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Bridging Informal Milk Sharing and Milk Banking

Nurul Akma Jamil

Department of Special Care Nursing, Kulliyah of Nursing, International Islamic University Malaysia, Pahang, Malaysia

Dear Editor,

Informal breastmilk sharing refers to the voluntary exchange of expressed human milk between lactating women and recipient families outside of regulated milk banking systems. This practice is typically facilitated through online platforms and is grounded in trust-based relationships, mutual communication, and shared values rather than standardised clinical screening procedures. Informal breastmilk sharing has emerged as a silent lifeline for many mothers struggling to breastfeed. Donor mothers step forward with expressed breastmilk and offer it willingly to families in need; a gesture rooted in compassion and community spirit. Even though the practice remains largely unregulated, it speaks volumes about trust, empathy, and solidarity among mothers. Drawing from the lived experiences of Malaysian mothers involved in informal milk sharing can inform the development of milk banking systems that are not only medically safe but also culturally and religiously sensitive worldwide.

In milk sharing, trust is the cornerstone. Donors and recipients often share personal information such as lifestyle choices, diet, and health history to establish open communication. This level of transparency fosters confidence and a sense of safety. Milk banks, while operating with strict screening protocols, must also build community trust. This can be achieved through public education, transparency in procedures, and consistent messaging. Even apparently simple initiatives like allowing donor stories humanise the process and strengthen public confidence.

Communities for online milk sharing thrive on trust and transparency, reflecting relational practices in which donor and recipient mothers negotiate perceived safety and suitability through open communication, shared values, and mutual understanding rather than formal institutional protocols (1). Historically, wet nursing and cross-feeding have been grounded in these deeply rooted trusting relations and continue to be practiced across diverse cultural contexts (2). While contemporary milk banks operate within structured regulatory frameworks, they similarly depend on public trust to encourage participation and acceptance.

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Corresponding author:

Nurul Akma Jamil
Department of Special Care
Nursing,
Kulliyah of Nursing,
International Islamic
University Malaysia,
Pahang, Malaysia
E-mail:
nurulakmaj@iium.edu.my

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Recognising and incorporating the relational dimensions that underpin informal milk-sharing practices such as empathy, shared responsibility, and mutual care; may therefore help milk banks strengthen community engagement and foster greater confidence among potential donors and recipients.

Donor mothers express a willingness to contribute to milk banks, but only if the process is convenient and respectful. More mothers are likely to participate when donations are made more accessible through nearby collection centres, simplified procedures, or scheduled pickups. Milk banks should also acknowledge and honour their donors. A recognition post on social media can be highly meaningful. Empowering mothers as active partners, not just passive donors, reinforces a culture of giving. Maternal motivations for milk donation include altruism, community acceptance, and perceived safety (3).

In Muslim-majority countries like Malaysia, religion and culture deeply influence health decisions. Some Muslim families engaged in milk sharing already observe Islamic kinship principles, ensuring proper documentation to avoid issues of *mahram* (milk kinship) (4). This practice mirrors the need for religious-compliant milk banks, which are designed to align with Islamic teachings. Respecting these values is crucial for broader public acceptance and participation. An Islamic bioethical argument justifying the establishment of religious-compliant milk banks in Malaysia has been presented (5), while real-life practices and challenges of milk kinship compliance in the Malaysian Muslim context have been documented (4).

Breastfeeding online communities, especially on Facebook, have driven milk sharing forward. These platforms enable awareness, connection, and support. Milk banks can harness this same digital power to reach out, educate, and recruit. Social media campaigns can demystify milk donation, answer common questions, and feature real stories from donors and recipients. This normalises the practice and encourages dialogue, especially among younger, tech-savvy mothers. The role of digital breastfeeding communities and Facebook in informal milk sharing (1,6), while another study demonstrated the role of social support networks enhances breastfeeding practices (7).

Rather than viewing milk sharing and milk banking as opposing practices, they should be regarded as complementary parts of a continuum. One is informal and relationship-based; the other is structured and regulated. Yet both serve the same goal: ensuring vulnerable infants receive life-saving breastmilk. By carrying forward the spirit of milk sharing, which involves qualities such as generosity, empathy, and mutual care, Malaysia's milk banks can become more than simply storage facilities. They can become community institutions, grounded in local values and human connection. By bridging grassroots practices with institutional frameworks, countries worldwide can develop milk banking systems that are not only clinically robust but also culturally legitimate and socially sustainable.

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