Guest Editorial

Human Milk Banks in the Islamic Republic of Pakistan: One Step Forward and Two Steps Backward

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Introduction

In June 2024, Karachi's largest public health sector Pediatric Hospital, announced its "Shariah Compliant" Human Milk Bank, which the Sindh Government inaugurated as a Maternal and Child Health milestone. This received public and scholarly backlash, and the bank's operations were closed within ten days. This was intensified by the fatwas from the clerics claiming that the protocol was not pragmatic and that the procedural requirements of a truly Sharia-compliant human milk bank could not be met.

This issue has garnered significant attention and speculation from major stakeholders over the decades, and it is imperative to delve into its ethical, religious, and legal dimensions. The facts support the need to develop a resource, yet the social, cultural, religious, and legal aspects cannot be undermined. Clinicians, scholars, ethicists, theologians, community members, and all other stakeholders in Pakistan must engage in discourse and propose a resolution to this debate.

The Current Scenario and Alarming Statistics:

Globally, preterm birth is one of the leading causes of child deaths under age five, as almost 15 million babies in the world are born prematurely, and nearly 1 million die due to related complications.[1] Across 184 countries, the rate of preterm birth ranges from 5% to 18% of babies born. Approximately 80% of preterm births occur in Asia and sub-Saharan Africa. Pakistan and India bear the highest burden of preterm neonatal mortality.[1] The infant mortality rate in Pakistan is 54.65 deaths per 1000 live births currently,[2] and in 2019, the preterm-related neonatal mortality rate was 18.69 per 1000 live births in Pakistan.[3] It's crucial to understand in low-income settings, half of the babies born at or below 32 weeks die due to a lack of feasible, cost-effective, and basic care, e.g., warmth, breastfeeding support, basic care for infections, and breathing difficulties.[4]

According to UNICEF 2018 reports among Pakistani mothers, only 20% of women initiate breastfeeding within 1 hour of birth, 48% of mothers exclusively breastfeed their infants for 6 months, and 57% of mothers breastfeed their babies until two years while providing complementary feeding.[5]

Human Milk Banks in Muslim Countries:

The need for a milk bank has been a topic of discourse for decades. Neonatologists have strived to attain a human milk supply for premature babies, suggesting its benefits outweigh those of formula milk supplements. The literature suggests that human milk reduces the chances of necrotizing enter colitis in the preterm and helps with neurodevelopment, digestion, and immunity.[6] Based on similar evidence, in the early 21st century,

Production and Hosting by KEMU

https://doi.org/10.21649/akemu.v30i2.5773

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UNICEF actively took initiatives for milk banks. However, initially, these initiatives were aimed at war zones, mothers, and babies in crises. Their impact on neonatal support was significant, and thereafter, the institutions supported human milk banks, which gained popularity globally.[2]

Iran was the first Muslim country to establish a milk bank. The first breast milk bank was launched in 2016 in Al-Zahra Teaching Maternity Hospital, affiliated with Tabriz University of Medical Sciences, with the financial support of the Ministry of Health.[7] The initiative in Iran was from one physician, Dr. Mohammad Bagher Hosseini, who found a way to make milk banks workable through transparency and permission from the country's supreme and spiritual Shi'ite leader, Ayatollah Ali Khamenei. Following the same pattern, physicians in Bangladesh developed a milk bank in 2019. However, it was turned down by the Muslim scholars. However, other Muslim-majority countries, such as Malaysia and Kuwait, developed Human Milk Banks.[8] The Malaysian government has created public health awareness for wet nursing in Islam, encouraging women to understand the legal and social binding under the code of Islam.[9]

In Pakistan, this debate was stirred up in 2014 when a group of neonatologists sought Islamic guidance for establishing a human milk bank. However, the clerics turned it down. In 2023, the Sindh legislators, in their pursuit to combat malnutrition and appalling neonatal death rates, made progressive movements and passed the Sindh Protection and Promotion of Breast-Feeding and Young Child Nutrition Act 2023.[4] The Act is dedicated to promoting breastfeeding and its awareness among the masses. This led to the creation of a body to regulate all nutritional-related items in the market, restrict formula supplement commercials, and ensure pregnant ladies were educated regarding breastfeeding techniques. The creation of the Shariah-compliant milk bank was a step in this direction.

The Challenges in a Muslim Society:

Islamic theology has unique concepts of "milk kinship" and "Rizai" motherhood. These concepts impact fundamental human rights within the Islamic framework—religion, intellect, physical safety, lineage, and property.[10] According to Islam, breastfeeding establishes a kinship between the child and the wet nurse, the 'mahram' relatives of the wet nurse, and the children breastfed by the same wet nurse.[11] Through this, people established as 'mahram' are forbidden to marry. Hence, from the Islamic viewpoint, knowing from whom and with whom the milk sharing happens is extremely important. In this context, establishing a milk bank in a Muslim-majority country raises several other concerns that must be addressed. Transparency and clarity regarding operational procedures and storage techniques are crucial. Simply stating that recipient milk comes from a single donor is insufficient. The matter of kinship has been addressed by Sunni Scholars in the Lathiti and Zahiri sects.[12] According to the scholars of these sects, if the baby does not suck or latch from the nursing (wet) mother's breast, kinship does not establish.

Acceptance and understanding among healthcare providers, neonatal unit teams, and society at large are vital. Exploration of perceptions of Muslims in various countries and cultures shows that Muslims are less likely to accept the establishment of human milk banks.[13] Healthcare providers and caregivers of premature babies, on the other hand, express acceptability to donor milk and human milk banks that follow Islamic theology by disclosing the details of donors and recipients to each other.[14]

The Way Forward:

In Pakistan, Muslim clerics are dissatisfied and lack consensus on the issue of human milk banks. However, from the current debate and fatwas released by some scholars, it is not clear whether they reject human milk banks due to the inherent issues of kinship in Islamic theology or because of a lack of trust in the system and doubts about the transparency of the procedures proposed by health care institutions establishing these milk banks. If the reason for rejection is the latter, it must be clearly communicated to the relevant authorities, who are responsible for ensuring transparency and documentation while protecting the privacy and confidentiality of the concerned families. The rejection of human milk banks that respect Islamic principles and public sentiment, based on challenges that can be anticipated and avoided, is unfair and insensitive when the stakes are high.

However, if the reason for rejection is the former, Islamic

clerics must resolve the issue by establishing open discourse with scholars of various sects, healthcare providers, community representatives, and legislators. Healthcare providers in Pakistan face enormous ethical, social, and legal challenges when involved in clinical care. They must not be made to choose between science and religion. It is not a question of either/or but rather a question of humanity that requires us to find a middle ground that utilizes Islamic theology and scientific evidence to offer the best possible, culturally and religiously sensitive care to the patients and their families.

The scientific evidence must speak to the Islamic rules of kinship. Mutual trust among all stakeholders is required. Instead of point-scoring or politically motivated initiatives, we need to focus on the basic concepts of human dignity, the sanctity of life, and the collaboration needed to preserve these. All objections and suspicions should be heard and addressed.

Summary:

As clinicians and ethicists, we urge religious scholars from all sects to develop and implement guidelines in collaboration with healthcare providers and institutions. If we truly wish to move forward, there should be an open discourse with healthcare professionals, legislators, religious scholars, and community representatives with humility, trust, and curiosity about each other's knowledge and expertise. Clear protocols and monitoring mechanisms must be developed to ensure distributive justice, fairness, and respect for religious beliefs. Educating the public and enhancing operational efficiency through electronic health records and secure medical record-keeping is essential to prevent mistrust.

If we do not find a resolution, we either continue losing precious human life or continue undocumented, unauthorized practices of human milk donation in nurseries and NICUs of Pakistani hospitals. We all must decide what the right thing to do is. For that, we must identify the source of discontent of those rejecting milk banks. We are responsible for every baby born anywhere in the country. Instead of speculating about what could go wrong and failing to resolve, we should anticipate and prepare ourselves with the available resources and guidance from Muslim scholars.

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