

Human Milk Practices in Norway



Anne Grøvslien
Milk Bank Manager



Human Milk Practices in Norway

Anne Grøvslien has been working within the area of human milk in Oslo, Norway, for nearly forty years. However, her life-long dedication to breastfeeding and human milk reaches far beyond Norway's borders as she also commits her time to educational collaborations abroad. Miris asked Anne to give us a glimpse into milk banking in Norway, her international engagements, and her hopes for human milk banking in the future.

How did your interest in breastfeeding, lactation, and milk banking start?

I have been interested in breastfeeding since I started to work as an assistant in the milk preparation room at Oslo University Hospital in the late 80s. I had my first child in 1988, and with this my interest in breastfeeding increased, and I got engaged with a mother-to-mother support group called Ammehjelpen (translation: Breastfeeding help). Then in 1995, I was involved in establishing the milk bank at Rikshospitalet in Oslo. Since then, I have continued my education within this field and today I devote my time as a breastfeeding and multicultural healthcare consultant.

How do you provide support to mothers in your care?

Most mothers in our NICU need counseling on initiating and maintaining the production of milk until the baby can breastfeed. We are a very specialized unit caring for the most fragile infants; most patients are transferred from our NICU to their local hospital when the critical phase is over. As a consequence, my role is less focused on breastfeeding support and more focused on support for the mothers while pumping. However, I love being a breastfeeding consultant and highly value the cases I see every week with latching and the early phase of breastfeeding. Nothing can

compare to witnessing an infant having its first go at breastfeeding, regardless of whether they are newborn or several weeks old.

How is human milk analysis used in your facility?

We do not analyze human milk regularly; however, we use the analyzer when there is concern that an infant's growth is not as expected. It will typically be the doctor that asks us to test the milk. For example, if an infant grows more than expected and the result shows that the milk has more calories than the average, we can reduce the amount of fortification used. I find that some mothers worry their milk is not good enough, but when we run milk analysis, they see results and are assured that their milk is perfect for their infant.

How are the milk banks in Norway financed?

The first milk bank in Norway opened in 1941. The health care system in Norway is founded on the principles of universal access, it is controlled centrally by the government and tax funded. Each hospital's NICU budget funds their milk bank.

There are currently 12 milk banks in Norway surveying the country's 20 NICUs. The milk bank in my facility is the largest one, and we supply milk to five hospitals. There are no private milk banks in Norway, and there is no charge to the recipients for the milk.



*“Nothing can compare to
witnessing an infant having its
first go at breastfeeding”*

“With high breastfeeding rates and active support groups for breastfeeding mothers, we have seen improvements over the years”

What is your experience with milk donor recruitment?

Compared to many other countries Norway's breastfeeding rates are high, and we have many donors. We work systematically to increase awareness about milk banking. Our network of milk banks collaborate and help each other if there is a need for more donors or milk in another part of the country.

The recruitment of new donors is constantly ongoing. We recruit donors through varied channels, but for us Facebook campaigns have been very successful. As there is no time for social media during working hours, this has become my hobby.

Our best ambassadors are our donors. If they have a positive experience donating their milk, they tell others about it, recruiting future donors for us. If a mother for some reason is unable to donate, we still ask if they are willing to share information and knowledge about us, and they always are!

We do have a lot of donor milk available here in Norway. At the moment we only supply for ill infants. However, with some structural changes, more resources, and the will to achieve it, I believe that in the future we will be able to provide donor milk also for healthy infants, when the mother cannot breastfeed due to illness or medication. Donor milk, not formula, should be the bridge to breastfeeding.

How is Norway working to ensure high breastfeeding rates also in the future?

Today we have substantial parental leave that is flexible for both parents, and many choose to breastfeed for a year or longer. With high breastfeeding rates and active support groups for

breastfeeding mothers, we have seen improvements over the years, and we experience fewer problems than many other countries. However, there is always room for improvement, and we cannot rely only on past trends. The National Resource Center for breastfeeding at the Norwegian Institute of Public Health actively works on a national level to increase breastfeeding knowledge and give advice to the authorities.

Can you tell us about your engagement in policy changes for Milk Banking in Europe?

I have been involved in the European Milk Banking Association (EMBA), first as a founding member and board member and then as the secretary for many years until 2022. EMBA has been an important stakeholder in the field of milk banking and has undoubtedly contributed to the expansion of milk banks and the spreading of knowledge throughout Europe and beyond.

Still, there are many differences in guidelines for milk banking around the world. I hope that there will be more research available and that in the future there will be standardized operating procedures for how to operate a milk bank. There will always be a need for local adjustments, as the financial situation and other circumstances vary significantly between countries, but I believe it will be possible to agree on a minimum standard for some of the procedures or guidelines.

What projects are you currently engaged in?

Primarily, I have been working on several projects in India through Oslo University Hospital. This is part of an ongoing collaboration between Oslo University and governmental hospitals in India to improve newborn care in India. When you get the chance to work in different environments, you really

see the importance of breastfeeding counseling and donor milk. It is estimated that more than 800.000 lives could be saved each year globally just by breastfeeding alone. These projects have changed me, and I am more eager than ever to fight for the infant's right to get the best start.

All infants should receive their mothers' own milk or donor milk as their first meal. I know this is a very bold target, but at least all preterm and sick children should have access to donor milk if the mother cannot produce enough milk in the first days. We need to increase availability of breastfeeding counseling in many places, even in Norway. It does not cost much, but the health benefits for infants, mothers, and society are immense.

"I hope that there will be more research available and that in the future there will be standardized operating procedures for how to operate a milk bank."



www.mirissolutions.com