

# Donating and Receiving Milk Through Milk Banks – The Issue of Milk Kinship and the Barriers and Challenges For Muslim Mothers and Babies

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## Introduction

The concept of milk kinship establishment has been a barrier for Muslims to donate and receive donor human milk for many years. During the recent relaunch of the Centre for Islam and Medicine (CIM), a lively roundtable discussion moved the discussion forward to enable solutions to be found to this delicate debate.

The benefits of human breast milk to infants are well known, from protection against common childhood illnesses to being less likely to develop obesity as they get older. (1) For premature babies, receiving formula milk can increase their risk of developing necrotising enterocolitis, one of the leading causes of death in this cohort of infants, as well as increase the risk of sepsis and inflammation of the gut endothelium. (2) Donor breast milk is used to protect babies when mothers are still establishing their own milk supply or if infants do not have access to their own mother's milk. (3)

Infants have received donor milk for thousands of years. When mothers were unable to breastfeed their infants, they were given to wet nurses who breastfed them. (4) Human milk banks, created in the twentieth century, help to “screen and recruit donors, and have wide-ranging

precautions to ensure the safety of donor milk,” including testing for bacteria and heat treating the milk at 62.5 degrees for 30 minutes. It is estimated that more than 800,000 infants receive donor milk across the world each year. (5)

Breastfeeding, with specific criteria, causes a milk kinship in Islam between an infant and the woman breastfeeding him or her. This milk kinship, known as ‘rida’ or ‘rada’, prohibits marriage between the breastfed individual and close relatives, such as the children, of the donor. (6) This milk kinship, whether through wet nurses, or through milk banks, can cause challenges when breastfed infants grow and consider marriage. When donor human milk is anonymised, further barriers are created due to the real but extremely small chance of marrying a milk relative, and this impacts on the clinical use of donor milk in areas with predominantly Muslim patients. (7)

## Milk Banks and Milk Kinship in Islamic Law

A variety of opinions have been expressed regarding milk banks by Islamic scholars. Shaykh Yusuf al-Qaradawi presented his responses to a question regarding milk banks in 1983 at the Islamic Organisation of

Medical Sciences (IOMS) and also at the International Islamic Fiqh Academy (IIFA) in 1985. In 2004, his fatwa was presented at the European Council for Fatwa and Research (ECFR), which issued a ruling stating that there should be no barrier in Islam to the establishment or use of human milk banks.

Al-Qaradawi praised the donation of milk and the aims of a milk bank to help protect the lives of premature infants. His fatwa, religious edict, opining that there was no barrier in Islam to milk banks was on the basis that this type of donation and feeding of milk did not institute kinship and therefore did not cause marriage prohibitions in Islam. His opinion was based on 3 arguments:

1. Based on the exact meaning of 'rada', establishing kinship would involve suckling and being in close contact with the donor mother, not just consumption of her milk. As donor milk from milk banks involves bottle feeding, Al-Qaradawi said this would not cause kinship.
2. The anonymity of the woman or women donating milk and the exact amounts of milk donated meant that kinship could not be established.
3. In a situation of hardship, where the preservation of life was a concern, a lenient approach was more appropriate.

These opinions and arguments were challenged in 1983 and 1985, where the majority of scholars did not accept the arguments, and also more recently in 2014 when Mufti Zubair Butt was asked to provide a response on behalf of the Muslim Council of Britain (MCB) to a similar question posed regarding the Islamic perspective on milk banks. (8,9)

1. The opponents argued that 'rada' did not only mean direct suckling and could be from a bottle, an opinion held by the majority of Muslim jurists within the well-known four Sunni schools.
2. The opponents accepted the second argument but did challenge the idea of allowing this situation of uncertainty to occur. In the Shafi'i and Hanbali schools, milk kinship is only established after a minimum of 5 satiating sessions of suckling. The Hanafi school require only one suckling session, irrespective of the amount suckled. There are also differences of opinion regarding pooled milk and the establishment of milk kinship; Imam Abu Yusuf opined that kinship only occurs with the donor whose milk is dominant. The preferred Hanafi and also the Hanbali and Maliki opinions are that milk kinship occurs with all donors to the pool. The Shafi'i school

have additional conditions to decide if kinship is established. With regards to anonymity, the Hanafi, Shafi'i and Hanbali schools all agree that this does not establish kinship, whereas the Maliki school take a more cautious approach.

3. The opponents felt that there were obvious processes that could be put in place to avoid requiring a more lenient approach.

## Milk Banks and Donation in the United Kingdom

The British Association of Perinatal Medicine recommend that "donor human milk may be considered in babies born at < 32 weeks gestations and/or < 1500 grams to establish enteral feeding when mother's own milk is unavailable or insufficient to meet their baby's requirements." (10) UK human milk banks adhere to NICE clinical guidelines, which require tracking and tracing of donor milk with records being kept for a standard of 30 years. The documented information includes the donor and recipient identities. Donor milk is not pooled in the UK and each donation is from a single donor.

## Milk Banks in Muslim Majority Countries

Human milk banks have been established in countries such as Iran, Kuwait, and Malaysia. There are different methods of ensuring that milk kinship is not a challenge, from rulings that bottle feeding does not establish kinship to both donors and recipients sharing identity and information, and single donor and recipient agreements making it easier to trace donations and milk relatives.

In Pakistan, the first milk bank for premature babies suspended its service in June 2024, before donations had begun, after a fatwa citing pre-conditions to establishing the milk bank was withdrawn due to concerns regarding milk kinship. (11)

## Muslim Council of Britain Round Table Discussion 2015

In April 2015, the MCB hosted a round table discussion involving scholars, paediatricians, and members of milk bank organisations. The key resolution was that "concerns about milk kinship should not lead to donor human milk being withheld from vulnerable infants, as there are safeguards in place that guarantee the traceability of milk from donor to recipient." (8) Solutions were suggested to improve the traceability of

donated milk so that if there was any concern that an individual and their future spouse's mother had received and donated milk, then with the relevant consent, information could be shared to clarify whether the mother's milk had gone to this particular individual. There was also an agreement that the team would recommend extending the duration of the keeping of donor milk records at the next review of the NICE guidelines. This would be for longer than the current 30 years to ensure difficulties would not occur for individuals wanting to marry after this period.

## Contemporary Muslim Mothers and Infants and the Use of Milk Banks

The Centre for Islam and Medicine held an Islamic Bioethics Seminar on April 25, 2024. During the event, a discussion took place involving scholars, medics, and specialist midwifery and milk bank colleagues. Case studies were presented involving Muslim women whose infants had either had or were recommended human donor milk due to health issues.

The need for human donor milk usually comes at a very emotional and sensitive time, after childbirth and when a baby is often vulnerable and unwell. This is a period where mothers are at significant risk of poor mental health and the lack of adequate information, which is sensitive to the needs of Muslim parents, and which addresses the issue of milk kinship, can lead to struggles with mental health and tensions between parents and within families. The parents can feel guilty about whether they are going against the teachings of Islam and one parent even thought that it would be best for their child to marry a spouse from a different country.

Parents often seek the counsel of scholars they trust within their communities. Unfortunately, the advice they are given can be conflicting and confusing. A lack of awareness from healthcare professionals means parents are not always signposted to specialist colleagues and therefore feel a lack of support during this difficult and emotional journey.

Muslim parents also have concerns regarding the traceability process and worry that records are only kept for 30 years. They are also concerned that the milk their child receives will be from multiple sources.

The focus has been on infants who require breast milk for medical reasons. There are also mothers who are unable to provide their healthy infants with breast milk but are

willing for them to receive donor human milk, and improved information and guidance will help them too.

## What Next?

We must all be clear, as concluded in the 2015 MCB roundtable discussion that "concerns about milk kinship should not lead to donor human milk being withheld from vulnerable infants." (8) Pragmatic and patient-centred outputs will help to ensure that the systems and processes in place help reassure everyone involved, and all parents in situations where donor human milk is required will be provided with the necessary information to make informed decisions.

When the NICE guidelines are updated, it is imperative that the length of record keeping is increased. There must be robust systems to ensure traceability of donated milk so that donors and recipients are aware of who to contact should they discover that a potential spouse may be a milk relative. Should donors and recipients keep their own records to help tighten the process?

Further discussion and debate are required of scholars to come to an opinion regarding whether issues such as donor anonymity can be used as a legitimate reason for milk kinship to not be established, and therefore make the use of milk banks more acceptable to Muslim parents and families.

Education of healthcare professionals, scholars and parents will allow for a better understanding of the need for donor human milk, and allow the dissemination of appropriate guidance to those who need it.

The consensus at the Islamic Bioethics Seminar was that all colleagues wanted to work together to help improve the current situation for Muslim mothers and infants requiring donor human milk. Future expert meetings and roundtable events can help to ensure that the ideas suggested over the last few years can come to fruition and improve the health of vulnerable infants who will benefit greatly from this work.

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