Scientific research has proven that breast milk is the gold standard for feeding human babies. The American Academy of Paediatrics states in its policy statement that, “The potent benefits of human milk are such that all preterm infants should receive human milk. If mother’s own milk is unavailable despite significant lactation support, pasteurized donor milk should be used”. This view is also supported by the World Health Organization (WHO) and UNICEF who issued a joint statement which states that, “Where it is not possible for the biological mother to breast feed, the first alternative, if available, should be the use of human milk from other sources. Human Milk banks should be available in appropriate situations.”

Due to the needs for premature babies to receive human milk so that they have a better chance to develop and grow, the Fatwa Committee is of the view that there exists a situation of great difficulty (mashaqqa) that brings about hajah or a need for a solution. The Fatwa Committee is hence of the view that the plan for the establishment of a Milk Bank for this purpose is an initiative in line with the objectives of Sharī’ah which, among others, emphasize the need for the preservation of human life.

1. Who are the recipients of donor milk from the Milk Bank?

Donor milk from the Milk Bank will be offered only to premature babies who are 34 weeks old and below, with parental consent. Parents can request to stop donor milk feeding for their baby at any point during the baby’s stay in the Neonatal Intensive Care Unit (NICU), should they wish to do so.

2. When will the baby stop receiving donor milk?

The Milk Bank will stop offering donor milk when the baby reaches 34 weeks old, and/or weighs at least 1.8 kg, and has no other health complications. In fact, this is done earlier if the baby’s mother is already able to produce sufficient breast milk.

3. Does the hospital provide assistance to mothers who are unable to provide sufficient milk supply?

The hospital will counsel and teach mothers on how to increase their own milk supply. If the mother still does not have enough of her own milk upon the baby’s discharge, an infant formula will be used, as the risks of formula feeding after 34 weeks are much lower.
4. Will the mother’s milk supply be given priority?

If the baby’s mother has started producing milk, then that will be given first. If the baby requires additional amount of milk, the supply will then be taken from the Milk Bank.

5. Will the hospital keep records of donors and recipients?

Records and personal details of donors and recipients will be kept for at least 21 years. The gathered data will be categorised as classified information and will not be revealed except for clinical purposes, such as the need to trace the recipient and donor in the event of a contamination occurrence.

6. Does the baby receive donor milk from an individual donor?

Donor milk given to premature babies will not be limited to one donor for each baby. The hospital will in fact give the milk from one donor (in 50ml bottles) to a few babies in the NICU until the milk supply is finished. As such, the baby will receive milk from different donors throughout his/her time in the NICU, without knowing the total amount of milk consumed from each donor.

7. How many feeds does a baby receive?

Donor milk that has been processed will be kept in a bottle with a 50ml capacity. This will be split into the day’s feeds for the baby. The baby will receive small volumes of feed of 1-2 ml every 2-3 hours. This amount will be increased gradually, according to the strength and readiness of the baby.

8. How is donor milk administered?

Milk that is given to premature babies below 32 weeks will be administered through a tube inserted through the baby's nose. Between 32-34 weeks, trial of oral feedings will start. These trials serve only to train the baby, as babies at this age are still too premature to be able to take the entire feed volume orally.

9. In Islam breastfeeding establishes mahramiyah (kinship which bars marriage), how does the Fatwa Committee affirm this principle?

The Fatwa Committee affirms the principle that mahramiyah between an infant and his wet nurse exists only if they fulfil the conditions set out in fiqh, and there is no element of doubt present.

Conditions for the establishment of mahramiyah:

a) Milk feeding must be done at least five times, and each feed must be filling for the baby
b) Milk suckled must reach the baby's stomach;
c) The baby does not exceed two years of age.
10. Does feeding premature babies donor milk from the Milk Bank establish *mahramiyah*?

No, the Fatwa Committee has decided that this does not establish *mahramiyah*. This is due to a combination of several factors:

a) It is not possible to determine a child will get five full feedings from only one mother.

b) Doubts on the amount of milk required for a premature baby to be fully fed, given that the amount of milk is small.

c) The act of feeding through milk obtained from the Milk Bank is for the purpose of prevention of serious illnesses and to develop the digestive system. Hence, the donor milk which is offered to premature babies primarily serves medicinal purposes. The administration of donor milk for that said purpose does not categorize it as an act of breastfeeding that establishes *mahramiyah*.

d) Premature infants are fed donated human milk not through direct latching but through other methods.

11. Does the method of feeding donor milk, e.g. using nasal tube or bottle, affect the establishment of *mahramiyah*?

Although the majority of scholars such as the Shafi‘i and Hanafi jurists have established that all methods of breastfeeding leads to *mahramiyah* (*kinship which bars marriage*), there are some differing opinions by scholars who argued that only the act of suckling directly from the breast of the woman (*direct latching*) would cause *mahramiyah* to be established.

This is because the term "*ummahātukum*” in surah An-Nisa’ verse 23 relates to the concept of motherhood as a whole, which includes breastfeeding and also the bond of love between a mother and a baby which results from direct latching.

It is however important to note that while the Fatwa Committee took into consideration this opinion, it is done only in light of other more compelling factors that guided the Fatwa Committee’s decision on the non-establishment of *mahramiyah* through feeding from the Milk Bank. It is hence not a sufficient consideration on its own, and is definitely not applicable in other circumstances of breastfeeding.

12. If the hospital is keeping the records of milk donors, then it is possible to ascertain the identities of the donors. So does this then not establish *mahramiyah*?

Based on the information received by the Fatwa Committee from the hospital, each baby will be consuming milk from different donors throughout his/her time in the NICU, without knowing the total amount of milk consumed from each donor. This practice hence does not fulfil the conditions of the establishment of *mahramiyah* (*as stated in Qn 10*) which have been determined in the tradition.
a) Imām Shāfʿi spoke about the element of doubt in breastfeeding in his book Al-Umm:

“If a man is in doubt as to whether or not a woman has breastfed him on five different occasions, then he is not a mahram (a person who is barred marriage from the subject) to her. Likewise, if he is confident that breastfeeding has occurred over five times, but the woman doubted if those instances occurred when he was two years old [and below], then mahramiyah does not occur as well, (and this is) based on the chosen opinion.”

b) Ibn Qudāmah from the Hanbali mazhab said:

“When there is doubt whether breastfeeding took place, or there is doubt on the number of breastfeeding occasions – whether it is sufficient [to establish mahramiyah] or otherwise – [then] mahramiyah is not established, because the original status is that [mahramiyah] is not established, and a ruling that is certain cannot replaced by one that is based on doubt.”

13. Is it permissible for my child to consume the milk of a non-Muslim donor?

Donor milk from the Milk Bank serves medicinal purposes by preventing serious illnesses and developing the baby’s digestive system. The administration of donor milk for that said purpose is in line with the objectives of Sharīʿa which emphasise the need for the preservation of human life, regardless of the religious status of the donor.

The issue of the religious status of a wet nurse is an issue which the religious texts are silent on. The Prophet s.a.w mentioned in a hadith: “And (Allah) is silent on various issues, as a mercy for you (and) not due to forgetfulness, so do not ask regarding those matters”.

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1 As-Shāfiʿi, Al-Umm, Beirut, Dār Al-Maʿrifāh, vol.5, pg.33
2 Ibn Qudāmah Al-Maqdisī, Al-Mughnī, Makatabāh Qāhirāh, vol.8, pg.17
3 Hadith Reported by Darulqutni.