

22 SEPTEMBER · 2026

Protecting Newborns, Supporting Breastfeeding:

New Global Standards and Implementation Guidance
for Donor Human Milk Banking



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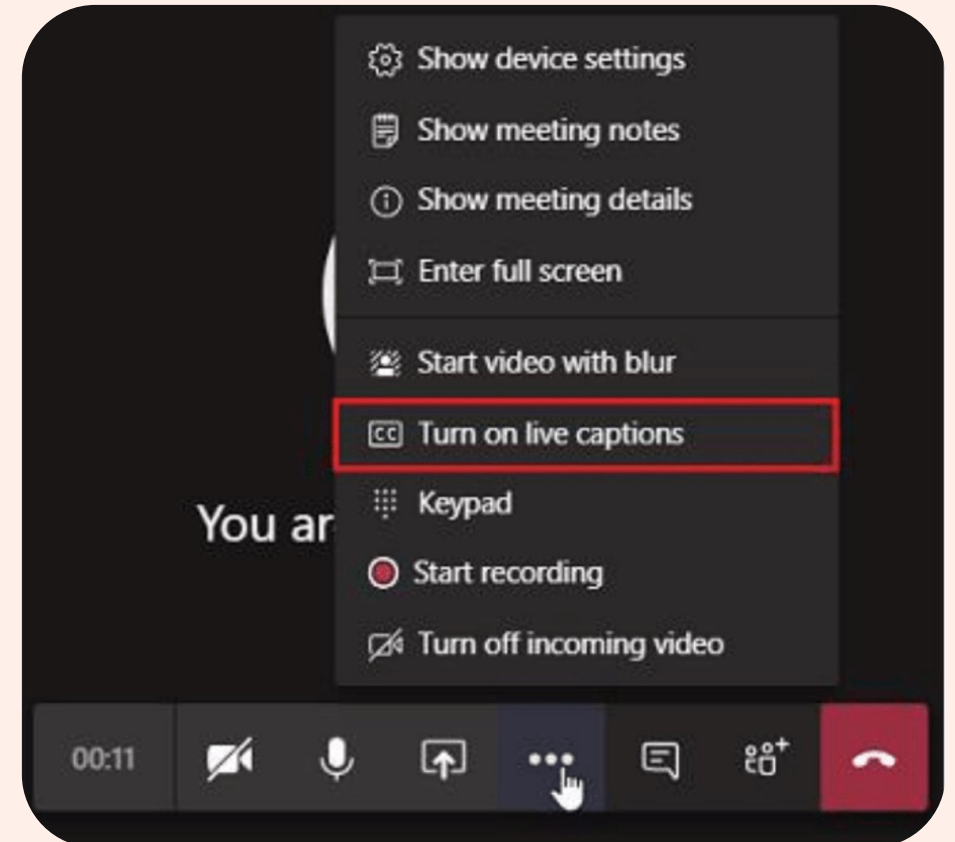
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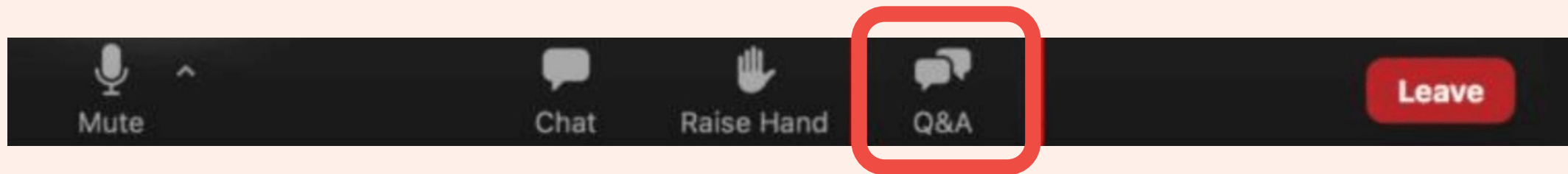


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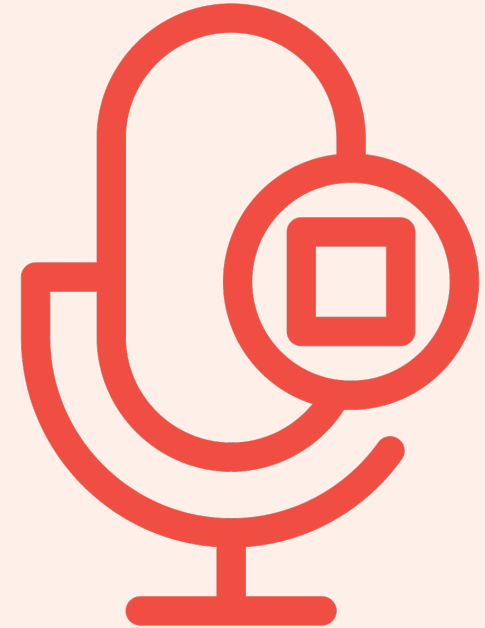
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WEBINAR

Today's agenda

- Opening remarks
- Nutrition for the newborn
- What do the standards say?
- What does the Implementation Guidance say?
- Panel discussion: Implementation considerations
- A way forward — call to action
- Closing



Dr. Joan Matji

Director of Child Nutrition
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Nutrition for the newborn

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© Born on the Edge: Breastfeeding specialist supporting a preterm infant to feed her infant expressed breastmilk

Nutrition is a survival intervention for newborns

The first feed can influence survival in the first days of life—especially for preterm and low-birth-weight newborns.

EARLY BREASTFEEDING SAVES LIVES

higher risk of neonatal death
when breastfeeding starts 2–23
hours after birth, compared
with within the first hour

How nutrition protects survival

01

Immediate protection

Colostrum and human milk provide nutrients and immune factors that help protect against infection.

02

Safer feeding for vulnerable newborns

For preterm and low-birth-weight infants, mother's own milk is recommended; donor human milk is an important alternative when needed.

03

Growth + recovery

Adequate nutrition supports growth, physiological stability and recovery during the highest-risk period of life.

KEY MESSAGE • Protect breastfeeding and ensure access to human milk as part of essential newborn care.

The newborn nutrition agenda is a continuum

Before birth

Maternal nutrition, antenatal care and birth preparedness

First hour

Skin-to-skin, early initiation, responsive support

First days

Exclusive human milk feeding and lactation support

Small/sick newborns

Expressed mother's milk, donor human milk and safe feeding systems

A launch on donor human milk is also a launch about systems: protecting breastfeeding, reaching vulnerable newborns, and ensuring safe, quality nutrition when mother's own milk is not yet available.



WHY IT MATTERS

Human milk is both food and care

01

Nutrition for growth:
energy, protein,
bioactive components
and feeding tolerance

02

Protection: immune
factors and lower risk
of serious feeding-
related complications

03

Connection: feeding
support enables bonding,
confidence and continuity
after discharge

**For small and sick newborns, nutrition is a clinical intervention —
not just a supply issue.**

SHARED PURPOSE

Three priorities hold the agenda together

1

Protect breastfeeding

Mother's own milk remains the standard; all services should protect, promote and support breastfeeding.

2

Support every mother-baby dyad

Nutrition counselling, skilled lactation support and respectful care are core newborn interventions.

3

Reach newborns at highest risk

Preterm, low-birthweight and sick newborns need timely feeding decisions and safe systems for human milk.

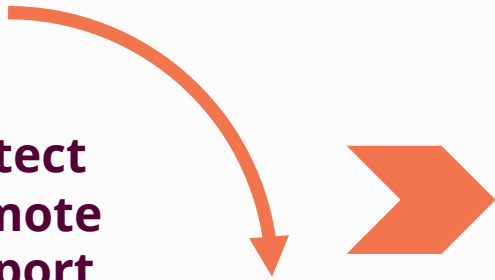


THE BRIDGE

Where donor human milk fits

Mother's own milk first

**Protect
Promote
Support**



Donor human milk

When mother's own milk is unavailable or insufficient, especially for preterm and low-birthweight infants

**Safe, quality
systems**

**DHM is a bridge to exclusive human milk feeding,
not a substitute for investing in breastfeeding support.**

Donor human milk is part of a bigger promise:

Every newborn should receive the safest, most appropriate nutrition, starting with mother's own milk, supported by skilled care, and backed by quality systems when donor milk is needed.

This is a newborn survival, development and equity agenda.

References

- **WHO. Standards for donor human milk banking. 30 July 2026.**
<https://www.who.int/publications/i/item/9789240122307>
- **WHO. Breastfeeding health topic page, including donor human milk for preterm or low-birth-weight infants when mother's own milk is unavailable.**
<https://www.who.int/health-topics/breastfeeding>
- **WHO/UNICEF. The Baby-friendly Hospital Initiative for small, sick and/or preterm infants. 2020.**
<https://iris.who.int/handle/10665/333686>
- **Global Breastfeeding Collective. Ensuring equitable access to human milk for all infants: policy brief.**
<https://cdn.who.int/media/docs/default-source/breastfeeding/global-breastfeeding-collective/policybrief-equitable-access-human-milk.pdf>

Thank You





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What do the standards say?



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Donor Recruitment



Donor Remuneration



Donor Screening



Donor Education & Support



Containers



Store & Handle



Pool, Mix, Track & Trace



Treatment



Testing



Thank You





Kimberly Mansen

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Maternal and Newborn Nutrition Advisor,
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PATH

What does the Implementation Guidance say?



Objectives and target audience

- **Purpose:**
 - Establish/strengthen HMB
 - Integrate into MNCH care systems
- **Focus:** Selection, management, governance, and integration of HMB systems
- **Target audience:**
 - Ministries of Health
 - Policymakers
 - Donors
 - Implementers
 - Professional associations
 - Non-governmental organizations
- **Goal:** Equitable access | High-Quality | Improved survival | Breastfeeding supported



Development methods

- **Global Expert Collaboration from all WHO regions:** Strategic direction and technical input
- **Evidence-Informed Process:** Workshops, virtual consultations, surveys, and interviews
- **Global Case Studies**
 - Brazil
 - France
 - Human Milk Banking Association of North America
 - India
 - Iran
 - Switzerland
 - Uganda



Summary: decision framework for determining optimal HMB systems

KEY OBJECTIVES	OPERATIONAL PRIORITIES
Provide reliable supply of DHM	Optimize costs and efficiency
Ensure safety and quality	Fit within policy and regulatory frameworks
Facilitate lactation support to mothers	Respect cultural and societal norms

Summary: decision framework for determining optimal HMB systems (cont.)

Decision framework drives choices around these six characteristics of human milk banking systems:

1. Physical setting (*in facility vs. community*)
2. Donor population (*in facility vs. community*)
3. Distribution of DHM (*to one site vs. multisite*)
4. Governance structure (*centralized vs. decentralized vs. hybrid*)
5. Funding model (*independently fundraising vs. governance body fundraising*)
6. Shared operations with other MPHOs (*shared vs. independent*)

Summary of donor human milk classification

CLASSIFICATION	CORE FRAMING	POSSIBLE OR EXAMPLE IMPLICATIONS
Food	DHM as optimal infant nutrition	Lower regulatory burden; supports scale and access
Medical Product of Human Origin (MPHO / SoHO)	DHM as human-derived medical product	High stringency, traceability, higher cost
Nutrition therapy / medical food	DHM as therapeutic nutrition	May support reimbursement; increased oversight
Standalone DHM-specific class	DHM as unique biological product	Tailored regulation; flexible for early adoption

Thank You



IMPLEMENTATION CONSIDERATIONS

Panel Discussion



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MODERATOR



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CALL TO ACTION

A Way Forward

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© **Born on the Edge:** Breastfeeding specialist in the Milk Room with the milk that has been donated by mothers in the neonatal unit ready to be transferred to the human milk bank.

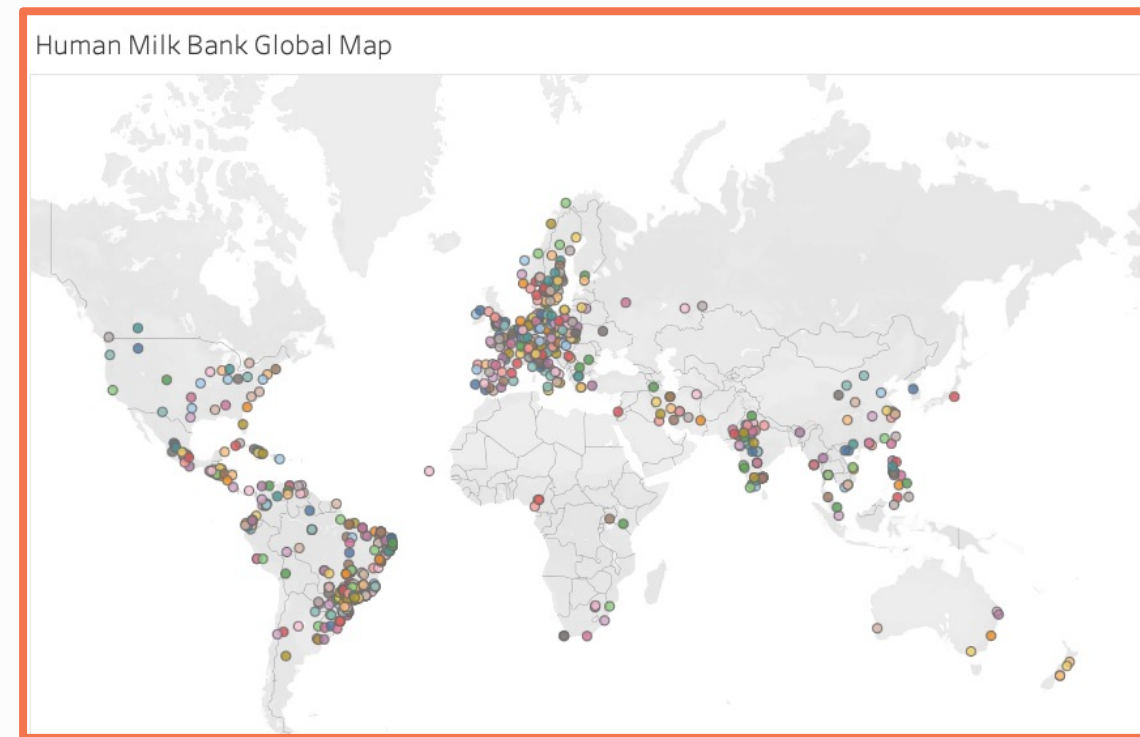
“We want to open a milk bank ...”

Where some of the first milk banks in a country/region have been established since the 1990's:

Australia, New Zealand, South Africa, Northern Ireland, Poland, Russia, Spain (mainland), Georgia, Croatia, Slovenia, Vietnam, Kenya, Uganda, Mongolia, Nigeria, Israel, Malaysia, Myanmar

Iran, Mexico, Nepal, Ukraine, Estonia, Lithuania, Latvia, Ethiopia, Zambia, Tanzania, Turkey, Laos, Cambodia, Indonesia

Boundaries, names and designations shown on the map do not imply official endorsement or acceptance



https://public.tableau.com/app/profile/human.milk.bank.global.map/viz/HumanMilkBankGlobalMap_0/HumanMilkBankGlobalMap

Main messages from the standards

- 1) Prioritise comprehensive strategies that **protect, promote and support lactation and breastfeeding**
- 2) Including
 - equitable access to safe and high quality DHM for the most vulnerable infants
 - assured access through the design, development and implementation of integrated milk bank models and services

And which meet the key objectives outlined in the standards.

- operational priorities for optimizing costs
- fitting within policy and regulatory framework
- respecting cultural and societal norms

Improving outcomes – first steps

Whilst identifying where, when and why donor human milk may be a valuable resource for promoting, supporting and protecting breastfeeding . . .

The standards also facilitate:

- thoughtful planning
- context-appropriate system design
- establishing at country level resilient and sustainable HMB systems (embedded in newborn care and breastfeeding promotion strategies)
- ability to respond to local needs
- advancing equity and quality across maternal and newborn care services

Call to action

- Establish and generate evidence for resilient and sustainable HMB systems embedded in newborn care, nutrition and breastfeeding promotion strategies that respond to local needs as well as advance equity and quality across maternal and newborn care services
- Include DHM in feeding and lactation indicators
- Strengthen newborn nutrition and specialised lactation skills
- Develop affordable solutions to technological processes and challenges
- Establish clear regulatory frameworks that also address ethics and concerns of commercialisation

Thank You





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