

The mission of OPHA is to provide leadership on issues affecting the public's health and to strengthen the impact of people who are active in public and community health throughout Ontario.

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Public Health Research, Education and Development (PHRED) Program

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Sharon Unger, MD, FRCPC Medical Director, Human Milk Bank Initiative Staff Neonatologist Mount Sinai Hospital 775A-600 University Avenue Toronto, ON M5G 1X5

Dear Dr. Unger,

The Ontario Public Health Association (OPHA) represents the interests of more than 3,000 community and public health practitioners across Ontario. The mission of OPHA is to provide leadership on issues affecting the public's health, and to strengthen the impact of people who are active in public and community health throughout Ontario. The Breastfeeding Promotion Workgroup of the OPHA focuses on promotion, support and advocacy for breastfeeding.

The Ontario Public Health Association offers this letter as an indication of our support for the proposed human milk bank in Toronto.

As registered nurses, lactation consultants, dietitians and other health care professionals involved in areas of maternal and child health, we are acutely aware of the many benefits ^{1 2} of breastfeeding for both mothers and babies. Containing all the fluid and nutrients required for optimal growth, human breast milk is uniquely superior for infant feeding. Human milk feeding decreases the incidence and severity of infectious diseases including bacterial meningitis, diarrhea, respiratory tract infections, necrotizing enterocolitis, otitis media, and late-onset sepsis in preterm infants. Breastfeeding has been associated with decreased rates of sudden infant death syndrome in the first year of life, and reduced incidence of diabetes mellitus, lymphoma, leukemia, Hodgkin's disease, obesity, hypercholesterolemia, and asthma in older children and adults who were breastfed, compared with individuals who were not breastfed.³ Neurodevelopmental benefits include an association of breastfeeding with enhanced performance on tests of cognitive⁴ and visual development.5

In circumstances where a mother's own breast milk is not available, provision of donated human milk that has been pasteurized and screened may be helpful for healthy adopted babies, and especially urgent for infants who are at high risk due to prematurity or a variety of medical conditions. A prospective study of a national cohort of extremely premature Norwegian infants, for example, demonstrated that very early feeding with either mother's milk or donated milk significantly reduced the risk of late-onset septicemia. A meta-analysis found that preterm infants who were fed donor milk were four times less likely to have confirmed necrotizing enterocolitis compared with infants who were fed formula. Although the majority of recipients are preterm infants and newborns who need small supplements until their own mother's milk supply is established, human milk has also been successfully used for immunologically deficient children and adults.

Given the success of human milk banks internationally ¹⁰ ¹¹ and the well-established guidelines for screening, collecting, processing, and dispensing human milk reviewed by the Human Milk Banking Association of North America, ¹² it is unfortunate that Canada has only one human milk bank, located in Vancouver. It makes practical sense to have additional Canadian facilities that could address regional needs for human milk without transporting it across the continent. With a population of 5 million in the Greater Toronto Area¹³ and as the home for many tertiary care facilities serving at-risk infants from across the province and regionally, Toronto would be a perfect site for a second Canadian milk bank.

The Ontario Public Health Association wishes you every success with this proposal to have a donor milk bank located in Toronto.

Sincerely,

Dr. Garry Aslanyan President, OPHA

cc. Debbie Stone, RN, IBCLC, Department of Clinical Dietetics, Room 8511, Hospital of Sick Children, 555 University Avenue, Toronto, Ontario M5G 1X8

REFERENCES/ENDNOTES

37(4), 437-446.

¹ Registered Nurses' Association of Ontario (2003). *Breastfeeding Best Practice Guidelines for Nurses*. Toronto: Registered Nurses' Association of Ontario, 23-25.

² American Academy of Pediatrics (2005). Policy Statement: Breastfeeding and the Use of Human Milk. *Pediatrics*. 115 (2), 496-497.

³ Ibid, 496-497.

⁴ Ibid, 496-497

 $^{^{5}}$ O'Connor, D., Jacobs, J., Hall, R. et al. (2003). $\it Journal \ of \ Pediatric \ Gastroenterology \ and \ Nutrition,$

⁶ Tully, R., Lockhart-Borman, L., & Updegrove, K. (2004). Stories of Success: The Use of Donor Milk is Increasing in North America. *Journal of Human Lactation*. 20 (1), 75-77.

⁷ Ronnestad, A., Abrahamsen, T., Medbo, S., et al. (2005). Late-Onset Septicemia in a Norwegian National Cohort of Extremely Premature Infants Receiving Very Early Full Human Milk Feeding. *Pediatrics*, *115*(3), 269-276.

⁸ McGuire, W., & Anthony, M. (2003). Donor Human Milk Versus Formula for Preventing Necrotising Enterocolitis in Preterm Infants: Systemic Review. *Archives of Disease in Childhood Fetal and Neonatal Edition*, 88 (1), F11-F14.

⁹ Tully, R., Lockhart-Borman, L., & Updegrove, K. (2004). Stories of Success: The Use of Donor Milk is Increasing in North America. *Journal of Human Lactation*, 20 (1), 77.

¹⁰ There are, for example, 17 human milk banks listed by United Kingdom Association for Milk Banking at http://www.ukamb.org/milkbanks.htm.

¹¹ See also Tully et al. op. cit and Wilson-Clay, B. (2006). The Milk of Human Kindness: The Story of the Mothers' Milk Bank at Austin. *International Breastfeeding Journal*, *1*(6) doi:10.1186/1746-4358-1-6

¹² Human Milk Banking Association of North America. http://www.hmbana.org/.

¹³ City of Toronto. http://www.toronto.ca/toronto_facts/diversity.htm.