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Original Research Article

LACTATING WOMEN'S KNOWLEDGE, ATTITUDE AND PRACTICES REGARDING HUMAN MILK BANKING

Sureshkarthik N[1], Rajapriya K[2], Rajmohan T[3]

[1]*Post graduate, Department of Paediatrics, Thanjavur Medical College, Tamil Nadu, India*
[2]*Assistant Professor, Department of Paediatrics, Thanjavur Medical College, Tamil Nadu, India*
[3]*Associate Professor, Department of Paediatrics, Thanjavur Medical College, India.*

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Corresponding Author:
Dr. Sureshkarthik N,
Post graduate, Department of paediatrics, Thanjavur medical college, Tamil Nadu, India.
Email: sureshkarthik119@gmail.com

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ABSTRACT

Background: Breast milk is the optimal source of infant nutrition, providing essential nutrients and immunological protection. When a mother's own milk is unavailable or insufficient, donor human milk from a human milk bank is the preferred alternative, especially for preterm and low-birth-weight infants. The effectiveness of human milk banking services depends largely on lactating women's knowledge, attitudes, and practices (KAP), which are influenced by awareness, beliefs, and misconceptions. The aim is to assess the knowledge, attitude and practices regarding human milk banking among lactating women and to examine the association of KAP scores with selected demographic variables.

Materials and Methods: A descriptive cross-sectional study was conducted for one year (March 2024–February 2025) in the postnatal ward, NICU and OPD of Government Raja Mirasudhar Hospital, Thanjavur. Lactating mothers aged 18–45 years who were healthy postnatal mothers in the postnatal ward/NICU and mothers attending immunisation and well-being clinics were included. Mothers with major infections (HIV, Hepatitis B, TB, HTLV), mastitis/fungal nipple infection, mental illness, recent blood transfusion, recent live vaccination, substance use, or recent tattoo/piercing were excluded. After informed written consent, a structured questionnaire in Tamil/English was administered. Data were analysed using descriptive statistics and inferential tests (chi-square, t-test, ANOVA) with multivariate analysis planned as required.

Results: Among 384 participants, most were aged 25–29 years (48.2%) and were educated to degree/UG/PG level (73.7%); 53.4% were urban residents. Term births constituted 70.3%, preterm births 29.7%, and low birth weight (<2.5 kg) was observed in 35.2%; LSCS was the commonest delivery mode (72.1%). Knowledge was variable: 69.5% knew milk is stored in milk banks and 54.4% knew donor milk can be used when breastfeeding is not possible, but only 29.9% knew donor milk has an expiry date and 57.6% incorrectly believed medical examination is not required for donation. Attitudes were generally positive: 62.0% preferred donor milk if unable to breastfeed and 62.2% supported encouraging mothers to donate. Practices showed moderate uptake: 62.8% had heard of milk banks, 63.3% were willing to donate, and 54.9% were willing to accept donor milk. Knowledge was significantly associated with practice (χ^2=4.19, p=0.041), while knowledge–attitude and attitude–practice were not significant.

Conclusion: Lactating women demonstrated moderate awareness and largely favorable attitudes toward human milk banking, but important misconceptions persisted, particularly regarding screening, expiry and pasteurization. Education was linked to better KAP scores, and improved knowledge was associated with better practice. Targeted counselling and health education in postnatal, NICU and immunisation settings are recommended to enhance donation and acceptance of donor human milk.

Keywords: Human milk banking; Donor human milk; Lactating mothers; Knowledge attitude practice; Neonatal nutrition.

INTRODUCTION

Breast milk is universally accepted as the optimal nutrition for infants because it provides balanced macronutrients, essential micronutrients and a wide range of immunological and bioactive factors that support growth and protect against infections. In preterm and low-birth-weight infants, these protective effects are particularly important, and evidence indicates that donor human milk, when mother's own milk is unavailable, offers important clinical advantages over formula feeding, including a reduction in necrotizing enterocolitis risk.+ However, not all newborns can receive their mother's milk due to maternal illness, inadequate lactation, contraindicated medications, separation, or maternal death. Human milk banking has therefore emerged as a key strategy to bridge this gap by collecting donor milk from eligible lactating women, ensuring donor screening and safe processing, and supplying pasteurized donor human milk to vulnerable infants—especially those admitted in neonatal units.[3] Despite increasing establishment of human milk banks, their success depends greatly on community acceptance and participation. Mothers' knowledge about milk banking procedures, attitudes shaped by cultural or religious beliefs, and practical readiness to donate or use donor milk strongly influence utilization; misconceptions about safety, disease transmission, donor screening, and milk handling can reduce willingness even when services are available.[4] Human milk banking is increasingly supported by global guidance as part of neonatal nutrition strategies, particularly for infants at high risk. International recommendations emphasize that when mother's own milk is not available, donor human milk should be prioritized for low-birth-weight infants in settings where safe and affordable milk-banking systems exist, reinforcing the public-health relevance of strengthening milk banking services.[5] Understanding lactating women's perceptions is therefore essential for identifying knowledge gaps, addressing negative beliefs, and improving donation and acceptance behaviors. The present study was undertaken to assess knowledge, attitude and practices regarding human milk banking among lactating women, and to identify influencing factors that can guide targeted counselling and educational interventions to enhance donor milk availability and improve nutrition for vulnerable infants.[6]

MATERIALS AND METHODS

This research was conducted as a descriptive cross-sectional study. The study was carried out in the postnatal ward, NICU and OPD of Government Raja Mirasudhar Hospital, Thanjavur, over a period of one year from March 2024 to February 2025. The study participants included lactating mothers who were healthy postnatal mothers admitted in the postnatal ward and NICU during the study period, as well as mothers attending the immunisation clinic and mothers of babies visiting the well-being clinic. Mothers aged 18–45 years who were lactating and fulfilled the eligibility criteria were included. Unhealthy or sick postnatal women, non-lactating mothers, women with HIV, Hepatitis B, TB or HTLV infection, women with mastitis or fungal infection involving the nipple–areola complex, women with mental illness, women who had received blood transfusion within the last 12 months, women who smoked or used tobacco/nicotine products, women who had received a live vaccine in the past 3 months, and women who had undergone body piercing, tattooing, or cultural scarification in the past 12 months were excluded. Based on the sample size calculation, the minimum required sample size was 384 participants.

Methodology: After obtaining informed written consent, eligible participants were provided with a structured questionnaire to assess knowledge, attitude and practices regarding human milk banking. Participants were asked to complete the questionnaire either in Tamil or English according to their preference, within a specified time period. Adequate time and appropriate intervals were provided to ensure participants could respond comfortably. The completed questionnaires were collected, verified for completeness, and then compiled for analysis. Participants were reassured that all information provided would be kept confidential and used only for research purposes.

Statistical analysis and ethical considerations: Data analysis was initiated using descriptive statistics to summarise the baseline characteristics of participants and to describe overall distributions of knowledge, attitude and practice scores. To examine associations between categorical variables, the chi-square test was used, while independent t-tests were applied to compare mean values between two groups and ANOVA was used for comparisons across multiple groups. To account for potential confounding variables and to evaluate independent relationships between study variables, multivariate analysis methods such as logistic regression or multiple regression were planned where appropriate. The study involved less than minimal risk to participants, written informed consent was obtained prior to participation, and confidentiality was maintained throughout. There was no conflict of interest reported.

RESULTS

Demographic and obstetric profile [Table 1]: A total of 384 postnatal mothers participated in the study. Nearly half of the mothers (48.2%) belonged to the age group of 25–29 years, followed by 28.1% aged ≤24 years and 23.7% aged ≥30 years, indicating that the majority were young adults in the peak reproductive age group. Most participants were Hindu (85.4%), while Christians (7.6%) and Muslims

(7.0%) constituted smaller proportions. With regard to educational status, a high proportion of mothers were well educated, with 73.7% having completed degree, undergraduate or postgraduate education, while 20.6% had studied up to higher secondary or high school and only 5.7% had diploma-level education. Slightly more than half of the mothers resided in urban areas (53.4%), while 46.6% were from rural areas. In terms of parity, multiparous women constituted the majority (62.2%), whereas primiparous mothers accounted for 37.8%. Female infants were more common (72.4%) compared to male infants (27.6%). Most babies were born at term (70.3%), though a considerable proportion were preterm (29.7%). Caesarean section was the predominant mode of delivery (72.1%), compared to normal vaginal delivery (27.9%). Regarding birth weight, 61.2% of infants weighed between 2.5 and 3.0 kg, while 35.2% were of low birth weight (<2.5 kg) and only 2.1% weighed ≥3.0 kg.

Knowledge regarding human milk banking [Table 2]: Assessment of knowledge revealed variable awareness among mothers. About two-thirds of participants (69.5%) correctly knew that human milk is stored in milk banks. Slightly less than half (46.9%) were aware that excess breast milk can be donated by mothers, while 27.1% were unsure about this. More than half of the mothers (54.4%) knew that donor milk can be used when mothers are unable to breastfeed due to illness or insufficient milk. However, misconceptions were evident, as 57.6% believed that a medical examination is not required before donating milk. Knowledge regarding storage practices was moderate, with 50.0% knowing that sterilized donor milk is stored frozen for 3–6 months. A majority (58.1%) recognized that donor milk has more advantages than formula feeding for preterm or low-birth-weight infants. In contrast, only 29.9% were aware that donor milk has an expiry date, while nearly half (49.7%) incorrectly believed that it does not. Furthermore, 28.1% felt that pasteurization destroys all nutrients in milk, whereas 43.5% correctly disagreed with this statement, indicating partial understanding of milk processing.

Attitude toward human milk banking [Table 3]: Overall, attitudes toward human milk banking were generally positive, though mixed perceptions persisted. More than half of the mothers (58.9%) disagreed with the notion that a mother's milk benefits only her own baby, suggesting openness toward milk sharing. When asked about preference during insufficient milk supply, only 22.7% agreed that they would prefer formula over donor milk, while a large proportion (41.7%) remained uncertain. Nearly half of the respondents (49.0%) disagreed with the statement that they would not like to feed milk from unknown women, indicating acceptance of donor milk. Similarly, 47.4% disagreed with the belief that donor milk is not fresh. A strong positive attitude was seen in 62.0% of mothers who stated that they would prefer donor human milk if they were unable to breastfeed. Almost half (46.9%) agreed that donor milk helps mothers who cannot breastfeed. Encouragingly, 62.2% felt that breastfeeding mothers should be informed and encouraged to donate milk to human milk banks. Additionally, 59.6% agreed that donor milk helps low-birth-weight newborns, reflecting awareness of its clinical benefits.

Practices related to human milk banking [Table 4]: In terms of practices, 62.8% of mothers reported that they had heard about breast milk banks, while 37.2% had no prior awareness. Willingness to donate breast milk was relatively high, with 63.3% expressing readiness to donate, compared to 36.7% who were unwilling. Acceptance of donor milk for their own infants was reported by 54.9% of mothers, whereas 45.1% were not willing to accept donor milk.

Association of knowledge, attitude and practice scores with demographic variables [Table 5]: Mean knowledge, attitude and practice scores showed slight variations across age groups, with mothers aged ≥30 years demonstrating marginally higher mean knowledge (4.08 ± 1.21) and attitude scores (9.57 ± 1.45) compared to younger age groups. Educational status showed a clear gradient, with higher education associated with better scores; mothers with postgraduate education had the highest mean knowledge (4.46 ± 0.80) and attitude scores (9.85 ± 1.03), while those with high school education or below had comparatively lower scores. Practice scores followed a similar trend, being higher among mothers with diploma or degree-level education.

Relationship among knowledge, attitude and practice [Table 6]: Analysis of the relationship among knowledge, attitude and practice revealed that knowledge was not significantly associated with attitude ($\chi^2 = 1.77$, $p = 0.184$). However, a statistically significant association was observed between knowledge and practice ($\chi^2 = 4.19$, $p = 0.041$), indicating that better knowledge was linked to improved practices related to human milk banking. No significant association was found between attitude and practice ($\chi^2 = 0.24$, $p = 0.621$).

Table 1: Demographic and Obstetric Profile of Postnatal Mothers (N = 384)

Variable	Category	n	%
Age (years)	≤ 24	108	28.1
	25–29	185	48.2
	≥ 30	91	23.7
Religion	Hindu	328	85.4
	Christian	29	7.6
	Muslim	27	7.0
Maternal education	Degree / UG / PG	283	73.7
	Higher secondary / High school	79	20.6

	Diploma	22	5.7
Place of residence	Urban	205	53.4
	Rural	179	46.6
Parity	Primipara	145	37.8
	Multipara	239	62.2
Infant gender	Male	106	27.6
	Female	278	72.4
Gestational age at birth	Term (≥ 37 weeks)	270	70.3
	Pre-term (< 37 weeks)	114	29.7
Mode of delivery	LSCS	277	72.1
	Normal vaginal delivery	107	27.9
Birth weight	< 2.5 kg (Low birth weight)	135	35.2
	2.5–3.0 kg	235	61.2
	≥ 3.0 kg	8	2.1

Table 2: Knowledge-Item Response Distribution Regarding Human Milk Banking (N = 384)

Knowledge item	Yes n (%)	No n (%)	Don't know n (%)
Human milk is stored in milk banks	267 (69.5)	95 (24.7)	22 (5.7)
Everyone can donate excess breast milk	180 (46.9)	100 (26.0)	104 (27.1)
Donor milk can be used when mothers cannot breastfeed	209 (54.4)	107 (27.9)	68 (17.7)
Medical examination is not required before milk donation	221 (57.6)	95 (24.7)	68 (17.7)
Sterilized donor milk is stored frozen for 3–6 months	192 (50.0)	115 (29.9)	77 (20.1)
Donor milk is better than formula for preterm/LBW infants	223 (58.1)	91 (23.7)	68 (17.7)
Donor milk has an expiry date	115 (29.9)	191 (49.7)	78 (20.3)
Pasteurization destroys all milk nutrients	108 (28.1)	167 (43.5)	109 (28.4)

Table 3: Attitude-Item Response Distribution Toward Human Milk Banking (N = 384)

Attitude item	Agree n (%)	Disagree n (%)	Don't know n (%)
Mother's milk benefits only her own baby	90 (23.4)	226 (58.9)	68 (17.7)
Prefer formula over donor milk if breast milk is insufficient	87 (22.7)	137 (35.7)	160 (41.7)
Do not prefer milk from unknown women	96 (25.0)	188 (49.0)	100 (26.0)
Donor milk is not fresh	101 (26.3)	182 (47.4)	100 (26.0)
Would prefer donor milk if unable to breastfeed	238 (62.0)	106 (27.6)	39 (10.2)
Donor milk helps mothers who cannot breastfeed	180 (46.9)	95 (24.7)	109 (28.4)
Mothers should be encouraged to donate milk	239 (62.2)	85 (22.1)	60 (15.6)
Donor milk helps low-birth-weight newborns	229 (59.6)	104 (27.1)	49 (12.8)

Table 4: Practice-Related Responses Toward Human Milk Banking (N = 384)

Practice item	Response	n	%
Heard about breast milk bank	Yes	241	62.8
	No	143	37.2
Willing to donate breast milk	Yes	243	63.3
	No	141	36.7
Willing to accept donor milk	Yes	211	54.9
	No	173	45.1

Table 5: Association of Knowledge, Attitude and Practice Scores with Demographic Variables

Demographic variable	Category	Knowledge Mean ± SD	Attitude Mean ± SD	Practice Mean ± SD
Age (years)	≤ 23	3.87 ± 1.19	9.54 ± 1.75	1.88 ± 0.69
	24–26	3.94 ± 0.99	9.50 ± 1.61	1.97 ± 0.75
	27–29	3.88 ± 1.09	9.38 ± 1.45	1.93 ± 0.69
	≥ 30	4.08 ± 1.21	9.57 ± 1.45	1.97 ± 0.72
Education	High school & below	3.75 ± 1.13	9.31 ± 1.70	1.84 ± 0.66
	Diploma/Degree	4.11 ± 1.06	9.63 ± 1.50	1.99 ± 0.72
	PG & above	4.46 ± 0.80	9.85 ± 1.03	—
Living condition	Rural	3.93 ± 1.13	9.47 ± 1.61	1.90 ± 0.72
	Urban	3.96 ± 1.08	9.52 ± 1.58	1.97 ± 0.71

Table 6: Relationship Among Knowledge, Attitude and Practice Toward Human Milk Banking

Variables compared	χ^2	df	p-value
Knowledge vs Attitude	1.77	1	0.184
Knowledge vs Practice	4.19	1	0.041*
Attitude vs Practice	0.24	1	0.621

Statistically significant at $p < 0.05$.

DISCUSSION

In this study (N = 384), the participant profile was largely young and urban-leaning (25–29 years: 48.2%; urban: 53.4%) with high educational attainment (Degree/UG/PG: 73.7%), and obstetric indicators showed a high LSCS rate (72.1%) with notable preterm (29.7%) and low-birth-weight births (35.2%). A broadly similar pattern of postnatal women being predominantly in the mid-20s and showing comparable receptiveness to donor milk interventions in facility-based samples has been reported from India by Katke et al, 2017,[7] suggesting that hospital-based postnatal cohorts often represent the age band most reachable for milk-banking counselling and recruitment.

Knowledge findings in the present study showed that while 69.5% knew that human milk is stored in milk banks and 54.4% knew donor milk can be used when mothers cannot breastfeed, only 46.9% recognized that excess milk can be donated and substantial uncertainty persisted (e.g., "donation" item "don't know": 27.1%). In contrast, among hospitalized mothers in China, Huang et al,[8] 2021 reported that knowledge and attitudes were measurable and could be improved through structured guidance, highlighting that awareness is highly setting-dependent and likely improves where milk-banking information is routinely integrated into maternity care pathways.

Misconceptions in our cohort were prominent and clinically relevant: 57.6% believed medical examination is not required before donation, only 29.9% identified that donor milk has an expiry date (49.7% said "no"), and 28.1% believed pasteurization destroys all nutrients. Similar "safety-process" knowledge gaps—especially around screening, handling, and perceived contamination—have been highlighted across populations; for example, Zhang et al,[9] 2020 found that lack of knowledge and safety concerns were key deterrents for postpartum women when deciding whether to donate or accept donor milk, supporting the need for process-focused education (screening, pasteurization, storage, traceability) to directly address the same misconceptions seen in our dataset.

Attitudes in this study were generally favorable toward donor human milk: 62.0% said they would prefer donor milk if unable to breastfeed, 62.2% agreed mothers should be encouraged to donate, and 59.6% agreed donor milk helps low-birth-weight newborns, though uncertainty remained for some preference items (e.g., 41.7% "don't know" about choosing formula over donor milk). This mix of endorsement and hesitation aligns with broader evidence that positive attitudes often coexist with lingering reservations; for instance, Tian et al,[10] 2021 documented that lactating women's attitudes were influenced by perceived safety and institutional trust, implying that improving trust in milk-bank governance can convert supportive attitudes into confident choices.

In practice terms, 62.8% of mothers had heard of a breast milk bank, 63.3% were willing to donate, and 54.9% were willing to accept donor milk—showing a consistent "donate > accept" gradient in behavior. A similar pattern has been reported internationally; in South Africa, Mampane et al,[11] 2024 observed willingness to donate was common and could be strengthened by improving awareness and addressing cultural concerns, which mirrors our finding that willingness exists but is constrained by informational and perception barriers.

Across demographic strata, education showed the clearest gradient in our study: knowledge mean rose from 3.75 ± 1.13 (high school & below) to 4.46 ± 0.80 (PG & above), and attitude mean increased from 9.31 ± 1.70 to 9.85 ± 1.03, with education also being the only demographic variable significantly associated with knowledge and attitude in the provided analyses. This is consistent with qualitative evidence from Uganda where Magowan et al,[12] 2020 emphasized that caregivers' understanding of donor milk procedures and benefits strongly shaped acceptability, implying that educational exposure—formal or through counselling—can be a practical lever to improve KAP scores like those observed here.

The present results also showed only small urban–rural differences in mean scores (knowledge: rural 3.93 ± 1.13 vs urban 3.96 ± 1.08; attitude: rural 9.47 ± 1.61 vs urban 9.52 ± 1.58; practice: rural 1.90 ± 0.72 vs urban 1.97 ± 0.71), suggesting that facility-based counselling could be uniformly impactful across residence categories when access is similar. Community-based work from Nigeria by Iloh et al,[13] 2018 similarly indicates that acceptability is shaped less by geography alone and more by beliefs about safety, screening, and social norms—factors that can be addressed within both urban and rural populations using standardized counselling messages.

A key analytic finding was that knowledge was significantly associated with practice in this study ($\chi^2 = 4.19$, $p = 0.041$), whereas knowledge–attitude ($p = 0.184$) and attitude–practice ($p = 0.621$) were not significant—suggesting that accurate knowledge may be the more immediate driver of action than general positivity. This "knowledge-to-action" emphasis is reinforced by cross-sectional evidence on milk-bank acceptance drivers; for example, Ramachandran et al,[14] 2024 reported that barriers and facilitators cluster around awareness and milk-bank–specific understanding, supporting the interpretation that interventions improving concrete knowledge (eligibility, screening, storage, safety) may yield measurable improvements in real practices, as observed here.

Finally, the high proportion of mothers recognizing donor milk benefits for preterm/LBW infants in our study (58.1%) is clinically important given the vulnerability of these infants and the large LBW burden observed here (35.2%). Evidence syntheses and clinical guidance have long emphasized donor milk as the next best option when mother's own milk

is unavailable; Kim et al,[15] 2010 summarize human milk banking procedures and rationale, supporting programmatic strengthening of milk banks and targeted education in postnatal wards/NICUs to correct misconceptions identified in this study and translate willingness into safe donation and acceptance behaviors.

CONCLUSION

This study found that lactating mothers had moderate awareness and generally positive attitudes toward human milk banking, with a majority willing to donate (63.3%) and over half willing to accept donor milk (54.9%). However, important misconceptions were identified regarding donor screening, expiry of donor milk, and the effects of pasteurization. Higher educational status was associated with better knowledge and attitude scores, and knowledge showed a significant association with practice ($p = 0.041$). Targeted health education and counselling in postnatal wards, NICU and immunisation clinics are essential to correct misconceptions and improve acceptance and utilization of donor human milk services.

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