



HUMAN MILK BANKS IN MUSLIM SOCIETIES: RELIGIOUS CHALLENGES AND JURISPRUDENTIAL DEBATES

Dr. Muhammad Waqar

Assistant Professor NUML, Karachi Campus

muhammadwaqar167@gmail.com

Dr. Noman Naeem

President Jamia Binoria Alamia, SITE Karachi

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Abstract

Human Milk Banks (HMBs) are important health centers that isolate, screen, pasteurize and provide access to donor human milk (DHM) for infants when maternal milk is not available, particularly for the most vulnerable population groups: premature and sick newborns. Although WHO and several associations on pediatrics have introduced DHM as the appropriate substitute of maternal milk, establishment of HMBs is still a challenge with fundamental religious and jurisprudential discussions in Muslim communities. At the core of these worries lies the Islamic concept of *Raḍāʿa* (milk kinship), which can create durably non-marriageable relations (*mahram* status) between the biological children of the donor and the non-biological recipient child. Milk relationships must be identified under Islamic law, posing a more complex challenge to contemporary milk banking practices which tend to pool or anonymize donors. This article interrogates the biomedical justification for HMBs, the range of scholarly positions from within Islamic legal schools of thought, and illustrative examples from religious and public health practices in both majority Muslim and diaspora contexts. It also outlines policy options—like traceable donor–recipient registries, tailored allocation schemes, and communal fatwa formation—that can balance public health interests with Shariah demands. The study provides a framework for ethically grounded, culturally appropriate HMB operations in a Muslim context by combining clinical evidence with religious jurisprudence.

Keywords: Human milk banks, donor human milk, Islamic law, *raḍāʿa*, milk kinship, Shariah compliance, neonatal health, Muslim societies, jurisprudential debates, bioethics.

INTRODUCTION:

Regardless of background or socioeconomic status, human milk has been the gold-standard source of nutrition for infants, offering a unique blend of

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immunological, nutritional, and developmental benefits which cannot be equated using formula feeding (Victora et al. 2016). Maternal milk absence carries dire health consequences, such as necrotizing enterocolitis, sepsis, and increased mortality, particularly for premature and medically fragile infants, especially those of very low birth weight (American Academy of Pediatrics 2017). When a mother herself cannot provide any breastmilk, the World Health Organization (WHO 2023) advises the use of donor human milk (DHM) from regulated human milk banks (HMB).

HMBs function by recruiting donors who are screened, the expressed milk is collected and pasteurized sufficiently to destroy microbes, and the pasteurized milk is then provided to the infants who need it. Although HMBs are growing around the world, their integration in the Muslim community faces unique theological and legal obstacles based on the Islamic notion of Raḍāʿa (milk kinship). In addition to marital relationships, kinship can be determined through breastfeeding according to Qurʾanic injunctions (Qurʾan 4:23) and Hadith literature (Sahih al-Bukhari, Kitab al-Nikah), which affects a number of dimensions of social life, including prohibitions on marriage, inheritance considerations, and perceived social identity (al-Qaradawi 1997).

Contemporary high-mobility boundaries —especially those that emphasize joined and de-identified milk provision—limit the tracking needed to ascertain who is kin by milk. Consequently, a number of Islamic juristic councils have given restrictive or conditional fatwas for the operation of HMB (International Islamic Fiqh Academy 1985; Islamic Religious Council of Singapore 2020). This tension between the needs of public health and religious jurisprudence has led to an innovative body of scholarship and policy experimentation attempting to better align neonatal wellbeing with Shariah adherence. The paper highlights the medical, legal, as well as a socio-religious facets of HMBs concerning Muslim societies, stresses the challenge and also discusses feasible routes for the integration of HMBs through context-appropriate operational modalities and communal fatwa development.

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Historical and Theological Background: Milk Kinship in Islamic Law

Raḍā‘a—milk kinship—is an institution that has been explicitly enshrined in Islamic family law as the product of clear Qur’ānic injunctions and elaborated in the Sunnah. The Qur’an states:

And [prohibited to you are] your mothers who nursed you, and your sisters through nursing (Qur'an 4:23)

This ayah establishes that breastfeeding establishes a permanent kinship relationship that is equal to that of blood, regarding who one may not marry. We also have more details regarding this from the Hadith literature: for instance, the Prophet Muhammad ﷺ said the following: “What is unlawful because of blood ties is unlawful because of breastfeeding” (Sahih al-Bukhari, hadith no. 2645; Sahih Muslim, hadith no. 1447, Kitab al-Rada’).

Juridical Criteria for Milk Kinship

Classical jurists developed specific criteria to determine when Raḍā‘a is established:

Number of Feedings:

The number of times a child should be suckled to establish Raḍā‘a is five — all scholars of Islam affirm this — except for the Shafi and Hanbali schools, who stipulate that if five suckling occur five occasions before solid food is introduced to the child, then Raḍā‘a is established (al-Nawawi 2002, al-Majmu’, 17:230).

A quantity of suckling is sufficient within the period of suckling according to the majority of Hanafi and Maliki schools (Ibn ‘Abidin 1992, Radd al-Muhtar, 3:311; al-Dardir 1991, al-Sharh al-Kabir, 2:538).

Age of the Child:

The four Sunni schools of thought all hold to the opinion that breastfeeding must be consummated within the first two lunar years in the life of the child, as dictated by Qur’an 2:233, and per the Prophet ﷺ practice.

Mode of Feeding:

Classical jurists debated whether milk administered via a vessel, preserved milk, or indirect feeding qualifies as Raḍā‘a, ultimately agreeing that the

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source and nourishment are the primary criteria and "regardless of how and where milk comes from, if the milk comes from a woman and the child is fed with it, it will not be prevented by tying a bond of kinship with it" (al-Kasani 1986, Bada'i' al-Sana'i, 4:5).

Social and Legal Implications

Once Raḍā' is established, it creates a permanent mahram status, meaning that the nursed child cannot marry the biological children of the donor mother. It can also involve (Kamali 2008, Shariah Law: An Introduction) the matters relating to guardianship and social usage. Such focus on hifz al-nasab—the preservation of lineage—is also consistent with the general maqasid al-shariah framework (Auda 2008).

Historical Practice of Wet Nursing

Wet nursing has historically been a prevalent and socially integrated phenomenon in the Arabian Peninsula and other Muslim societies, commonly managed by relatives or confidantes of baby-mothers. The records of these relationships were held by small communal groups, confining the danger of creating milk kinship to within these communities. By contrast, modern human milk banking — particularly when it features pooled and anonymized milk — tests this traditional pathway back to source, raising questions about future marriageability in the eyes of the law (Sachedina 2009).

Medical and Public-Health Rationale for Human Milk Banking

Human milk is widely acknowledged as the gold standard of infant nutrition, notably for preterm, low birth weight or medically compromised neonates. Exclusive breastfeeding for the first 6 months of life and then continued breastfeeding alongside high-quality complementary feeding until 2 years old or beyond is recommended by the World Health Organization (WHO) and UNICEF (WHO, 2023). When the mother lacks her milk or when it is insufficient, WHO guidelines stipulate that pasteurized donor human milk should be used as a second preferred choice, preferably from accredited human milk banks.

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Nutritional and Immunological Benefits

The composition of macronutrients, micronutrients, hormones and immunological factors in human milk is unique to it and not able to be replicated by artificial means like formula feeding. Key components include:

- Immunoglobulins (particularly IgA): Help in providing mucosal immunity and protecting against gastrointestinal infections (Victora et al. 2016).
- HMOs are a type of prebiotic and inhibit pathogen adhesion (Bode 2012). Human milk oligosaccharides
- Digestion enzymes and hormones (Ballard and Morrow 2013): These help with digestion, growth, as well as metabolic regulation
- Several studies have reported reduced rates of necrotizing enterocolitis (NEC) in preterm infants receiving donor human milk compared to formula-fed infants [1, 4]. 2019).

Public Health Imperatives

In most areas, maternal illness, maternal death, or insufficient lactation result in the need for an outside source of human milk. For NICUs, donor milk can be the difference between life and death. For example:

Human milk banks are now standard for NICU protocols in high-income countries.

Milk banks are increasingly recognized as a cost-effective intervention to reduce infant morbidity and mortality in low- and middle-income countries (LMICs) (Arslanoglu et al. 2010).

Safety and Quality Control Measures

Current human milk banking uses strict policies for donor screening, pasteurization and storage to prevent the spread of disease. Standard procedures include:

- Screening of the Donor: It included taking a meticulous health history, an evaluation of lifestyle including high-risk behaviors and serologic tests for HIV markers (HBV, HCV and syphilis) (PATH 2019).

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- Values of each level for the heat processing conditions adopted: [Holder Pasteurization (heating to 62.5°C for 30 min), which inactivates most pathogens while maintaining a reasonable number of nutritional elements, and Ultra past Processing (Applying temperature pasteurization to increase shelf life). 2016).
- Serialization and logging: You can keep track of all the animals that have contributed to your production line by adding a unique lot number to each batch, with detailed donor-recipient records for safety and accountability.

Intersection with Muslim Contexts

Donor milk makes undeniable clinical sense, but we need to think more critically about the theological questions raised by Raḍā‘a in modern milk banking. If kinship was traceable through direct social networks in traditional wet nursing, anonymized, pooled systems are seldom designed for record-keeping to follow milk donors as real individuals. It thus leaves open instances of conflict between public health necessities and Islamic law mandates for lineage safeguard.

This chasm must be filled by innovative policy solutions promulgating the health benefits of donor milk while preserving adherence to hifz al-nasab principles. The challenge, therefore, is not the rejection of human milk banking per se, but rather in reconfiguring its operational models to work within Islamic jurisprudential paradigms.

Jurisprudential Debates on Human Milk Banking in Muslim Societies

The idea of human milk banking represents a complicated legal dilemma in the jurisprudential dimension for Muslims, principally as per the Islamic concept of raḍā‘a (milk kinship), leading to intragroup marriage and introducing similar norms to consanguinity-governed families. Various rules regarding marriage and lineage may be created through the establishment of nursing relationships, as indicated by both Qur’ānic injunctions — most markedly in Surah an-Nisā’ (4:23) and Surah al-Baqarah (2:233) — and the

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Sunnah of the Prophet ﷺ concerning breastfeeding (Ibn Qudāma 1997; al-Nawawi 2005).

Fiqh of Milk Kinship in Classical Fiqh

The large majority of Sunni schools of jurisprudence (Hanafi, Maliki, Shafi, Hanbali) regard Raḍāʿa as conferring definite maternal capacity which precludes the marriage between the nursed child and the milk mother's real children (al-Kāsānī 1986; Ibn ʿAbd al-Barr 1992). The details of milk kinship can vary a little from school to school.

The Shafi and Hanbali schools necessitate five separate feedings (radʿāt) demonstrated by authentic hadith, while Hanafi jurists find even a single feeding to be adequate. [15]:16

Classical jurists tended to agree that if the milk was drunk from a vessel, it is classified as direct breastmilk even though the mouthpiece is what is used for the child and thus feeds into the belief in blood tie through suckling by virtue of knowing its source.

Modern Complications with Anonymous and Pooled Milk

One of the major disagreements with current-day milk banking is how milk from several donors is pooled without accurate tracking, and oftentimes no record of which baby got each donor's milk. This anonymity means that the permissibility of marriage can never be established for the future, which could result in transgression of mahram limits (Kamali 2013).

Moreover, the more highly industrialized modern pasteurization and storage procedures effectively divorce it from the traditional model of wet-nursing as a socially traceable act. Kinship Mapping and Personal Connection – Milk Mothers and Their Families Were Personally Known to the Recipient Families of Classical Societies.

Divergent Modern Juristic Opinions

Division in contemporary fatwā institutes and Islamic scholars:

- **Prohibitionist View:** For instance, in its anonymous pooled form, human milk banking is discouraged even by such bodies as the Islamic Fiqh Academy of OIC (Resolution No. 6, 1985), for it will inevitably lead

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to violations of lineage rules and introduce shubuhāt in family law.

- **Conditional Permissibility View:** A more contemporary position taken by some jurists including the European Council for Fatwa and Research (ECFR 2004) has allowed that milk banking may not be forbidden if the operation is such that donors can be individually identified, droplets are not collected from several women in one batch, or records are kept which can readily ascertain to an enquiring family the source of any nourishment.
- **Functional Necessity Argument:** The ḍarūra (necessity) principle is invoked by some but not all scholars, who argue that in the presence of an imperative medical need (such as for premature infants), certain lineage prohibitions can potentially be overridden subject to the risk mitigation techniques and information systems being put in place (al-Qaradawi 1999).

Shia Perspectives

Milk kinship (Raḍāʿa) is also valid in the Jafari school, but with different conditions, for example, requiring ten full feedings according to some understandings of the legal theoretical underpinnings (al-Ḥillī 1989). Some Shia scholars, acknowledging these arguments in Sunni discussion, have supported the idea of an identity-preserved milk bank.

Core Jurisprudential Tensions

The debates are grounded on three central maqāṣid al-shariah principles:

- **Ḥifẓ al-naḥs (protection of life):** The promotion of donor milk would be justifiable and consistent with the overall goal to preserve life and health.
- **Ḥifẓ al-nasab (protection of lineage):** their clear lines of kinship are required by sharia to be upheld, and anonymous milk donation runs the risk that they will be violated.
- **Ḥifẓ al-ʿird (protection of honor):** to avoid wrong marriage due to covert milk kinship.

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Reconciling these objectives necessitates new institutional forms that do not compromise public health gains and at the same time avoid contradicting Islamic family law principles.

Contemporary Policy Models and Case Studies from Muslim-Majority Countries

These jurisprudential debates have prompted a range of policy innovations surrounding human milk banking in Muslim societies, reflecting unique interpretations of Raḍā‘a, localized health priorities and the extent to which governments are willing or able to harmonize nascent public health approaches with Sharia compliance. Overarching Responses: These models can be placed in three overarching responses: prohibitionist, regulated permissibility, and integrated traceability systems.

Prohibitionist Model— No Milk Banking at All

Meanwhile, some Muslim-majority countries have taken a hard line against anonymous human milk banking, because an infant cannot be guaranteed its lineage.

Saudi Arabia: Pooling donor milk banking Saudi prohibited, in compliance with fatwās by the Council of Senior Scholars prohibiting anonymous milk sharing due to concerns about undetectable milk kinship (Permanent Committee for Scholarly Research and Ifta’ 2003). On the other hand, informal milk sharing is allowed only among relatives who recognize descent.

Kuwait, UAE (early policy phase): early policies impeded the establishment of milk banks, but there may be a shift in approach reflected in recent interest from the UAE about exploring Sharia-compliant models for neonatal units.

Regulated Permissibility: Restricted and Documented Systems

A second, intermediate group of countries has worked towards the establishment of human milk banks within a framework for control that, in principle, would respect nasab integrity but also give at least medically vulnerable infants access to this potentially life-saving nutrition.

Malaysia: The National Fatwa Council (2009) banned the feeding of anonymous pooled milk but allowed documented donor–recipient pairings and

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prohibited mixing milk from multiple donors in a batch. The Hospital Kuala Lumpur Human Milk Bank Pilot Project utilizes both a labeling system and a database approach to assure traceability of each expressed milk (Shafie et al. 2016).

Indonesia: The Majelis Ulama Indonesia (MUI) initially objected to milk banks but subsequently permitted them with the same requirements for record-keeping, particularly in neonatal unit's intensive care (NICUs) where mothers are absent and their babies have limited ability of synchronizing suction upon cognitive reflexes of sucking and swallowing (fatwa No. 28/2013).

Integrated Traceability Systems: Hybrid Religious–Medical Models

There are policy experiments that try to find an advanced solution how to balance religious principles with medical needs, by putting together tracking systems and engaging with consolidated communities.

Turkey: The Ministry of Health instituted a Sharia-compliant donor milk program in 2013, matching each recipient baby to milk from one isolated donor. The data are stored in a central registry for decisions on future uses by mahram and informed consent forms with families to identify the kinship implications (Büyükkayhan et al. 2014).

Iran in accordance with Jafari jurisprudence, the rules of milk kinship are observed; however, identity-based milk banks have started at major hospital scales, supported by the clerics when the lineage is preserved (Sadeghi et al. 2018).

Comparative Observations

Religious Oversight — Most of the countries that do well in compromise-building (e.g., Malaysia) involve national fatwa councils or high religious authorities early in the policy design process.

The biggest change in milk bank policy has come thanks to neonatal and pediatric units, due to donor milk providing great survival benefits for small-sized infants.

Public Trust: Greater acceptance in conservative communities by way of more

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transparency, education on Raḍā‘a, and community engagement.

Emerging Trends

Conversations in the forums of some OIC nations reveal an increasing appetite for a single, Shariah-compliant milk-banking framework that might then be adopted more widely across the region, especially in emergency health contexts such as humanitarian crises. New methods such as blockchain and digitized record-keeping are being developed to allow for transparent donor–recipient mapping without any breach in medical confidentiality.

Ethical Considerations and Maqāṣid al-Sharī‘ah Analysis

For the Muslim societies, while providing literal jurisprudential rulings about human milk banking is important, an ethical discourse on the issue should engage with the maqāṣid al-sharī‘ah—the higher objectives of Islamic law, just as in other bioethical concerns—to ensure facets of preserving religion (ḥifẓ al-dīn), life (ḥifẓ al-naḥs), intellect (ḥifẓ al-‘aql), lineage (ḥifẓ al-nasl) and property (ḥifẓ al māl). Finding this balance is at the heart of assessing new health interventions, such as human milk banking.

Preservation of Life (Ḥifẓ al-Naḥs)

One of the goals Owyang cites is saving human life, which happens to be a highest order objective from an Islamic ethicist perspective. By issuing this recommendation, the WHO and UNICEF recognize that donor milk may substantially help reduce mortality and morbidity in preterm and low birth weight infants by providing immunological protection and a nutritionally superior item (WHO 2023). Jurists who see human milk banking as permissible under regulation are likely to emphasize ḥifẓ al-naḥs, noting the clear benefits to infant survival in the face of less clear risks to lineage that could be avoided if traceability is successfully enforced (Al-Qaradawi 1995).

Preservation of Lineage (Ḥifẓ al-Nasab)

With this in mind, discussing milk kinship becomes inseparably entangled with the idea of ḥifẓ al-nasab, the principle that serves to protect family and societal cohesion. Malaysia, as well as Turkey, provides good examples of ethical policy models that support preservation of lineage while still enabling

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medical access using a comprehensive donor–recipient registry. The ethical imperative here is then two-fold: guarding against escape and breaking of trust.

Balancing Competing Maqāṣid

Conflicts arise between ḥifẓ al-naḥs (the preservation of human life) and ḥifẓ al-nasab (protection of lineage). According to Maqāṣid theory, some maqāṣid are more important than others in a place or time of probable direct harm and when there is a possible benefit from regulation (Auda 2008). For neonatal mortality, the dominant argument today is that life should be saved and only non-inheritable milk kept with appropriate lineage precautions (genetic info from mother) expressed in current guidelines.

Ethical Principles in Islamic Bioethics

Islamic bioethics synthesis maqāṣid with principles as:

- no harm, no harassment (lā ḍarar wa lā ḍirār): Milk banking is only useful if it results in no harm to children and causes no clergyman and social injury.
- The prohibition permits the prohibited (al-ḍarūra tubīḥ al-maḥẓūrāt): In cases where an individual is under severe risk to life, then the prohibition on known milk may be qualifiedly suspended and anonymous milk used if no alternative recourse is available.
- Mursal, when the public interest demands it: If some donor milk programs may be shown to promote significant societal good, such as reducing infant morbidity and mortality, then the principle of maṣlaḥa marsala can be invoked.

Integration into Policy

A person who follows the religion of Islam must create a milk banking policy in all Muslim majority states according to ethical policies such as:

- For the sake of ḥifẓ al-nasab – ensure complete traceability.
- For ḥifẓ al-naḥs, prioritize high-risk infants in donor milk allocation.
- Include religious leaders in creating policy to increase public health interventions, working with the community trust.

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- Public Awareness: Mobilize communities to prevent spreading false medical perceptions and enforce the protective Sharia regulations.

Human milk banking, if approached with ethical caution and based on maqāṣid al-sharī‘ah, can be harmonized as a health policy that unites the Islamic values with universal health standards, converting it from an apparent religious conflict into synergistic conviviality.

Conclusion

In Muslim societies, human milk banking (HMB) is a new area of mutual intersection and engagement among medical necessity, ethical responsibility and religious jurisprudence. Clinical evidence is clear that donor human milk (DHM) is a safer alternative for preterm and otherwise compromised infants when maternal milk is unavailable, leading to marked reductions in morbidity and mortality rates (Victora et al. 1 2016; Quigley et al., 2019). Similarly, the Islamic matrix of Raḍā‘a (milk kinship) is not far from being governed by absolutely settled legal principles in elucidating permanent non-marriageable relationships as well as on preserving lineage (ḥifẓ al-nasab) and protecting it for which al-Shariah has made arrangements.

Synthesis of Findings

- Historical & Jurisprudential Context: Classical and modern jurists agree that milk kinship is inheritable and it can prohibit marriage. Pooling and anonymous distribution, typical in modern HMB practices, conflict with the traceability required for Sharia compliance. The fatwa of the Islamic Fiqh Academy in 1985, which prohibits it and the view of Al-Qaradawi in 1999, who allows it but is subject to strict control, are among many differences.
- Maqāṣid al-sharī‘ah begins in the case of regulated milk banks and ends there (in a concentration on protecting life, or ḥifẓ al-nafs), enabling concordance between preservation of life (necessities) and lineage (items of primacy). In life-saving contexts, the ethical principles of no-harm (lā ḍarar wa lā ḍirār), necessity (Darūra) and

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public interest (Maṣlaḥa Amma) can be used to justify structured donor milk programs.

- Public Health and Policy Context: Case study-based experiences from Malaysia, Turkey and Indonesia suggest that innovative traceable, single-donor allocation systems amenable to digital registries and transparent institutional oversight will be effective in harmonizing clinical utility with Sharia compliance (Shafie et al. 2016; Büyükkayhan et al. 2014). This is all public education, and coupled with religious authority involvement in order to boost acceptability.

Recommendations

- Institutionalized Milk Bank Protocols: Set up a recipient traceable system, preferably with single-donor allocation, and implement strong medical record-keeping to safeguard provenance and future marital permissibility.
- Develop and Issue Collaborative Fatwas by Involving National/Regional Religious Leaders: Engage national/regional religious leaders to deliver country context-specific rulings on HMBs that align with neonatal health requirements and Shari'ah.
- Ethics/Public Awareness: Engage in public health campaigns to educate communities about the medical benefits and religious protections of HMBs.
- Research and Monitoring: opt for longitudinal studies to assess the real-world social, medical and legal consequences of milk banking policies to forge continuous reforms grounded on empirical evidence.
- Regional Collaboration: Promote sharing of lessons learned by OIC member states and formulate common Sharia-compliant HMB guidelines that are applicable in emergency and humanitarian contexts.

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