

## Human milk banking: Attitudes and practices in rural Türkiye

This is a summary of the following article: Akpınar C, Mandiracioglu A, Ozvurmaz S et al (2022) Attitudes towards human milk banking among native Turkish and refugee women residing in a rural region of Turkey: A mixed-methods approach. *International Breastfeeding Journal*, 17, 74. <https://internationalbreastfeedingjournal.biomedcentral.com/articles/10.1186/s13006-022-00516-2>

**B**reastmilk is the ideal food for infants, providing all the energy and nutrients required for the first six months of life and providing up to half of a child's nutritional needs through to two years of age. To encourage a supportive breastfeeding environment, particularly in areas where breastfeeding practices are low and/or compromised, human milk banks offer an essential service.

**Human milk banks are facilities that collect breastmilk donations from mothers who produce more than their babies need, and which pasteurise and appropriately store this donor milk for future use. When breastfeeding is not possible, the World Health Organization recommends the use of donated breastmilk as the best feeding option.<sup>1</sup>**

Despite the need, there is currently no human milk bank in Türkiye. To determine the acceptability of establishing such facilities, this cross-sectional study investigated the opinions and attitudes surrounding donor milk banks in rural

Türkiye. Qualitative data were collected via comprehensive interviews with 33 women and then thematically analysed. Quantitative data were obtained from a questionnaire issued to 271 women, and a logistical regression was performed to analyse this aspect. All participating women were over 18 years of age and had given birth within the last five years.

It is important to consider the context of this study, which was completed in a rural area with significant internal and external migration, featuring a diverse array of refugee (often from Syria, but also Iraq and Afghanistan) and migrant (often from the Balkans) groups in addition to Turkish nationals. Purposive sampling – where participants are selected based on their study characteristics, rather than at random – was used, resulting in 15 of 33 women in the qualitative study being refugees. Although this methodology is appropriate for investigating the opinions of a diverse group, as it allows inferences to be made for a broader range of people, it is not representative of the population in this region of Türkiye or of the country as a whole. The sample was also relatively small, so the findings should act

as a guide to the opinions of the study population rather than indicating the acceptability of human milk banks across Türkiye.

Just over half of the women in the study (57.9%) were willing to donate breastmilk, yet only 27.7% were willing to use donor milk for their babies. Religious beliefs, alongside fear of infectious disease and distrust of donors, were cited as major barriers to donor milk use by both native Turkish women and refugees, with human milk banking remaining a contentious issue among religious groups in the country (Ozdemir et al, 2015). The odds of having a positive attitude towards donor milk banks was four times higher in homemaker (non-working) women, almost five times higher in women with three or more children and six times higher in women with a positive attitude towards wet-nursing. Religious factors played a positive, as well as a negative, role in attitudes.

These barriers and facilitators are important to consider when implementing human milk banks in this region, or in regions with comparable cultural and/or religious practices.

<sup>1</sup> <https://www.who.int/news-room/articles-detail/call-for-proposals-support-for-the-development-of-who-guidelines-on-donor-human-milk-banking>

### References

Ozdemir R, Ak M, Ozer A et al (2015) Human milk banking and milk kinship: Perspectives of religious officers in a Muslim country. *Journal of Perinatology*, 35, 1, 137–141. <https://www.nature.com/articles/jp2014177>

## Integrating maternal nutrition into antenatal care services in African and Asian contexts

This is a summary of the following paper: Sanghvi T, Nguyen PH, Ghosh S et al (2022) Process of developing models of maternal nutrition interventions integrated into antenatal care services in Bangladesh, Burkina Faso, Ethiopia and India. *Maternal & Child Nutrition*, 18, 4, e13379. <https://onlinelibrary.wiley.com/doi/full/10.1111/mcn.13379>

**A**ntenatal care (ANC) remains a widely used and vital service for pregnant women, and one that also provides a window of opportunity to deliver a package of nutrition interventions. This is not only pertinent for women themselves, but also reflects the importance of maternal nutrition in dictating the health and development trajectory of their children. The integration and, more importantly, scale-up of such nutrition services into ANC across multiple contexts is therefore a global health priority.

For the paper reviewed in this summary, the authors worked in four diverse countries (Bangladesh, Burkina Faso, Ethiopia and India) to develop and subsequently implement a package of globally recommended maternal nutrition interventions<sup>1</sup> through existing ANC programmes. At the outset, an overarching Theory of Change that illustrates the country's programme needs was developed to describe common barriers and strategies, expected outcomes and health and nutrition impacts. Importantly, current global

recommendations were implemented for each aspect of the package protocols, and steps were taken to reinforce the systems across multiple domains. A detailed breakdown of these aspects is beyond the scope of this summary, but the collective strengthening and updating of this suite of interventions occurred between 2014 and 2021. The findings provide models of how to integrate and enhance the package of interventions through existing ANC programmes in each of the four countries.

It is important to note that the Bangladesh and India elements of this intervention were incorporated prior to the outbreak of COVID-19, but that the Burkina Faso and Ethiopia elements were affected by the pandemic. Although adaptations were made to maintain service delivery in these two countries, it is reasonable to assume that the pandemic exerted a detrimental effect on these arms of the study, which should be considered when interpreting these findings. As the researchers integrated this package of interventions into existing, large-scale ANC pro-

grammes, the paper focuses on scalability through system-wide improvements, rather than at the health facility and community level.

Another challenge when interpreting these findings is the sheer size of the experiences captured – seven years of lessons learnt obtained across diverse settings, each with particular health needs and differing gaps in existing services – so distilling these findings into a summary is a challenge. The findings of this paper provide rich operational insights for those in other contexts to reduce missed opportunities for integrating maternal nutrition into ANC and nutrition into health services more broadly. The authors highlight the importance of combined facility-based and community-based approaches to improve service provision and adoption. Setting aside appropriate windows for field implementation and adjustment is also important when applying global guidelines to national health services, as each setting is likely to present unique challenges. Despite the differences, the authors noted common actions that proved effective in each context, which can crudely be grouped into improved training (of staff), outreach (in communities) and strengthening (of data collection).

<sup>1</sup> Interventions included as part of the package included micronutrient supplementation (iron-folic acid and calcium distribution and counselling), weight gain monitoring (measurement and counselling), dietary counselling (meal frequency, food amounts and dietary diversity) and breastfeeding counselling (early initiation and exclusive breastfeeding).