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Case Study

From Wet Nursing to Human Milk Bank– India Case Study

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Abstract

Wet nursing, the act of a woman breastfeeding another's infant, is a deeply rooted practice in India. While historically tied to royal alliances, patriarchal exploitation, and survival, the modern landscape has shifted dramatically to a Human Milk Bank (HMB). An HMB is a specialized service that recruits, screens, collects breast milk from volunteer donors, then pasteurizes, tests, stores, and distributes it. This Donor Human Milk (DHM) is life saver to premature or ill infants when their mother's own milk is unavailable. This service is a core component of neonatal care, aimed at preventing necrotizing enterocolitis & improve health outcomes in neonatal intensive care units (NICUs).

Methods: This article is based on a review of HMB institutional & individual efforts, progress, status, and the challenges in India as of early 2026

Outcomes: There are over 700 to 800+ HMBs operating in roughly 70 countries as of the end of 2025, with significant growth in Brazil, Europe, and North America. Despite historical gaps, there is a strong surge in establishment within India, with over 125 HMBs by 2025 & other developing regions to combat high neonatal mortality rates. HMBs demonstrated resilience during the COVID-19 pandemic, developing protocols for safe operation, screening, & social distancing to ensure consistent supply. The trend moves away from isolated, "vertical" banks toward integrating HMB services within hospital systems, focusing on holistic lactation support for the mother. Metabolomics research is emerging, aim ing to understand the impact of pasteurization and potentially personalize nutrition for babies. Donor milk acts as the best alternative to mother's own milk, drastically reducing the risk of NEC, sepsis, and infection in premature infants. HMBs provide a crucial "bridge" while a mother is building her own supply or recovering from illness. This article is a review of the history and status of HMBs in India as of the end of 2025, to update the maternity homes in need of such services.

HMBs follow strict screening (health history, blood tests for HIV, hepatitis, etc.) and Holder pasteurization processes to ensure safety. Contrary to early fears, high-quality, non-profit HMBs integrate with other lactation support services to protect and promote breastfeeding. Although setting up banks requires investment, HMBs provide long-term savings by reducing hospital stays, readmission rates, and formula-milk-related infections.

Challenges: Ensuring consistent, year-round funding and donation volumes remains a challenge. Addressing misconceptions and religious/cultural sensitivities about sharing milk is essential to increasing the donor pool. There is still a need for global, standardized, and regulatory guidelines to support the growth of HMBs in developing countries. While non-profit banks are standard, a rise in commercial, for-profit banks (e.g., Neolacta) has created a mix of models for supplying milk. For organizations looking to establish these services, a comprehensive toolkit developed by PATH and IAP in India in 2017 is widely used for guidance on best practices and quality control.

Introduction

Wet nursing, the act of a woman breastfeeding another's infant, is a deeply rooted practice in India. While historically tied to royal alliances, patriarchal exploitation, and survival. However, it is only now that practical guidelines for implementing wet nursing in emergencies are being developed by UNICEF [1].

Human milk is the biological norm for infant nutrition, with a mother's milk being the ideal source. The World Health Organization (WHO) and the United Nations International

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Children's Emergency Fund (UNICEF) recommend donor milk for low birthweights, leading to global interest in human milk banks (HMB). However, there is limited evidence of its effect on other health issues, and its value for healthy term infants is not yet documented. The growing global interest in HMB is driven by the growing recognition of its benefits in milk [2].

Today, the practice has largely evolved into medically regulated human milk banking, though informal community support and domestic nursing bureaus remain in some areas. In Rural India, there used to be a tradition for women who lost their babies soon after birth or had a stillbirth to breastfeed infants whose mother died during delivery. The usual thing when a mother is unable to nurse her own child is simply to find another woman with a nursing baby, so she can feed them both. Such a mother is called a wet nurse. My understanding is that wet nurses have been around for time immemorial. If the baby is too young to get by on solid foods, no matter how soft or mushy they make the food, and there is no source of milk, then the baby, sadly, is going to starve to death. They might keep it alive a bit longer just by giving it water to avoid dehydration, but an infant can't last long on water alone [1].

Human milk provides essential nutrition for infants and holds many health benefits for infants and mothers. When a mother's own milk is not available for her infant, the World Health Organization recommends feeding donor human milk (DHM) from a human milk banking facility. DHM is human milk produced, collected, and then donated to a human milk bank (HMB). HMBs serve many vital functions, including screening donor mothers, then collecting, processing, storing, and allocating DHM to recipients. The first HMB opened in 1909, and today there are more than 700 HMBs globally [2]. The first human milk bank in India and Asia was established in 1989 at Sion Hospital, Mumbai, by Dr. Armida Fernandez. She was a year senior to this author in Karnataka Medical College between1962-66 [3].

Methodology

This article is a review of the development of the development of wet nursing to the Human Milk Bank in India to update maternity home doctors and nurses, so that they can encourage more mothers who have experienced miscarriage, stillbirth, or early neonatal death to come forward for milk donation.

Institutions & Case Description

Amrutdhare VVH Bengaluru Case Report: The Amruthadhare Milk Bank (AMB) at Vani Vilas Government Hospital in Bengaluru is Karnataka's first government-run human milk bank, inaugurated on March 8, 2022. This facility will cater to newborns who are ill and in the neonatal ICU of the hospital. It provides safe, pasteurized, and free donor milk to preterm, low-birthweight, and sick infants in the Neonatal ICU (NICU). As of May 2026, the bank has served over 3,000 babies and collected over 800 litres of breast milk [4].

Inaugurated on March 8, 1935, by Maharaja Krishnaraja Wadiyar IV, Vani Vilas Hospital in Bengaluru is a premier government women and children's hospital built to commemorate the Queen Mother, Smt. Kempananjammanni Vani Vilas Sannidhana. The 150-bed hospital, constructed for ₹4 lakhs, is attached to Bangalore Medical College and Research Institute and was famously crowdfunded by the public. The foundation was laid in 1930 by Prince Narasimha Raja Wodeyar. It was created to fill the specialized obstetrics, gynaecology, and child healthcare needs, as existing facilities were insufficient. Of the total ₹4 lakh construction cost, citizens of Mysore State donated nearly ₹3 lakh, making it a highly supported public endeavour. The hospital was renovated in 2002 for ₹4.2 crores & now is now a major NICU & emergency paediatric centre in the public sector.

Located inside the Mother and Child Healthcare block, Vani Vilas Hospital, Fort, K.R. Road, Bangalore - 560002. Donor milk undergoes thorough screening for infections (HIV, hepatitis B, etc.), pasteurization to eliminate bacteria, and specialized deep-freezing. The main donors (sources) are primarily in-house mothers with excess milk, but AMB also accepts voluntary donations from outside. In terms of impact, the bank has significantly reduced the reliance on formula milk for vulnerable babies in the NICU.

In November 2021, the hospital started its dry run, and the bank collected 27 litres of milk from nine donors. The main goal of the Bank is to reduce infant mortality by ensuring access to fortified human milk for babies whose mothers cannot breastfeed. The facility operates continuously, ensuring that milk is available 24/7 for neonates in need.

An institution-based cross-sectional study to assess knowledge of Human milk banking among 204 nurses in a selected institution in Bangalore in June 2024. Results showed that the majority, 98 (48.03%), of the participants belong to the age group of 31 and above. About 134 (65.68%) were undergraduate, and forty-six (22.54%) had postgraduate degrees. Among the participants, 139 (68.13%) were single. Mainstream 110 (53.92%) belonged to rural residents, and most of the 124 (60.78%) came from single families. One hundred forty-one (69.11%) had 1-5 years of work experience. About 91 (44.60%) had no awareness, and about 104 (50.98%) study members had good knowledge about human milk banking.

Jwala Gutta, ace badminton player, donates 60 litres of Breast Milk: Former Indian badminton star Jwala Gutta is receiving widespread appreciation after revealing that she donated nearly 60 litres of breast milk to government hospitals in Hyderabad and Chennai during her first year postpartum. Sharing her experience on social media, Jwala highlighted how donor milk becomes a lifeline for premature babies admitted to NICUs, especially when mothers are unable to breastfeed immediately due to medical complications. She noted that even 100 ml of donor milk can nourish a 1 kg preterm baby for several days, providing vital immunity and nutrition during the newborn's most fragile stage. Jwala also stressed that donor milk can help reduce the risk of serious conditions like Necrotizing Enterocolitis in premature infants.

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Wet Nursing Author's first exposure in 1969: It was sometime in 1969, a year after this author, a fresh medical graduate, had joined as a Medical Officer of Health in a PHC in Gulbarga district of Karnataka, when Parvathy, a schedule caste woman in her early 20s, gave birth to her first child, a daughter. Parvathy lived with her husband and her in-laws across the street from our PHC. About five months after she gave birth, Parvathy was summoned by the Village Panchayat Chairman (VPC), a big landlord. Traditionally, these feudal landlords wielded immense power, and each village could have several or more such leaders. They owned huge houses and lands that less privileged castes depended on for an income. This VPC's daughter-in-law, who was also in her 20s, had given birth to a boy a few weeks earlier but could not produce enough breast milk. So, Parvathy was fetched to feed her son. Parvathy leaves her baby every 2-3 hours for half a dozen times each day. Even after returning home, she could be called back if "the baby refused to latch on to the mother's breast, if the mother could not lactate, or if she simply did not want to nurse the child". Our PHC nurse and other women from the neighbourhood were talking about Parvathy, about how Parvathy was expected to prioritise the VPC's grandchild over her own, despite her own baby going hungry. Of course, in return, the VPC family compensated with cash and food grains to feed herself better and her family too.

Case Reports of Formula Feeding: Ms Deepika's first gravida ended in a gobbled foetus in 2023, 3 years after marriage. She delivered her second gravida male baby in a private hospital in Hubballi in December 2025 and complained of insufficient breast milk and was hardly put to breast, which led to almost negligible breast milk secretion. Right for day 2, the baby was put on formula feeds. The boy started having milk intolerance in week 2 of life, often had bloody stools, and sepsis. An early diagnosis was made, and the baby was put on antibiotics & kept in the hospital for 3 weeks to manage sepsis. Fortunately, full-thickness necrosis did not develop.

Results

The Amruthadhare Milk Bank at Vani Vilas Government Hospital has demonstrated substantial utilization since its establishment in March 2022. As of May 2026, more than 3,000 neonates have benefited from donor human milk, with over 800 litres collected from screened donors. The primary recipients included preterm infants, low-birth-weight neonates, and infants admitted to the NICU whose mothers were temporarily or permanently unable to breastfeed.

The availability of pasteurized donor human milk contributed to a substantial reduction in formula milk dependence within the neonatal intensive care unit. Continuous operation of the milk bank ensured 24-hour availability of donor milk. However, detailed recipient-level outcome data, including NEC incidence, sepsis rates, duration of hospitalization, growth trajectories, and exclusive breastfeeding rates after discharge, were not available for analysis.

Discussions

Wet nursing, the practice of an infant being breastfed by a woman other than its biological mother, has deep historical roots in India but is increasingly transitioning into regulated human milk banking. While informal cross-nursing among family members still exists, modern healthcare professionals strongly advocate for pasteurized donor milk over unscreened wet nurses. Promoting wet nursing is an IYCF-E recommendation and is in line with supporting good breastfeeding practices in emergencies. Wet nursing can be facilitated when an experienced counsellor mediates it, breastfeeding is valued, and the community is familiar with wet nursing practice. However, the risk of infection transmission, negative attitudes toward wet nursing, and the need for culturally sensitive counselling to mediate wet nursing are some of the barriers that may specifically influence wet nursing. Data on the prevalence of wet-nursing practice in each country must be collected in nationwide nutrition surveys to guide practical actions for implementing wet nursing in different settings [1,4,5].

Traditional Indian medicine, or Ayurveda, has long recognized the wet nurse as a Dhatri, a crucial caregiver if the biological mother passed away, was ill, or had insufficient breast milk. During the Mughal Empire, imperial wet nurses held immense socio-political power. Known as the Atakeh-khail, they often forged lifelong political ties with princes & wielded significant influence within the royal court. Historically, the practice had a dark side tied to the caste hierarchy &patriarchy as women from marginalized and Dalit communities were forced into wet nursing by wealthy landlords, a systemic issue of exploitation and domestic labour [1].

The Indian Academy of Paediatrics (IAP) advises against traditional wet nursing by unscreened lactating women, due to concerns about the transmission of infectious diseases, TB, & HIV, as well as allergies or dietary incompatibilities. Instances of women volunteering to travel long distances to nurse orphaned babies frequently make national headlines. To replace the risks associated with unscreened wet nurses, India has rapidly expanded its network of Comprehensive Lactation Management Centres (CLMCs) [6]. Breast milk banks screen donors, pasteurize the milk to remove pathogens, and store it safely for premature or orphaned infants. This modern evolution ensures that infants in need receive the vital immunological and nutritional benefits of human breast milk in a sterilized, disease-free environment. While commercial wet-nursing agencies are rarely utilized today, some localized domestic help services, informal cross-nursing among close female relatives, & trusted friends are still practiced to assist mothers struggling with milk supply.

Formula feeding and necrotizing enterocolitis epidemiology in India: In India, Formula feeding is a primary risk factor for Necrotizing Enterocolitis (NEC), which occurs in roughly 1 to 5 % of neonatal intensive care admissions, with sepsis complicating up to 50% of cases. Length of hospital stay averages 55 days but can stretch to months. In broad studies, NEC prevalence is noted around 1.26%,

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though specialized centres tracking very-low-birthweight (VLBW) infants report incidences closer to 5.2%. However, overwhelming sepsis frequently co-occurs, with up to 40-50% of NEC cases featuring concurrent Late-Onset Sepsis (LOS). Preterm infants developing NEC have significantly extended hospitalizations, with stays often exceeding 55 days. Formula feeding remains a widely recognized catalyst for NEC. Strict exclusive breastfeeding and pasteurized donor human milk (DHM) reduce this risk, as formula milk lacks the protective antibodies & lactoferrin naturally found in breast milk. Clinical Presentation reported in the literature in Indian cases highlights that NEC primarily affects preterm infants and, rarely, occurs in adults and older individuals. Neonatal presentations usually occur between day 4 and week 2 of life, often initiated by feeding intolerance, bloody stools, and sepsis. If a full-thickness necrosis occurs, surgical intervention, called exploratory laparotomy with resection, is done and has shown favourable outcomes in early-diagnosed patients. An engorged breast during a first-trimester miscarriage, as was in our fourth case, does not negatively impact milk secretion in subsequent pregnancies. Breast changes after an early loss are natural, but future lactation functions completely independently once a new pregnancy develops. Poor milk secretion among Indian women is caused by high rates of caesarean sections, endemic nutritional deficiencies of iron and calcium, underlying PCOS and hypothyroidism, and the physiological impact of postpartum stress and dehydration. In our case, PIM, subclinical hypothyroidism, and micronutrient deficiency were the causes. A lot of women discontinue breastfeeding during the first few weeks of the post-partum period because of perceived insufficient milk (PIM), and approximately 35% of all women who wean early report PIM as the primary reason. Many women utilize infant satisfaction cues as their main indication of milk supply, and many researchers, clinicians, and women do not evaluate actual milk supply. The relationships between PIM and socioeconomic or demographic variables, as well as early breastfeeding behaviours, have not been adequately documented [7].

Women who experience late termination or miscarriage, relinquishment or infant removal after birth, stillbirth, or early neonatal death usually find that their breasts engorge and produce milk. Encouraging more mothers to come forward for milk donation, she described it as a safe, screened, and urgently needed initiative that has the power to save countless infant lives. Her inspiring gesture is now sparking important conversations across the country about maternal health, neonatal care, & the growing need for breast milk banks in India [8].

HMB Global history: Human milk is the biological norm for infant nutrition, with mother's milk being the ideal source. The World Health Organization (WHO) and UNICEF (the United Nations International Children's Fund) recommend donor milk for low birthweights, leading to global interest in human milk banks. The growing global interest in human milk banks is driven by the growing recognition of the benefits of donor human milk [2].

In 1909, the first human milk bank was established in Vienna, Austria. In the 19th century, wet nursing was a common practice in Europe to give human milk to babies whose moms were unable to make milk for them. This alternative to wet nursing was a solution to the lack of available nurses [3].

Human milk banks are expanding globally, with a growing number in low- and middle-income countries. However, limited guidance exists on their implementation, operation, and regulation [9]. The growth of human milk banks has prompted calls for equitable access for vulnerable infants [10]. Human milk, classified differently globally, is primarily a food or nutritional therapy, considered a medical product of human origin by the World Health Organization. A consensus on its nature is needed for unified safe handling procedures and precautions [11,12].

Donor human milk benefits vulnerable infants, preventing necrotizing enterocolitis and improving feeding tolerance. However, there is limited evidence of its effect on other health issues, and its value for healthy term infants is not documented. Further research is needed to optimize processing by developing a standard protocol [12]. Human milk donation for monetary compensation could harm low socioeconomic donors, potentially leading to maternal depletion and nutrient deficiency. Universal coverage of donor human milk is crucial, but covering costs can be challenging in countries like India without universal health coverage. The availability of donor milk from human milk banks could divert resources from breastfeeding support. Providing human milk to all neonates and infants is essential for a health system's health and development goals. However, technical and ethical issues need to be clarified to minimize harm. A research agenda is needed to develop a full-bodied universal protocol on human milk banking & the appropriate use of donor human milk [13].

Human milk banks provide essential benefits to premature infants, protecting them from diseases like necrotizing enterocolitis and sepsis. They collect, screen, store, process, and distribute human milk, with donor women carefully selected and screened for various diseases. Although heat treatment can diminish its anti-infective properties, donor milk remains beneficial and preferable over formula [6].

In cases where an infant's mother's milk is unavailable, donor milk is used to fill the gap. Human milk banks collect, screen, pasteurize, and distribute donated breast milk to hospitals or outpatient recipients, following established guidelines. They are the most important providers of donor milk [14]. Human milk banks are nonprofit organizations that collect, process, store, and distribute donated milk. Local evidence on the effectiveness of the comprehensive lactation management centre (CLMC) model and knowledge, practices, and perceptions of human milk banking is limited [6]. Human Milk Banks (HMBs) in India are crucial for saving neonates—particularly preterm, low-birthweight, and sick infants in NICUs by reducing mortality rates from necrotizing enterocolitis (NEC) and sepsis by up to 79% [15,16].

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History of HMB in India: The first human milk bank in India and Asia was established in 1989 at Sion Hospital, Mumbai, by Dr. Armida Fernandez. She was a year senior to this author in Karnataka Medical College between1962-66. While early efforts were slow, the network has grown to over 125 centres, driven by the need to support low birth weight babies. As of mid-2025, there are nearly 125 operational human milk banks (HMBs) in India. The network, which includes facilities in government, private hospitals, and NGOs, has grown from only 22 in 2015 to become one of the largest networks of its kind globally, aimed at reducing neonatal mortality. These over 125 banks are established in major cities, including the first, "Sneha," in Sion Hospital, Mumbai (1989), and others like the Yashoda Human Milk Bank in Pune, Amruthdhare in VVH Bengaluru. These Comprehensive Lactation Management Centres (CLMC) screen, pasteurize, and store donor milk for preterm or sick newborns. While growth has been rapid, it still lags the rising number of neonatal intensive care units (NICUs) in the country. The government formalized guidelines in 2017 to scale up these facilities.

As already indicated, 'Sneha' in Sion Hospital, Dharavi, Mumbai, was established. She was awarded the Padma Shri, a national award among the Padma awards 2026, for paving the way for "Liquid Gold" to save the lives of vulnerable preterm babies across the nation. Every drop of donor milk collected in India today flows through the path she created. She is the torchbearer who taught us that "Breast milk is not just food; it is the right of every newborn. The entire country thanks her for the vision, her service, and for inspiring many organizations to serve. This recognition is a victory for every child whose life was saved by human milk. The second Milk Bank to come up was "Vatsalya—Maatri Amrit Kosh", one of the largest comprehensive lactation management centres, which was established at Lady Hardinge Medical College, Delhi. The number of milk banks grew slowly from early initiatives to roughly 14 in 2014, with over 125 centres currently providing pasteurized donor human milk (PDHM) to neonatal intensive care units (NICUs). The Amruthadhare Milk Bank (AMB) at Vani Vilas Government Hospital in Bengaluru is Karnataka's first government-run human milk bank, inaugurated on March 8, 2022.

VVH DMB Operational Details: The Amruthadhare Milk Bank (AMB) at Vani Vilas Government Hospital in Bengaluru, has at any given point in time, there are 60-70 babies with about 10-20% of them being babies with low birth weight and some whose mothers are sick and unable to feed them in the neonatal ICU of the hospital, for whom the human milk bank will be beneficial. The donors are mothers in the hospital who have excess milk. They are counselled about the milk bank and given a letter of appreciation after donation. From one mother at a time, 60-70 ml of breast milk is collected using a breast milk pump. Mothers willing to donate milk must ensure hygiene, including taking a bath. They must come to the milk bank for expression, as it can't be done in the wards. After milk is collected, a sample is sent for bacterial analysis, and it will then be stored at -220 Celsius in a deep freezer. The milk collected from different mothers is pooled and pasteurised. Bacterial analysis is repeated after pasteurisation to ensure safety and no contamination. "The milk once processed for pasteurisation can be used for up to six months. Though the focus at present is to fulfil in-house demand, the hospital in the future aims to provide milk to babies in need elsewhere too. No monetary benefits are given to the donors. Karnataka already has four human breast milk banks, but this is the first government setup.

Key Contributions of HMBs to Neonatal Survival in India: Pasteurized donor human milk significantly lowers risks of late-onset sepsis and NEC. HMBs provide essential nutrition to babies with low birth weight (<1500g), those whose mothers have poor lactation, and abandoned neonates. Feeding donor milk helps with better weight gain, neurodevelopmental outcomes, and higher IQ scores. Approximately 30% to 50% of babies in Indian NICUs require donor milk, with HMBs increasing exclusive breastfeeding rates at discharge by 13%. Although needing to scale further, existing banks have saved thousands of lives in Delhi, Rajasthan, Maharashtra, and Karnataka.

Source References: Though wet nursing had been in practice since mythological ages, modern human milk banking is in its adolescence in India, as the Indian Academy of Paediatrics (2014) formulated the first National Guidelines on Lactation Management Centres in Public Health Facilities (2017). Landscape Analysis of Human Milk Banks in India (2019). India has the highest number of low birth weight and preterm babies, requiring donor milk when mother's milk is unavailable. Initial growth was hindered by a lack of awareness, high setting costs, and a lack of training. Modern banks often operate as Comprehensive Lactation Management Centres (CLMCs), which provide counselling, Kangaroo Mother Care, and storage. IYCF CHAPTER OF IAP PREFACE.

Conclusion

Wet nursing, the act of a woman breastfeeding another's infant, is a deeply rooted practice in India. While historically tied to royal alliances, patriarchal exploitation, and survival, the modern landscape has shifted dramatically to a Human Milk Bank (HMB). An HMB is a specialized service that recruits, screens, collects breast milk from volunteer donors, then pasteurizes, tests, stores, and distributes it. This Donor Human Milk (DHM) is life saver to premature or ill infants when their mother's own milk is unavailable. This service is a core component of neonatal care, aimed at preventing necrotizing enterocolitis (NEC) and improving health outcomes in neonatal intensive care units (NICUs).

HMBs provide essential nutrition to babies with low birth weight (<1500g), those whose mothers have poor lactation, and abandoned neonates. Feeding donor milk helps with better weight gain, neurodevelopmental outcomes, and higher IQ scores. Approximately 30% to 50% of babies in Indian NICUs require donor milk, with HMBs increasing exclusive breastfeeding rates at discharge by 13%. Although needing to scale further, existing banks have saved thousands of lives in Delhi, Rajasthan, Maharashtra, and Karnataka.

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