METRO ATLANTA MOTHERS MILK ALLIANCE MAMMA

THE GOOD, BAD, AND DIFFERENT ABOUT MILK SHARING
DISCLOSURES

Kiana Ayers has no financial interests or relationships to disclose
OBJECTIVES

iNCREASE PARTICIPANTS KNOWLEDGE ABOUT MILK SHARING AND THE DIFFERENCES BETWEEN MILK ALLIANCES AND MILK BANKS

ABOUT MAMMA

PROCESS OF MILK SHARING

MILK BANK VERSUS MILK ALLIANCE

MILK SHARING HISTORICALLY

4 PILLARS OF SAFE MILK SHARING

HOW TO SET UP A MILK ALLIANCE
Mamma Board members consist of IBCLCs and doulas. We are all committed to making milk sharing more accessible and connecting families to quality lactation care.

MAMMA BOARD MEMBERS

Atalya Rajan
Gabrielle Jones
Yolanda Akins
Angela Orenzak
Leslie Owens
Stacy Ann Louie
Kiana Ayers
### MILK SHARING HISTORICALLY

<table>
<thead>
<tr>
<th>ANCIENT EGYPT</th>
<th>GREECE</th>
<th>ROME</th>
<th>SLAVERY AND MILK SHARING</th>
<th>CURRENT STATE MILK SHARING</th>
<th>MADISON AREA MILK SHARING ALLIANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>EGYPT</td>
<td></td>
<td></td>
<td>WET NURSING</td>
<td>MOTHER TO MOTHER</td>
<td>ESTABLISHED IN 2006</td>
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<tr>
<td>GREECE</td>
<td></td>
<td></td>
<td>LAWS AND POLICIES</td>
<td>INTERNET MILK SHARING</td>
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<td>ROME</td>
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<td>FORMULA FEEDING TODAY</td>
<td>MILK ALLIANCE</td>
<td>FUNDING SOURCES</td>
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<td>CONSIDERATIONS</td>
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• MAMMA was born out of the concern for milk shortages for newborns in Metro Atlanta Georgia
• In May 2022, out-of-stock rates on store shelves it 70% at their height
• Families couldn’t access milk they knew was safe or best for their babies
• Kiana Ayers and Christie Coursey (Breastfeed Atlanta) began brainstorming ways to provide safe donor breast milk sharing
Meeting weekly with the current board in early 2023
Milk collection and distribution started in August 2023
First Open House in February of 2024
Weekly board meetings and weekly policy and procedure meetings
Actively seeking volunteers for a variety of roles
Partnered with Emory medical student and researcher to assist with data collection
MAMMA-FUTURE

- Streamlined Processes
- Collaboration with MedMilk
- Mobile Milk Movers
- Consistent Funding Sources
- Ability to pair with lactation consultants and provide hours for aspiring IBCLCs
- NICU support groups or partner with existing ones
The Four Pillars of Safe Breastmilk Sharing

Holder Pasteurization at Home

1. Place milk in glass milk bottles or canning jars. Fill only four-fifths full to allow for expansion of milk when heated.
2. Place the bottles or jars on a rack inside a large canner. Fill the canner with warm water until the water level is slightly above the milk level in the jars.
3. Start heating. Stir the milk in each container with a long-handled spoon to achieve uniform distribution of the heat. Monitor the temperature with an accurate, metal-stem thermometer. As the temperature approaches 145°F, stop stirring, and loosely cover all jars but one with lids. Cover the remaining jar with aluminum foil. Punch a hole in the center of the foil and insert the thermometer.
4. Continue heating until the temperature is 145°F or slightly above. Adjust the heat to maintain the temperature at 145°F for 30 minutes. If at any time the temperature drops below 145°F, reheat and hold at 145°F or above for 30 minutes.
5. After 30 minutes, gradually replace the hot water with cold water to cool the milk. If this is not done gradually, the bottles or jars may break.
6. Continue cooling until the milk temperature is 80°F or less. At this temperature, ice water can be used for cooling. Cool milk to 40°F or colder. Tighten the covers and store in the refrigerator at 40°F or colder until used.

Eats On Feets

- Established in 2010
- Four Pillars of Safe Milk Sharing
- Holder Pasteurization at Home
- www.eatsonfeets.org
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- Donors Are Screened
- Donors Get Lab Work
- Donors Milk Is Pasteurized
- Milk is distributed to medically fragile babies
- Recipients can purchase milk
- Milk is given to preemie babies
- Recipients are encouraged to home pasteurize
CURRENT STATE PROCESS

**DONOR PROCESS**
- Request via website
- Donor Screening
  - Completed
- Labs requested & reviewed
- Arrange for milk delivery

**RECIPIENT PROCESS**
- Request via website
- Recipient screen
  - completed
- Consent forms
  - signed
- Arrange for milk
  - pickup

**FREEZER SITES AND MANAGEMENT**
- Monthly Freezer log
- Freezers with specific temp requirements
- Freezer trainings
- Master freezer log

**MATCH WITH LACTATION CONSULTANT**
- Protect and provide own milk
- Limitations due to funding
- Potential for clinical hours
MILK RECIPIENT TIERS

- NEWBORN BABY WITH
- BREASTFEEDING PARENT PROVIDING
  OWN MILK
- ABLE TO PROVIDE SOME MILK BUT
  NEED SUPPLEMENTATION
- UNABLE TO PROVIDE ANY MILK AT
  ALL, RELIANT ON DONOR MILK
- MILK NOT PROVIDED TO BABIES
  CURRENTLY INPATIENT IN NICU OR
  PRETERM BABIES
30

Primarily those who need temporary supplementation while working on breastfeeding/latching

Multiple Gestation

Emergency with parent

10

Parents of NICU graduates

Oversupply

Desire to know how milk is used

DONORS

RECIPIENTS

Current Stats

Emergency with parent
Success Stories

- Able to transfer milk via a mobile milk mover
- Twins with formula intolerance
- Hospitalized mom helped secure an electric breast pump and facilitate ongoing pumping
- Helped new breastfeeding client secure lactation. She never used donor milk but got help to give her own milk
- Mother was very ill postpartum, given Lasix and needed a little donor milk
Creating a Milk Alliance

• Understand the type of milk sharing your community desires
• Multi-disciplinary team with dedicated roles
• Expect large time commitment and no compensation
QUESTIONS
Thank you for joining us today.