure if there is any point in going to bed tonight, will probably sleep on the sofa ... by the time Lucas has fed, I've pumped, expressed milk and I've washed the pump up and sterilized it will be time to start feeding Lucas again. I really hope this works quickly as I can't see how I can keep this up long term ... I can't physically pump anymore". Page 4
Finding 3	Feel fragile/guilty but won't be giving up(U)
Illustration	"So, we have pumped, to start with I was pumping every two hours as well as feeding every two hours, um yea, and I have used fenugreek [A herb that has been seen to increase breastmilk production] and I've had medications [Prescribed medications for example Metformin or Domperidone that, as a side effect, have been seen to increase breastmilk production". Page 4-5
Finding 2	Feel a moment of joy when infant has gained weight(U)
Illustration	"Basically, they like them to put on 35 g per day [in weight], so 100 g in 4 days. So, the fact he put on 155 g in 4 days is epic. That was with 2-3 formula top ups of between 1 and 3 oz per day. Now going to max of two formula top ups per day and this is while he was feeding so managed to pump 60 mls!!! Most yet! I also started taking Fenugreek and Domperidone yesterday so hoping that helps my supply". Page 5
Finding 3	Feel fragile/guilty but won't be giving up(U)
Illustration	"60 g weight gain!!!, 155 g weight gain in 4 days!!!!, I am loving our breastfeeding so want to continue, I am so proud of this one whole week!!!!". Page 6
Finding 3	Feel fragile/guilty but won't be giving up(U)
Illustration	"Lucas has lost more weight. Pediatric registrars want him re-weighing in 48 hours. Midwife has recommended that I express every other feed but top up if he is unsettled. Basically, it's my low supply that's causing the issues, so I'm feeling a little fragile/ guilty but won't be giving up feeding". Page 5
Finding 4	A need for milk: "It's not just milk it's mental health" (U)
Illustration	"A big part of it [PND] was not being able to breastfeed because one of the things that I wanted to do was breastfeed and because I couldn't I felt I failed them, so yea I was more determined his time as it was my last chance to breastfeed". Page 4
Finding 4	A need for milk: "It's not just milk it's mental health" (U)
Illustration	"Yea it's a big decision [seeking donor milk], he was low weight gain because of my low supply, and we were having Midwife and Health Visitor visiting every two days and we were having admissions because of low weight gain. They were trying to convince us that formula was the way forward and although he went on formula for about a week, he still didn't put any weight on, he just became constipated from it, and it was almost out of desperation that I needed to do something, just to help. It was almost out of desperation that I put that post up thinking no one going to help us, but I have to try something this is not working for us and I need to do something, so I did". Page 5
Finding 4	A need for milk: "It's not just milk it's mental health" (U)
Illustration	The desperation that Abbi talks about in her interview was seen in messages that she had posted online: "What can I do to increase my low supply? Lucas has lost more weight". This was a difficult time for Abbi: "um I started to worry that I wasn't good enough and I could feel them doubts and failure creeping back and I thought I don't want this, and I decided to do something". Page 5
Finding 4	A need for milk: "It's not just milk it's mental health" (U)
Illustration	A need for milk: "It's not just milk it's mental health" (U)
Finding 5	Most supportive strangers online(U)
Illustration	It was at this time that a close friend offered her some of her own frozen expressed breastmilk and she accepted. She began looking more into donor breastmilk as an option for Lucas, something she had not considered previously. This avenue of support Abbi feels was due to her own internal issues as opposed to pressure from professionals or others to breastfeed stating "it's not just milk, it's mental health". Abbi stated that breastfeeding could be promoted more and talked of her own internal thoughts that caused her to search for donor milk online. Page 5
Finding 5	Most supportive strangers online(U)
Illustration	Because I was diagnosed with postnatal depression, I think it would have really helped me feel not as low as I did in those times, because I would have still given them breastmilk which to me is preference over formula". Page 6
Finding 5	Most supportive strangers online(U)
Illustration	Um, it saved my sanity and my mental health, yea I was overjoyed completely overjoyed, overwhelmed, overwhelmed by somebody else's kindness, and it means my baby is healthy and thriving and happy". Page 6
Finding 5	Most supportive strangers online(U)
Illustration	"Um I've posted in the middle of the night asking something really silly, but checking like am I doing this right, should I keep going, should I stop, is he getting enough milk um unfortunately in this case I wasn't, but I was signposted to places that helped, and it showed me how it helped me see that he's getting enough milk ... and I

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	<p>posted on the group about milk donation ... just loads of different things ... I don't feel like there is pressure to breastfeed ... it was my own guilt and my own feelings it wasn't because of what somebody else had said. It was my own issues that made me feel guilty". Page 6</p> <p>"Most of the group breastfed to term [Breastfeeding until the child no longer asks for breastmilk], cloth nappy and use baby carriers and are known as alternative/ gentle parents. I love the group for its honesty and help. They all tell me straight if I need to get a grip or if I should be doing something differently but are also the most supportive strangers I have ever met. Page 6</p> <p>"I messaged them as I knew they would be supportive and caring". Page 6</p>
Finding 6 Illustration	<p>A blanket ban about talking about milk donation online(U)</p> <p>"Some of the other groups that I am on have a blanket ban on it not being talked about at all. I was told because it was unregulated, even when I said about it from the milk banks, they had a blanket ban and say no we don't talk about, we don't have milk donated in our group. I left that group quite quickly because no I didn't understand that at all ... I found that very judgmental and I did leave. If that has been the only group that I was on I would have found that very difficult to carry on breastfeeding because I didn't have the support there ... it's a shame that they took that view. I could stay in the group I just couldn't talk about; I wasn't allowed to talk about donor milk on there. It made me feel judged and it did make me feel like a failure that I was having to use donor milk to help my baby... um it's still breastmilk and yea I did I took deep breaths and thought right well that's how they feel get rid of the group and I don't need them sort of people in my life I can go to my other group and say help me and that's what they did, they then did help". Page 6</p>
Finding 7 Illustration	<p>Feel joy and "saved" about finding the HM4HB page(U)</p> <p>"Just amazed, just... I was amazed that people do that for other people, amazed about it but also gutted that I didn't know about it for my other children because it would have made such a difference to how I felt after. Page 6</p> <p>"Oh goodness someone has helped us, we haven't got to use that formula, he won't get belly ache any longer because he was really struggling with constipation and I was like this formula isn't working and he can have breastmilk, I can keep breastfeeding him. Um, it saved my sanity and my mental health, yea I was overjoyed completely overjoyed, overwhelmed, overwhelmed by somebody else's kindness, and it means my baby is healthy and thriving and happy". Page 6</p>
Finding 8 Illustration	<p>From nervous to confident in taking milk from a stranger(U)</p> <p>"I was very unsure, not unsure about it, just really, I don't know apprehensive about it I suppose about somebody else's breastmilk, but I thought it was better than what we were going through now ... but at the time I was a bit apprehensive about it to start with, quite nervous about accepting somebody else's breastmilk I suppose I worried that I didn't really know, wasn't sure if I really knew the person. Um, but I made sure I looked into who was donating and actually met them before accepting the milk. When I started thinking about it, it was more of ugh I was apprehensive but also very much a last resort, but now I'm very positive and I've told people about it and promote it when I can". Page 7</p>
Finding 9 Illustration	<p>Make a personal connection with the donor: "Trust not regulation" (U)</p> <p>"We talked before and she was very open about everything that she had been through um how many children she had and the whole background which made me feel happier about doing, about accepting the milk. I suppose if somebody wasn't very open or preferred not to discuss certain areas that I did ask about, like smoking and drinking. Because those things would put me off because I don't do those things, or if they were on lots of medications, I think at the start that would have put me off". Page 7</p> <p>[The decision to use donor milk] "It was based on they wouldn't feed their own baby with that milk if it could harm them, so why would they give it to my baby ... I suppose it helps my trust that other people know her, um that she's local because Lucas doesn't like being in the car. I prefer someone who's friendly, um and I can speak to them freely and they can speak to me freely. I think if someone was abrupt or not very open or I don't feel that I wouldn't then trust them if that makes sense ... it a relationship definitely, that mother is feeding my baby basically and I feel that relationship, and friendly relationship yes". Page 7</p>
Finding 10 Illustration	<p>Unaware that could get milk from the milk banks(U)</p> <p>"I'm using donor milk from a local friend but running low so will probably need to use formula again soon bit it made him horribly constipated before. We have started the process of applying to the milk bank, but I doubt I will get funding or accepted as we are low on the order of need". Page 7</p>
Finding 11 Illustration	<p>Sufficient supply from peer-to-peer milk sharing(U)</p> <p>"I use the local online group the most, and the donor milk one I suppose it's the HM4HB group I was using a lot, but I've got a regular donor now so I'm not having to use it. Well one lady she had four moths supply in her freezer and what she can pump in a month is just under what Lucas needs in a month, so I'm not having to use it". Page 8</p>
Finding 12 Illustration	<p>Social media has made donor milk more accessible(U)</p> <p>"I suppose it's, it is social media that has made it more, more like, accessible to me, I thought in our area it was just for NICU and new babies ... because it's there all the time, someone to encourage to say keep going you're doing well, which in the middle of the night is vital". Page 8</p> <p>"The online groups have been a life saver in the middle of the night, yea it is, it really is mental health, and it is just a lifesaving support group. It probably doesn't sound like it, but it really does help with the worry and concerns and just the loneliness in the middle of the night when you are struggling. It's there. You don't have to post something you just have to read through what other people have written and make sure like you're not alone you're fine carry on going, un, yea it has the breastfeeding group has made a big difference and impact in my life to keep going to where we are now and hopefully keep as long as we can". Page 8</p> <p>"The online group is there all the time. There is always someone there to answer your question, or if you're having a rough night there's always someone there to go keep going, don't stop just make sure you're happy and baby's happy ... in the middle of the night it's vital". Page 8</p> <p>"I looked into it and researched it and I asked several groups about it and um yea there were lots of people that were willing to help and then I was signposted to other people on other groups and organizations that so it as professional channels as opposed to my friends ... another benefit of the online group is loads of people have loads of different tips and they can tell you about donor milks and what can happen". Page 8</p> <p>"It means the absolute world to me and saved my sanity and my mental health ... I'm now feeling like if something happened this week and we had to stop I feel like I have given it my best shot and it wouldn't affect me as much as not feeding. I don't feel like a failure ... The online groups have provided professional and peer support and feels as though all the groups are about being there, experience, knowing how it affects you and being there". Page 9</p> <p>"Now I'm very positive and I've told other people about it and I've told them to look into it and I promote it as and when I can it's the most amazing things to do and it helps so much. It's not just baby's wellbeing it's for the mum's wellbeing., my mental health has been so much better this time". Page 9</p>
Finding 13 Illustration	<p>Future wishes-awareness needs to be raised (U)</p> <p>"I didn't realize there were people who were willing to do it and I could access it through a milk bank ... professionals need to talk about it and provide leaflets and information ... I think it's such a small area of Facebook and social media that know about it and only a small amount of breastfeeding mums that know about it as well, but it seems to be getting more popular as its being promoted and made awareness of, but I think it depends on, it's sort of quite blurry because not all women can feed, can pump and express their milk to do it. It is only what is available. Um so it is there but a very small select people can donate their milk". Page 9</p> <p>"I do think more professionals should be aware of milk banks and they should promote them, or they should have information to hand just like they would have information to handout about another other medical, because it is a medical need as much as, my baby needs feeding". Page 9</p> <p>"she was definitely scared as a professional to talk about it, it felt she would have preferred not to talk about it at all". Page 9</p> <p>"it needs promoting we need an awareness week. We need to get this subject out there and who other people that its possible and it does help and it's more than just food ... we need social media for things like this". Page 9</p>

**Number 23****Study: Peer-to-Peer Human Milk Sharing: Recipient Mothers' Motivations, Stress, and Postpartum Mental Health**

Finding 1 Motivations-Human milk's superior health benefits(U)

Illustration I wanted her to have the nutrition of breast milk, but wasn't really capable to produce myself. I know it's [inducing lactation] possible, but that looked pretty overwhelming in this situation [adoptive parent]. So, when I found out, you know, that I could have the benefits of breast milk through a donor. I jumped on that. Page 93

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	The immune benefits that they get from breast milk far outweigh any potential risk. And it's really what I wanted her to have. It's what babies are supposed to have and it wasn't something I could provide for her. Page 93
Finding 2	"I felt like it was kind of drilled into my head, the whole, 'breast is best' thing. You know even WHO [World Health Organization] and the AAP [American Academy of Pediatrics], they all say 'breast is best.'" Page 94
Illustration	Motivations-Medical need(U) he was born substance-exposed. And, so, especially with him, I feel that any opportunity we have to contribute to healthy development, healthy brain, you know, brain growth, healthy, you know, all of it. To give him the best start in life and the best opportunity to work passed some of those issues— you know, he had some signs of withdrawal, which we worked through. the breast milk really gave him an opportunity to really enrich that healing, in a sense. Page 93 I have a baby born full term, but, um, has a medical condition that we're going to be doing surgery for him. and he needed to be on breast milk to really build his immune system. The doctor said, 'you know, we really need you to be dedicated to breastfeeding,' but I knew my history wasn't going to allow me to. And so, that's when I started peer-to-peer [human milk sharing].my son needed to be on it—for the antibodies and the nutritional benefit of it—and so, you know, I think that when you pasteurize, when you heat something up to a temperature, higher than what it's normally stored at or utilized at, there is some decline in the benefit of the actual milk. Page 93
Finding 3	Motivations-Preference for human milk over breast milk substitutes-Human milk is noted to be "normal,"(U)
Illustration	I was like, she was gagging now on formula. yeah, so she wasn't taking the formula very well. so I wanted to give breast milk and not do the formula thing. Page 93 my first daughter was formula fed and she was constantly sick. had rashes, always had, had pneumonia a couple times, had tubes put in her ears right before she turned 2—always had ear infections. I was very worried that it [formula] would compromise my new daughter's immune system. I gave one bottle of formula before finding someone to get donated milk from and my baby immediately threw it up and I knew that I could not do that to her. She's has had no adverse reactions to any of the breast milk. Page 93 Others—in addition to emphasizing human milk's superiority—simply stated a strong preference for utilizing human milk over substitutes: "I'm a strong believer in breast milk. I don't like the whole formula thing. I don't like formula companies. And the breast milk was just a much better option for me." Page 93
Finding 4	Motivations-Preference for human milk over breast milk substitutes-feel risks to using formula(U)
Illustration	One participant said, "I feel like the risks associated with factory produced, highly manufactured, formula, baby formula, as well as with other foods, is far riskier than acquiring breast milk." Page 93 I mean, the number one benefit is that your baby is getting breast milk as opposed to formula. I felt like there is more of a risk for her to develop allergies or symptoms from taking formula. For me, it's a last resort. Page 93
Finding 5	Motivations-Preference for human milk over breast milk substitutes-Financial cost relative to PBMS.(U)
Illustration	One participant said: "the reason why I wanted to breastfeed myself was feeding my baby without the cost. So, that was my drive to breastfeed, but since I couldn't, that has been a benefit for our family, with peer-to-peer breast milk sharing." Page 93
Finding 6	Stress-inducing factors-Planning and coordination to secure donor milk(U)
Illustration	"we still replace [breast milk storage] bags so it still costs money. It's not free. I have to travel, at least an hour and a half away, to pick it [milk donations] up most of the time. If I were to say there is a financial benefit, I think that that would be wrong." Page 94 I mean it does take some time. You kind of have to be like on the website, and jump in their first and stuff, to some extent, you know, which is a little difficult or you have to be willing to drive a lot. Page 94 I mean the challenge at the beginning was just finding enough. And also being able to go get it because I was by myself. Page 94 It was stressful to stay on top of the network and communicate with people and make arrangements and ask questions and make the connections. And then do the traveling. Page 94
Finding 7	The benefits of using donor milk outweighed its stress-inducing features(U)
Illustration	But, that stress, the stress of not having had the breast milk would have been far greater than just the logistical stress of connecting with people, making arrangements, and doing the traveling. Yes, that was stressful, but not having the food that I feel my baby is supposed to have would have been a heck of a lot more stressful, you know. Page 94
Finding 8	Stress-inducing factors-Fear of running out of donor milk(U)
Illustration	There were some moments, I won't lie, that you get down to one freezer and you're thinking, "I have 2 weeks' worth of milk left. How am I going to feed my baby?" Page 94 And, you know, sometimes I was so close, you know, to having just enough. It was constantly just this game of cat and mouse where I'd be on the pump and trying to eke out just enough to get them through. That was incredible stress. Page 94
Finding 9	Stress-reducing factors-Donor milk provides general relief and comfort(U)
Illustration	So when I found this [milk sharing] was available, it really gave me piece of mind. Like I can still give her that quality without stressing myself out, you know? Page 94 I felt like I could breathe. There's this stigma of once you use the formula that it was kind of a slippery slope and I didn't want to go down that. It was just a stress relief 100 % that I had that option. Page 94 It's been, it's helped me so much. And after I received donated milk it was easier on me because stress does affect, you know, your milk supply. So I was a little more relaxed. I started noticing that my supply was being affected in a positive way. Page 94 I always felt like especially the few times she did get sick, I felt in my heart, like, ok, that I did everything that I can do for this little girl. I did feel really, really, good in my heart that I was providing for her, the best that I could. That, I hopefully wouldn't have to worry about her health in that way. It definitely brought me peace there. Page 94
Finding 10	Stress-reducing factors-Donor milk use reduces symptoms of postpartum anxiety and depression(U)
Illustration	But, um, it was kind of less stressful because I knew they were getting the nutrients they needed through breast milk while they were such tiny babies. Page 94 I think it just goes back to that social network. I was very worried about PPD. And I don't really feel like I had that because at 2 o'clock in the morning I was on Facebook with his Milk Mamas [donors] and they were up too, nursing their babies. We do, um, feeding on demand. We do a lot of skinto- skin and I think all of those things help you bond and feel closer to your baby. And so I think that did help my hormone levels because I couldn't breastfeed so I wasn't getting the benefits of that physical nursing, but I could get some of those benefits. And I wouldn't have done that if I didn't have people who were there to help me and talk to me about it and share their experiences and their donated milk. Page 95 Looking back, I probably was not in a great mental state. honestly breast milk sharing alleviated some of the stress of feeding her. I think if I had switched her to formula or started supplementing with formula, I was really worried about losing my supply completely if I did that. So, I think that would've really depressed me and made me feel like I failed her, at least at the beginning. It's hard to say what would've happened if I hadn't. But, I think it was positive. Page 95 "Again, I'm very sad that I wasn't able to provide [breast milk] myself. Like, there would be so much satisfaction in being able to do that. But, I did the best I could in the fact that I pumped myself and I did what I thought was the next best step with donor milk." Page 95

**Number 24****Study: A Liberation Health Approach to Examining Challenges and Facilitators of Peer-to-Peer Human Milk Sharing**

Finding 1 Challenges to Accessing HM-Require substantial effort to secure HM(U)

Illustration It was like a part-time job... I found myself, like on Facebook, a lot... Seeing if there were offers... I just, I stayed on those groups. (Jackie H.) Page 441  
It takes dedication to meet people and work our schedules around their schedules and around work. (Christa G.) Page 441  
"I think the most difficult thing ... there's not enough milk to go around. So, it's competitive and that's hard for me because often I'd have no one reply to my message" (Lindsay Q.). Page 441  
Christa G: It is exhausting. I'm not going to lie [laughs]. I've driven over an hour, especially when my little girl doesn't like the car seat, it takes dedication to meet people and work our schedules around their schedules and around work and whatever. Page 444

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Finding 2 Illustration	Challenges to Accessing HM-Institutional barriers-A lack of support from healthcare professionals(U) I'd finally had the guts to ask her [lactation consultant] ... What do you think about donated breast milk from moms in a Facebook community? And she's like, "Well, legally I can't, um tell you what to do or, or I can't tell you to do that because that's not what we're supposed to suggest it to people." (Jessica G.) Page 441 The people [child welfare and adoption workers] that I asked basically said they really don't [recommend HM sharing]. (Rita B.) Page 441 Beth B: And, actually, we, in the hospital, we were asked not [emphasis] to give the donated milk because they treat milk a medicine. And they were saying they can't guarantee where it was from, who the donor was, and what we were giving him. Page 444
Finding 3 Illustration	Motivations-Need to return to work(U) I've been working full time so I kind of wanted, I guess, kind of to make up for the fact that I'm not there physically with her.... I'm pumping and breastfeeding as much as I could, but I realized that I couldn't pump as much as she needed ... so I gave donation [peer-to-peer HM sharing] a try. Page 441
Finding 4 Illustration	Challenges to Accessing HM-Milk bank specific barriers- Kills a lot of the good proteins(U) They were charging about 4 dollars.... Milk banks also tend to pasteurize the milk and that kills a lot of the good proteins that are in it. (Melissa A.) Page 442
Finding 5 Illustration	Challenges to Accessing HM-Milk bank specific barriers- Too old to receive milk I looked into and I think the idea is good, but in practice ... they [milk bank] told me that my daughter was too old to receive milk.... Page 442
Finding 6 Illustration	Challenges to Accessing HM-Milk bank specific barriers-Time and money consuming(U) I'm in a very rural area and the closest milk bank is approximately 5 hours away. (Kelly T.) Page 442 Bridget N: And so also for a short period of time, I bought some milk ... from the milk bank.... But it was like 20 dollars for 4 ounces. So I didn't do that for very long because it was very quickly, not sustainable. Page 444
Finding 7 Illustration	Challenges to Accessing HM-Milk bank specific barriers-Do not know the source of milk(U) One participant said she preferred accessing HM from a peer she knew as opposed to a milk bank where she did not know the source: "I mean I had heard of it [milk bank] before. But ... it [peer-to-peer HM sharing] made me less hesitant than a person that I didn't know" (Tina E.). Page 442
Finding 8 Illustration	Challenges to Accessing HM-Lack of societal awareness and acceptance of HM sharing(U) I feel like we don't really have that [community support] in our society anymore and that's probably why breastfeeding is harder. You don't grow up around women who are breastfeeding ... it's kind of an isolating experience in a way that it probably didn't used to be. And I think this [peer-to-peer HM sharing] is sort of a modern response to that. Page 442 I would've definitely liked to have been more prepared.... I would've liked to look into the possibility of a milk bank and see what that offered, and or just talking to other parents, as part of that underground network.... Just to learn more. Even with whatever decision I would've made, I just would've liked to have been more informed. (Rita B.) Page 442-443 I wish it was more easily accessible.... I wish it was more openly talked about. If it was more openly talked about, I think that it would be more easily accessible. (Kaley N.) Page 443 I wish that like the doctors had told me about this.... It seems sort of silly that it had to come from [friend's name] and the midwife, like it was some kind of weird secret. (Bridget N.) Page 443 Sandrine E: I'd like the public to know that it happens and that it's a real gift to people and to be supportive of it. I mean, yeah. I think just more awareness of it is what I would want. Page 444
Finding 9 Illustration	Knowing HM sharing is an option sooner will have reduced or prevented stressful(U) You don't really see that [education about donor milk] as much just in the hospital world of "here's formula. Here's formula." There are no suggestions of like, "hey, what about milk sharing?" ... So that would be the number one thing I'd change, just knowing about it before I struggled. (Karen D.) Page 443 I had no idea that it was available and um, I think that would've helped ease my mind in the first few weeks when I was struggling to breastfeed.... I think if I had known it was available, I wouldn't have stressed out so much ... because I thought my only option was formula. (Melissa A.) Page 443
Finding 10 Illustration	Facilitators to Accessing HM-Informed decision making and transparency. (U) Um, so they're kind of unspoken rules ... they often will say, "I don't smoke. I only take vitamins. You know, I don't drink milk. This is lactose free or whatever." Um, and even when I, I'm like ... "I hate to ask this because I'm begging for your milk, but are you healthy?" [laughs] ... everybody's been, "no, it's totally fine. You need to ask that. You're the mother. You need to be protected." (Beth B.) Page 443 I also made her [HM donor] show me her medical records for HIV, hepatitis, all of her updated information, to make sure that he [son] wasn't getting anything bad. (Kaley N.) Page 443 Emily M: We weighed the probability of getting a disease.... I try to vet my donors as well as I can. I've even seen, you know, medical documents from some of them, especially long-term donors. They are happy to share their testing. Page 444
Finding 11 Illustration	Facilitators to Accessing HM-Support from healthcare professionals(U) My midwives just kind of jumped to it and were like, "look, we have ... other mums that we know well and, we know their health history, so they are good and safe and, you know, we'll ask them" and they went and got the milk for me, cause I literally, had just given birth. (Karen D.) Page 444 "He's [child's pediatrician] pretty open-minded so he's been actually helpful with it. Some of his patients have donated" (Christa G.). Page 444 Luckily, we had been very educated because of our Bradley teacher, midwives and everything, so we were able to communicate that to them [hospital administrators] and the scientific reasons why we wanted to stick with our milk and that we were willing to get up and leave the day after a C-section, rather than change our baby's milk. And our midwife—head of the birthing center department—really had our back and she came and talked to the, um, the whole head of pediatrics for that hospital system ... she really kind of took him to task about this and they came back about 12 hours later and said ... We've written you guys a temporary policy so that you guys are fine [and can use the donor milk in the hospital]. And we are going to rewrite our hospital policy so that this doesn't happen again. (Beth B.) Page 444 Abby T: I think that the fact that the nurse at the hospital supported it so much and helped me make those connections really helped increase my positive perspective on the milk sharing ... the nurse at the hospital really helped make it feel like this is normal. Page 444

**Number 25****Study: nurses' views on using pasteurized donor human milk for hypoglycemic term infants**

Finding 1 Illustration	Nurses' presumed safety of PDHM but lack of knowledge(U) I don't know enough about it, I mean, I can only assume it must be safe if you guys are asking to bring it in to give to infants so it must be safe and I don't know enough about it, but, for the two of you to be here and doing focus groups, the standards must be pretty high to have it on the shelves here. Page160 Standardization of pasteurization is true, and we know that it is actually effective in killing the organisms that we do not want but does not damage the health providing properties of the milk. The evidence is positive. One participant noted, It is heat treated to kill any bacteria that could be harmful. Page161 You had to qualify under certain requirements to make donations. They don't take just anyone's milk and I know the moms have to go through testing and blood work prior to the organization accepting their breast milk. There's a whole procedure done before it hits the shelves. Page161
Finding 2 Illustration	Nurses' role as patient and family Advocate(U) From caring for a mom that desires breastfeeding I feel if they are very focused on 'my baby must be breastfed for these reasons, so these things don't happen to my baby,' they feel in the moment, it's like defeat, instant. I personally think it would be nice to have an alternative especially for that community, for preference sake and it's always best to have just the one thing instead of exposure to a ton of things. Especially when your body, you know you're a newborn baby, and you're exposed to all these crazy things. Page 161 I feel like if there's an alternative, to using formula that's a good source, a good safe source, of human milk, that would be better. It would be better suited for the baby and the baby's nutrition needs. Page 161 It's a great alternative, it sounds safe and if a mom exclusively wants to breastfeed then it's defi- nitely a great alternative than just shoving formula down the throat... you know it's better for the baby. Page 161

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Finding 3 Illustration	Nurses' concerns about Implementation of PDHM -Staff and parents, need education about PDHM(U) Education needs to be provided to the staff and to the parents just in general. Page 161 One participant said, In terms of education, it just needs to be provided. We as nurses have a distrust of things that we don't understand, or if we don't think they might be safe, so we need to see the evidence. Page 161
Finding 4 Illustration	Nurses' Concerns about Implementation of PDHM-Concerns about work flow and how practice changes impact their time Honestly, the first thing I thought was how much more scanning does this involve? How much more work is this going to be for us to offer this to our patients? Because everything takes time, especially with the electronic record and the barcodes and all this stuff. It's you go through swiping through doors, you have to put codes in, everything takes a lot of time. That was my first concern. And What will the work be? Right now, we just pull the bottle {of formula} out of the pyxis and give it to them. We don't have to scan it, defrost it, we don't need the water. Page 161
Finding 5 Illustration	Nurses lack clarity related to informal milk sharing versus PDHM(C) If someone in their neighborhood or community could not breastfeed but then they would give them their extra milk whether it was stored or fresh. If someone was ill they would have done that or also like adoptive families taking milk from someone else, like their family member, maybe, who has pumped for them. Page 161 So informally sharing, would be something that is not necessarily recommended by the medical community. But, perhaps a family that couldn't breastfeed their infant for one reason or another would take milk from a friend who had extra supply to offer. Page 161 We didn't have it {PDHM} and then we have it now, a lot, it's like and then a lot of people are saying 'yes' and then we also have people bringing in other people's breast milk in an using it for their babies, too. They just put their own labels on it, I'm not going to know whose it is, so, but like I know she's not pumping [laughter], but you're like 'okay.' Page 161
Finding 6 Illustration	Nurses recall specific situation in which informal milk sharing occurred. (U) I had a patient before that had cardiac issues, she was high risk, so she was not doing well, so breastfeeding was kind of on the backburner. So, her friend brought milk in, while she was here, and she used that. But again, it wasn't pasteurized. It was just on trust basis that it was all good. Page 161-162 I had a patient I had forgotten, she had cancer and was in treatment when she had her baby, so it was it was a faith-based community member that brought milk. So that was once that I had experienced it.... I don't even know, we didn't do any scanning [laughter] it was just that this is for her baby, so I was like 'okay, so yeah.' Page 162 I've actually, I've not heard about it, except from my sister-in-law for my cousin has adopted a baby and had asked her to pump for her or something. Page 162

**Number 26****Study: Going along with it: neonatal intensive care nurses' views of a donor milk practice change**

Finding 1 Illustration	Feel confident about feeding pasteurized DHM to infants(U) I felt that it was safe to give to the baby and I did not have any concerns about using that. It looked like breast milk. Page 287 To me, it was a wonderful replacement or an alternative to that particular infant's mother's milk. Page 287
Finding 2 Illustration	Decision made with lack of nursing input change from pasteurized DHM to sterilized DHM(U) It was just sort of decided. Page 287 I was angry. And frustrated that it was just an executive decision without input from many people. Page 287 They didn't even really ask or let us know this was going to happen. It was just so abrupt. Page 287
Finding 3 Illustration	Going along with it-trust in the physicians(U) going along with it. I would not personally give it to my baby but if that is what doctors have ordered and parents have agreed to, I will do my job and I will give it. Page 288 They [doctors] decide, so we have to go with it...Page 288
Finding 4 Illustration	Doubts about the new product-Judging based on attributes-doubts about the new product(U) It [sterilized DHM] seems like really thick, and it reminds me a lot of formula, it just doesn't look natural. Page 288 It doesn't look like breast milk. It looks like formula...so in the back of my head, like I don't think it's really breast milk. Page 288
Finding 5 Illustration	Doubts about the new product-Questioning the Benefits and Safety(U) I am just afraid that too many nutrients are destroyed and that it's not giving the most benefit that it could to the babies. Page 288 I also question whether it's beneficial to the babies because I feel like if it's quote 'sterilized', then all those wonderful things that are in breast milk must be gone... I can only imagine they must die in the sterilization process, so I feel like, is it really benefiting the babies to give them this stuff? Page 288 You do get this uneasiness, but is it really safe at room temperature for years...? Page 288
Finding 6 Illustration	Preferring the past practice(U) I would choose the old one [pasteurized DHM] because it looks like what my breast milk would look like Page 288 If I had a choice, the old stuff...because what it looks like. Page 288
Finding 7 Illustration	Doubts about the new product-Feeling Uncertain(U) I'm not saying it's harming the babies, sure, but the benefit? Page 288 It's [sterilized DHM] just something new and it just makes me nervous. I was much more comfortable giving the pasteurized milk...given that it looked more like mother's milk. Page 288-289
Finding 8 Illustration	Asking for evidence(U) Everything we do is based on EBP, research, and quality improvement. Page 289 I think that there is always that mindset that we are to be evidence based with our practice. I would like to see more evidence, and more research on the product [sterilized DHM] itself. Page 289 For me personally, asking for this evidence because of questioning the safety and shelf life...how do we know that final product that is reaching our baby is the same quality? Page 289 The big thing is the evidence, as nurses we are evidence-based in all of our practices and that's how our minds work. Page 289 Knowing the benefits would increase our trust in using it...then we wouldn't just be going along with it, we would feel informed...Page 289
Finding 9 Illustration	Barriers to seeking evidence(U) The biggest barrier would be time. Page 289 I'll wait until somebody else does the research and then I can reap the benefits and read the results. Page 289 Not knowing where to go to find the evidence...not everybody has the same computer skills and knowledge. Page 289

**Number 27****Study: The impact of the Covid-19 pandemic on North American milk banks**

Finding 1 Illustration	A drop in DHM orders from hospitals-Hospital resource reallocation(U) 'That there were budget changes at that time ... so their ability to order was restricted for a while'. Page 5
Finding 2 Illustration	A drop in DHM orders from hospitals-Risk aversion(U) 'We got a lot of calls and emails from providers asking about the safety of milk'. Page 5 [T]he rushes to publish with inadequate peer review resulted in the publication of multiple 'studies' that implicated human milk as a dangerous vector of COVID-19. One study recommended formula feeding all babies until more research was available .... Another publication recommended applying high concentration bleach to all milk bags and bottles. Page 5

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	'Just like any other time that we've had these pandemics show up, the hospitals tend to not order or they drop. For example, one of the times was during the Ebola, HIV, and Zika.' Page 5
Finding 3	A drop in DHM orders from hospitals-Reduced need for DHM(U)
Illustration	'Were going home within 24 hours before they would see that it [DHM] was needed'. Page 5
Finding 4	A drop in DHM orders from hospitals-Bank rationing(U)
Illustration	'We didn't dispense any milk to outpatients, and we said NICUs got priority, and then we would dispense to full-term nurseries. And then we realized we had plenty of milk, and it took a little time to build that back up.' Page 5
Finding 5	An increase in numbers of donors and in the volume of DHM(U)
Illustration	'The donors we are getting are high-volume women.' Page 5 'Donors are donating for longer periods of time now.' Page 5
Finding 6	An increase in numbers of donors and in the volume of DHM-Outreach and new policies (NS)
Illustration	-
Finding 7	An increase in numbers of donors and in the volume of DHM-Remote work(NS)
Illustration	-
Finding 8	An increase in numbers of donors and in the volume of DHM-Longer lactation (NS)
Illustration	-
Finding 9	An increase in numbers of donors and in the volume of DHM-Altruism(U)
Illustration	'Our typical donor is a working mother who is already pumping for her baby. We don't see people who altruistically want to pump. Ordinarily we don't, but I think during the coronavirus, we did see that.' Page 5 Another HMB employee compared Covid-19 with 'other big crises, like 9/11 when people came together to give blood and to help people in a way that some of us have never seen before'. Page 5
Finding 10	Changed intake questionnaires to screen for donors during Covid-19(C)
Illustration	'it's not that we're worried about its [SARS CoV-2] getting into the milk. It's (a) there are medications that ... [donors] sometimes take because of it and (b) it's just being aware that the stuff that the milk is held in—the bottles, the bags, the boxes, and so forth could be problematic' Page 6

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**Number 28****Study: Maintaining human milk bank services throughout the COVID-19 pandemic: A global response**

Finding 1	Demand for donor milk decreased(U)
Illustration	... the need and use decreased much. Page 6 however, due to logistical and hygienic reasons, its use has been limited during the pandemic. Page 6
Finding 2	Avoid unnecessary risks(U)
Illustration	Medical staff in hospitals wish to avoid unnecessary risks, especially with the current shortages of PPE. Supporting lactation in COVID-19 infected mothers during the pandemic is considered an unnecessary risk. (Poland)Page 6
Finding 3	DHM is enough(U)
Illustration	There is DHM in stock. Page 6 It is not difficult for us to find donors because the donors who come to our human milk bank have large amounts of milk. Page 6 We have sufficient DHM for NICUs and a sufficient number of donors. More potential donors are contacting us, wanting to help. (Norway)Page 6
Finding 4	Proper rationing when face challenges(U)
Illustration	To avoid overcrowding during the COVID-19 pandemic, we closed the LMC as well as the Baby Clinic from 1st April 2020, which usually opened weekly. We still collect the milk from the postnatal wards. (Myanmar). Page 6 There has been no change to DHM services in Norway so far and most of the DHM continues to be fed raw (i.e. without pasteurization). Page 6 Donor screening became very strict, like epidemiological history inquiry, commitment signature, temperature measurement, and previous examination items. (China) Page 6 Generally, in the first 2–3 days, milk production is less in these mothers (on the NICU), so we provide DHM to bridge the gap and then once the mothers start lactating sufficiently, babies go back to being fed mothers' milk. Right now, DHM supplies are deficient. We outsource the milk culture, and so as a result of the lockdown and lack of transportation getting milk to the lab is an issue. We have had to completely stop collecting milk. But with PATH's support we are as of yesterday collecting and storing milk again (can be stored up to three months) and we will begin the culture process once things get back to normal. We are rationing the DHM for very small and sick babies. The number of deliveries has also reduced by 35–40 %, so demand has lessened too. Mothers are scared and want to avoid hospital visits as much as possible. Health care workers are facing challenges – there are knowledge gaps and lack of awareness on guidance on infant feeding. PPE deficiency is also a problem though not as widely. Our key message is that breastfeeding should not be stopped because of Covid challenges, and every effort should be made to ensure the needy babies receive DHM. so proper rationing should be practiced. (India)Page 6 The National Health Service Blood Transfusion Service in the UK, which has never previously worked formally with HMB services, allowed potential milk donors undergoing screening for donation to the Hearts Milk Bank to access phlebotomy services. This strategy may open future opportunities for the two services to operate more closely beyond the pandemic. (United Kingdom) Page 6
Finding 5	Prescreening for COVID-19 exposure in milk donors
Illustration	There is heightened screening of all mothers at the entrance to the hospital and during the process of admission. The screening also includes all the visitors to the hospital and the people accompanying mothers to the hospital. In addition to mothers being screened prior to admission, donor mothers are also getting additional COVID-19 screening questions at the point of recruitment. (Kenya) Page 6
Finding 6	Inadequate logistics of milk donor serological screening(U)
Illustration	We have local donors dropping off human milk at our facility, but most donation is by overnight shipment. We have suffered cancellations of milk drives in various communities in California. However, our hospital-based milk collection sites/depots continue to collect milk or provide shipping containers to mothers. The biggest fear is going outside the home and becoming infected during phlebotomy. (USA)Page 7 A call for donors and volunteer phlebotomists to support our milk bank was put out through social media and the BBC, with an excellent response, but sufficient numbers of donors have come through without needing to adopt unusual measures at the moment. Page 7
Finding 7	Communication was vital (C)
Illustration	Most information is currently anecdotal or from personal communication and needs to be systematically collected to assess the extent of potential unintentional collateral damages of the COVID-19 response in this regard. (Germany)Page 7
Finding 8	'Milk quarantine' principles(U)
Illustration	At our HMB, in addition to meeting all the usual criteria, we are being extraordinarily cautious and 'quarantining' the breast milk of approved donors 3 weeks after expression. At 3 weeks, we check that the donor and her immediate family are well before dispensing pasteurised milk. A COVID-19-positive donor is resigned immediately, and her milk discarded. We acknowledge this is an extremely cautious approach. (New Zealand) Page 7
Finding 9	DHM handling carefully(C)
Illustration	Before each collection, we call the donor and report if she has presented symptoms. We keep 2 m from the donor and disinfect the ice box holding the DHM. (France) Page 8
Finding 10	Contingency planning (NS)
Illustration	Huge potential upcoming challenge for HMBs: turning down requests for DHM next week that would have been agreed last week. (USA)Page 8

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**Number 29****Study: CHALLENGES IN IMPLEMENTATION OF MOTHER MILK BANKS IN RAJASTHAN: A SITUATIONAL ANALYSIS**

Finding 1	Structure (NS)
Illustration	-
Finding 2	Financial Support (NS)
Illustration	-
Finding 3	Operational Process (NS)
Illustration	-
Finding 4	Technical procedure (NS)
Illustration	-
Finding 5	Quality maintenance (NS)
Illustration	-
Finding 6	Human Resources (NS)
Illustration	-
Finding 7	Demand-supply ratio (NS)
Illustration	-
Finding 8	Knowledge about DHM and Mother Milk Banking (NS)
Illustration	-
Finding 9	Attitude towards DHM and Mother Milk Banking-Willingness for Breastmilk Donation and Utilization(NS)
Illustration	-
Finding 10	Attitude towards DHM and Mother Milk Banking-Unwillingness for Breastmilk Donation and Utilization (NS)
Illustration	-
Finding 11	Practices about DHM and Mother Milk Banking-Barriers to becoming donor or recipient (NS)
Illustration	-
Finding 12	Practices about DHM and Mother Milk Banking-Influencers in becoming donor or recipient (NS)
Illustration	-
Finding 13	COMMUNITY-RELATED CHALLENGES-Lack of Awareness and Motivation (NS)
Illustration	-
Finding 14	COMMUNITY-RELATED CHALLENGES-Cultural myths and taboos (NS)
Illustration	-

**Number 30****Study: Mothers' experiences of sharing breastfeeding or breastmilk: co-feeding in Australia 1978–2008**

Finding 1	Mothers' reasons for co-feeding-Meet the mother's desire for her baby to have human milk(U)
Illustration	If you are desperate, you would take any means that were necessary for your child. I don't like formula milk. I had a prem, at 26 weeks. When I brought him home at over four months, another mother expressed for me. [My] baby had reflux and didn't know how to suck strongly. I thought it was great. (CF.21, 1979) Page 13 [My sister] was having trouble but determined to feed. Baby – small mouth, [mother] engorged. After discharge I'd feed while she expressed. (CF.33, 1994) Page 13 [My baby] had serious breast attachment issues for the first six months of her life. In this period, we were fortunate to meet a beautiful woman who provided breast milk for us. My daughter was fed this EBM through a supply line ... for 4 months. At six months my daughter's attachment improved to the point that we did not need the EBM or supply line. The fact that I was able to give my daughter donated EBM was the foremost reason that we were able to develop and continue our breastfeeding relationship. We are still feeding [at 15 months]. I am forever grateful to our milk donor's amazing generosity. (CF.31, 2006–07) Page 13
Finding 2	Mothers' reasons for co-feeding-Helping their friends avoid the use of ABM(U)
Illustration	[I was] very proud to be able to help this mother and father achieve their goal of not having to give baby any milk other than human milk before her repair surgery. (CF.5, 2000)Page 13 It was really fantastic feeding a friend [sic] baby. She needed to work, and hated to leave her son, but we were all happy to take care of him, anything to see that he didn't end up given formula. (CF.22, 2007) Page 13 It's something you'd want someone to do for you if you were put in the same situation. (CF.17, who breastfed a friend's baby while providing care, 2007) Page 13
Finding 3	Mothers' reasons for co-feeding-Convenience(U)
Illustration	Most of the time [my sister] fed mine when I was helping with kindy and she was babysitting him. It was good, because I knew she could feed, and I could feed hers. (CF.43, 2000–2007) Page 13 One other occasion I wanted to go for a swim, and while I was in the middle of the dam my son started to cry for a feed, so [cultural Nana] fed him. (CF.43, 2000–2007) Page 13 Amongst my group of friends, if there is a child/baby that needs feeding and his/her mother is in another room or occupied with an older sibling, then we usually just check that it [sic] ok, then go ahead. (CF.22) Page 13 I did not [give] consent to my friend feeding my baby.... However, upon reflection on it I didn't have a problem with it and thought it was rather a kind and instinctual response to feed a hungry baby, it was special. (CF.30, 1988) Page 13
Finding 4	Accept from a reliable source rather than screening(U)
Illustration	Yes, only if they were on medication or had been drinking. ... I don't use medications on my child, and I don't drink. So, I wouldn't want it passed thru breastmilk to him. (CF.22, 2007) Page 14 Basically, we all got together thru a homebirth website. We all practice attachment parenting which supports practices like homebirth, gentle discipline and sustained (long term) breastfeeding. We started a thread on the forum we frequent, basically a role call of who would be willing to feed each other's [sic] babies, a few details on ourselves, and our availability. (CF.22) Page 14 I would firstly want close family/friends to feed my baby... Following that, I would accept milk from a reliable source, i.e., known not to be using drugs or to be infected etc. So long as my child was receiving EBM from a reliable source, but not necessarily screened, I would be happy that they were receiving BM [breastmilk] over ABM. (CF.39, 2004) Page 14 I was honest and open with my friends. I'd had HIV and STD testing and so they didn't need to worry. They didn't actually ask me, though. (CF.18, 2005–07) Page 14 Both babies accepted feeding from their aunts. They were even tandem fed by my sister once or twice when I was out working. Page 14
Finding 5	The need for consent(U)
Illustration	My sister was cross-fed without my mother's permission, and she wasn't happy about it. Mainly because of the other person [using] drugs. (CF.18)Page 14 As long as we have a consensual agreement – if some kind of crisis. I would prefer to know beforehand and have some kind of arrangement. [I wouldn't] if they are not in my friendship circle, a drug-taker, imbibing something. (CF.19) Page 14
Finding 6	Mothers' attitudes to the experience-providers were generally comfortable with the experience(U)
Illustration	It was just what we did. It just made sense. We knew we were flying against the cultural norm. (CF.1, 2000–2007) Page 14 When my sister has breastfed my baby I just feel so nurtured and so blest – something really very special, very powerful to me... Giving is important. Page 14 What a handy asset having not one, but two women in the family possessing this golden ability to instantly produce the finest food possible for our babies! I felt quite proud of us actually. It felt that we were working together as a family in a unique way. (CF.35, 2006) Page 14

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Finding 7 Illustration	Mothers' attitudes to the experience-Uneasy at first, but become open to the experience(U) The first time I [breastfeed sister's son] I remember feeling that I had crossed some invisible line into deviant behavior, or had broken some taboo.... At the same time, I also felt somewhat liberated as I intellectually knew that what I was doing was better than giving my nephew ABM, even if my emotional response was different. (CF.23, 2005) Page 15 When my sister ... first suggested that we could feed each other's baby, if necessary, I was a bit taken aback.... My initial reaction was irrational and, I think, based on cultural conditioning. I thought, 'EWWW!' ... Anyway, I decided to open my mind to the idea - she was my own sister after all. (CF.35, 2006) Page 15 I guess it's kind of weird feeling another child suck, especially when there's an age differential. A child near in age seems more normal. It's something you'd want someone to do for you if you were put in the same situation. (CF.17, 2007) Page 15 [Niece] was very different to [son] to feed, but gentle enough and willing. I felt a great sense of satisfaction when I could get her to sleep peacefully and blissfully in my arms when all else had failed. I loved being able to nurture her in this way. (CF.35, 2006) Page 15
Finding 8 Illustration	Feelings of emotional discomfort or regret quickly pass(U) First time, when it was actually offered, almost like a jealousy, that someone else could give what I wanted to do. But I knew it was best. The second time I had qualms, the third time, positive. I would have been fearful if someone else had fed her on the breast in case she rejected me (from) less flow. (CF.7, 2007) Page 15
Finding 9 Illustration	Positive about the opportunity to help(U) I was honored that she would use that from me as obviously it was bodily fluid. I was [pleased] it wouldn't go to waste. (CF.9, 2007) Page 15 Very positive and extremely happy to help a friend but would also have done the same for anyone willing to use my freezer-full of milk which my daughter would not need, nor would take. (CF.10, 2007) Page 15
Finding 10 Illustration	Attitudes of friends and family were mixed. (U) one respondent stated that sharing breastfeeding was accepted in her ABA group, where 'they think it is fabulous', but that her other friends do not know. (CF.38, 2006-07) Page 15 Most of my friends have said they thought it was nice, but some have said not for them. Most in theory think it would be ok [but] some were concerned about catching diseases. (CF.30, 1988) Page 15 Some thought we were lucky to have such a good resource available, and others were shocked and appalled. (CF.36, who shared breastfeeding with her sisters, 1990s) Page 15 I have told some members and former members of the Australian Breastfeeding Association, and all their reactions have been positive. I have been selective about who else I have told. (CF.45, 2000s) Page 15 Our mother (who breastfed all her children) was completely supportive and in agreement about the sharing of breastfeeding between sisters. She encouraged and helped us. Our other sister who hasn't had children yet thought it a bit strange and wondered if it was the right thing to do. My husband was a bit 'iffy' about it at first, thinking I wouldn't have enough milk for [son] if I fed [niece] so often. But we sorted these issues out with those who were concerned, and the family was happy about it. My Dad thought it fine. We all thought it very convenient really. (CF.35, 2006) Page 15 My husband knows I have fed my niece. He seemed less happy with the idea of someone else feeding his son. So it was not discussed, so he couldn't say 'no'. I think my parents would just freak. (CF.38, 2006-07) Page 15
Finding 11 Illustration	Attitudes affected by regional factors and the period(U) A mother from northern New South Wales, whose baby received EBM donated by a friend in 1979, commented, 'We live in an area where people think its all joy and happiness' (CF.21). Page 16 We were very relaxed in those days. Nobody cared at the time. It was normal. Now, everybody goes, 'It's terrible.' ... People pretty much laughed, as a sign of the times, [which] would be the normal reaction. Today, 'Weren't you worried about infection?' (CF.6, 1970s) Page 16 I did bring it up [co-feeding] at my Australian Breastfeeding Association meeting. They were fine. They were pretty openminded. A few had first- or second-hand knowledge of it - some of them, their Mums had cross-fed. (CF.44, 2001-02) Page 16
Finding 12 Illustration	The attitudes of medical doctors were positive(U) 'He was extremely positive about it. Said it was a fantastic thing and more women should be doing it' (CF.7, 2007). Page 16
Finding 13 Illustration	The child's behavior-Notice but accept it. (U) Not with a very young child. An older child, if for comfort they sort of know it's not their Mum. (CF.17, 2007) Page 16 Was hungry so had boob, I think too young to know the difference. (CF.30, 1988) Page 16 At the time [son] was young enough to accept it (or not notice it) and not feel jealous of me feeding another baby. (CF.35, 2006) Page 16 My baby doesn't bat an eyelid. [Friend's] baby will feed from me, but he seems aware of it. He'll feed from me, [but] he watches me all the time. (CF.16, 2007) Page 16 Both babies accepted feeding from their aunts. They were even tandem fed by my sister once or twice when I was out working. I was told my son thought it hilarious, but it worked. They both fell asleep, [my son] laughing into the eyes of his cousin opposite on his aunty's chest. (CF.35, 2006) Page 16
Finding 14 Illustration	The child's behavior-Differences in age accentuate differences in behavior towards a different breast(U) [Sister's babies] looked up and went, 'Oh, that's the wrong person.' But then they'd go back to feeding. (CF.6, 1980s) Page 16 [Nephew] initiated cross-feeding. Any passing boob will do. My daughter, not very willing. More boobs specific than he. (CF.19, 2006) Page 16 It's quite funny, sometimes they pull faces as if to say 'that's not my boob!' especially the older babies, but then most of them go 'oh well', and drink anyway. (CF.22, 2007) Page 16 My nephew would sit up, look at his Mum, and then go back to feeding - as if to say, 'Hey, look, it comes from two places'. (CF.19, 2006) Page 16 [My baby] thought it was quite a novelty. [My sister's] girl was very glad as she was upset as her mother wasn't there. She [also] asked for [my breast] when her mother was there but then didn't want it. (CF.32, 2006-07) Page 16
Finding 15 Illustration	The child's behavior-The weaning of one child will create new issues(U) They are like twins. We were living in the same house at the time, and therefore had to wean at the same time! [Nephew] at five months would have a look but would decide it was food. I had to eat a similar diet [to my sister's] while breastfeeding. (CF.33, 1994) Page 16 My own son wasn't impressed that I fed another child. He was a little jealous and three and about to give up the breast. This possibly encouraged him to feed a little longer. (CF.34, 2000s) Page 16

**Number 31****Study: HUMAN MILK BANK UNDER THE PERSPECTIVE OF THE DONATING WOMAN**

Finding 1 Illustration	A way for the transformation of the world(U) why donate milk? So I say: my breasts are full, my little baby sucks, but there is always some milk left, then I take out the milk and donate it to the MHB, once it will be used by other babies (N5). Page 5 I think that I would be impeding starvation, the hunger of living, so my conscious is light, knowing that I am donating for the ones who need the milk (N6). Page 5 question myself, why I didn't I know, and I didn't understand the importance of donating milk. To donate is love, it is faith, it is very pleasant, and it was very good for me to donate (N7). Page 5 My milk may not save a baby, but it is like medicine for the children, it has several benefits, this is what I think anyway (N8). Page 5
Finding 2 Illustration	A lack of performance of the health professionals(U) At the maternity ward they told me that any mother can breastfeed, it is easy, every mother can (N1). Page 5 At the doctor's office I wanted to know what to do to take care of the breast, because it was very full and the only thing that was said was: you have to breastfeed more often (N4). Page 5 At the health post I said I had a lot of milk and wanted to donate ... they told me that it was nonsense (N11). Page 5

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Finding 3 Illustration	Unsupported and misunderstanding from surroundings(U) I have lot of information at home, my whole family says that the milk must be only for my baby, once donating milk can make my milk weak and it will be over (N2). Page 5–6 I take out all the excess of milk for donation, but my husband says: wouldn't you lack milk for the baby? Understood? (N3). Page 6 Donating milk is very good, we are helping the other, but it is hard working, to explain to everyone that there wouldn't be any lack of milk to my daughter, everybody thinks that donating milk there will be not any left for my girl, and then I have to explain, always (N7). Page 6 I am on a leave, my colleagues say: Gosh! It is difficult to breastfeed, and you still take out milk for donation? You are crazy (N8). Page 6
Finding 4 Illustration	Health professional does not provide the information (U) Once I had the prenatal, they didn't say anything about donating my milk, but today I have a lot of milk and I know the importance of donating, it's good for my baby and for the ones who are born too small, because my milk is a vaccine, that I know, to avoid diseases (N5). Page 6 When I knew that I could donate my milk ... Ah! It was the best to be able to be sympathetic (N9). Page 6 Only here, at the School Hospital did I know that I could donate my milk. Before that I didn't even know ... I feel strong knowing that I have milk for my son and for other babies, this is grand, isn't it (N10). Page 6
Finding 5 Illustration	Health professionals in milk banks are supportive(U) The health professionals are serious, they tell us how we should proceed in order to donate milk, they always respect each woman, they don't leave anything behind, they are always present (N11). Page 6
Finding 6 Illustration	Engendered values in the act of human milk donation(U) the milk is a medicine, once it can feed the sick little baby better (N2). Page 6 Donating milking is wonderful, isn't it? It brings peace to our hearts (N3). Page 6 I feel satisfied, I feel more human sharing my milk (N6). Page 6 milk is sacred, it is made with our love (N9). Page 6 My milk is life for my baby and for the sick baby. I have a lot of milk, and that's why I donate, it is vaccine, it is medicine (N1). Page 6 Donating milk is donating health to the premature babies of the Neonatal ICU, I know that I learned this here in the milk bank (N4). Page 6 Milk is life, it is health, I have a lot, so I can donate, once it represents life (N10). Page 6

**Number 32****Study: Cross-nursing, ethics, and giving breast milk in the contemporary context**

Finding 1 Illustration	A reciprocal arrangement(U) If a woman had a baby that wouldn't breastfeed because she had hugely engorged breasts and the new baby couldn't get on, there were occasions where I'd say, "Swap babies." My baby would go on the breast, drain the breasts in seconds, I would get her baby on my breast, which were softer and older, and the baby would get a good feed. The baby would settle and then we'd swap back again, and the baby, having been a bit satiated, because it had been fed, would go back on her breast and feed really well... So, it was often just a strategy to do that. I would suggest it with women, when, you know, occasionally day three or four things got desperate... These women would all have their babies at home [and] they would have a different view of the midwife–mother relationship... you know that whole sort of professional friendship was very much to the fore, and it wasn't a big deal. Page 444
Finding 2 Illustration	The model of alternating reciprocity(U) It was marvelous. She and I would go to births together. We would share our children, we'd share our work, and it was just one of those fantastic relationships that just evolved. Our children were very happy to be with either of us. If they needed feeding, they were fed, and if they needed being put to bed, they were put to bed. You know, it was just whatever needed to be done. Page 445
Finding 3 Illustration	Consensual cross-nursing is a mutual decision-making(U) We talked to each other about what we would do if we felt that they needed to nurse, and we both decided we were happy, if the baby was happy doing it, we were happy with the other person's ... you know, this friend of mine and I. Page 445
Finding 4 Illustration	Detracting 'from the unique bonding a nursing mother and her baby share'(U) Anyway, as it turned out, her [infant] would happily nurse from me, but my [infant] wouldn't from her ... but then she did eventually. Page 445 Our children were very happy to be with either of us. Page 445 He knew it wasn't mum, he was getting ratty and it was just a practical solution to feed him. Page 445
Finding 5 Illustration	Cross-nursing in emergency (U) her family was having a day at the lake. Her sister went out water-skiing and her sister's baby (who was about the same age as Lina's own infant) woke up screaming and hungry: She was way out there on the lake having fun and wasn't back, so I thought, 'oh, I'll feed it, she won't mind, nursed it for five minutes thinking 'is she coming back?' No, she's not, oh well I'll just feed it ... baby's obviously hungry, so the baby just attached no problem. Page 445 Her sister had to attend a family wedding, and left her infant with Helena, 'because if it all turned to custard, she knew that I could feed the baby.' Helena ended up cross nursing the infant. As she put it: He was getting distressed, I tried him with the bottle, and he didn't want it. He seemed quite happy on the breast... He knew it wasn't mum, he was getting ratty and it was just a practical solution to feed him. Page 445
Finding 6 Illustration	Occurred through a personal appeal from relatives(U) She begged me before she went under; 'please, please, don't give him any formula if he needs to have breast milk ... Can you feed him until I wake up?' When we brought [the infant] back, he was quite skinny and little, and they did his blood-sugars and they were low and I said; Oh, well I'm going to feed him, and they were like; 'OH! Are you sure?' And I said; 'I got her permission, you know, this is something she's asked me to do' ... I mean, because we had an agreement, I think it's got to be really important that it's with the mother's permission. I think you violate the mother if you took the baby and breastfed it without her knowledge. I couldn't do that. Page 446
Finding 7 Illustration	Non-consensual cross-nursing lead to unhappy(U) Um, I was on holiday with my sister who had a fairly newborn baby. I took my nephew to the mall. [My own child] was four years old, so I had plenty of milk. [...] My nephew was crying, and I felt a little bit hesitant. I think I had a funny feeling that possibly my sister may not have agreed if I had asked her beforehand, so I held off and held off, but he didn't settle in the pram and eventually I gave him a quick suckle... and I think even as I was doing it I felt a little bit conscious that, you know, [my sister] might not have really enjoyed me doing that. But then, her mother-in-law saw me, and I think if memory serves me correctly... yeah, I think it got back to [my sister] and she, you know, said that she would have preferred that I hadn't or something. I mean, it was pretty minor, but I know that I had done something that I really shouldn't have. Page 446 I remember a woman wanting her baby to be out of the room at night, and I said to her; 'I'll bring the baby in for a feed', and she said; 'I just need to sleep', and I said; 'Well, what do you want me to feed the baby?', and she said; 'I don't care what you do'. So in the middle of the night, when this baby woke up I just picked the baby up and put it on the breast, partly absent-mindedly, partly because I didn't want to go and get a bottle of formula from the fridge and feed it to the baby. [...] I'd just finished feeding the baby on one side and I must have just been putting my breast away and the charge night supervisor came in, and she said; 'what are you doing nurse?' And it was like being caught masturbating or something... so there was a bit of a fuss because the mother was told that I had breastfed her baby at night, and had she given consent, and she said 'no, she hadn't'. At that point, the mother didn't really mind: she just thought it was a bit weird. I apologized to her profusely and said that it just seemed to me to be a logical thing to do. But I'm aware now; it was grossly unprofessional at the time. Page 446–447

**Number: 33****Study: Beliefs and views of breastfeeding mothers regarding human milk banking : A qualitative study**

Finding 1	Knowledge levels of breast-feeding mothers regarding human milk banking-awareness, sources of information, and the existence of milk banks in Turkey (U)
Illustration	"...I don't know exactly if it is in our country, I think I would have heard it" (A1). Page 4 No, I don't know, this is the first time I've heard of it (A23). Page 4 I've seen it on social media but I don't know the details. I know that it is not in our country (A30). Page 4
Finding 2	Opinions of breast-feeding mothers on human milk banking-positive and negative (U)
Illustration	"or rather, I don't even consider using it. I would hesitate because I wouldn't know whose milk it is, what kind of illness they might have, or what their situation is. With ready-made formulas, at least those are approved, so I find it more appropriate to use them. Also, I don't want to give my child's milk to someone else, I don't want to share it. It's not just me; my family wouldn't want that either. If we think logically, I would recommend not establishing such banks. The reason is, nobody knows what might happen in the future. Maybe the children could meet or get to know each other in the future. No, this idea seems illogical. At first, it sounded logical, but when you think about it broadly, it seems illogical" (A3). Page 4 "...From a religious perspective, there are concerns about milk siblings and wet nursing for these children. I don't think I would take milk from these banks if I needed it. Instead, I would prefer finding a wet nurse if the need arises, God forbid. If I know who the mother is, then I might consider getting milk from these banks. But it cannot be mixed with other milk. Also, I would need to receive milk from the same mother consistently. If it weren't for the religious concerns, it would be a great practice, honestly. It wouldn't waste excess milk, and babies would have breast milk instead of formula. However, I don't think people around me would react positively because, as I mentioned, there are religious concerns" (A30). Page 4 "In my opinion, it should not be established. We are a Muslim country, and I don't think it's right for milk siblings to be mixed up. I would never give my child milk from someone whose identity is unknown. However, if I know who the mother is, maybe I could consider it and provide the milk. But in any other case, it's not possible. My family wouldn't want it, and neither would I or my spouse. Cleanliness is essential to me, but I don't think there would be any issues with the cleanliness of the banks. In our religion, there is wet nursing, and I believe finding a wet nurse is a more reasonable option than using this bank" (A10). Page 5
Finding 3	Opinions of breastfeeding mothers on breast milk donation-"I would donate and could receive milk" and "I wouldn't donate and wouldn't receive milk." (U)
Illustration	"I definitely wouldn't donate. It's not a suitable practice both from a religious and health perspective. I wouldn't give it to my child to consume either. If my milk is not sufficient or if the baby is not breastfeeding, I would give formula. It's too risky, who knows what might happen with such a thing" (A12). Page 5 "I wouldn't donate. Normally, I wouldn't take and give it to my child either, but if my child is sick and really in need of breast milk, even if it's like medicine, I would consider taking it, but only if I have information about the mother who donated it" (A24). Page 5 "I don't find the idea of donating breast milk logical. Personally, I wouldn't donate. The issue of milk siblings is important to me. When I consider this from a religious perspective, I would prefer to be a wet nurse for a child instead of making a donation. If the milk bank ensures a safe and transparent process by introducing donors and recipients, then I might consider making donations" (A30). Page 5
Finding 4	Opinions of breastfeeding mothers on milk sibling marriage-Milk sibling marriage (U)
Illustration	"Milk brothers and sisters should not marry according to our religion. Unfortunately, it has happened too much in our country. Think about it like a brother married to a sister, oh my God, protect" (A4).Page 5 "... I know they can't get married. Since I do not know from whom I give milk and from whom I receive milk, children will not be able to know that they are siblings. This situation affects me a lot from a religious point of view" (A18). Page 5 "Milk siblings cannot get married. I am against such a thing. If our religion has commanded us to do so, there is a wisdom behind it. There shouldn't be such marriages" (A21). Page 5
Finding 5	Opinions of breastfeeding mothers on wet nursing-wet nursing views (U)
Illustration	I am against everything but my own milk. I wouldn't be a wet nurse if someone needed it. My children have never had a wet nurse. I don't want it to happen either. I use formula even if my child has problems... (A2). Page 5 "I haven't become a wet nurse, but I could become one for someone in need. After all, it is something that is encouraged, as the Prophet Muhammad (peace be upon him) had a wet nurse too. If I didn't have enough breast milk, I would prefer to have a wet nurse for my baby. I would prefer someone from my close circle who I know to breastfeed my baby" (A20). Page 5 "I would never become a wet nurse, even if it were someone close to me. I had an experience like that with a close relative. Her mother passed away, and her sister breastfed her. Now she has a son, and they want me to be the wet nurse for their baby, but no, absolutely not. They already became siblings by sharing the same breast milk. If my child needed it, I wouldn't want her to be a wet nurse. There are formula options available..." (A26). Page 5
Finding 6	Opinions of breastfeeding mothers on colostrum donation and usage-colostrum donation (U)
Illustration	"The idea of becoming siblings can make a person uneasy. I would still approach it with suspicion. After all, there will definitely be my own colostrum. No, I would only give my own colostrum" (A1). Page 5 "I wouldn't donate colostrum, not even once or five times. These topics are very confusing, and there is no definite explanation; some say once, others say until the age of 2. Therefore, I find it religiously problematic and would not risk my child's health" (A8). Page 5 "I haven't heard anything like that in the Quran, but if it's mentioned, I would consider donating colostrum as it would be beneficial for health. However, I would still want to know the mother and be aware of her hygiene practices before making a decision" (A14). Page 5

**Number: 34****Study: Emotional journey of Asian mothers of premature infants who received pasteurized donor human milk: A qualitative study**

Finding 1	Resistance to receiving somebody else's milk-Safety concerns (U)
Illustration	"Do they [milk donors] smoke or not? Do they drink alcohol? That will affect the breastmilk also."(M10) Page 351
Finding 2	Resistance to receiving somebody else's milk-Mother's responsibility to feed (U)
Illustration	"God has given us the position "mother"...our responsibility is to feed our child."(M5) Page 351
Finding 3	Resistance to receiving somebody else's milk-Religious considerations (U)
Illustration	"In our faith, once you receive donor's milk from a different mother, that person is considerate the second mother."(M6) Page 351
Finding 4	Resistance to receiving somebody else's milk-Overcoming the resistance (U)
Illustration	"I think having information about it prior to this whole experience helped a lot... I understand where it comes from."(M4) Page 351
Finding 5	Recognizing maternal limitations and baby's needs- Baby's needs before me (U)
Illustration	"I don't mind giving him other people's milk, as long as he can benefit."(M17) Page 351
Finding 6	Recognizing maternal limitations and baby's needs-Inadequate milk supply (U)
Illustration	"If I already have my own breastmilk, I wouldn't have agreed to it. Because mine is not yet producing, no choice."(M6) Page 351
Finding 7	Embracing the benefits of donor milk and accepting it with gratitude-Celebrating baby's achievements (U)
Illustration	"For that five days where I couldn't express...it [DHM] helps my son to actually gain some weight."(M16) Page 351
Finding 8	Embracing the benefits of donor milk and accepting it with gratitude-Being thankful (U)
Illustration	"All want to say is thank you...it's very thoughtful of them [milk donors]." (M1) Page 351
Finding 9	Embracing the benefits of donor milk and accepting it with gratitude-Stress reliever (U)
Illustration	"I feel relieved that at least while waiting for my milk to come, my baby still has breast milk."(M3) Page 351

**Number: 34****Study: Understanding Mothers' Experiences of Being Ineligible to Donate Their Milk to a Not-for-Profit Milk Bank**

- Finding 1** Becoming a donor and being deferred-Donation as a solution to wasting milk (U)  
**Illustration** "There was so much of it, and it was starting to get close to the three-month mark, where even if I had wanted to use it, there was still so much that I wouldn't have been able to get through it all. So, I was very happy for it to be used. Otherwise, it would have just been chucked out, and sometimes, to be honest, I will have to throw it out, which I feel awful about because I would have much preferred it had gone to babies that needed it." Int6 Page 151  
 "I did a bit of a search, and I noticed that somewhere it was written that it can be donated to the babies with cancer. That actually motivated me—and then I filled out the form on that day." Int1 Page 151
- Finding 2** Becoming a donor and being deferred-Eligibility questions were acceptable and understandable (U)  
**Illustration** "They were fine. They're obviously directed to certain things, which is fine. You need to make sure that you're getting the right product, from the right people." Int6 Page 151  
 "I did a Google search, and then, I think being the Red Cross, I'm like, oh, I trust it. I know there's a couple of others [milk banks], but I've donated blood before, so I trust that it's a good system." Int7 Page 151  
 "My understanding is that it goes to usually premature babies that are in NICU in hospitals, where their mums might not be able to express enough milk at that stage, and also because they are vulnerable, they can't really tolerate formula as well as an older baby or full-term baby." Int10 Page 151
- Finding 3** Becoming a donor and being deferred-More information early on enables self-deferral (U)  
**Illustration** "I thought that the website to find out your eligibility was pretty poor. If they had listed things, I would have just not filled it out. They said not everyone is eligible to donate, but someone will give you a call to find out if you are. Whereas if they had said—do you have HIV, do you have hepatitis? If they'd said these things will preclude you from donating milk, and then they said and if you're taking other medication such as... Then I would have thought Nifedipine which is what I'm on." Int2 Page 151
- Finding 4** What it means to be deferred-Deferral is not always clear (U)  
**Illustration** "When the lady rang me to say you can donate, and then she said I just have to ask some questions. I said well I'll probably be off the list with this medication." Int2 Page 152  
 "I've got a blood disorder, I wasn't sure. So I did still collect, and when the lady came out, I went into further detail with her about it. She still took my milk. As far as I know [they used the milk]." Int9 Page 152
- Finding 5** What it means to be deferred-Deferral is disappointing but does not prevent future donation (U)  
**Illustration** "Really disappointed. Bit of a tear in the corner of the eye. Kind of like, "oh, I thought I was doing this great thing." I said to my husband, "now I've got three liters of useless milk in the deep freeze". I completely understand that it wasn't appropriate to donate it and I wouldn't want to put anyone at risk or anything. It was just disappointing." Int5 Page 152  
 "I just get all the leftover from overnight feeds. But now she's not feeding as much overnight, so I'm not pumping as much. I'm not sure if I'll have enough for another batch." Int7 Page 152
- Finding 6** Impact of deferral on decisions to feed their own infant-Deferral did not impact feeding own infant (U)  
**Illustration** "It was explained really well in terms of any medication I'm on is fine for my baby, but not for vulnerable babies down in NICU. That was explained really well that you know the reasoning behind the eligibility block and what that meant." Int4 Page 152  
 "I did think that maybe I would be able to, because I'm breastfeeding my baby on that medication. I thought oh that's a bit unusual that I can feed my baby but I can't donate it." Int2
- Finding 7** Perspectives on how the deferral process could be improved-Early information enables preparation for donation (U)  
**Illustration** "This has not been really publicized or advertised, the milk donation thing, as it should be in the hospital, you know leaflet or something." Int1 Page 152  
 "The thing I found really challenging about the website was that it didn't tell you – I wanted to make sure that I was storing the milk the right way before I went and stored two liters of it the wrong way, but it seems like you can't fill out the form until you've got two liters which, like, now I'm in the routine isn't that much but gee, it seems like a big benchmark to start with, so, like, I thought, "2 liters!," you know?" Int5 Page 152
- Finding 8** Perspectives on how the deferral process could be improved-Slow communication disrupts perfect timing to donate (U)  
**Illustration** "It did take a while from the time I did my form [to register interest in donating], it was a few weeks until they were able to get back in touch with me. So my situation changed a bit in that time." Int3 Page 152  
 "They said they would send me some sterile bags, which I'd actually already gone and bought some, so it was lovely to hear that they send them because they are quite expensive. I didn't realize they would provide them." Int5 Page 152
- Finding 9** Perspectives on how the deferral process could be improved-Alternatives to wasting milk (U)  
**Illustration** "If there's any doubt [of the suitability of the milk], then I'm happy for the milk to be used for research. If you don't want to use it for donation, I can understand." Int6 Page 152

**Number: 36****Study: Case Report: I feel like a mother to other babies: experiences and perspectives on bereavement and breastmilk donation from Vietnam**

- Finding 1** A strong motivation to donate breastmilk when aware of the service(U)  
**Illustration** "I did not take medications to stop my milk production. I wanted to bring my breastmilk to other babies, especially premature babies like the ones I lost, or babies who are sick or whose mothers can't produce breastmilk. I wanted to bring breastmilk to the babies who don't have access to it. As long as I can produce milk, I know I'm doing something to support other babies. I will keep on giving every drop until it naturally stops. I hope that each drop of love will help babies grow up strong." Page 4
- Finding 2** Donating breastmilk helped her deal with grief (U)  
**Illustration** "Expressing breastmilk gave me the strength to continue with my life. My babies will not come back to me. But through donating the milk I made for the babies I lost, I feel like a mother to other babies." Page 4
- Finding 3** Family members supported her through this tough time and supported her decision (U)  
**Illustration** "Ms. Hoa and her family lived in a small house in a poor, suburban area of Da Nang City. They had only one old fridge to store food. When I explained the requirement of a clean fridge to store breastmilk, her mother-in-law, without hesitation, took out the food in their only fridge, cleaned it, and gave Ms. Hoa the space to store donor breastmilk." Page 4
- Finding 4** Health staff supported her decision (U)  
**Illustration** "The staff helped me understand that to give is to receive. Indeed, I received happiness in return. I got to provide for other babies, and then, I got pregnant again and have now two beautiful and healthy children." Page 4

**Number: 37****Study: "It's just like a blood transfusion": perceptions on the use of donated breast milk in selected hospitals in central Uganda: a qualitative study**

- Finding 1** Positive perceptions-Nutritious (U)  
**Illustration** "Breast milk contains everything, the white blood cells that prevent a baby from acquiring infections. It can easily be digested. You won't have a baby with diarrhea because of it. Baby won't vomit it, ok, it's just healthy. It's part of the human body. The way you see its importance I would recommend it to my own child." (KII, Nurse, Nsambya Hospital) Page 5  
 "Breast milk can't be substituted in terms of nutrients. It is what God created and is the best for babies." (KII, Mother of premature ever used DBM, Nsambya hospital) Page 5

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	"DBM has all the nutrients. It's not that you're going to give NAN, sometimes those mothers that give NAN, they don't know the right mls to give, and they don't know how to mix it. Sometimes if you leave the baby with a maid, they give the baby, for example they haven't boiled the water very well, and the baby will get other things that lead to complications. But if the breast milk is got, at least I know it has everything in its correct amount." (KII, Midwife, Nsambya Hospital) Page 5
Finding 2 Illustration	Positive perceptions-Help babies that would not get breast milk (U) "It is going to help mothers who don't have breast milk and also children who have lost their mothers, they can get the taste of breast milk because it is the best." (KII, Midwife, Naguru hospital) Page 5 "It helps, some parents immediately after giving birth she dies. It helps the baby to at least get breast milk." (Participant 2, FGD Lactating mothers, Naguru Hospital) Page 5
Finding 3 Illustration	Positive perceptions-Opportunity to avoid feeding babies formula or cow milk (U) "If we can get a breast milk bank, the formula would lose the market, no worries of a baby overfeeding or mixing water, worrying of adding too much water or too much formula. It is just standard." (KII, Mother of premature ever used DBM, Nsambya hospital) Page 6
Finding 4 Illustration	Positive perceptions-Same as blood donation (U) "The thing is ok. It's like donating blood to someone." (KII, Nurse, Nsambya Hospital) Page 6 "I think it's good because, just like how we can use blood transfusion and you are trying to save a life and for preterm they require to get breast milk, it is the best option for them." (KII, pediatrician, Nsambya hospital) Page 6
Finding 5 Illustration	Negative perceptions-Disgusting (U) "Another woman's milk is disgusting." (Participant 6, FGD pregnant mothers, Nsambya hospital) Page 6 "I even feel disgusted about it. I like when it is mother to baby not in a bottle. Some mothers are unhygienic they are disgusting (benyinyaza)." (KII, midwives, Naguru hospital) Page 6
Finding 6 Illustration	Negative perceptions-Inheriting genes & negative traits of the donor (U) "Every clan has its own stuff. You don't know this person's blood group. You don't know whether this clan behaves like this, whether they have sickle cells which make you refuse this milk. On this side they are thieves, on the other, they are cannibals, and you wouldn't want your baby to become a thief just because she breastfeeds on another person's breast milk." (KII, mother of preterm, Naguru Hospital) Page 7 "...genes might be transmitted through donor milk like habits of theft." (KII, midwives, Naguru hospital) "There those who feel its taboo for you to give another woman's breast milk to your baby and will obviously not accept." (KII, pediatrician, Naguru hospital) Page 7 "If they take the baby for DNA test won't the baby be connected to the donor. What if she steals my child and they check her blood, won't they find when she is connected to the donor." - (Participant 4, FGD Lactating mothers, Naguru hospital) Page 7
Finding 7 Illustration	Negative perceptions-Safety and quality concerns towards DBM (U) "It might not connect with the baby, and he or she reacts by vomiting or constipation." (Participant 1, FGD lactating mothers, Naguru hospital) Page 7 "The donor is available but has either HIV or hepatitis or syphilis, any kind of disease." (KII, Mother of premature ever used DBM, Nsambya hospital) Page 7 "infections that are acquired such as HIV." (KII, Nurse, Nsambya hospital) Page 7 "Contamination, external in terms of handling during expression and storage." (KII, Mother of premature ever used DBM, Nsambya hospital) Page 8 "With donated breast milk, just a small error can cause my child to have different kind of diseases because at times it can be stored poorly. The baby can be in an emergency, you might find the milk was checked properly and donor screened well before storage, but then it takes long in the fridge or expires. By the time they give it to the child you find it's not of the right standard. During that time when a child is in need, we might not have that time to recheck or ascertain the standard of that milk. So you give this milk to the baby, hmmm, "kumbe" (yet), anything can happen." (Participant 1, FGD Lactating mothers, Nsambya Hospital) Page 8 "You might find it wasn't stored appropriately or they mixed old with new batch yet some has overstayed. So a lot can happen." (Participant 2, FGD Lactating mothers, Nsambya Hospital) Page 8 "Unhygienic person to feed my baby, may contaminate it and infect my baby" (Participant 1, FGD pregnant mothers, Nsambya hospital) Page 8 "Hygiene, how the milk is handled. Do they give all the tips on how to handle that milk?" (Participant 1, FGD Lactating mothers, Naguru Hospital) Page 8 "I can't trust donated breast milk to reach the standard to which I would feed my baby. And also because I don't keep it myself. You see even cow's milk you have to first check if it's not yet spoiled or dairy milk. But with donated breast milk remember even people who bring it or administer it know a lot. You can't just tell them you want to first check if the milk is fine. All in all, hmmm, I wouldn't trust donated breast milk very well." (Participant 2, FGD lactating mothers, Nsambya hospital) Page 8 "If she is not screened when she has diseases that might affect the baby." (Participant 3, FGD Lactating mothers, Naguru Hospital) "You might find the donor has HIV but consistently taking drugs and tests negative for HIV test." - (Participant 1, FGD lactating mothers, Nsambya hospital) Page 9 "...telling the truth, I can have that doubt that the doctors might not tell the truth. What if someone bribes them or they screen and results are different from the reality." (Participant 2, FGD lactating mothers, Naguru hospital) Page 9
Finding 8 Illustration	Negative perceptions-Fear it could be expensive (U) "Will it be for free? Hmm!! I don't think it will be for free and if a mother can't sustain herself to eat well and get breast milk, I don't think she can buy that milk. Unless it's going to be for free but if it's for buying it will be difficult." (KII, Nurse, Naguru hospital) Page 9 "That practice! Hmmm, it's not bad but though expensive. If you find someone who even let me say, fights hard to get at least two thousand shillings; and you're telling this person we need only that milk. I don't think a donor is going to give it to us free of charge, not the hospital. Because the two hospitals have so far heard where it is, I don't think they are very cheap. Me myself I don't think they are very cheap because I think you have to pay the donor. So there am not yet sure whether you pay the donor or the institution and how. Because, and how many mls are you going to pay per donor? Are you going to pay per day or a contract of six months?" (KII, Midwife, Nsambya hospital) Page 9 "...a lot of logistic hurdles might be needed to access the milk..." (KII, pediatrician, Naguru hospital) Page 9
Finding 9 Illustration	Negative perceptions-Affect mother to child bond (U) "That feeling stays in me that my baby will get love distant from mine, and she misses that bond between me and her as her mother." (Participant 1, FGD lactating mothers, Naguru hospital) Page 9

**Number: 38****Study: Bereaved mothers' experience of expressing and donating breast milk: an interpretative phenomenological study**

Finding 1 Illustration	Fulfilling the mother role-The need to provide for a child ( U ) "...well I suppose at times when (child's name) was alive it was very much focused on trying to provide his nutrition..." (Joan) Page 5 "I think a huge part of it [crying], you know I should have been feeding him. I often think that you know just, I just think you know I should be feeding my baby round the clock, I should be complaining about, about cluster feeding, and that should be my life right now and it's just so cruel that, that that's been taken away from me [participant visibly upset]." (Emma) Page 5 "...and that was the one thing I was thinking all along was, 'Aw I'll miss that bond. And I'll miss the feeding'." (Dani) Page 5
Finding 2 Illustration	Fulfilling the mother role-Expression as something only a mother can do ( U ) "...it is empowering to know that your body is, you know, giving life and is... has not just grown this life but is sustaining this little life as well in the world. (Emma) Page 5 "And it kind of, was a little pocket of time where I felt like I was doing something for her, I was able to... not... well in a way care for her by like providing something for her that nobody else could like, this was meant for her and I was able to give her that..." (Annie) Page 5 "Yea and you, you didn't get to do very many motherly things. You know, so it was really nice to be able to feel that." (Annie) Page 5 "... I think I could feel whenever my milk was coming in, and whenever it was coming out and like, into the bottles and stuff like that, I could feel that whole process that, I suppose if a baby was feeding, em, it's the same feeling..." (Dani) Page 5
Finding 3	Fulfilling the mother role-The selfless self ( U )

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Illustration	"...there were a lot of times when you just wanted to give up because it is so hard. Especially that, like, I was exhausted with all the stress of everything I was going through and to hear my alarm going off in the middle of the night to get up to sit and pump in the dark..." (Shelly ) Page 6 "...it was harder to stop expressing than what it was donating because the donations weren't for (child's name) and everything we done was based, do you know, around him emotionally." ( Sarah ) Page 6
Finding 4	Fulfilling the mother role-Breast milk as connection to the child ( U )
Illustration	"But yea expressing was linked with him being alive and being here, so it was." ( Sarah ) Page 6 "...because I felt that if I stopped pumping that I was giving up hope on (child's name) like, so that's why. Part of it was just me being strong for her, not giving up, so I kept going..." ( Shelly ) Page 6 "...it kind of meant that we could spend a bit of time together in a way. Even whenever I was at home, like I would have had pictures of her, or I would have had her blanket." ( Annie ) Page 6 "I think it also allowed me to feel em... like there was still a physical connection with, with (child's name). Em, and that's why I was so reluctant to let the milk go and to follow the advice to suppress it because I thought, this is my last em, you know physical connection, like obviously he is always with us and em, I didn't feel like I needed to do it to feel close to him but I did feel like part of it was, you know it just gave me that link to my baby." ( Emma ) Page 6 "I would have said it at the time, it was kinda... in my head my last kind of physical connection to him... [] ... and knowing that I was going to help other babies that were sick, or that needed it you know. It was cathartic." ( Joan ) Page 6
Finding 5	The power of being able to 'Do'-To be of purpose ( U )
Illustration	"It felt like I was doing something good and it gave me a wee boost to, every time you seen his milk going up and stuff you knew that 'Oh I done that'. You know? 'I was able to do that'. So, it did, it made you feel like you were able to do something because you were so helpless in every other sense." ( Sarah ) Page 7 "It really helped. It helps you with pushing forward, especially I suppose, because it's neonatal and things, it gives you a purpose in some respects, it gives you a boost. It makes you feel like you're actually contributing... So, in that respect... it's invaluable." ( Beth ) Page 7 "I think it just made me feel useful, instead of so helpless. I think I underestimated the power of helplessness that you feel." ( Annie ) "I think when you're grieving and when you're in the midst of that, you need something to get you out of bed in the morning ... [] ... like a purpose, or em, just something to focus on where, however many times a day you have to go and express or pump em... that's your focus, and em, that... you know it just means that you're not curled up in a ball for those... for that half hour when you're pumping." ( Emma ) Page 7
Finding 6	The power of being able to 'Do'-Altruistic behavior (as secondary) ( U )
Illustration	"Yea, it was helpful that I was doing something for someone else, you know, and emm... and I like, a lot of the mum's have problems with breastmilk and so you know, so I was lucky that it did come in..." ( Shelly ) Page 7 "...my head was always for (child's name) to be honest. It was more, 'I want to get it established for her, I want to keep going for her, I want it there if she needs it'. So, as much as she had some of it, the rest was just superfluous. It was just the extra that we didn't need. It didn't matter. What mattered was the fact that I had it for her." ( Beth ) Page 7 "I know people do say about the babies that you're helping but that's definitely not... of course it is whenever somebody says to you, 'You're going to be helping babies', but it's not at the front... at the front of your mind." ( Dani ) Page 7 "...if you didn't have a child and I could express now, if I wanted to help other babies, would I do it? Realistically no." ( Sarah ) Page 8
Finding 7	The power of being able to 'Do'-Taking back control ( U )
Illustration	"...like when your baby's in ICU you feel completely helpless it's literally, you're just sitting there looking at them you know there's nothing you can do to help them so that's why I found the breastmilk, the breast pumping was the one little thing I could actually do..." ( Shelly ) Page 8 "As I say, when you're in these situations you don't really have much of an option... much of a choice, but I suppose that [expression] was a choice." ( Joan ) Page 8 "So then that actually started me, with the help of that nurse I kind of felt, kind of safe enough to start it. Because she said, 'Look, I know you feel like you can't do anything', 'cos I had said that to her. 'Em but this is something you can do', and I thought, 'Right, if I can do something then at least it's better than nothing'. So then I started then expressing, that's kind of how it all started." ( Annie ) Page 8 "Whereas if it had have been bottle fed, do you know, that's something else that the control would have been took away from you." ( Sarah ) Page 8
Finding 8	Making good from the bad-Making space for the self ( U )
Illustration	"...that's the kind of time when you got, you got a bit of space to yourself..." ( Beth ) Page 8 "...it kind of became my, I suppose my escape where I could get an escape from the hospital and still be doing something positive and giving myself a chance to wind down a bit." ( Joan ) Page 8 "...and then when he died it was... [pause] definitely the first week I found it very... I found it hard to have to go pump. Em, at the same time it was, it still was kind of an escape but it was an escape... I was still focusing on... it was a big glaring reminder that (child's name) wasn't around anymore and it wasn't for him anymore so it was weird. It was kind of a strange mixture of feelings I suppose." ( Joan ) Page 9 "I'm the kind of person who, I'm not going to run away from my grief and I really need to do these different things, and talking about it, and being very kind of active in processing it. So it [expressing breastmilk] was a way of actively processing my grief." ( Emma ) Page 9 "... I think it's helped me to, to grieve, to process the grief now knowing that I did it and how I, how I felt." ( Annie )
Finding 9	Making good from the bad-Finding the positive ( U )
Illustration	"...because I was absolutely heartbroken you know, and still am, you know it's... But as I said like, I had all the milk there like I had to like, I couldn't... I didn't have the heart to you know... I had to do something with it." ( Shelly ) Page 9 "I kept saying 'I have to find something positive in all of this.'" (Joan) Page 9 "... and it just like I said brings positivity into a really traumatic situation." (Emma) Page 9 "And I was kind of conscious that if I did, if it was making me upset every time I was pumping, if I was filling the bottles with tears more than milk, then that was never going to be a good thing for me, em... for my mental health. But I knew that... I didn't get to that stage ever thankfully it was just a... I enjoyed doing it..." ( Dani ) Page 9

**Number: 39**

**Study: The Voice of Mothers Who Continue to Express Milk for Donation After Infant Death**

Finding 1	An outlet to grieve (U)
Illustration	Marie reported, "If I could tell another woman who's lost, who was going to breastfeed, it changed my life. I don't know how I would have gotten through this without being able to pump." Page 662 Antonietta described how pumping helped her process her grief, "I don't think we often give ourselves time and space to grieve. You want to move to the next thing. So really that act of meditation that you take when you pump, I think is really, really critical in helping you process your grief." Page 662 Carol shared, "I would have a picture of my baby in front of me and I'd be pumping. It was a source of therapy." Page 662
Finding 2	A meaningful life (U)
Illustration	Carol described how donation was a way to honor her child, "To me, no matter how short a life is here, it changes your world forever. And to be able to donate milk in honor and in memory of her, it's her legacy." Page 662 Shawna described donation as a way to memorialize her child, "I felt like I wanted to commemorate that moment because it meant a lot to me, one of my child's last gifts to the world." Page 662 Rose described how her child's life will make a difference, "It was a legacy, doing something in her name. Some people donate a building in their loved one's name; I donated a gallon of milk. She's going to make a difference now." Page 662
Finding 3	Still a mother (U)

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Illustration	Hanna explained, "I think in a way it also helped me connect. At least mentally, I imagined that I was still a mother too." Page 662 Marie stated that expressing milk "allowed me to live how I would have lived if she was here. I was gonna breastfeed her anyway. It felt good, like I'm still a mom." Page 662 Sally described her thoughts, "As I was pumping, I thought this is what I'd be doing if I had a baby here. It just kind of nurtured my imagination a little bit and kept me connected to my baby like a real mom." Page 663 Carol said, "I was sad and angry. When I pumped, I felt almost normal again, like this is what I would be doing for her and I was her mommy again." Page 663
Finding 4	A positive from a negative (U)
Illustration	Marie stated, "Obviously the pregnancy didn't end the way anybody would have wanted it to, but it made me feel on a small part that like my pain could at least help another family because it's going to women who needed it. I felt good or more at peace with everything that had happened because I knew I could help someone." Page 663 Naomi thought about the recipient of her milk, "I think it helped with my processing of the loss of him, and I'm really glad that I was able to help, even if it's in a small way, my loss can somehow be a contributor to a much better ending for somebody else's child." Page 663 Hanna said, "I feel really proud of it. It's one thing; one way my loss can help other babies, one thing that I feel like I can do that's positive." Page 663 Camille explained her desire to help infants in the NICU, "The fact that the twins were given donated milk I knew that I wanted to donate. We were really pretty tight for money at that point. We discussed selling the milk, but that just didn't feel right. So I started doing the process to get the milk donated to an NICU. I wanted someone to get something out of this beyond just our own grief, for there to be some sort of positive." Page 663
Finding 5	Support and recognition (U)
Illustration	Donna valued the milk bank recognition and tokens of appreciation offered. She said, "Yes, I want a T-shirt because I'm proud. They were wonderful, so they really tried to make it as easy as possible. They intentionally kept a little bit of the milk I donated and sent me back a pendant. That was a really amazing gift. It made me so happy." Page 663 Hanna stated, "I have to say the support even from just the milk bank itself was so wonderful. They checked in on me from time to time and then they have a tree in their facility, just like a mural with leaves with the children's names on it as a place for you to remember and actually memorialize your child. Having that extra support was also really nice. And they also sent me a leaf, so I have one here as well." Page 663 Marie shared, "I am so grateful for the woman who walked me through how to pump. I mean I didn't get that anywhere else. They seem grateful and I'm grateful for them, too; they were all just very genuinely kind and I think that also made a difference." Page 663 Reeva shared, "I loved being able to go to their office, see my son's star up on the sky in the mural. It just felt very honoring, honoring of my son." Page 663 Andrea reported, "The nurses showed me how to use the pump and gave me all the information I needed. I was so grateful to them." Page 663 Josie said, "I couldn't have done it without the wonderful staff at the bank. They made it so easy, gave me all of the information, and helped me get a pump. They were there for me every step of the way." Page 663
Finding 6	Letting go and moving on (U)
Illustration	Carol described her difficulty in letting go, "This is like something that only I can do. So, it gives me a source of self-worth, I guess. And like a connection with my baby, right? I'm scared that as I stop it will be like another goodbye. You know? The last thing I have from her." Page 663 Rose said, "It felt like it was losing her all over again because the milk... it was my last physical connection." Page 663 Shawna reported feeling sad when she stopped expressing her milk, "because I kind of felt like that was the end of something that my son and I could do together, that my body, you know, could provide for someone else." Page 663 Teresa expressed how stopping milk expression stirred up many emotions, "I just didn't wanna let go. It brought me back to that place when they asked me to take her off the machines, going back to that place is awful. And being able to have that milk, it's like, you know, people lose a spouse, or a family member and they have a piece of their clothing or something special from them. This is what I have left of my baby. So, it was devastating having to stop. I struggled with it, but I knew in my heart it was time." Page 663 The final donation was also difficult for Andrea. "It was hard, dropping off the last of my milk. I remember being very emotional. Even though I knew logically this is a good thing, it just was hard letting go of that because I just felt like it's another loss." Page 663
Finding 7	Finding my way (U)
Illustration	Reeva stated, "I didn't know there were different sizes of flanges. I didn't know woman's nipples were that different in sizes. I had no idea. I didn't know what I was doing. I think some of the barriers honestly were me not having a child that was living." Page 663 Teresa stated, "I thought like, well, should I get a hand pump and make do." Page 663 Shawna specifically stated, "But again, if that process had been somehow made easier, then it could have gone on for longer." Page 664 Sheryl called out the need for specific resources for first-time parents, "Having those resources leaving the hospital and understanding that, especially for first-time moms, just because I'm not leaving with a baby, I'm still leaving with a full pregnancy body and a lot of questions. But I had more questions than answers available to me on that handout." Page 664

**Number: 40****Study: Rural Nurses' Views on Breastmilk Banking in Limpopo Province, South Africa: A Qualitative Study**

Finding 1	Breastmilk Bank and their Importance (U)
Illustration	"My view about breastmilk bank is, it is a good idea, because sometimes a mother can deliver a baby and pass on after delivery, and that baby will struggle to have milk. So if the bank is available and there are people who are donating to the bank, then it means those kind of babies will benefit from the bank; then they will grow healthy because we know that breastmilk is good for babies." (NC08). Page 751 "Donated milk from this bank assisted most of the premature. Before the bank was established we used formula, which is not good for them, so donated milk the same as mother's milk, it is better than formula." (NH05). Page 751 "I would say this bank helped a lot of babies because there are mothers who are struggling to produce breastmilk—those who are sick and unable to breastfeed their babies. The babies benefit a lot because they receive milk from the bank and they gain weight." (NH03). Page 751 "The human milk bank is a good initiative for the community because it will help by providing breastmilk to children, hence ensuring good growth." (NH01) Page 751 "No, I have never heard anything about breastmilk banks, you are the first person to tell me about it." "Let me first understand, this bank is very new? Extremely new and very sensitive, in a sense that we do not know about it, do we have it here? From which kind of mothers will milk be collected, especially now with HIV/AIDS issue? Issues around screening, transportation, and collections might all be a challenge, I think." (NC04) Page 751 "Definitely yes, we use donated milk because some of the mothers have problems with insufficient supply of milk, especially mothers who delivered by caesarean section, and also for babies whose mothers are sick. It is prescribed by doctors." (NH01) Page 751 "We use milk for babies who are unable to receive their mother's milk. It helps a lot." (NH03) Page 751
Finding 2	Donation and Receiving Donated Breastmilk (U)
Illustration	"Of course, yes, I would definitely donate my milk to the bank, taking into consideration the benefits of breastmilk to babies who do not have mothers." (NC01) Page 751 "I will definitely donate to the bank, because those babies are in need. Sometimes premature babies suffer a lot, and formula is not good for them because it takes time to digest. Donated breastmilk helps a lot." (NH03) Page 751 "I don't think I will donate (silence), I would donate only when there is a serious disaster knowing that my breastmilk will relieve the situation, I don't think I am fine with breastmilk donation; that is my personal feeling." (NC04) Page 751 "I will definitely receive milk from the bank because I know that milk is tested and safe. They don't just express and feed other babies straight. They test it like they do with blood. There are machines that they use in the bank. I will accept that milk because I know my baby will benefit from the milk." (NH01) Page 752

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	<p>"I will accept donated milk to be fed to my baby, because I understand that there is research that was done about donated milk and mothers are tested before they donate. There is no way that they can feed babies milk that is infected, in order to spread infections. I will not have a problem." (NH04) Page 752</p> <p>"I was once transfused blood, and I was so traumatized. I know it helped me a lot but knowing it is someone's blood, except HIV, I was asking myself, who donated this blood, what did he/she do, is she/he a Christian, will his/her genes be transferred to me? I thought whatever that the donor did will also affect me. So I believe with donated breastmilk it will be the same. The donor's genes could be found in donated milk. I am a health worker I know the process and procedure of screening and cleaning, but as for my baby, no, I will not allow her to feed donated breastmilk." (NH02) Page 752</p> <p>"No, I will not give my child donated breastmilk, but I can donate to the bank; I am not comfortable to give my child breastmilk from another mother. What if the mother who donated milk is sick, not necessarily HIV but any other diseases, then should I give my child that kind of milk? No. Is the milk properly screened?" (NC05) Page 752</p> <p>"If it was my mother I wouldn't mind her to breastfeed my child. Yes, I know that I will be comfortable with my mother's breastmilk, but just a stranger, no. It is like you are giving your child to a stranger or somebody else to breastfeed your child. No." "Honestly speaking, I am a healthcare worker, but don't trust giving my child someone's milk. Diseases being my greatest fear, HIV, cancers and so on, I say no. I will not accept my child to be given the donor milk, but I can donate; that is not a problem." (NC06) Page 752</p> <p>"As people, we are not the same; we have different cultural beliefs. In our culture, if I develop 'sesipidi' while breastfeeding, then I must stop breastfeeding because 'sesipidi' will also be transferred in the breastmilk and the baby will be sick. What if the mother who donated breastmilk has those kind of things; it might affect the use of donated milk, I don't know." (NC03). "Sesipidi" refers to an abscess with pus that can develop anywhere on the body. Page 752</p> <p>"According to culture, breastmilk belongs to my child only; we cannot share." (NC06). Page 752</p>
Finding 3	Strategies to Increase Awareness (U)
Illustration	<p>"Mothers might opt for formula feeding rather than using donated breastmilk; the reason for my answer is that I believe this breastmilk bank is a new thing to us so what more about mothers. Therefore it should be thoroughly researched and proven to work. Without training, it will not be effective." (NC04). Page 753</p> <p>"Because it is still a new thing, they need to sensitize us and other health professionals about it. It must be rolled out to the whole community of Mankweng and even the whole province, so that when the mothers visit the clinics or hospitals, they all know that they can donate at the hospital." (NC05). Page 753</p> <p>"Maybe if we can be educated at the clinic that there is a bank at the hospital, we will then talk about it to mothers during antenatal clinics and explain to them what donated breastmilk is. When they go to hospital and then nurses emphasize it, I think that will be well publicized." (NC04). Page 753</p> <p>"I would say the government did a very important thing. I realized that most mothers hear about it when they come to the hospital. People in the community must be told about breastmilk banks so that everybody knows about it. If someone is in Vhembe district, he/she must know that Mankweng hospital has a breastmilk bank." (NH01). Page 753</p> <p>"They need to go out and tell people in the community, maybe by using community radio stations, about breastmilk donation. People must know the importance of the breastmilk bank and its functions." (NH01). Page 753</p> <p>"Information must reach people, especially during antenatal visits, and media such as community radio stations to ensure that information is provided to large target population who will donate in the near future." (NH04). Page 753</p> <p>"I wish people can have information about it and understand how it works, so that they can use the bank if a need arises [laughing]." (NC08). Page 753</p> <p>"Many people lack knowledge and understanding. It doesn't mean they don't want to participate. They need information so that they can donate to the bank; they don't understand the purpose of the breastmilk bank, why is it important." (NC02). Page 753</p> <p>"The government must try to make sure that every mother in the hospital is well informed by having individual sessions with them explaining the whole process. Then, each and every day, every mother will be encouraged and use a cup to donate the breastmilk." (NH03). Page 753</p>

**Number: 41****Study: Untold Narratives: Perceptions of Human Milk Banking and Donor Human Milk Among Ghanaian Immigrant Women Living in the United States**

Finding 1	Perceptions of DHM/HMB Among Ghanaian Immigrant Women (Individual Factors) (U)
Illustration	<p>"I think that's a great initiative. Um, I mean like I said, there are mothers who have children and then they, their bodies go into shock or they have, um, health complications right after they have their children. And they cannot breastfeed them, but they want that to be an option. So if somebody has an oversupply, um, it's a great initiative that person can help them out." (Adwoa) Page 4</p> <p>"...in fact, my mom was a wet nurse to my cousin, ...I think it's not too alien to us from where we come from, at least, uh, within family circles or very close knit people, but then getting banked milk from somebody completely alien to you that you have no idea it's very foreign." (Mansa) Page 5</p> <p>"It's a good gesture. It is a very good gesture. because if we know children need breastmilk and if there are options to have it and not fall on formula for them to have the maximum benefits, why not? I feel this a good, a good thing." (Ewurama) Page 5</p> <p>"I don't think I've gotten to the point where I'll be comfortable sharing my brush or my bra or panties with anyone; And that's how I see milk, um, breastmilk coming from someone... it's not one of the things that I feel is shareable. It's, um, it's very, it's coming from someone's body." (Afua) Page 5</p> <p>"...that [donor milk] is not even on my list of options, ...if I run out of formula I would give him koko [porridge]... the donor milk is not even up for consideration." (Enyonam) Page 5</p> <p>"I think I would use it if it's absolutely necessary for me to use it... So let's say, uh, if I had like a premature baby, right. And a doctor tells me, Hey, we need breast milk. We need breast milk. Formula wouldn't be enough for this. We need more nutrients. Right, and it's like, they have to use it. Then I'll use it." (Akua) Page 5</p> <p>"I think the hesitancy for me is, you know, for a milk bank, you might not know who the milk is coming from. But if I knew, like this is my sister breastfeeding my child, I'm okay with that. It's my cousin breastfeeding my child, I'm okay with that." (Akosua) Page 5</p> <p>"For me, I'll be really happy that I'm able to also donate because when I was short of supply, someone's milk was there for me." (Nana Ama) Page 5</p> <p>"If I did have excess supply and. I feel like, if this situation [formula shortage] didn't happen, I probably would have kept my milk to myself. But with now that just thinking about how babies are probably going hungry and all that. I think if I did have, I may have donated to the bank." (Ama) Page 5</p>
Finding 2	Socio-cultural Factors Influencing Women's Decision-Making Around HMB and DHM-Women's Decision-Making Is Informed by External Influences (Interpersonal Factors) (U)
Illustration	<p>"So as you know, uh, parenting is not just me. It's with [my husband] as well... I was mentioning it [DHM] to him; He said, no... I don't want someone I don't know milk given to my kids... it's not just me making the decision. It's [my husband] also involved." (Abena) Page 5</p> <p>"...with the quantity of milk that I was producing, I had to convince my husband, like I'm throwing milk away. I'm making so much, I have to donate because he was like, no, you can't donate. The first thing he said was like, no, you can't donate. And that is Africans. So I had to convince him like, oh, they [health providers] said, I make so much, people need it. You see even our child got it. I had to convince him... As a Ghanaian, I would say, we listen to our spouses or we talk to our partners like, Hey, this is what I want to do. And then, any Ghanaian man I know will say no for the first time, but you have to, like, my husband will be like, you have to convince me that this is why it's important. And then trust me after I convinced him and I started doing it, there would be times he would be like, Hey, aren't you going to take the milk? Don't you know, it's time to take the milk?" (Esi) Page 6</p> <p>"If my mom was here it would be a zero for her...Yes, my mom will frown on it." (Ewurama) Page 6</p> <p>"No, nobody [would support my decision to give donor milk]. My auntie, my grandmother. Hell no, nobody's going to agree to that." (Ama) Page 6</p> <p>"I even told my mother about it, that they offered DHM in the NICU, she said "eii how!" So I know that if my mother who is educated is saying, Ei how then I don't know what other relatives will say." (Dede) Page 6</p> <p>"My mother-in-law would not be supportive. She's of an older age and, um, she doesn't know anything about that [DHM]. And so she would, she would be perplexed at that idea." (Adwoa) Page 6</p>
Finding 3	Socio-cultural Factors Influencing Women's Decision-Making Around HMB and DHM-Health Provider's Role in Promoting Human Milk Utilization (Interpersonal Factors) (U)

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Illustration	<p>"So they [health providers] asked if I wanted to do the donor milk, because they said, if you want to breastfeed exclusively, we have donor milk; So the nurses came, the nurses were like, yeah, this milk has been screened. And it has gone through all the process. It's safe. It's a mother's milk. It's safe for your baby." (Naa) Page 6</p> <p>"We kind of stayed there [in the hospital] longer than usual...I realized one time they [nurses] came, they came with a bottle of formula that they had given her...and I think I wasn't producing in the beginning because it was my first time, I wasn't producing. So I think based on their own discretion they gave her formula...No, I don't remember [them asking for my consent]." (Abena) Page 6</p> <p>"...all I could remember was that formula being kind of shoved down your throats like there wasn't any other option... I could remember they really didn't talk about donor milk." (Nana Akua) Page 6</p> <p>"No, they [nurses] kept saying it's coming. ...the first 3 days or something they said there is this particular milk that the child needs so though you think it's not coming, but the child is having it. So you should keep breastfeeding... So this is what they told me. So I kept doing it, but I realized, um, that the girl was hungry. There was nothing given to her. Because she kept crying all the time. So it's actually, um, another mother who said "I am sure this girl is not getting any milk, just give her some formula and she will sleep" ...No, they did not talk about donor milk to me, there wasn't anything like that." (Ewurama) Page 6</p> <p>"I think practitioners, OBGYNs, midwives, and all of them should give more information because it's not like everybody wants formula but if there's this human option, they should give more information." (Nana Akua) Page 7</p> <p>"From day one, they [nurses] started asking that they needed breastmilk. And my breast, at that time, I didn't even have milk ...It was a lot of stress from day one, trying to get milk ...they [babies] were still too small to drink formula. Their system hadn't developed well so all they could drink was breastmilk. They [nurses] told me that if I didn't have milk, they'll have to use donor breastmilk and I didn't want them to use donor breastmilk. Cause that's my first time hearing about it. If I had known what I know now, maybe I would have considered it. I didn't want them to drink the donor breastmilk... It was my first time hearing about it, it was kind of weird, that they were going to give donor breastmilk... No, they [nurses] didn't explain to me what is meant by donor milk. If they had explained it to me as now I see it on TV and things...had I known it was sterilized, I wouldn't have worried about it. Because I watched on TV about how they sterilize it and we are not even getting diseases. It's almost like formula kind of so now I'll be open to it if I had another child...if they offer donor breast milk, I let them drink it." (Dede) Page 7</p>
Finding 4	<p>Socio-cultural Factors Influencing Women's Decision-Making Around HMB and DHM-the Importance of Addressing Barriers to Human Milk Utilization and Donation (Community Factors) (U)</p>
Illustration	<p>"I will have to read more about it to understand. What goes into it? What is the screening process? What are they testing for? Which women are qualified to come in and donate milk? For me, it is not just the milk being available, but also from who we are getting that milk from." (Afua) Page 7</p> <p>"I really don't know the medication, the personal hygiene, the conditions and all that. So for me, that's always going to resonate and it will always be at the back of my mind." (Afua) Page 7</p> <p>"I don't know how it is, but in my mind I go to the milk bank. I need to see how it's stored. Right. If it's not stored properly, I wouldn't use it." (Akua) Page 7</p> <p>"Um, so obviously there are some concerns there because I'm not sure what kind of testing or screening has been done for the mother, because basically with breast milk, you could be passing on you, you will pass on some, um, things through the breast milk, but you could also be passing on some diseases." (Mansa) Page 7</p> <p>"We are working with personal hygiene and all that; So I, I may take all the precautions, because I want my baby to be healthy, but I don't know what the other woman is doing..." (Afua) Page 7</p> <p>"It needs to be in a clean environment, uh, and somebody who pumped a long time, I know how easy it is for you to leave your pump parts and your models sitting out for a long time, because you're tired and you don't want to do it. So those are all reasons why I'll be a little bit hesitant." (Aba) Page 7</p> <p>"...if you express the milk in a controlled environment, like the hospital where you are being monitored and it's backed by professionals then, and then I can maybe [accept] it; But if it is going to be expressed in somebody's home, it's packaged like, I don't really know how things are in the house." (Nana Akua) Page 8</p> <p>"That's outrageous. That is for me, that's crazy. That's that alone is enough to let me know that unless the baby requires breast milk to live, I am going to give the baby formula and I really don't care what anybody thinks, because I don't understand why I should be paying this amount of money for an ounce." (Ama) Page 8</p> <p>"I feel like I shouldn't have to pay for - Um, and especially if, you know, thinking about my situation that people who typically need it are vulnerable. Their kids are probably, you know, they need it. You can't produce, you know, so many other issues going on. And so it seems like you're sort of taking advantage of, you have to pay and not just pay even a little bit, but you know, a lot of money for human milk... it just seems like it's taking advantage of, uh, people in a vulnerable situation." (Akosua) Page 8</p> <p>"Back in 2018–2019, there was a point that I was like, oh, I just want to donate, but then you have to go through some hoops you know, to get set up. And I just wasn't about that business; it was just too much work...I think the closest, um, breastmilk banks to me, even in a city like Maryland was some driving distance. And it's not like they did pick up, you have to drop off, and I'm not about that when I have a kid and I have other things going, I have another kid. You know, and I have other responsibilities. So if that barrier was taken care of, you know, somebody, um, maybe the breast milk bank was doing pickups or something. That would really facilitate something like that." (Mansa) Page 8</p> <p>"Someone told me I could donate it [milk] to the hospital... but I have to go to Kansas City. And I was like, I couldn't do that." (Naa) Page 8</p> <p>"...like our race- we are projected as this because we are black, you know? And so I feel like it will still come into play when I decide to even give breastmilk. Like, I feel like they will investigate me even more than they would investigate someone else who came, like a white person who brought milk. They probably would want to come to my house, make sure I'm doing things, washing everything well, and I'm not ready to go through all that hassle... You know, like being black in America has these issues. And so I don't know how I'll be accepted being a Black woman and then having to produce breast milk. Like, I don't know if I'll be accepted easily. Like if maybe another person, like a white person came with breast milk. And so that for me is going to be a barrier. Like, I feel like my race would be a problem." (Ama) Page 8</p> <p>"Formulas are given under WIC; it's given freely up to, I think, five years or so. Yeah. They give it to mothers freely for five years. So if children must have breastmilk for at least a year, or say six months, then the government can take up that cost for the six months so that the children can have full access within that six months. So if any mother wants to continue after six months, then they can pay for it. But for low-income mothers within the six months, it should be accessed freely as is done for formula." (Ewurama) Page 8</p> <p>"... it's a bank, you need money to run it, but it, it can be subsidized or if they need to use a sliding scale, like a sliding scale to provide milk. Someone under this income would pay this, but it should be subsidized. This is milk for babies. And also they should get the word out there because I'm sure there are also a lot of people who are oversupplying milk and they don't know what to do with this milk." (Naa) Page 9</p> <p>"...more donors because I'm sure there's a supply and demand too so if there was more education on the breastmilk and donating, you know, for example, in the NICU, they [nurses] never even asked me about the fact that if I wanted to donate milk, maybe I think they should start there when women have kids, because they're the ones who are going to give them milk." (Dede) Page 9</p> <p>"I think that awareness will be one, awareness will be a big one, but not just, it has to be culturally relevant; So, um, in terms of educating people on, basically donor milk and how good it is and how safe it is, African immigrants listen to, uh, like radio shows and TV shows and things like that. And so if you were using that with, um, TV and radio personalities that they know and people come on and they're explaining the importance of breastmilk and that option, maybe people will be more, um, akin to listening...If they see, um, people who are like championing by saying "Hey, look, I used it and it didn't change my child's affection... It was good for us" It's always word of mouth... it's a cultural thing." (Mansa) Page 9</p>
Finding 5	<p>Socio-cultural Factors Influencing Women's Decision-Making Around HMB and DHM-Superstition and Spirituality (Community Factors) (U)</p>
Illustration	<p>"You know, like personal items from people can transfer spiritual, I don't know, harm or something, misfortune curse, whatever. Um, and you know, like breast milk feels even more than a personal item." (Akosua) Page 9</p> <p>"...I think it's just, it's coming from the culture that we come from, that people think maybe someone can kill your child, or someone can do something evil to your child. And because newborns are treated as very sacred and very clean—you don't even know the spirituality state of the person to give that person's milk to your child." (Naa) Page 9</p>

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