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All about Liquids Gold for every Newburn – Strengthening of Human Milk Banking from the Global arena to the Bedside in Bengaluru.

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This is an occasion to celebrate World Breastfeeding Week 2026 (1-7 August) with the theme: "Breastfeeding for a Sustainable Start in Life: Strengthen What Works".
World Breastfeeding Week 2026: Liquid Gold" | RV College of Nursing
For every drop, a lifeline, for every breath a start, a mother's gift of gold straight from the heart.
On the stage of the world, or a bed in Bengaluru, we bear the promise -- each baby fed.
The World Alliance for Breastfeeding Action, along with the World Health Organization and UNICEF, calls on sharing the world each August to see how the world's simplest, most powerful public health intervention is possible in any new-born's world—human milk. The theme for World Breastfeeding Week 2026 is "Breastfeeding for a Sustainable Start in Life: Strengthen What Works", a message not so much to start new programmes as to build and reinforce systems that work and save lives. Now is the time to reflect on one of the most material and tangible expressions of that principle: the human milk bank, and to trace the relevance of that expression from the global to the local context of our own neonatal units: that of the city of Aichi.

THE GLOBAL PICTURE

The proportion of infants breastfed exclusively for six months has steadily increased since 2012 from approximately 37% to approximately 48% by 2024-25, an encouraging increase of eight percentage points over 2020 but still falling short of the 50% by 2025 and the more ambitious 60% by 2030 goals of the World Health Assembly. Six countries are already over 60 percent, and that is good evidence that this is a goal that can be achieved when the necessary supports are deliberately created and maintained, not when the individual has to do it on his or her own.

This momentum has been accompanied by the emergence of human milk banking. Human milk banking has been emerging along this trend. As of late 2025, there were over 700-800 known human milk banks in approximately 70 countries, including those in the developed world that had been established for many years that remain a global leader in donor milk programmes, and Brazil, where there had been a significant expansion. If a mother's milk is unavailable (due to a very preterm infant, critical illness, mother's absence, or medical inabilities to feed the infant) pasteurised donor human milk (DHM) is an accepted practice for neonates, and has been shown to decrease the risk of NEC, sepsis and other neonatal complications of prematurity.

India's continent-leading network is THE NATIONAL CONTEXT.THE NATIONAL CONTEXT is India's continent-leading network.

India has a disproportionate share of the world's premature and low birth weight babies which makes donor human milk not a convenience, but a survival instrument for thousands of babies a year. The National Guidelines on Establishment of Lactation Management Centres of the Ministry of Health and Family Welfare have established the three-tier model of facilities for CMAs in India such as Comprehensive Lactation Management Centres (CLMCs) at medical colleges and high-delivery-load district hospitals, Lactation Management Units at sub-district hospitals and Lactation Support Units which are nearer to the community. According to Human Milk Banking Association of India, the CLMC network has grown from few pioneering centres to more than a hundred working centres across the country, one of the fastest growing donor milk networks in Asia.

But the same time has revealed a paradox to which nursing science can do no better than to respond. While institutional deliveries improved to almost 95% in NFHS-6, exclusive breastfeeding dropped from 63.7% in NFHS-5 to 55.8%, a decrease of nearly eight percentage points. Various public health organisations such as the Breastfeeding Promotion Network of India have declared this as a 'national problem' which needs a formal investigation. The message to those who run hospital-based intervention programs is that such programs require a similarly robust referral system to their bedsides to be effective in achieving nutritional results.

NATIONAL VISITORS: KARNATAKA AND BENGALURU

The journey of Karnataka milk banking started at Vani Vilas Hospital, Bengaluru, which was the first government run facility in the state, Amrutha hare, at a unit that admits an average of around 70 babies every day to its neonatal intensive care unit. The state Health and Family Welfare Department has since scaled the model up to a dozen government-run human milk banks, such as at Sri Atal Bihari Vajpayee Medical College's maternity wing and HSIS Gosha

hospital, and has indicated that it plans to open a bank facility in every district hospital in a phased manner, with an estimated 3,800 babies benefiting in a single financial year.

The cooperative public-private-NGO arrangement typical of Indian milk banking is also evident in the Bengaluru ecosystem: the city has NGO-supported milk banks like Amaara Milk Bank, private neonatal care centres with milk banks like Sharada Human Milk Bank, South Bengaluru, and hospital-based milk banks. The operational experience at Vani Vilas Hospital has also led to a useful mid-course correction: Donor milk is now being made available to infants whose mothers are not able or willing to provide milk, rather than to supplement for it. After all, ready availability of banked milk in few instances was, in practice, replacing the mother's milk, and that was the reason to initiate this change. An example of a small sort, but one that illustrates that the policy of milk banking must change continually as a result of nursing and clinical observation, and will not remain once a milk bank has been set up.

Why this belongs in a Nursing Journal?

Human milk banking can only be successful or unsuccessful on the ground of nursing activity. Nurses inform and counsel potential donors, sensitively; they escort mothers through expression, pooling and pasteurisation procedures; they are often the first to detect the deep, unpublic conversation between family that replaces convenience for connection, at the bedside; and they are tasked with bringing a national guideline into a warm and trustworthy conversation for a nervous postnatal mother. In line with the theme of the WBW 2026 "strengthen what works", the following are recommended as urgent priorities in nursing education, nursing practice and nursing research in our institution and among nursing professionals generally:

1. Establish structured donor human milk counselling, and CLMC/LMU, as part of the undergraduate and postgraduate nursing curriculum, and not an elective topic, but as part of neonatal and maternal health.
2. Improve in-service training of staff nurses deployed to NICUs and postnatal wards following National Guidelines and HMBAI protocol on donor screening, aseptic expression, pasteurisation monitoring and safe dispensing.
3. Promote awareness campaigns at the community level, especially in peri-urban and rural areas of Karnataka, to dispel lingering myths about the safety of donor milk and to encourage more people to donate milk.

When donor human milk (DHM) is introduced, promote nursing-led outcomes monitoring to ensure outcomes like NEC incidence, NICU length of stay, and neurodevelopmental follow-up are measured, rather than assumed, and inform future DHM scale-up accordingly.

5. Support, in profession forums and hospital administration, ensuring adequate staffing, recurrent budgets and dedicated lactation counsellors at all the CLMCs, areas which are consistently identified as the weak link even if there is infrastructure.

CLOSING REFLECTION

The thread is continuous from a WHO score card tracking exclusive breastfeeding in 194 countries, to a network of CLMCs established over the years, starting from a single guideline, to a labelled fridge of pasteurised milk in a NICU in Bengaluru. The theme of World Breastfeeding Week 2026 is 'Don't invent solutions, reinforce solutions already in place'. It starts for the nursing fraternity of RV College of Nursing and readers of this journal in the smallest and most immediate spaces we share; in the counselling room, the milk bank sluice, the postnatal ward round.

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