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Members of House Health Policy Committee
House Office Building
Lansing, MI

Dear Representatives,

I am writing to express my concerns with Michigan House Bills 4206 and 4691. These concerns arise from my experiences as an obstetric healthcare provider, licensed foster parent, and breastfeeding mother. I would have conveyed these concerns in person at the September 6th 2016 House Health Policy Committee meeting, but I am unable to attend due to parental commitments.

The legislation applied to the sale of breast milk online and through for-profit companies in Michigan, as outlined by HB 4206 and 4691, would hinder the progress breast milk is making as a valued resource in our society. Research continues to demonstrate the benefits of breast milk for all children. There needs to be an acknowledgement that the current stigmas and limitations attached to donor breast milk are hindering the optimal health of our nation. These constraints make it almost impossible to provide breast milk to children whose mothers do not produce it for them due to economic, health, or separation reasons. This contributes to formula companies having an unfair advantage in marketing and selling their products as the most feasible option for feeding babies. Breast milk needs more accessible options in order to promote its value and positive effects on babies.

I have seen firsthand the effect breast milk can have on the health of babies in the hospital and as they grow. In 2015 we took a 2-month-old, premature foster child home from the neonatal intensive care unit (NICU). He was barely four pounds, and with an incarcerated mother, was being fed formula during his hospital stay. He stopped breathing 10 days after we got him and I had to perform CPR to revive him. After a short hospital stay, he was discharged, but then was re-admitted with a respiratory virus the next month. His condition continued to decline in the pediatric intensive care unit and he was close to death at just 4-months-old. Since I worked at the hospital, I knew they had donor breast milk available through the hospital milk bank. I was able to get his feedings changed to donor breast milk and his condition rapidly improved. But when we were sent home, my options for feeding the foster child were limited.

Buying breast milk from a non-profit, hospital milk bank is extremely expensive. As a foster parent, I would have to pay for the donor breast milk out of pocket and hope to be reimbursed – if at all. The only option for most foster children is formula through the Women Infants and Children (WIC) program, which has limited formulations and no organic options. In addition, I was producing breast milk for my biological children, but

was hesitant to feed it to the foster child in case of violating the regulations involved in being a licensed foster care parent. This also discouraged me from getting milk from breast milk-sharing groups I found online.

Thankfully, I had been donating my milk for the past year to the Mothers Milk Cooperative (MMC) and had credit on my account there. My foster child's doctor approved a prescription for donor breast milk and I was able to obtain the Co-op Donor Milk product through the MMC to feed him. I felt very comfortable feeding him this donor milk product due to the strict screening and regulation practices of the MMC. Co-op Donor Milk is a sterilized, shelf-stable product that is a feasible alternative to formula. It had a dramatic effect on the life of this foster child and he has not had to be hospitalized again.

As you can see, limiting the online sale of breast milk and for-profit milk banks in Michigan would be a disservice to the emerging and important role of donor breast milk. Women deserve respect for the time and effort involved in producing this valuable resource. By allowing online sale and for-profit milk banks, breast milk will become visible and expand the freedom caregivers have in feeding babies. I ask you to consider these concerns carefully when applying legislation to donor breast milk, those mothers providing it, and the ability to feed babies in need with it.

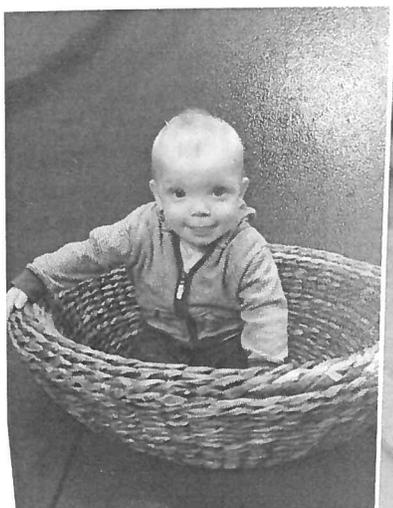
Sincerely,

Anna Marie Nieboer

Below are photos of the foster child described - in the PICU and a year later, thriving!



2015



2016