

mothering

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OUR ANNUAL REVIEW

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The untold risks
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making money off mother's milk



It is a commonly known fact of capitalism that once an item someone makes from scratch is highly acclaimed, companies are not far behind in figuring out how to duplicate the effort on a large scale and make a hefty profit. Delicious home-baked cookies. Mmm. Mrs. Fields = \$\$\$.

But when the item in question is breastmilk, ethical questions arise. Dr. Elena Medo, CEO of the for-profit company Prolacta Bioscience, headquartered in Monrovia, California, has founded the first large-scale processing facility that will obtain donated breastmilk, pasteurize it, and sell it to hospitals. The idea is that the lauded benefits of breastmilk will now be available to babies whose mothers do not breastfeed.

Prolacta's mission seems altruistic—who can argue with a concern that provides breastmilk to premature and sick infants who have no other access to it? However, there is a strong possibility that this “outsourcing” of breastmilk will reduce the

percentage of women who would otherwise breastfeed their babies.

Another question arises: Why would a woman donate breastmilk to a for-profit breastmilk bank when there are numerous nonprofit breastmilk banks that simply want to help babies without a self-serving incentive? On the other hand, if mothers were paid for their expressed breastmilk, would financially desperate mothers sell their milk at the expense of nursing their own children?

One reason is that nonprofit breastmilk banks operate at only the local level, whereas Prolacta is poised to provide its pasteurized breastmilk, in sealed syringes, to the entire US and perhaps to the world. Medo expects that her donors would donate only “extra” milk, not milk needed by their own children.

However, a recent study shows that pasteurizing breastmilk so damages the milk that it becomes no more nutritious than formula. In a four-year, 243-preemie study,

neonatologist Richard J. Schanler found that infants fed pasteurized donor breastmilk thrived no more and no less than those on formula. The precious ingredients of unpasteurized breastmilk that fend off infection were no longer present after pasteurization.

Given this evidence, why would doctors and parents use Prolacta milk—which is much more expensive than formula—instead of supporting preemies' mothers in a way that ensures a successful breastfeeding relationship? It's strange to think that long years of tireless breastfeeding advocacy may have raised the public's awareness of the benefits of breastfeeding just enough to make many want to literally buy into the concept without benefiting from the full spectrum of intimacy, bonding, and optimal health that actual breastfeeding provides.

—CANDACE WALSH

SALLY BLAKEMORE

trading chickenpox for shingles?

New research suggests that the US government has unwittingly traded a typically mild childhood disease for a far more serious illness that affects adults. According to a case study conducted in California, the rate of shingles has increased dramatically since a 1995 governmental recommendation that all children receive the chickenpox vaccine. The research findings of Dr. Gary S. Goldman, published recently in the *International Journal of Toxicology*, support the theory that shingles, which is known to cause three times as many deaths and five times the number of hospitalizations as chickenpox, is naturally suppressed by occasional contact with chickenpox.

Dr. Goldman's findings corroborate other independent studies showing that the numbers of shingles cases in the US could continue to rise for 50 years. Of great concern is the fact that while death rates from chickenpox are very low, any deaths prevented by vaccination will be offset by deaths from the increasing incidence of shingles.

Further, in a peer-reviewed article published in *Vaccine*, Goldman points out that during a 50-year time span there would be an estimated 14.6 million (42 percent) additional shingles cases among adults under 50 years of age, presenting society with an additional medical cost burden of \$4.1 billion. This translates to \$80 million annually, using an estimated mean healthcare-provider cost of \$280 per shingles case.

Both chickenpox and shingles are caused by the same varicella-zoster virus (VZV). Following a chickenpox infection, the virus becomes dormant, but can reactivate later, in adulthood, as shingles. It has long been known that adults receive natural immune boosting from contact with children infected with chickenpox. This continued contact helps prevent the reactivation of the virus in the form of shingles. Goldman's research also indicates that the effectiveness of the chickenpox vaccine itself is dependent on natural boosting. As natural cases of chickenpox decline, so will the effectiveness of the vaccine.

Dr. Gary S. Goldman, “Universal Varicella Vaccination: Efficacy Trends and Effect on Herpes Zoster,” *International Journal of Toxicology* 24, no. 4 (July–August 2005): 205–213.

Dr. Gary S. Goldman, “Cost-benefit Analysis of Universal Varicella Vaccination in the U.S. Taking into Account the Closely Related Herpes-zoster Epidemiology,” *Vaccine* 23, no. 25 (9 May 2005): 3349–3355.

new york passes mercury ban

New York Governor George Pataki signed a bill on August 30 banning the mercury-based preservative thimerosal from vaccines given to children under the age of three and to pregnant women. The legislation, which follows bans passed in Missouri, Delaware, Illinois, California, and Iowa, will take effect in 2009. Similar legislation is pending in 13 other states. Flu vaccines will be exempted in the case of an epidemic.

