

Use of Donor Breastmilk (Unpasteurised)

Purpose

In situations where a parent requests the use of donor breastmilk from a breast feeding woman other than the biological mother of the infant.

Policy

Human breastmilk provides nutritional, immunological, medicinal, and economic benefits for mothers and babies. Donor breastmilk, when available, is an alternative to formula in situations where mothers are unable to provide their own milk due to maternal infection or illness, medication or low milk supply.

Where a parent or guardian requests to use donor breastmilk, obtained from either a relative or other person who is known or not known to them, both donor and recipient need to be fully informed regarding the recommended screening process. Informed consent for the donation and receipt of the donor milk needs to occur and be recorded.

CDHB is establishing a Human Milk Bank of pasteurised donor breastmilk. Initially it will not have the capacity to offer pasteurisation of donor milk for babies outside of the neonatal unit. It must be explained to the donor and recipient, that the milk is not pasteurised.

Scope

This policy applies to registered nurses/midwives, enrolled/obstetric nurses, student nurses/midwives, lead maternity carers, neonatal paediatrician, neonatologist, obstetrician and karitane nurse.

Definitions

Unpasteurised Donor breastmilk

Human breastmilk donated from a woman other than the biological mother that has not undergone a pasteurisation process.

Hereafter, referred to as donor or donated milk.

Donor

This is the woman donating breastmilk.

Recipient

This is the biological mother, parent or guardian of the baby who is to receive the donor breastmilk.

Associated Documents

- WHO/UNICEF Ten Steps to Successful Breastfeeding
- WHO Global Strategy Infant and Young Children Feeding
- Women's and Children's pasteurised donor breastmilk policy NICU

Indications

Donor milk may be used where the biological mother is unable to provide breastmilk for her baby (for example due to illness, mother-baby separation or low milk supply) and the parent/guardian requests donor milk be given to the baby. During the antenatal period the Lead Maternity Carer (LMC) may have supported and/or facilitated this process.

Contraindications

Where screening results show risk to the recipient's baby or there is no consent from either party.

Infant is immunocompromised.

Infant is in the neonatal unit. Pasteurised milk is the preferred option for infants in the neonatal unit.

Risks and Precautions

Human breastmilk is a bodily substance and may contain bacteria and viruses that can be transmitted to others. Certain medications and substances such as nicotine and alcohol may also pass into breastmilk.

The donor must undertake the screening process detailed below prior to donating milk.

Health Screen:

Complete Donor Health Screen Record (Appendix 1)

Assessing completed Donor Health Screen Record for suitability

Boxes with x denote suitability

I am willing to donate breastmilk	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
I am aware:		
I will be screened for the following blood infections: HIV 1 & 2 / HTLV 1 & 2 / Hepatitis B & C / CMV / Syphilis	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have or ever had:		
Insulin dependent diabetes?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Chronic illnesses? If yes, details	<i>Contact Infection Control for suitability and document</i>	
A tattoo in the last six months?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Intimate contact with anyone, to your knowledge, who has infectious hepatitis, HIV or HTLV?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Are you taking:	
Any long term prescribed medication (except for oral progesterone-only contraceptive pill, thyroxine or asthma inhaler)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Taking any herbal medications preparations? If yes, details <i>Consult Medications in Mothers Milk Online Information or contact Drug Information on extension 80900, external 3640900 between 0800-1630 Monday to Friday for suitability and document. Consult with Lactation Consultants if further information required</i>	
Growth hormones – including in the past?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Do you:	
Drink more than 3 cups of coffee or caffeinated drinks per day?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Alcohol <i>Please tick box that best describes your weekly alcohol consumption</i>	
Currently consume no alcohol	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
* if no, suitability based on following two questions	
Routinely drink 1-2 standard units of alcohol per week, eg. 1-2 glasses of wine	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Routinely drink more than 3 standard units of alcohol per week	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Tobacco usage	
<input checked="" type="checkbox"/> Non smoker <input type="checkbox"/> Smoker <input type="checkbox"/> Nicotine replacement patches or gum	
Consume Illegal or recreational drugs?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are you a vegan? If Yes, is your diet supplemented with Vitamin B12?	
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are you aware of anything preventing you from donating blood?	
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Have you lived or travelled to the UK between 1980–1996 for a total of 6 months or more?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Have you received an organ donation?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Suitability/non-suitability is documented on the Donor Health Screen Record and the Consent for Additional Feeds for Breastfeeding Baby (Ref.9248) is updated.

Should the donor screening or test results indicate any potential infection or abnormalities, the neonatal/paediatric consultant/LMC or registrar will discuss them with the duty microbiologist and organise for

appropriate counselling for the mother. The milk will not be appropriate to be used as donor milk.

Collection of donor milk

Donor milk must be collected under strict hygiene conditions (see *Expressing Donor Breastmilk Ref.6663* and W&CH Policy Breastfeeding Appendix 13 *Safe storage and usage of breastmilk*). The midwives/nurses must document in the donor mother's medical notes that this information and instructions for collection have been given.

Pasteurisation is not available

The recipient and donor must be informed that pasteurisation is not available. Reliance will be placed on the donor mother complying with the hygiene requirements for collection of donor milk.

Additional factors

Criteria of babies to be considered for the use of donor milk

- Recipient's choice
- At the discretion of the midwife clinical coordinator, charge nurse, neonatologists, paediatricians, CWH lactation consultant, LMC

Milk Composition

There is a difference in the composition of milk with gestational and chronological age. Ideally the donor's and recipient's babies should be close in age.

Protein in human milk is lower after six months. Older babies may be weaning and this milk may have higher sodium content than is optimum for the newborn.

Consent

When obtaining consent to donate breastmilk and for a baby to receive donated breastmilk the health professional must ensure:

- (a) that the donor and recipient mother, parent or guardian has the necessary capacity to make the decision to consent to, or to refuse consent to donating or receiving the donor breastmilk; and
- (b) that the donor and recipient mother, parent or guardian is provided with sufficient information to enable them to make an informed decision about donating or receiving the donor breastmilk; and
- (c) that consent is given voluntarily
- (d) the donor has the right to cease donating breastmilk at any time in discussion with the health professionals involved.

To uphold the right to make a free and informed choice, the Code of Health and Disability Services Consumers' Rights ('Code of Rights') places a professional duty on health professionals to give information about all of the options available, as well as their recommendations as to the best option available to the patient. It is acceptable that the donor and recipient mother, parent or guardian be guided in the choice by the

health professionals, as long as sufficient information is communicated and the guidance does not overbear their decision.

Procedure - Use of Donor Breastmilk Organised within CDHB

Mother, parent or guardian of baby receiving donor milk (Recipient)

See Flow Chart Use of Donor Milk (Appendix 4)

- 1 When staff are approached by the parent or guardian of a baby to use donated milk, the Receiving Donor Breastmilk leaflet (ref 6644) is given and a collaborative discussion should take place between the midwife clinical coordinator, associate charge nurse or person in charge with the LMC and the parent or guardian.
- 2 The consent process in each case, including what information was provided and any specific questions or concerns discussed, should be documented on the consent form or in the body of the medical notes. Such information concerning communication with the donor should be recorded in the donor's medical notes. Such information concerning communication with the recipient should be recorded in the recipient baby's medical notes.

Although more information can be shared between the donor mother and the recipient with the consent of the relevant person, the starting point is as follows:

- a) The donor mother will not receive any personal information about the recipient mother, parent, guardian or baby except the baby's NHI number with consent (for the purpose of matching the milk and tracking the donation)
- b) The only information about the donor that the recipients will receive and that will be stored on the recipient baby's medical record is (provided the donor has consented):
 - whether the donor's screening and blood test results mean that her milk is either suitable or unsuitable for donation; and
 - if the milk is suitable for donation, the donor's NHI number (for the purpose of matching the milk and tracking the donation).

Once the **donor** consent (Appendix 2) is completed and signed, the form is kept in the donor's medical records.

On completion of the donor health screen and satisfactory serology results the **recipient** consent (Appendix 3) form is then completed and signed by the **recipient**. This is filed in the recipient baby's medical records.

- 3 If the donor mother consents to the sharing of her NHI with the recipient and her milk is suitable for donation, the donor's NHI will be recorded on the Additional Feeds for a Breastfeeding Baby sheet Ref.9248 (Appendix 4).
- 4 Explain milk labelling to the recipient (*see step 7 Mother donating breastmilk*)

Administration of donor milk is documented on Additional Feeds for a breast feeding baby Record (Ref.9248)

Mother donating breastmilk (Donor)

See Flow Chart Use of Donor Breastmilk (Appendix 4)

- 1 The donor must complete the Donor Health Screen Record (Appendix 1), Donor Consent (Appendix 2). If Donor Health Screen Record indicates suitability to donate, blood screening is ordered.

HTLV testing is performed by Canterbury Health Laboratories and is batch tested once a week.

- 2 The approved donor is provided information on the equipment for the safe collection and storage of breastmilk (*see Expressing Donor Breastmilk* Ref.6663).
- 3 A midwife clinical coordinator, charge nurse, lactation consultant, ACNM, neonatologists, paediatrician or LMC must sight a copy of the donor's screening results.
 - If the results are **satisfactory** the Donor Health Screen Record (Appendix 1) and Additional Feeds for a Breastfeeding Baby Record (Ref.9248) are updated to reflect the donor milk is suitable. The NHI of the recipient's baby is added to the Donor Health Screen Record. The donor's NHI is added to the Additional Feeds for a Breastfeeding Baby Record (Ref.9248).
 - If the results are **not satisfactory**, the health professional discusses with the duty microbiologist, organises appropriate counselling and notifies the donor that the donation of milk is contraindicated. The Donor Health Screen Record (Appendix 1) is updated to reflect the donor milk is unsuitable. The recipient is informed that the donor milk is unsuitable and a note about the unsuitability of the donor milk is also recorded in the recipient baby's medical records. Since the milk is unsuitable for donation, the intended donor's NHI should not be recorded in the intended recipient baby's medical records because there will be no matching or tracking of any donor milk.

- 4 Copy of donor consent form is filed in the donor's medical records.
- 5 The Donor Breastmilk Card (Ref.6545) is completed by the **Donor** for each donation of milk. This is a shortened version of the Donor Health Screen and requires the Donor to acknowledge if there is a change in circumstances. If there is a change, the Donor must complete the Donor Health Screen and/or serological testing to ensure the safety of the milk and continued safety of donations.
- 6 Donor milk should be frozen immediately after expressing to limit lipolysis and microbial growth. Frozen donor milk must be labelled and dated and must not be used after maximum of 6 months from date of expression.
- 7 On arrival donor milk must be placed in the freezer. If an amount is needed, only this amount is placed in the refrigerator to thaw. Milk that arrives thawed should be discarded as its microbiological safety is unable to be verified.
- 8 Explain milk labelling to the donor:

Donor breastmilk will be labelled with a **D** and the donor mother's NHI, date and time of expression. Also the date and time defrosted. The administration of the donor milk is recorded on the feeding chart as a "D".

When the donor milk arrives at the CDHB facility, the recipient **baby's** label is added.
- 9 Donor milk labels are available from Lactation Consultants or from core midwives.

Procedure – Donor Breastmilk Organised in Community for use within CDHB

Mother, parent or guardian of baby receiving donor milk (Recipient)

See Flow Chart Use of Donor Milk Organised in Community for use within CDHB (Appendix 5)

- 1 When an LMC is approached by the parent or guardian of a baby to use donated milk a collaborative discussion should take place between the LMC and the parent or guardian.

The CDHB *Receiving Donor Breastmilk leaflet (Ref.6644)* is available for parents or guardians.

- 2 For donor breastmilk to be used on CDHB premises, the consent process must be followed in each case. What information was provided and any specific questions or concerns discussed, should be documented on the consent form or in the woman's hand held maternity notes.

Although more information can be shared between the donor mother and the recipient with the consent of the relevant person, the starting point is as follows:

- c) The donor mother will not receive any personal information about the recipient mother, parent, guardian or baby except the baby's NHI number with consent (for the purpose of matching the milk and tracking the donation)
- d) The only information about the donor that the recipients will receive and that will be stored on the recipient baby's medical record is (provided the donor has consented):
 - whether the donor's screening and blood test results mean that her milk is either suitable or unsuitable for donation; and
 - if the milk is suitable for donation, the donor's NHI number (for the purpose of matching the milk and tracking the donation); and.

On completion of the donor health screen and satisfactory results the **recipient** consent (appendix 3) form is then completed and signed by the **recipient**. This is filed in the recipient baby's medical records

If the donor health screen and/or serological results are unsatisfactory, advise the recipient that the donation is unsuitable.

- 3 If the donor mother consents to the sharing of her NHI with the recipient and her milk is suitable for donation, the donor's NHI will be recorded by the core midwife on the Additional Feeds for a Breastfeeding Baby sheet Ref.9248 (Appendix 4).
- 4 Explain milk labelling to the recipient (*see step 8 Mother donating breastmilk*)

Administration of donor milk is documented on Additional Feeds for a breast feeding baby Record (Ref.9248)

Mother donating breastmilk (Donor)

See Flow Chart Use of Donor Milk Organised in Community for use within CDHB (Appendix 5)

- 1 The donor must complete the Donor Health Screen Record (Appendix 1) and the Donor Consent (Appendix 2). These are retained by the LMC until the donor milk is required for use on CDHB premises.

Serological testing of HIV 1 & 2/Hepatitis B & C/CMV/Syphilis takes place in the community. HTLV 1 & 2 is the only serological test approved to take place at Canterbury Health Laboratories for donor screening. HTLV testing is batch tested once a week. Results are to be entered on the Donor Health Screen Record (Appendix 1) and a copy attached. These are retained by the LMC until the donor milk is required for use on CDHB premises.

If the donor health screen and/or serological results are unsatisfactory, the donor is advised the donation is contraindicated and suitable counselling is organised.

- 2 The CDHB *Expressing Donor Breastmilk* (Ref.6663) is available for the donor on the Healthinfo website.
- 3 When donor milk is requested for use on CDHB premises, the midwife clinical coordinator, charge nurse, lactation consultant, ACNM, neonatologists or paediatrician must sight a copy of the donor's screening results, consent and health screen record.
 - If the results are **satisfactory** the Donor Health Screen Record (Appendix 1) and Additional Feeds for a Breastfeeding Baby Record (Ref.9248) are updated to reflect the donor milk is suitable. The NHI of the recipient's baby is added to the Donor Health Screen Record. The donor's NHI is added to the Additional Feeds for a Breastfeeding Baby Record (Ref.9248).

- 4 Copy of donor consent form is filed in the donor's medical records.
- 5 The Donor Breastmilk Card (Ref.6545) is completed by the **Donor** for each donation of milk. This is a shortened version of the Donor Health Screen and requires the Donor to acknowledge if there is a change in circumstances. If there is a change, the Donor must complete the Donor Health Screen and/or serological testing to ensure the safety of the milk and continued use of donor.
- 6 Donor milk should be frozen immediately after expressing to limit lipolysis and microbial growth. Frozen donor milk must be labelled and dated and must not be used after maximum of 6 months from date of expression.
- 6 On arrival donor milk must be placed in the freezer. If an amount is needed, only this amount is placed in the refrigerator to thaw. Milk that arrives thawed should be discarded as its microbiological safety is unable to be verified.
- 7 Core Midwife explains milk labelling to the donor:

Donor breastmilk will be labelled with a **D** and the donor mother's NHI, date and time of expression. Also the date and time defrosted. The administration of the donor milk is recorded on the feeding chart as a "D".

When the donor milk arrives at the CDHB facility, the recipient **baby's** label is added.
- 8 Donor milk labels are available from Lactation Consultants or from core midwives.

Documentation

Recipient information

The original copy of the recipient's consent to the donor milk (Appendix 3) is filed in the recipient baby's medical records. The recipient's baby's NHI is recorded on the Donor Health Screen Record (Appendix 1).

Donor information

Donor consent (Appendix 2) is stored in the donor's medical records. Blood tests for the donor are ordered by medical staff, LMC or general practitioner (of the donor mother). Originals of all laboratory results are noted on the Donor Health Screen Record (Appendix 1). Once sighted by the CCO midwife, neonatologist (in NICU), paediatrician or LMC the results and record are returned to the donor and a copy filed in the donor's medical notes. (Donor information may be sent to Medical Records for filing).

Results to be kept by the donor with a copy in the donor's medical records and not in the recipient baby's medical records

Hospital wards

The donor blood results need to be sighted by the health professional who ordered the tests. The Donor Health Screen Record (Appendix 1) is updated to include results of serological screening. If screening of donor breastmilk indicates any abnormalities then appropriate counselling is offered to the donor if required. The recipient baby's medical records are updated as outlined in item 3 on page 7 of this policy.

Bibliography

Israel-Ballard, K., Donovan, R., Chantry, C., Coutsoydis, A., Sheppard, H., Sibeko, L & Abrams, B. (2007) Flash-Heat Inactivation of HIV-1 in Human Milk. A potential method to reduce postnatal transmission in developing countries. *Journal of Acquired Immune Deficiency Syndrome*, 45, (3), 318-323.

Human Milk Banking Association of North America, (2005) Best practice for expressing, storing and handling human milk in hospital, homes and child care settings. Human Milk Banking Association of North America. 2005.

National Institute for Health and Clinical Excellence, (2010) Donor breastmilk banks: the operation of donor milk bank services. www.nice.org.uk

World Health Organization, UNICEF, (2003) Global Strategy for infant and young child feeding. Geneva. WHO.

American Academy of Pediatrics, (2005) Breastfeeding and the use of human milk. *Pediatrics*, 115(2), 496-506

Wight, N.E., Morton, J.A., & Kim, J.H. (2008). *Best medicine: human milk in the NICU*. Amarillo, Hale Publishing.

Adapted from Capital and Coast District Health Board for CDHB

Policy Owner	General Manager, Women's and Children's Health, CDHB
Date of Authorisation	February 2014

Appendix 1

Canterbury
District Health Board
Te Poari Hauora o Waitaha
WOMEN'S & CHILDREN'S HEALTH

(Attach Label here or Complete Details)

NAME: _____ NHI: _____

GENDER: ____ DOB: _____ AGE: ____ WARD: _____

**Donor Breast Milk (Unpasteurised)
Health Screen**

Please tick the box that best describes you:

I am willing to donate breast milk	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am aware:	
I will be screened for the following blood infections: Human Immunodeficiency Virus 1 & 2 (HIV) / Human T Cell Lymphotropic Virus 1 & 2 (HTLV) / Hepatitis B & C / CMV / Syphilis	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have or ever had:	
Insulin dependent diabetes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Chronic illnesses? If yes, details.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
A tattoo in the last six months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Intimate contact with anyone, to your knowledge, who has infectious hepatitis, HIV or HTLV?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you taking:	
Any long term prescribed medication (except for oral progesterone-only contraceptive pill, thyroxine or asthma inhaler)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Taking any herbal medications preparations? If yes, details	<input type="checkbox"/> Yes <input type="checkbox"/> No
Growth hormones – including in the past?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you:	
Drink more than 3 cups of coffee or caffeinated drinks per day?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Alcohol <i>Please tick box that best describes your weekly alcohol consumption</i>	
Currently consume no alcohol	<input type="checkbox"/> Yes <input type="checkbox"/> No
Routinely drink 1-2 standard units of alcohol per week, e.g. 1-2 glasses of wine	<input type="checkbox"/> Yes <input type="checkbox"/> No
Routinely drink more than 3 standard units of alcohol per week	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tobacco usage	
<input type="checkbox"/> Non smoker <input type="checkbox"/> Smoker <input type="checkbox"/> Nicotine replacement patches or gum	

**D
O
N
O
R

B
R
E
A
S
T

M
I
L
K

H
E
A
L
T
H

S
C
R
E
E
N

C
2
3
0
0
4
8**

Appendix 3



SURNAME	NHI:
FIRST NAME:	DOB:
ADDRESS:	
.....	POST CODE: (or affix patient label)

**Use of Donor Breast Milk
by Recipient Parent/Guardian: Consent**

(to be filed in child's clinical notes)

I am aware that the donor breast milk intended to be given to my baby is unpasteurised and there are risks associated with use of unpasteurised donor milk.	<input type="checkbox"/> Yes <input type="checkbox"/> No
The potential risks of unpasteurised donor breast milk have been explained to me by a health professional and they have answered my questions regarding the use of unpasteurised donor milk.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am aware that the donor mother/s has/have been carefully screened for certain blood infections and they have been asked questions about their general well being and lifestyle but this screening does not remove all of the potential risks of using unpasteurised donor breast milk.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am aware that I will not receive any personal information relating to the donor mother except her NHI number if she agrees for the purposes of matching the milk and tracking the donation. I will also be advised whether the milk is suitable or unsuitable for donation after the screening process.	
I consent to my baby's NHI number being shared with the donor mother through that information being stored on the donor mother's medical record.	<input type="checkbox"/> Yes <input type="checkbox"/> No

CHILD'S NAME _____

NAME OF PARENT/GUARDIAN _____

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

NAME OF HEALTH CARE PROFESSIONAL _____ JOB TITLE _____

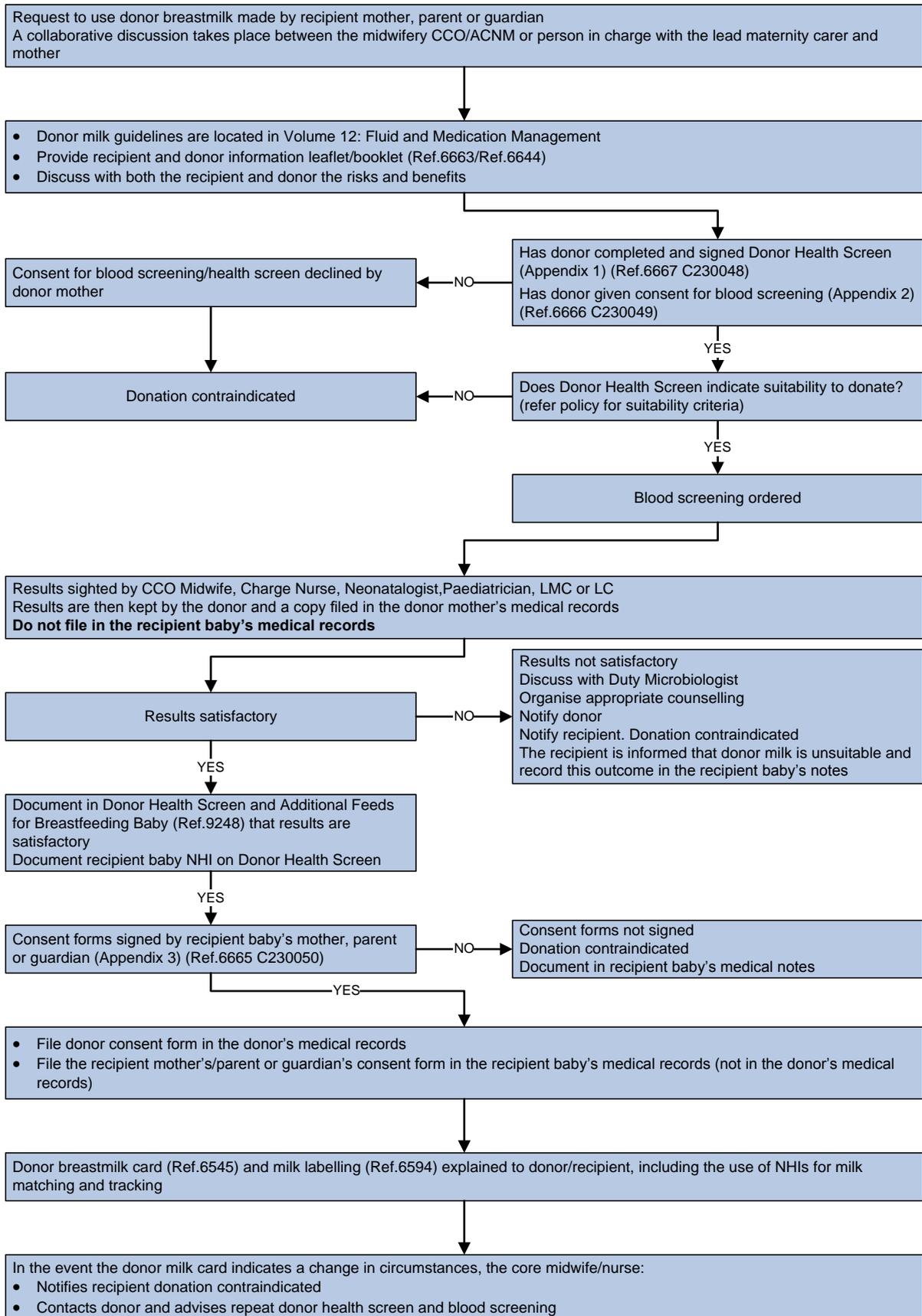
SIGNATURE OF HEALTH CARE PROFESSIONAL _____ DATE _____

R E C I P I E N T D O N O R B R E A S T M I L K C O N S E N T C 2 3 0 0 5 0

This document is to be viewed via the CDHB Intranet /Internet only. All users must refer to the latest version from the CDHB intranet/internet at all times. Any printed versions, including photocopies, may not reflect the latest version.

Appendix 4

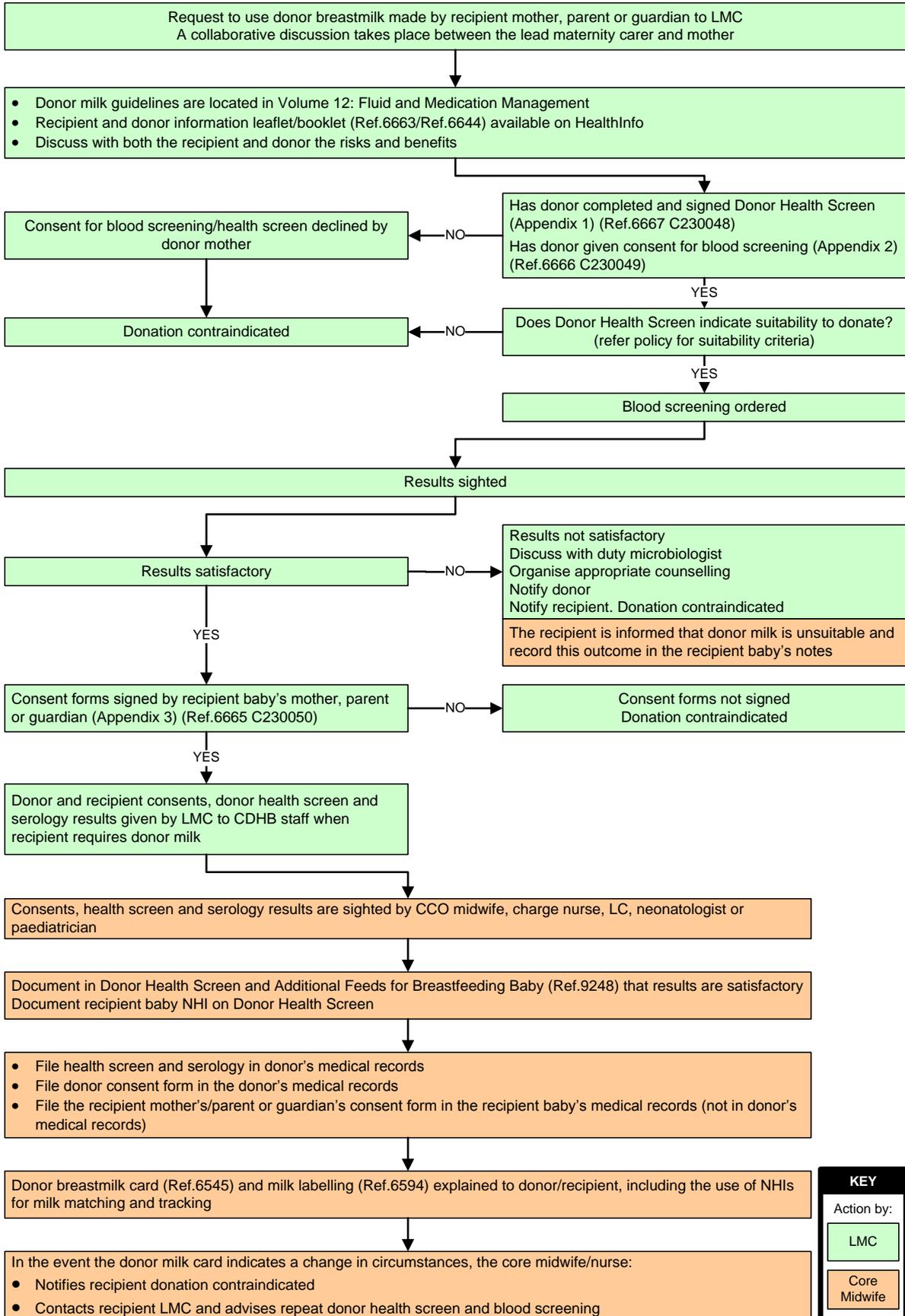
Use of Donor Breastmilk Organised within CDHB



This document is to be viewed via the CDHB Intranet/Internet only. All users must refer to the latest version from the CDHB intranet/Internet at all times. Any printed versions, including photocopies, may not reflect the latest version.

Appendix 5

Use of Donor Breastmilk Organised in Community for use within CDHB



KEY

Action by:

- LMC
- Core Midwife

This document is to be viewed via the CDHB Intranet/Internet only. All users must refer to the latest version from the CDHB intranet/Internet at all times. Any printed versions, including photocopies, may not reflect the latest version.