

MILK THERAPY

As an Intervention for Parental Bonding and Legacy Building

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Earlier this year, I was sitting in a family meeting for a family whose two-week-old infant was admitted to the PICU for heart failure. I was there to provide emotional support for the family while they were given the news that their baby was in the final stages of heart failure and actively dying. During this meeting, the first concern the mother voiced in this moment of distress was, "What do I do with my milk?" This was my first realization that not only would this mother grieve the loss of her baby but she would still need to go through the weaning process for her milk for weeks or even months after the loss of her baby as a constant reminder. The medical team offered to provide information for our local milk bank if she was interested in donating, and I provided the family with a list of resources for jewelry keepsakes including websites for milk jewelry. This experience changed my perspective on infant loss and parental bonding during this critical time.

In the hospital, families of infants and toddlers are often grieving for various reasons even when the patient is medically stable. They may be grieving the circumstance, the unexpected, the missed milestone or simply grieving the loss of time spent at home with their loved ones. During my experience working with families of newborns and infants, families grieve when their baby can't breastfeed especially if they are continuing to pump. These experiences led to my research into the benefits and alternative uses of breast milk and I came across Milk Therapy



What is Milk Therapy?

Milk Therapy is the use of breast milk for non-nutritive purposes (Kaminska-el-hassan, et al. (2019). This means finding alternative uses for breast milk when baby hasn't finished the bottle, milk has expired, milk has been left out, there's no more room in the fridge or when the baby is unable to nurse due to NPO status or intubation. The application of breast milk on a mother or baby's skin or hair can provide moisture and prevent itching, irritation and dryness. From a child life perspective, the process of utilizing Milk Therapy can also promote parental bonding and legacy building. It can create a sense of connection with the baby while recognizing and memorializing the caregiver's journey.

Benefits of Milk Therapy

Breast milk has both anti-inflammatory and anti-bacterial properties, containing vitamins, minerals, and antibodies and is considered a natural medicine that can be beneficial when used beyond a food source (Kaminska-el-hassan, et al., 2019; Demirtas & Yalcin 2022). Breast milk contains components such as stem cells and a substance called erythropoietin which may promote the growth and repair of skin cells (Kaminska-el-hassan, et al. 2019). In addition, the fat content in breast milk can help with moisturizing, and the fatty acid components can help to lock in moisture. Examples of how Milk Therapy can be utilized are as a face wash, hair wash or in a milk bath, with just a few drops of fresh or frozen breast milk. Milk Therapy can be utilized as a way to feel connected

to your child but also as a form of self-care.

The use of Milk Therapy or the topical application of breast milk has been used for decades across cultures, often passed down from generation to generation as a tradition and as a natural or home remedy (Kaminska-el-hasan, et al. 2019). As researchers begin to take a closer look at the components of breast milk and breast milk used for non-nutritional purposes, an increased interest has been seen in how breast milk can truly be used as a natural medicine for infant, mother and for tertiary persons.

In multiple studies, the topical application of breast milk has been found to be beneficial as a natural medicine when used for minor problems such as rashes, eczema or sores, dry or cracked nipples from breastfeeding/pumping (Kaminska-el-hassan, et al. 2019; Demirtas & Yalcin 2022). A few studies show that breast milk improved atopic eczema and diaper dermatitis with similar results as 1% hydrocortisone (Kaminska-el-hassan, et al., 2019).

Disclaimer: Do not apply to open wounds and always speak to a healthcare professional before trying a new healthcare routine



Child Life Interventions

A few months into my research and creation of materials for Milk Therapy, a 5-month-old baby that had been in the PICU since birth, started to medically decline. Her mother had been actively pumping with the hopes that her baby would someday be discharged home and be able to breastfeed. I already had good rapport with this family, and I had shared some Milk Therapy techniques with the mother as she shared her struggles in pumping multiple times a day, running out of freezer space and worries of if her freezer stash of milk would expire before the baby could use it.

I shared Milk Therapy techniques to support bonding and connection such as making breast milk soap and including breast milk in self-care routines such as face washes and showers/baths. Later, the mother brought in bars of soap to show me all that she had made. She was excited to share that she had started leaving

her nightly pumped bottle in the shower for her and her husband to use and that she was now mailing bars of soap to her cousins and aunts in another country who suffered from different skin conditions including eczema and skin discoloration.

This mother shared that it gave her a sense of purpose during the difficult hospital days, especially when she went back to work when the baby turned 4 months old. This mother shared the difficulty of being away from her baby during the day, being unable to feed her baby and needing to pump multiple times throughout the day to keep her milk supply in case her baby ever needed it. She shared that finding an alternative use for her breast milk not only gave her a sense of purpose but helped her feel close to her baby. Her husband agreed that using his wife's breast milk in the shower, to wash his face and hair, helped him feel close to the baby and closer to his wife.

Once the baby began to medically decline, the mother shared with me that she would start the weaning process as well, to have one less thing to grieve when her baby was gone. She continued to make soap and even began to share with friends and coworkers who were interested. The mother was distraught that she had worked so hard for her milk supply and her baby was never able to eat. During the baby's last week, as she continued to decline, I advocated to the medical team how important breast milk was for the mother and the attending agreed that the mother could place some milk on the baby's lips. The mother was so happy that she could share her milk and this moment with her baby. With emotional support from her husband and myself, she used her finger to share some milk with the baby and the baby made eye contact and began to suckle, looking like she enjoyed it. It was such a special moment for the family that I was able to capture in photos and videos and something that the medical team had said they had never heard requested before. It's a small thing to advocate for but it made such a difference in this family's life that since this experience, I've advocated for it a few more times with other babies whose families found this important, and almost every time it has been deemed appropriate by the team and counted as

a special moment for the family including photos and videos that they will never forget. Along with other memory making keepsakes, the mother chose to have milk jewelry created.

Milk Therapy as an intervention for parental bonding has become a quality improvement project at my hospital to better support our patients and families throughout the hospital system but especially in the PICU, NICU and mother-baby unit. My team, including myself as a PICU child life specialist, a lactation consultant, a PICU attending and a NICU fellow, are currently working on educational brochures to provide in mother-baby admission packets as well as to provide at bedside during interventions and during bereavements across the hospital system.

We hope to gain data from surveys given prenatally during birthing classes and tours and surveys sent out postpartum to assess knowledge of Milk Therapy as well as use and results. Our goal is to educate families on the benefits of Milk Therapy and to add to the limited research out there on the benefits of alternative uses for breast milk. We also hope to initiate the first look at how Milk Therapy can be utilized for parental bonding and legacy building for both healthy and hospitalized children.



Conclusion

As child life specialists, we have a unique role in providing support during families' most difficult times. Some of my best interventions have been created by recognizing what the family deems important and following their lead, getting creative and finding the best way to meet their needs. In the PICU, it can be difficult for families to bond with their intubated and sedated infant while also recognizing that the mother is in their postpartum period as well, often moving from the mother-baby unit straight into their child's hospital room. Sharing the knowledge of Milk Therapy and how it can be both physically and emotionally beneficial for the baby and for the mother can be a tool that can support bonding and healing process throughout hospitalization and/or through grief.

For additional information and links to resources, please contact Angeles Nunez, MS, CCLS, CPMT directly: aenunez9@gmail.com

References:

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