

A Critical Need for Breastmilk Collection Centres for High-Risk Premature Babies

Mashitah Zainol Abidin* & Wan Mazwati Wan Yusoff**

ABSTRACT

Premature babies are very vulnerable and exposed to various life-threatening diseases. World Health Organization reported that many premature babies were saved from morbidity and mortality when they were fed with breastmilk starting from within the first hour after their birth. The rate of premature birth in Malaysia has increased exponentially since 2018—more than 20 percent premature births. Therefore, hospitals should have enough supplies of breastmilk to save the lives of the precious premature babies. However, only one hospital in Malaysia provides supplies of breastmilk on demand. This study employed philosophical method to argue for the establishment of breastmilk collection centre. It examined the concept of *maqāṣid al-sharī'ah* to justify the proposal of the establishment of breastmilk collection centres in hospitals throughout Malaysia to save the lives, intellects, and progenies of the at-risk premature babies. The primary issues resulting from breastmilk sharing according to Islamic perspective were examined and practical steps were proposed to rectify them. The steps involved obtaining signed consent from wet nurse and her husband; screening of wet nurse's health and personality characteristics; screening of the breastmilk by the milk collection centre; obtaining signed consent from the premature baby's parents; feeding breastmilk to the premature baby with the consent of witnesses; meeting between wet nurse and her family and the baby's parents and family; and completing wet nursing document to be given to the newly formed milk kinship family.

Keywords and phrases: Premature birth, Breastmilk, Shariah compliant breastmilk centre, Wet nurse, Milk kinship

INTRODUCTION

The birth of premature babies is common in almost all hospitals including hospitals in Malaysia. Premature babies are those who were born below 38 weeks gestational age. World Health Organization (WHO) reported that 13.3 million babies were born prematurely in 2020 and it has also shown that the birth of premature babies increases every year.¹ Malaysia too reported similar trend. In 2018, 20.1% of babies were born below 32 weeks gestational age compared to 12.3% in 2015.^{1,2,3} The increase in premature birth is positively correlated with the increase in diabetes, high blood pressure, smoking and substance use, stress, and history of premature births.⁴ Premature babies are the most vulnerable and at high risk of contracting diseases that can lead to death.

* PhD Student, Department of Qur'an and Sunnah, AHAS KIRKHS, International Islamic University Malaysia, miss_michi@yahoo.com

** Assoc. Professor, Department of Fundamental and Interdisciplinary Studies, AHAS KIRKHS, Islamic University Malaysia, wanmazwati@iiu.edu.my

¹ World Health Organization. Preterm Birth—Key Facts. World Health Organization; 2018. <https://www.who.int/news-room/fact-sheets/detail/preterm-birth>. Accessed on 15/5/2023.

¹ Malaysian National Neonatal Registry (MNNR), Report of the Malaysian National Neonatal Registry 2018: A Study of Critically Ill Babies in Neonatal Intensive Care Units. Edited by Eric Ang Boon Kuang. With contributions from Boo Nem Yun, Chee Seok Chiong, Ang Ee Lee, Neoh Siew Hong, Pauline Choo, Wong Ann Cheng, Farah Inaz, and Azanna Ahmad Kamar. Kuala Lumpur: 2018. 19.

² Malaysian National Neonatal Registry (MNNR), Report of the Malaysian National Neonatal Registry 2015: A Study of Critically Ill Babies in Neonatal Intensive Care Units. Edited by Wong Ann Cheng. With contributions from Nem Yun, Irene Cheah Guat Sim, Chee Seok Chiong, Neoh Siew Hong, Ang Ee Lee, Fazila Mohamed Kutty, and Pauline Choo. Kuala Lumpur: 2015. 29.

³ Alijahan, Rahele, Sadegh Hazrati, Mehrdad Mirzarahimi, Farhad Pourfarzi, and Peymaneh Ahmadi Hadi. "Prevalence and Risk Factors Associated with Preterm Birth in Ardabil, Iran." *Iranian Journal of Reproductive Medicine* 12, no. 1 (2014): 47.

⁴ Räisänen, Sari, Mika Gissler, Juho Saari, Michael Kramer, and Seppo Heinonen. "Contribution of risk factors to extremely, very and moderately preterm births—register-based analysis of 1,390,742 singleton births." *PLoS One* 8, no. 4 (2013): e60660.

Premature birth increases the risk of sudden infant death syndrome (SIDS). SIDS is the unexpected and inexplicable death of a new-born younger than one year old.^{5,6,7} The risk of SIDS substantially reduced in babies who are breastfed for at least six months.^{8,9} A review of literature showed that breastfeeding reduced the risk of SIDS among premature babies. This means that breastmilk should be readily available at hospitals to save premature babies from SIDS. Since most mothers who delivered premature babies encountered problems in breastfeeding, milk bank is crucial to save the life of premature babies. Moreover, breastmilk provides protection against various infections.^{10,11,12,13,14,15}

When a baby is born prematurely, all nutrients needed in the womb are cut off and the baby is exposed to various dangerous diseases such as necrotizing enterocolitis, a disease involving inflammation of the intestine due to being given formula milk.¹⁶ Necrotizing enterocolitis (NEC) is a severe gastrointestinal disease in preterm infants with associated mortality as high as 50% in cases that require surgical intervention.¹⁷ NEC affects 1-5% of patients admitted to a neonatal intensive care unit (NICU), and newborns with prematurity and low birth weight have a higher incidence of death.¹⁸ While, skin diseases, liver, diarrhea infections, asthma, bronchitis, asthma, eczema, colic and weight loss and others are among the side risks after the birth of premature baby.¹⁹ Even with the help of modern technological equipment to produce formula milk, these babies' lives are at risk if they do not get the best milk, which is mother's milk.

The content of breast milk as reported in the myHealth portal, contains all the nutrients the baby needs in the amount it needs. In addition, breastmilk contains colostrum that can strengthen the baby's immune system. Furthermore, breast milk is the most critical nutrient for the development of the baby's brain and studies found that children who were breastfed scored better in IQ test compared to children who were given formula milk.²⁰

⁵ Brahm, Paulina, and Veronica Valdes. "Benefits of Breastfeeding and Risks Associated with Not Breastfeeding." *Rev Chil Pediatr* 88, no. 1 (2017): 15-21.

⁶ Mayo Clinic, <https://www.mayoclinic.org/diseases-conditions/sudden-infant-death-syndrome/symptoms-causes/syc-20352800>. Accessed on 29/9/2022.

⁷ Elana Pearl Ben-Joseph, MD, Numours Children's Health, 2022. <https://kidshealth.org/en/parents/sids.html>. Accessed on 29/9/2022.

⁸ Leach, Charlotte EA, Peter S. Blair, Peter J. Fleming, Iain J. Smith, Martin Ward Platt, Peter J. Berry, Jean Golding, and CESDI SUDI Research Group. "Epidemiology Of SIDS and Explained Sudden Infant Deaths." *Pediatrics* 104, no. 4 (1999): e43-e43.

⁹ Alm, Bernt, Goran Wennergren, Per Molborg, and Hugo Lagercrantz. "Breastfeeding and Dummy Use Have A Protective Effect on Sudden Infant Death Syndrom (SIDS)", *Acta Paediatrica* 105, 2015. 31-38.

¹⁰ Vennemann, M. M., T. Bajanowski, B. Brinkmann, G. Jorch, K. Yucesan, C. Sauerland, E. A. Mitchell, and GeSID Study Group. "Does Breastfeeding Reduce the Risk of Sudden Infant Death Syndrome?" *Pediatrics* 123, no. 3 (2009): e406-e410.

¹¹ American Academy of Pediatrics. "Policy Statement Breastfeeding and The Use of Human Milk." *Pediatrics* 115 (2005): 496-506.

¹² Edmond, Karen M., Charles Zandoh, Maria A. Quigley, Seeba Amenga-Etego, Seth Owusu-Agyei, and Betty R. Kirkwood. "Delayed Breastfeeding Initiation Increases Risk of Neonatal Mortality." *Pediatrics* 117, no. 3 (2006): e380-e386.

¹³ Duijts L, Ramadhani MK, and Moll HA. "Breastfeeding Protects Against Infectious Diseases During Infancy in Industrialized Countries. A Systematic Review." *Matern Child Nutr* 2009; 5: 199-210.

¹⁴ Hauck FR, Thompson JM, Tanabe KO, Moon RY, and Vennemann MM. "Breastfeeding and Reduced Risk of Sudden Infant Death Syndrome: A Meta-Analysis." *Pediatrics* 2011; 128: 103-110.

¹⁵ Quitadamo, Pasqua Anna, Giuseppina Palumbo, Liliana Cianti, Paola Lurdo, Maria Assunta Gentile, and Antonio Villani. "The Revolution of Breast Milk: The Multiple Role of Human Milk Banking between Evidence and Experience—A Narrative Review." *Pediatrics*, 2021.

¹⁶ Al-Naqeeb, Niran A., Ayman Azab, Mahmoud S. Eliwa, and Bothaina Y. Mohammed. "The Introduction of Breast Milk Donation in a Muslim Country." *Journal of Human Lactation* 16, no. 4 (2000): 346-350.

¹⁷ Neu, Josef, and W. Allan Walker. "Necrotizing Enterocolitis." *New England Journal of Medicine* 364, no. 3 (2011): 255-264.

¹⁸ Lin, Patricia W., and Barbara J. Stoll. "Necrotising Enterocolitis." *The Lancet* 368, no. 9543 (2006): 1271-1283.

¹⁹ Mosca, Fabio, and Maria Lorella Gianni. "Human milk: Composition and Health Benefits." *Pediatrica Medica e Chirurgica* 39, no. 2 (2017): 47-52.

²⁰ Lucas, Alan, Ruth Morley, Tim J. Cole, Gill Lister, and Catherine Leeson-Payne. "Breast milk and subsequent intelligence quotient in children born preterm." *The Lancet* 339, no. 8788 (1992): 261-264.

Furthermore, it also provides maximum comfort and emotional security to the baby. The breastmilk contains protein, fat (DHA & EPA), carbohydrates, live white blood cells, immunoglobulin (IgA), vitamins (A, E, iron, zinc, calcium) which are antioxidants, lipase and amylase enzymes and water enough for babies.²¹ Without all these nutrients, premature babies are exposed to the dangers of various diseases. According to WHO, approximately 220,000 infants would be saved from the risk of morbidity and mortality each year if they were breastfed within the first hour of their birth and fed with breast milk.²² The importance of breast milk is also mentioned in the hadith:

The Prophet Muḥammad Peace Upon Him said:

لَا رِضَاعَ إِلَّا مَا أَنْشَرَ الْعَظْمَ، وَأَنْبَتَ اللَّحْمَ

Translation: There is no law of breastfeeding except breastfeeding that strengthens the bones and grows the flesh.²³

Realizing that it is very crucial to provide breastmilk to save the life of premature babies, this paper argues for the establishment of breastmilk collection centers in Malaysia. From the perspective of the maqāsid al-sharī'ah, breastmilk should be made available at all hospitals in Malaysia to protect the lives, intellects, and progenies of the premature babies. Furthermore, almost all mothers who delivered premature babies face problems in breastmilk production and breastfeeding. This provides more weight for the establishment of breastmilk collection centers in all hospitals in Malaysia. This paper presents the argument for the establishment of breastmilk collection centers from the perspective of the maqasid al-shariah follows by recommendations of how to manage the breastmilk collection centers to avoid from problems that may arise because of the formation of milk kinships.

RESEARCH METHOD

This study employed philosophical method to shed some light on the circumstances being investigated so that “the tensions created by problematic situations and the necessity for choice”²⁴ is brought to awareness. The main aim of this paper is to argue for the establishment of breastmilk collection centers which is the logical consequence of a claim that breastmilk could save the lives of premature babies, thus it must be provided and made available to all premature babies in all hospitals. To ensure that the argument is sound, the truth value of the claim is demonstrated using inductive argument, that is, the conclusion reported by empirical research on the efficacy of breastmilk to save the lives of premature babies. More importantly, the argument is further substantiated by the objectives of the shariah to protect the life, intellect and progeny of the at-risk premature babies. Philosophical method of speculation was employed to present possible solutions, which could withstand critical examination, to rectify the problem.

²¹ Daud, Normadiah, Hamizah Ismail, Siti Roshaidai Mohd Ariffin, Rahimah Embong, Nadhirah Nordin, and Ado Abdu Bichi. "Benefits of Breast Milk for Health Care: Analysis from the Islamic Perspective." *Indian Journal of Public Health Research & Development* 10, no. 9 (2019). 1846-1850.

²² World Health Organization. "Cause Specific Mortality Estimates for Major Causes of Child Death for 2000–2013."

²³ Al-Baihaqī, Aḥmad Bin Al-Ḥusn Bin 'Ali Bin Mūsā Al-Khuraujirdī Al-Kharāsānī, Abū Bakar. "Sunan Al-Ṣaghīr Lilbaihaqī." 'Abd Al-Mu'tī Amīn Qal'ajī Ed., University of Islamic Studies, Karachi – Pakistan. 1st Ed Vol.3 (1989):177. Hadith no. 2865.

²⁴ Giarelli, J.M. and Chambliss, J. J. "Philosophy of Education as Qualitative Inquiry." In Sherman and Webb (Eds.), *Qualitative Research in Education: Focus and methods*. London: The Falmer Press, (1990) p. 35.

MAQĀSID AL-SHARĪ'AH AND THE ESTABLISHMENT OF MILK COLLECTION CENTERS

Maqāsid al-sharī'ah has its historical roots in Imām al-Shāfi'ī of the eighth century, but it continued to grow conceptually via the writings of scholars like al-Juwaynī, al-Ghazālī, Izz al-Din Abd al-Salam, and al-Shātibī in later decades.²⁵ These scholars improved and developed the idea, offering perceptions into its degrees and divisions. Maqāsid al-sharī'ah is a function of shariah that aims to bring benefits, either through existence of or preserving the benefits themselves. Maqāsid al-sharī'ah theory offers an acceptable and crucial framework for the resuscitation of Islamic thought and ijtihad that is necessary to address the problems of the modern world.²⁶

The goal of *sharī'ah* is to protect the physical, intellectual, spiritual, and psychological health and well-beings of human.²⁷ This means that individual and institutional actions are guided by the basic principles of protecting human life, intelligence, progeny, religious beliefs, and protecting human wealth and properties. In other words, maqāsid al-sharī'ah is the framework within which human rights are defined and protected, that is, every human has the right to live healthily; to practice religious belief; to defend the soundness and integrity of his/her mind by preventing anything from corrupting it and undermining its capacity for understanding, making evaluation and judgement; to own properties; and to have healthy offspring holistically.²⁸ Since these five objectives of the *sharī'ah* are the rights of every individual, therefore it is the obligation of a society and government to provide them. Within this framework of maqāsid al-sharī'ah, the establishment of breastmilk collection centres are necessary to save lives and intellect of the premature babies and to save the progenies of all involved.

Preserving the life (*Hifz al-nafs*) is the expression and translation of the most fundamental human right in the world, namely the right to life (*ḥaqq al-ḥayat*), which serves as the cornerstone of all other human rights, including the rights to freedom, security, property, and others, is rooted in this God-given original dignity.²⁹ In light of this, Ibn Ashur defined the preservation of human souls (*hifz al-nafs*) as the act of preventing the destruction of human life, both individually and collectively.^{30,31} Premature newborns' physical health and wellbeing should be protected by giving them the best nourishment and specialised care possible through *sharī'ah*-compliant milk collecting centres. This enables their healthy growth and development and disease-free due to insufficient nutrients and vitamins.

The protection mind/intellect (*Hifz al-'aql*) includes protection from being impacted by anything that may corrupt the intellect. This is what is meant by the preservation of the intellect. This is because any intellectual disease would result in major corruption, which includes incorrect and warped human behaviour. Any mental flaw that affects a single person causes partial corruption and evil, whereas any mental flaw that affects a big group of people or a whole community causes total and devastating evil.³² Studies have shown that breastmilk

²⁵ Saifuddeen, Shaikh Mohd, Noor Naemah Abdul Rahman, Noor Munirah Isa, and Azizan Baharuddin. "Maqasid al-Shariah as A Complementary Framework to Conventional Bioethics." *Science and Engineering Ethics* 20 (2014): 317-327.

²⁶ El-Mesawi, Mohamed El-Tahir, and Waleed Fekry Faris. "Regrounding Maqāsid al-Sharī'ah, The Qur'anic Semantics and Foundation of Human Common Good". Selangor: International Institute for Muslim Unity (IIMU) in collaboration with Islamic Book Trust, 2022. p xiv.

²⁷ Dusuki, Asyraf Wajdi. *Challenges of Realizing Maqasid Al-shari'ah (objectives of Shari'ah) in the Islamic Capital Market: Special Focus on Equity-based Sukuk Structures*. International Shari'ah Research Acedemy for Islamic Finance (ISRA), 2009. 1-30.

²⁸ Mohammad Hashim Kamali, *Principles of Islamic Jurisprudence* (Petaling Jaya, Malaysia: Pelanduk Publications, 1989), 352-56.

²⁹ El-Mesawi, Mohamed El-Tahir, and Waleed Fekry Faris. "Regrounding Maqāsid al-Sharī'ah, The Qur'anic Semantics and Foundation of Human Common Good".

³⁰ Al-Tabataba'i, *Al-Mizan fi Tafsir al-Qur'an*. Vol 3. Beirut: Mu'assasah Al-'Alam, (1972). 158-163.

³¹ Ibn Ashur, Muhammad al-Tahir. *Ibn Ashur Treatise on Maqasid Al-Shari'ah*. Herndon, VA International Institute of Islamic Thought, (2006). 90-118.

³² Ibid.

protects and improves intelligence compared to formula milk. Thus, providing premature babies with enough nourishment and care through milk collecting facilities that adhere to Shariah is important for their cognitive growth as well as their psychological wellbeing for their and the community's future life.

Preserving offspring (*Hifz al-nasl*): The creation of *sharī'ah* milk donation facilities for premature infants highlights the significance of safeguarding and fostering future generations. The centres support the growth and development of these newborns by giving them specialised care and nourishment, resulting in a future generation that will be healthier. A diseased baby transmitting harmful genetic traits to the next generation is seen as a damage to the lineage and progeny.

The establishment of breastmilk collection centre is justified based on *maqāṣid al-sharī'ah*. Moreover, in the method of fiqh, it is mentioned:³³

الضرورات تبيح المحظورات

Harm allows what is not allowed

Based on the principle 'harm allows what is not allowed,' the establishment of milk collection centers is justified, as it aims to prevent potential harm and protect the lives, sanity, and lineage of infants, particularly in emergency situations.

Also mentioned in the method of fiqh:

الضرر الأشد يزال بالضرر الأخف

Great harm can be negated by small harm.

If it is too late to obtain breast milk, the infant's life may be in danger and undesirable events may occur, including the spread of skin diseases, excess body weight (caused by consuming milk substitutes such as formula milk), and the postponement of vaccinations and antibacterial agents that may interfere with the offspring of bad mutation genes such as the diseases mentioned in this article.³⁴

Even though breastmilk sharing could establish milk kinship but harm could be avoided from sharing breastmilk. Moreover, milk kinship can only be established when the conditions are met. If it is too late to get a supply of breast milk, the baby's life can be endangered, and can cause unwanted bad consequences such as lack of expansion of the baby's brain development, skin diseases, excess body weight (results from consuming milk replacer-formula milk) and delaying immunization and anti-bacterial agents.^{35,36} Furthermore, the breastmilk collection centres may limit the feeding to just 3 feedings (maximum breastmilk feeding from the same wetnurse) just to save the life and intellect of the premature baby and preserve the family's lineage (5 the first time a sickle is breastfed as a breastfed sibling, then you can take 3 breastfeeds as a precautionary measure not to make a mistake so that the sickle becomes a breastfed sibling). Although there is a lot of scholarly debate about the rulings on mixing breastmilk, we can take the opinion of the Shāfi'ī sect that is used in Malaysia, which is giving

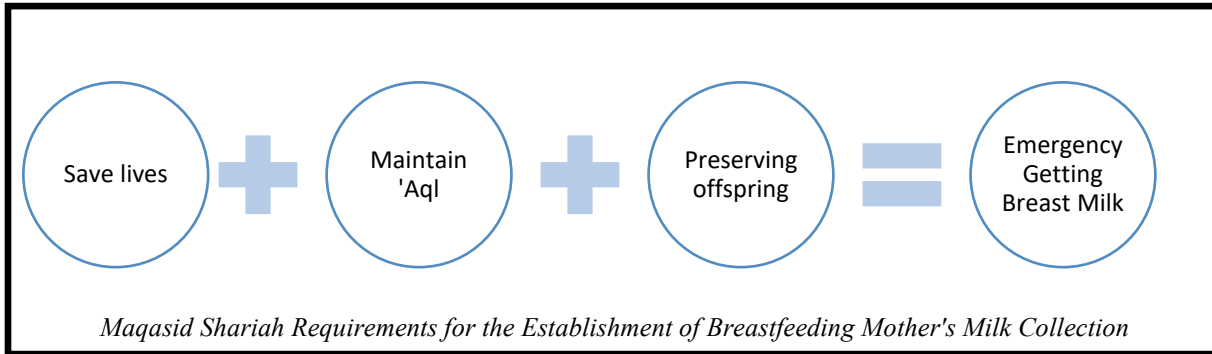
³³ Muhsin, Sayyed Mohamed, Amanullah, Muhammad, and Zakariyah, Luqman. "Framework for Harm Elimination in Light of the Islamic Legal Maxim." *The Islamic Quarterly*, 63, no. 2 (2019): 232-272.

³⁴ El-Mesawi, Mohamed El-Tahir, and Waleed Fekry Faris. "Regrounding Maqāṣid al-Sharī'ah, The Qur'anic Semantics and Foundation of Human Common Good".

³⁵ Al-Naqeeb, Niran A., Ayman Azab, Mahmoud S. Eliwa, and Bothaina Y. Mohammed. "The Introduction of Breast Milk Donation in a Muslim Country."

³⁶ Daud, Normadiah, Hamizah Ismail, Siti Roshaidai Mohd Ariffin, Rahimah Embong, Nadhirah Nordin, and Ado Abdu Bichi. "Benefits of Breast Milk for Health Care: Analysis from the Islamic Perspective."

milk should not exceed 5 full feedings.³⁷ This can prevent 'too much' milk for the baby to be full and thus prevent family ties from occurring. Yūsuf Al-Qarḍāwī has also said that the need to establish the collection of breast milk is also required to preserve the greater good.³⁸



The breastmilk at the collection centres is also only for emergency cases, i.e., breastmilk is only given to premature babies and babies who have lost their mother while waiting for milk supply, from their own mother or adoptive mother. The establishment of this center is also not merely a necessity (al-hājiyyāt), but rather an urgent need (al-ḍarūri) of humans. By using maqāṣid al-sharī'ah to construct sharī'ah-compliant milk collecting centres for premature newborns, the fundamental tenets of Islam are upheld. These centres support the overall well-being of society and are consistent with the Islamic values of justice, fraternity, and social welfare, by conserving faith, safeguarding the soul, guarding riches, preserving the mind, and assuring progeny.

Last year the Bonda Halimatussaadia Milk Center at the Sultan Ahmad Shah Medical Center (SASMEC), located in Kuantan, Pahang was inaugurated by the Queen, Tunku Hajah Azizah Aminah Maimunah Iskandariah to become the first shariah compliant milk centre in Malaysia.³⁹ The result of the hard work of building this center has brought many benefits to premature babies. However, the construction of just one breastmilk centre is not enough. The construction of breastmilk collection centres needs to be extended to every hospital in every state in Malaysia to cover the needs of all premature babies who are at high risk of dying if breastmilk is not given on demand.

Compared to searching for milk among relatives, friends and nearest neighbors, the breastmilk collection center is more efficient and faster to save premature babies in the hospital. The long search for breastmilk, collection and delivery may endanger the lives of at-risk premature babies.

In Al-Qur'an, Allah said,

وَمَنْ أَحْيَاهَا فَكَأَنَّمَا أَحْيَا النَّاسَ جَمِيعًا

Translation: "And whoever revives life, it is like he revives the life of all mankind." (Surah Al-Māidah, verse 32).

³⁷ Pejabat Mufti Wilayah Persekutuan. Bayan Linnas Siri Ke-70: Isu Berkenaan Ibu Susuan & Pelbagai Hukum (Kad Atau Sijil Susuan) 2016. <https://muftiwp.gov.my/artikel/bayan-linnas/1138-bayan-linnas-siri-70-isu-berkenaan-ibu-susuan-pelbagai-hukum-kad-atau-sijil-susuan>. Accessed on 25/5/2022.

³⁸ Al-Qardhawi, Y. "Fatwa-fatwa Kontemporeri, Translated by As'ad Yasin." Vol. 2. Jakarta: Gema Insani Press, 1995.

³⁹ Rusly, Roslan. IUM in News. <https://newsroom.iium.edu.my/index.php/2022/07/26/raja-permaisuri-agong-rasmi-pusat-susu-bonda-halimatussaadia-di-sasmec-iium-kuantan/>. Accessed on 8/9/2022.

In an authentic hadith as well, Rasulullah Peace Upon Him promised that those who facilitate the affairs of others, Allah will facilitate their affairs in the hereafter. The Prophet Peace Upon Him also said:

وَمَنْ فَرَّجَ عَنْ مُسْلِمٍ كُرْبَةً فَرَّجَ اللَّهُ عَنْهُ كُرْبَةً مِنْ كُرْبٍ يَوْمَ الْقِيَامَةِ

Translation: "And whoever relieves the affairs of a Muslim from hardship, then Allah will relieve his hardship in the Hereafter." (Sahih Bukhārī).⁴⁰

Muslim mothers, who want to donate breastmilk to these babies will go through a health test process first to ensure that the milk from the mothers is clean from dangerous diseases such as syphilis, AIDS, HIV, and other diseases that may compromise the health of premature babies.⁴¹ This health screening is following the example of the practice of breastmilk sharing at a hospital, in an Islamic country, Kuwait Hospital.⁴² Every milk that is given, is labeled and recorded and only 3 times milk is given to one baby. This means that milk donors can donate as much milk as possible but will not be given to just one baby. This will not cause an inadvertent familial relationship; in fact, it is considered a life-saving act of worship even if breastmilk is given to a non-Muslim baby.⁴³

The Malaysian Ministry of Health (KKM) pays close attention to breastfeeding and recommends that breastfeeding be given exclusively by mothers.⁴⁴ Therefore, the establishment of breastmilk centres is demanded and needs to be worked on not only in every state, but at every hospital to save the lives of premature babies, preserve their minds, and preserve the offspring in Malaysia.

SIGNING A MUTUAL AGREEMENT

If the guardian of the baby who needs breastmilk agrees and understands the mahram line and wants the relationship to happen, then it is not wrong for them to sign an agreement together with the nursing mother and her husband to receive more than the 3 required feedings. Consultation must also be given before signing the agreement to understand the 3 main aspects that are emphasized in becoming a nursing sibling, namely in terms of descent, mahram, and the laws related to it.⁴⁵

This consent must be given by the baby's guardian who consists of the baby's next of kin, namely the father and mother. While from the donor's side, the consent is not only from the 'milk mother' but also from the milk mother's husband or known as the 'milk father'. This is because the conviction of mahram can be done either by the mother or the father with *iqrar* (endorsement).⁴⁶

IMPLICATION OF WETNURSING

Breastfeeding has implications for lineage. This is because when breastfed with sufficient conditions, mahram stripes are produced. The Prophet Muḥammad Peace Upon Him said: "Indeed breastfeeding is prohibited just as

⁴⁰ Muḥammad Bin Ismā'il Al-Bukhārī, *Al-Jāmi' Al-Ṣaḥīḥ Al-Musnad Min Ḥadīth Rasūlullah Wasunnanihi Waayyamihi*, Ed. Muḥibbu Al-Dīn Al-Khaṭīb, 1st Ed., (Kaherah: Al-Maktabah Al-Salafiyyah, 1400).

⁴¹ Daud, Normadiah, Zurina Ali, Hamizah Ismail, Nurjasmine Aida Jamani, and Siti Roshaidai Mohd. "The Implementation of Shariah Compliant Human Milk Bank for Premature Infants in Malaysia." *Journal of Critical Review* 7, No. 16 (2020). 1007-1012

⁴² Al-Naqeeb, Niran A., Ayman Azab, Mahmoud S. Eliwa, and Bothaina Y. Mohammed. "The Introduction of Breast Milk Donation in a Muslim Country."

⁴³ Ibn. Qudamah, Abu Muḥammad 'Abdullah bin Aḥmad bin Muḥammad. "*Al Mughni*". Vol. 7., 1st Ed., Beirut: Dar al-Fikr, (1983). 625.

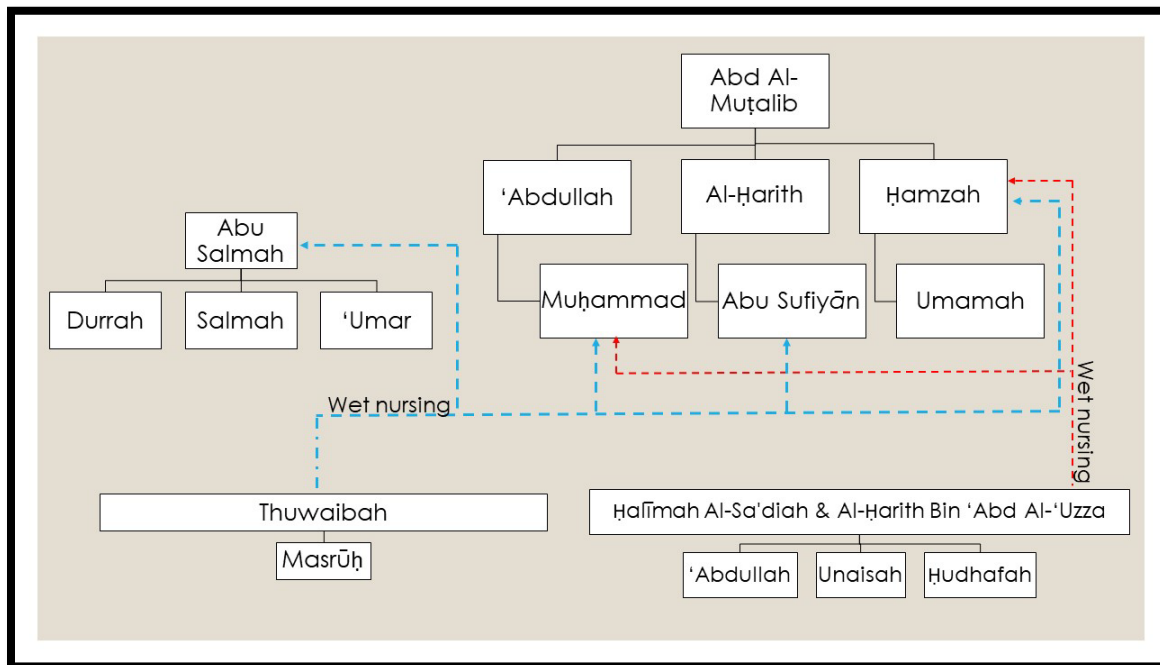
⁴⁴ Kementerian Kesihatan Malaysia: <https://nutrition.moh.gov.my/promosi-penyusuan-susu-ibu/>. Accessed on 28/6/2022.

⁴⁵ Al-Naqeeb, Niran A., Ayman Azab, Mahmoud S. Eliwa, and Bothaina Y. Mohammed.

⁴⁶ Salleh, Siti Fatimah, Normadiah Daud and Saadan Man. "Amalan Pengambilan Ibu Susuan: Satu Kajian Sorotan Terhadap Dokumentasi Bukti Penyusuan." *Journal of Fatwa Management and Research* 4, (2015). 130.

birth is prohibited.”^{47,48} The meaning of this hadith is that when breastfeeding occurs, the nursing mother becomes the mother of the baby. The nursing mother's husband becomes the father of the baby. Children of nursing mothers become siblings to the baby. The same goes for siblings of nursing mother and her husband, grandparents and children of milk brothers and sisters.

The large lineage must be explained to both families (recipients and milk givers) and must be conveyed carefully so that they understand that the lineage is the same as their own family. If there is more than one recipient of milk, then the other family also needs to be introduced to the first family as the family of breastfeeding siblings. The Prophet Peace Upon Him also has a rather large lineage because he was nursed by two different women, namely Ḥalimah Al-Sa'diah and Thuwaibah.



*The Milk Kinship of the Prophet Muḥammad Peace Upon Him*⁴⁹

Thuwaibah nursed her own child named Masrūḥ, Prophet Muḥammad Peace Upon Him (nursing child), Abū Sufiyān, Saidina Ḥamzah May Allah be pleased with them (nursing child) and Abū Salamah (nursing child). Therefore, all of them (Abū Sufiyān, Prophet Muḥammad, Saidina Ḥamzah and Abū Salamah) were called nursing children while the children of Saidina Ḥamzah and Abū Salamah becoming the Prophet's nieces and nephews by milk kinship. While Ḥalimah Al-Sa'diah had 3 children named 'Abdullah, Unaisah and Ḥudhafah, nursing Prophet Muḥammad Peace Upon Him and Saidina Ḥamzah May Allah be pleased with him. Therefore, all of them ('Abdullah, Unaisah, Ḥudhafah Ḥudhafah, The Prophet and Saidina Ḥamzah) were called milk siblings.

⁴⁷ Al-Bukhārī, Abū 'Abdullah Muḥammad ibn Ismā'īl, *Ṣaḥīḥ Al-Bukhārī*. Beirut: Dār Ibnu Kathīr. Dr. Muṣṭafā Dīb Al-Baghā (ed.). Vol.2, 5th ed. 1993. Ḥadīth no. 2503.

⁴⁸ Shamsu Al-Dīn Muḥammad Bin 'Umar Bin Aḥmad Al-Safīrī Al-Shāfi'ī. *Al-Majālīs Al-Wa'izah fī Sharah Aḥādīth Khair Al-Bariyyah Sallallahu 'Alaihi Wasallam Min Ṣaḥīḥ Al-Imām Al-Bukhārī*, Vol.1, (Beirut: Dār Al-Kutub Al-'Ilmiyyah, 2004). 441.

⁴⁹ Shamsu Al-Dīn Muḥammad Bin 'Umar Bin Aḥmad Al-Safīrī Al-Shāfi'ī. *Al-Majālīs Al-Wa'izah fī Sharah Aḥādīth Khair Al-Bariyyah Sallallahu 'Alaihi Wasallam Min Ṣaḥīḥ Al-Imām Al-Bukhārī*, Vol.1, (Beirut: Dār Al-Kutub Al-'Ilmiyyah, 2004). 441.

Despite the difference in rank, Saidina Ḥamzah who was his uncle was the milk brother of Prophet Muḥammad Peace Upon Him because they were nursed by the same nursing mothers when they were children.⁵⁰

The Prophet Peace Upon Him said:

قَالَ إِنَّهَا ابْنَةُ أَخِي مِنَ الرِّضَاعَةِ

Translation: Verily she (Ḥamzah's daughter) is the daughter of a brother.⁵¹

This hadith means that Prophet Muḥammad Peace Upon Him recognized the line of descent that took place and recognized that Saidina Ḥamzah's daughter was forbidden to be married by him due to breastfeeding. So, it is quite impossible if we do not recognize our own milk siblings because the Messenger's mandated Muslims to inform the public that the milk siblings are forbidden to be married to each other. There is also a hadith about Saidatina 'Āishah's milk uncle. There is a hadith that mentioned:

وَمَا مَنَعَكَ أَنْ تَأْذِنِي عَمَّكَ قُلْتُ يَا رَسُولَ اللَّهِ إِنَّ الرَّجُلَ لَيْسَ هُوَ أَرْضَعَنِي وَلَكِنْ أَرْضَعَنِي امْرَأَةُ أَبِي الْفُعَيْسِ فَقَالَ انْذِنِي لَهُ فَإِنَّهُ عَمُّكَ تَرَبَّثَ يَمِينُكَ

Translation: Prophet Muḥammad Peace Upon Him said: What prevents you from allowing your uncle (to enter the house)? 'Āishah said: O Messenger of Allah, she did not breastfeed me, in fact it was the wife of Abu Al-Qu'ais who breastfed me. Then the Prophet Peace Upon Him said, "Allow him because he is truly your uncle (uncle due to breastfeeding).⁵²

This hadith also explains that not only a nursing mother becomes a nursing relative, in fact, the nursing mother's siblings also become uncles and aunts just like the relationship of one's own lineage.

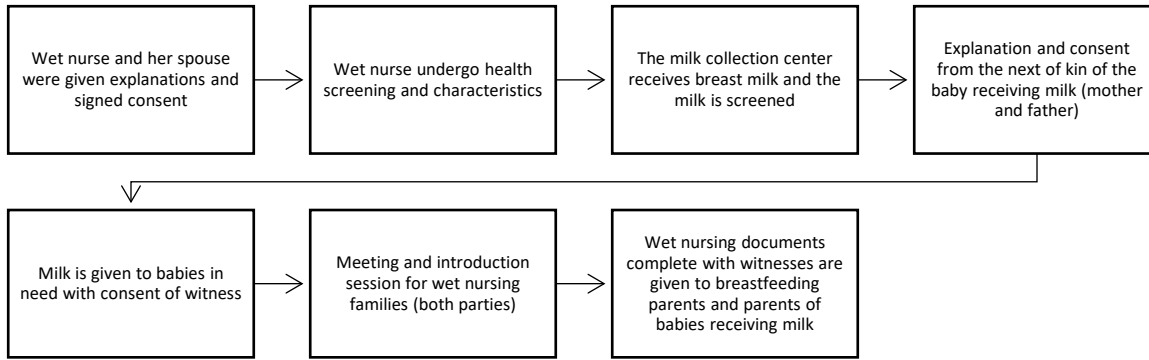
SIMULATION OF PROCESS OF BREASTMILK DONATION AND FEEDING

For starters, breastfeeding mothers and her husband will be given a thorough explanation regarding milk sharing, the risks, and the effects of mahram. They are given a choice whether to become a milk family or not. If agreed, breast milk will be given more than 5 times. If not agreed, breast milk will only be shared no more than 3 times per baby. Then when they have understood the concept, they need to sign an agreement to donate milk to the milk collection centre. After that, the nursing mother will undergo several health screenings as a registered nursing mother. She also must possess other characteristics such as not smoking, not having infectious and dangerous diseases, not taking any medicines and drugs. The milk collection centre receives the breastmilk and labels the breastmilk with name, date, and time to avoid milk mixing or errors in documentation. After the explanation is given to the parents of the babies who will receive milk, the consent is signed by the parents. Next, milk is given to babies in need. A meeting and introduction session between the families involved will be done. Finally, complete documents and witnesses will be given to the parents of the milk and the family of the recipient of the milk.

⁵⁰ Abū Zakariā Maḥyuy Al-Dīn Yaḥyā Bin Syarfū Al-Dīn, "*Al-Majmū' Syarḥ Al-Mahzab*", Vol. 18, (Dār Al-Fikr, 2011). 228.

⁵¹ Al-Nasāī, Abū 'Abdu Al-Raḥmān Aḥmad Bin Syu'ib Bin Alī Al-Kharāsānī. "*Al-Sunan Al-Sughrā Li Linnasāī*", Ed. Abdul Al-Fattāḥ Abū Ghaddah, 2nd Ed., Vol. 6., (Maktab Al-Maṭbū'āt Al-Islamiyyah, 1986). 99.

⁵² Muḥammad Bin Ismā'il Abū 'Abdullah Al-Bukhārī Al-Ju'fī. "*Ṣaḥīḥ Al-Bukhārī*", Ed. Muḥammad Zuhair Nāṣir Al-Nāṣir, 1st Ed. Vol.6, (Dār Ṭūq Al-Najāh, 1443H). 120. Hadith no. 3796.



WITNESS IN BREASTMILK FEEDING

Although in Malaysia, there is already a Shariah Compliant Human Milk Bank paper proposed by Dr Normadiah et al.,⁵³ but it can be improved by adding more witnesses in each process of receiving, screening, labeling, storing, and giving milk to the baby. All the processes carried out from the beginning of receiving the milk form, expressing milk, receiving, labelling, screening, storing, recording, producing and giving milk to the baby until completion must be signed by four female witnesses. This is because according to the Shāfi'i sect, to replace two men, four women are needed in matters related to femininity such as breastfeeding.⁵⁴ Just as most states in Malaysia take the opinion of the Shāfi'i School, which prescribes 5 times of full breastfeeding, the witness for breastfeeding also needs to follow the Shāfi'i School, which prescribes four female witnesses in breastfeeding.

CONCLUSION

The development of breast milk collecting centres for preterm newborns, based on Maqasid al-Shariah and Islamic ideals, is a major step towards societal well-being. These centres promote preterm newborns' health and Islamic values of justice, brotherhood, and social welfare. These centres help needy newborns by preserving their faith, lives, intellect, and progenies aligned with Maqasid.

The Bonda Halimatussaadia Milk Centre, Malaysia's first shariah-compliant breastmilk centre, highlights their relevance. However, all hospitals in Malaysia must build breastmilk collecting centres to satisfy the requirements of preterm newborns at high risk of mortality without breast milk.

According to Islamic beliefs, nursing produces mahram stripes and emphasises the value of mahram partnerships. This paper suggests guidelines to help nursing moms, their husbands, and the preterm baby's families to decide whether to form milk kinship or not. In addition, it suggests processes that must be taken to if both parties decided to form milk kinship. Recognising and protecting milk kinship is important, as shown by Prophet Muhammad (peace be upon him).

Establishment of breastmilk collection centres must comply with local laws which requires consultation with legal professionals and authorities. Health examinations for nursing moms, labelling and recording of donated milk, and informed permission from all parties must also be addressed. The whole process involved in breastmilk donation should be witnessed by four witnesses and the criteria of the witnesses must be according to

⁵³ Daud, Normadiah, Zurina Ali, Hamizah Ismail, Nurjasmine Aida Jamani, and Siti Roshaidai Mohd. "The Implementation of Shariah Compliant Human Milk Bank for Premature Infants in Malaysia."

⁵⁴ Shamsu Al-Dīn Muḥammad Bin 'Umar Bin Aḥmad Al-Safīrī Al-Shāfi'ī. *Al-Majālis Al-Wa'izah fī Sharāḥ Aḥādīth Khair Al-Bariyyah Sallallahu 'Alaihi Wasallam Min Ṣaḥīḥ Al-Imām Al-Bukhārī*.

Islamic legal system and custom of Malaysia. Therefore, consultation with experts in Islamic legal system, scholars and academics is important and necessary.

In conclusion, Islamically compliant breast milk collecting centres are essential for preterm newborns. We can help nursing moms, their families, and needy kids by embracing milk kinship and understanding how breastfeeding affects lineage. We can create sustainable and successful breast milk collecting centres that help preterm newborns in Malaysia and worldwide via careful execution, professional cooperation, and legal compliance.

REFERENCES

- Abū Zakariā Maḥyuy Al-Dīn Yaḥyā Bin Syarfu Al-Din. (2011). *Al-Majmū' Syarḥ Al-Mahzab Vol.18*. Damascus: Dār Al-Fikr.
- Alijahan, R., Sadegh H., Mehrdad M., Farhad, P., & Peymaneh, A. H. (2014). Prevalence and Risk Factors Associated with Preterm Birth in Ardabil, Iran. *Iranian Journal of Reproductive Medicine*, 12 (1), 47.
- American Academy of Pediatrics. (2005). Policy Statement Breastfeeding and The Use of Human Milk. *Pediatrics*, 115, 496-506.
- Al-Baihaqī, Aḥmad Bin Al-Ḥusīn Bin 'Alī Bin Mūsā Al-Khuraujirdī Al-Kharāsānī, Abū Bakar. (1989). *Sunan Al-Ṣaghīr Lilbaihaqī 1st Ed Vol. 3*. 'Abd Al-Mu'tī Amīn Qal'ajī (Ed.). Pakistan: University of Islamic Studies, Karachi.
- Ben-Joseph, E. P. (2022). Numours Children's Health. <https://kidshealth.org/en/parents/sids.html>. Accessed on 29/9/2022.
- Bernt, A., Wennergren, G., Molborg, P., & Lagercrantz, H. (2015). Breastfeeding and Dummy Use Have A Protective Effect on Sudden Infant Death Syndrom (SIDS). *Acta Paediatrica*, 105, 31-38.
- Brahm, P., & Valdes, V. (2017). Benefits of Breastfeeding and Risks Associated with Not Breastfeeding. *Rev Chil Pediatr*, 88 (1), 15-21.
- Al-Bukhārī, Abū 'Abdullah Muḥammad ibn Ismā'īl, *Ṣaḥīḥ Al-Bukhārī*. (1993). Dr. Muṣṭafā Dīb Al-Baghā (ed.). Vol.2, 5th ed. Beirut: Dār Ibnu Kathīr.
- Al-Bukhārī. (1400H). *Al-Jāmi' Al-Ṣaḥīḥ Al-Musnad Min Ḥadīth Rasūlullah Wasunnanihi Waayyamihi*, Ed. Muḥibbu Al-Dīn Al-Khaṭīb, 1st Ed. Kaherah: Al-Maktabah Al-Salafiyyah.
- Daud, Normadiah, Zurina Ali, Hamizah Ismail, Nurjasmie Aida Jamani, and Siti Roshaidai Mohd. (2020). The Implementation of Shariah Compliant Human Milk Bank for Premature Infants in Malaysia." *Journal of Critical Review*, 7 (16), 1007-1012.
- Daud, Normadiah, Hamizah Ismail, Siti Roshaidai Mohd Ariffin, Rahimah Embong, Nadhirah Nordin, & Ado Abdu Bichi. (2019). Benefits of Breast Milk for Health Care: Analysis from the Islamic Perspective. *Indian Journal of Public Health Research & Development*, 10 (9), 1846-1850.
- Duijts, L., Ramadhani, M.K., & Moll, H.A. (2009). Breastfeeding Protects Against Infectious Diseases During Infancy in Industrialized Countries. A Systematic Review. *Matern Child Nutr*, 5, 199–210.
- Dusuki, Asyraf Wajdi. (2009). *Challenges of Realizing Maqasid Al-shari'ah (objectives of Shari'ah) in the Islamic Capital Market: Special Focus on Equity-based Sukuk Structures*. Kuala Lumpur: International Shari'ah Research Acedemy for Islamic Finance (ISRA).
- Edmond, Karen M., Charles Zandoh, Maria A. Quigley, Seeba Amenga-Etego, Seth Owusu-Agyei, & Betty R. Kirkwood. (2006). Delayed Breastfeeding Initiation Increases Risk of Neonatal Mortality. *Pediatrics*, 117 (3), e380-e386.
- Eric Ang Boon Kuang. (2018). A Study of Critically Ill Babies in Neonatal Intensive Care Units. Kuala Lumpur: Malaysian National Neonatal Registry (MNNR), Report of the Malaysian National Neonatal Registry 2018.
- Giarelli, J.M. and Chambliss, J. J. (1990). Philosophy of Education as Qualitative Inquiry. In Sherman and Webb (Eds.), *Qualitative Research in Education: Focus and methods*. London: The Falmer Press.

- Hauck, F.R., Thompson, J.M., Tanabe, K.O., Moon, R.Y., & Vennemann, M.M. (2011). Breastfeeding and Reduced Risk of Sudden Infant Death Syndrome: A Meta-Analysis. *Pediatrics*, 128: 103–110.
- Ibn Ashur, Muhammad al-Tahir. Ibn Ashur Treatise on Maqasid Al-Shari'ah. Herndon, VA International Institute of Islamic Thought, (2006). 90-118.
- Ibn Qudamah, Abu Muḥammad ‘Abdullah bin Aḥmad bin Muḥammad. (1983). *Al Mughni Vol. 7*, 1st Ed., Beirut: Dar al-Fikr.
- Kamali, Mohammad Hashim. (1989). Principles of Islamic Jurisprudence. Petaling Jaya, Malaysia: Pelanduk Publications.
- Kementerian Kesihatan Malaysia. (2022). Promosi penyusuan susu ibu. <https://nutrition.moh.gov.my/promosi-penyusuan-susu-ibu/>. Accessed on 28/6/2022.
- Leach, Charlotte EA, Peter S. Blair, Peter J. Fleming, Iain J. Smith, Martin Ward Platt, Peter J. Berry, Jean Golding, and CESDI SUDI Research Group. "Epidemiology Of SIDS and Explained Sudden Infant Deaths." *Pediatrics* 104, no. 4 (1999): e43-e43.
- Lin, P. W., & Stoll, B. J. (2006). Necrotising Enterocolitis. *The Lancet*, 368 (9543), 1271-1283.
- Lucas, A., Morley, R., Cole, T. J., Lister, G., & Leeson-Payne, C. (1992). Breast milk and subsequent intelligence quotient in children born preterm. *The Lancet*, 339 (8788), 261-264.
- El-Mesawi, Mohamed El-Tahir, & Waleed Fekry Faris. (2022). Regrounding Maqāṣid al-Shari‘ah, The Qur’anic Semantics and Foundation of Human Common Good. Selangor: International Institute for Muslim Unity (IIMU) in collaboration with Islamic Book Trust.
- Mayo Clinic. (2022). Sudden infant death syndrome: Symptoms and causes. <https://www.mayoclinic.org/diseases-conditions/sudden-infant-death-syndrome/symptoms-causes/syc-20352800>. Accessed on 29/9/2022.
- Mosca, F., & Gianni, M. L. (2017). Human milk: Composition and Health Benefits. *Pediatrica Medica e Chirurgica*, 39 (2), 47-52.
- Muhsin, Sayyed Mohamed, Amanullah, Muhammad, & Zakariyah, Luqman. (2019). Framework for Harm Elimination in Light of the Islamic Legal Maxim. *The Islamic Quarterly*, 63 (2), 232-272.
- Al-Naqeeb, Niran A., Ayman Azab, Mahmoud S. Eliwa, & Bothaina Y. Mohammed. (2000). The Introduction of Breast Milk Donation in a Muslim Country. *Journal of Human Lactation*, 16 (4), 346-350.
- Al-Nasāī, Abū ‘Abdu Al-Raḥmān Aḥmad Bin Syuḥb Bin Alī Al-Kharāsānī. (1986). *Al-Sunan Al-Sughrā Li Linnasāī*, Abdul Al-Fattāḥ Abū Ghaddah, 2nd (Ed.), Vol. 6. Maktab Al-Maṭbū‘āt Al-Islamiyyah.
- Neu, J., & Allan Walker, W. (2011). Necrotizing Enterocolitis. *New England Journal of Medicine*, 364 (3), 255-264.
- Pejabat Mufti Wilayah Persekutuan. (2016). Bayan Linnas Siri Ke-70: Isu Berkenaan Ibu Susuan & Pelbagai Hukum (Kad Atau Sijil Susuan) <https://muftiwp.gov.my/artikel/bayan-linnas/1138-bayan-linnas-siri-70-isu-berkenaan-ibu-susuan-pelbagai-hukum-kad-atau-sijil-susuan>. Accessed on 25/5/2022.
- Al-Qardhawi, Y. (1995). Fatwa-fatwa Kontemporeri (Translated by As‘ad Yasin). Vol. 2. Jakarta: Gema Insani Press.
- Quitadamo, P. A., Palumbo, G., Cianti, L., Lurdo, P., Gentile, M. A. & Villani, A. (2021). The Revolution of Breast Milk: The Multiple Role of Human Milk Banking between Evidence and Experience—A Narrative Review. *Pediatrics*, 2021.
- Räisänen, S., Gissler, M., Saari, J., Kramer, M. & Seppo Heinonen. (2013). Contribution of risk factors to extremely, very, and moderately preterm births—register-based analysis of 1,390,742 singleton births. *PLoS One*, 8 (4), e60660.
- Rusly, Roslan. (2022). IIUM in News. <https://newsroom.iiu.edu.my/index.php/2022/07/26/raja-permaisuri-agong-rasmi-pusat-susu-bonda-halimatussaadia-di-sasmec-iiu-kuantan/>. Accessed on 8/9/2022.
- Saifuddeen, Shaikh Mohd, Noor Naemah Abdul Rahman, Noor Munirah Isa, & Azizan Baharuddin. (2014). Maqasid al-Shariah as A Complementary Framework to Conventional Bioethics. *Science and Engineering Ethics*, 20, 317-327.

- Salleh, Siti Fatimah, Normadiah Daud & Saadan Man. (2015). Amalan Pengambilan Ibu Susuan: Satu Kajian Sorotan Terhadap Dokumentasi Bukti Penyusuan. *Journal of Fatwa Management and Research*, 4, 130.
- Shamsu Al-Dīn Muḥammad Bin 'Umar Bin Aḥmad Al-Safīrī Al-Shāfi'ī. (2004). *Al-Majālīs Al-Wa'izah fī Sharah Aḥādīth Khair Al-Bariyyah Sallallahu 'Alaihi Wasallam Min Ṣāḥih Al-Imām Al-Bukhārī*, Vol.1. Beirut: Dār Al-Kutub Al-'Ilmiyyah.
- Al-Tabataba'i. (1972). *Al-Mizan fī Tafsir al-Qur'an Vol 3*. Beirut: Mu'assasah Al-'Alam.
- Vennemann, M. M., T. Bajanowski, B. Brinkmann, G. Jorch, K. Yucesan, C. Sauerland, E. A. Mitchell, & GeSID Study Group. (2009). Does Breastfeeding Reduce the Risk of Sudden Infant Death Syndrome? *Pediatrics*, 123 (3), e406-e410.
- Wong Ann Cheng. (2015). A Study of Critically Ill Babies in Neonatal Intensive Care Units. Kuala Lumpur: Malaysian National Neonatal Registry (MNNR), Report of the Malaysian National Neonatal Registry 2015.
- World Health Organization (WHO). (2018). Preterm Birth—Key Facts. World Health Organization. <https://www.who.int/news-room/fact-sheets/detail/preterm-birth>. Accessed on 15/5/2023.
- World Health Organization. (2014). Cause Specific Mortality Estimates for Major Causes of Child Death for 2000–2013.