Opinions, attitudes and beliefs of women using a social media site to facilitate breast milk sharing

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Introduction
Breast milk is the gold standard of infant nutrition1, and when this is not available, the World Health Organisation recommends the use of human milk from another safe source.2

Shared breast-feeding has been practised for centuries either as wet-nursing or via donation of expressed breast milk (EBM).3

A modern version of shared breast-feeding is practised through Facebook sites such as Human Milk for Human Babies (HM4HB) where mothers with excess milk can negotiate with mothers seeking milk through postings.4,5

The decision making process to share breast milk is complex: the potential risks of disease transmission must be balanced with the risks of using infant formula.6,7 Health professionals have an ethical responsibility to assist women in this.8

Aim
This study explored the decision-making process of women engaged in informal milk sharing through an Internet site.

Methods
Recruitment was via South Australian Chapter of Human Milk & Human Babies Facebook site. Semi-structured interviews (n=8) were conducted in women’s homes and were recorded and transcribed verbatim. The transcripts were coded separately for recipients and donors and then analysed thematically.

Findings and Discussion
Selected findings are reported here.

Autonomy in Decision Making
Agency and past achievement are resources for decision-making, and persisting with decisions in the face of opposing views.4

All donors valued breast milk and opposed wasting it. They decided to share their milk in spite of opposing views from friends, family and health professionals.

“It was something that I kind of always decided that I was going to do because obviously breast milk is best for babies and if you know don’t have their own – and they want it and if you’ve got a lot, why not share it?”[D5]

Recipients tended to value the opinions of partners more highly.

“I think I informed my husband that that was what I was going to do and if he had any strong objections, at that point we would’ve had a discussion about it.” [D1]

Ownership of body and the right to make decisions about it, is known to be a discussion about it.”

Consideration of Risks
All donors and recipient were cognisant of risks associated with milk sharing and employed strategies to mitigate these. Bacterial contamination of milk and transmission of donor-diseases were commonly perceived risks.

A strong risk-minimisation principle was that donors were currently breast feeding their own babies; this served as ‘proof’ that the milk was of good quality.

“Yes, well put it this way; if I was feeding my own baby and he’s not getting sick and I don’t feel sick, so how does another child feeding from me going to be any different?”[D3]

Risk assessment is both a rational process of weighing up positive against adverse outcomes, as well as an emotional process 11, 12.

The women in this study assessed the risks associated with milk-sharing, and still decided to go ahead with the action, indicating that for them the benefits outweighed the risks.

Conclusion
This study found that in the decision-making process, donors demonstrated more autonomy over their decision-making process to share their excess milk compared to recipients, who tended to consult their partners more. Both donors and recipients did not consult health professionals, in particular, general practitioners. Both groups considered risks and employed strategies to mitigate these.

References

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In contrast, many women expressed trust in midwives or lactation consultants, due to their experience in the field of women, pregnancy and lactating.

“So yeah they just said it’s a really nice thing to do if you can do it and yeah they didn’t really have any involvement in my decision making or anything, like we kind of just talked about that’s what I was going to do.”[D5]

Trust in a health professional is known to be proportionate to confidence in their expert knowledge.9

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