

# LMC-Facilitated Use of Unpasteurised Donor Milk (UDM) in Health NZ Waitaha Canterbury Maternity Facilities

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## Purpose

In situations where pasteurised donor milk (PDM) is unavailable and whānau/Lead Maternity Carer (LMC) access privately sourced donor human milk from a breastfeeding woman/person other than the biological māmā/parent of the pēpi for use in a Health New Zealand | Te Whatu Ora Waitaha Canterbury maternity facility.

## Definitions

**Pasteurised donor milk (PDM):** Human milk donated by a māmā/parent, other than the biological māmā /parent who has had health and blood screening and the donor milk has been pasteurised.

**Unpasteurised donor milk (UDM):** Human milk donated by a māmā/parent other than the biological māmā/parent who may or may not have had health and blood screening and the donor milk has not been pasteurised.

**Donor** This is the māmā/parent donating breastmilk surplus to the requirements of their own thriving pēpi.

**Recipient** This is the baby who is to receive the donor breastmilk.

## Policy

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Human breastmilk provides nutritional, immunological, medicinal, and economic benefits for māmā/parents and pēpi. Donor breastmilk, when available, is an alternative to infant formula in situations where the māmā/parents are unable to provide their own breastmilk due to infection or illness, medication or low breastmilk supply.

The use of UDM from an unknown unscreened donor is not recommended by Health NZ Waitaha Canterbury due to the risk of viruses, bacteria, medicines and other substances. Health NZ Waitaha Canterbury staff are unable to provide the information required for an informed consent process without knowledge of the donor, screening, or collection processes. The Lead LMC midwife is therefore required to complete this documentation with the recipient's parent. A parent information resource is available to support this informed consent process (Ref.2400330 for donors and Ref.2400329 for recipients) If the LMC is unavailable, staff may provide and discuss the parent information resource with the parent/guardian. A signed consent form will be filed in the clinical notes of the recipient. The recipient's parents/guardians will also be shown how to label the donor milk.

Where a parent or guardian has received UDM, obtained from either a relative or other person who is known or not known to them, they need to be fully informed regarding the recommended screening processes. To receive UDM, an informed consent process needs to occur and be filed/documentated in the recipients' clinical records. Unpasteurised donor milk stored in the fridge needs to be labelled with a completed donor milk label **and** the name label of the recipient (pēpi).

Health NZ Waitaha Canterbury has a Human Milk Bank of pasteurised donor milk (PDM) in the Neonatal Unit. Pasteurised donor milk is dispensed only to vulnerable pēpi on the maternity ward who meet specific criteria. Pasteurised donor milk is a precious resource and supply to maternity ward is not guaranteed.

The Rotary Community Breastmilk Bank is another source of PDM which can be dispensed for pēpi who are: less than six weeks old, have never had infant formula, and there is a commitment to continued exclusive breastfeeding. This can be organised by whānau or LMCs.

Health NZ Waitaha Canterbury maternity staff can provide information to whanau about how to access pasteurised donor milk from the Rotary Community Breastmilk Bank. However, the responsibility to organise this lies with the whānau and their LMC.

Health NZ Waitaha Canterbury maternity staff will support parents' informed choice to use UDM within maternity facilities by confirming the parent/guardian of the recipient has provided their informed consent. However, staff are unable to be responsible for organising donors and/or facilitating the consent process in its entirety. This is the responsibility of the healthcare provider facilitating use of the donor milk, usually, but not limited to their LMC midwife.

## Applicability

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This policy applies to LMCs, registered midwives and nurses, lactation consultants, student nurses/midwives, and any other healthcare provider involved in infant feeding care planning working within, or contracted by Health NZ Waitaha Canterbury maternity facilities.

## Associated documents

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- 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
- Human Milk Bank documents
- Rotary Milk Bank information
- 'Breastmilk Sharing' whānau information resource – Recipient (Ref.2411525)
- 'Breastmilk Sharing' whānau information resource – Donor (Ref.2411526)
- Donor information – safe expressing, storage and transport of breastmilk (Ref.2411339)
- Donor Milk Labels (Ref.2402204)

- Donor Breastmilk Card (Ref.2400325)
- Use of Unpasteurised Donor Milk Recipient Consent (Ref.2403668)
- Donating Breastmilk consent (Ref.2405232)
- Donor Health Screen Record (Ref.2401147)
- Human Milk Storage and Use (Ref.2409645)
- Donating Breastmilk and Taking Medications (Ref.2405815)

## Indications

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Unpasteurised donor milk may be used in circumstances where the biological māmā/parent is unable to provide breastmilk for their pēpi (for example due to illness, separation, low breastmilk supply or any other self-identified reason). During the antenatal or postnatal period the LMC may have supported and/or facilitated this process.

## Contraindications

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- Informed consent has not been granted
- Health and/or blood test results show risk to the recipient
- The recipient is immunocompromised.
- The recipient is in the neonatal unit. Pasteurised donor milk is the preferred option for infants in the neonatal unit.

## Recipient Consent

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Consent will be informed, voluntary and free from coercion.

To uphold the right to make a free and informed choice, the Code of Health and Disability Services Consumers' Rights<sup>1</sup> places a professional duty on health professionals to give information about all of the options available.

It is the responsibility of the LMC to ensure that informed consent processes have been completed prior to facilitating use UDM in a maternity facility. Informed Consent forms for the recipient (Ref.2403668) and donor (Ref.2405232) will be available from Health NZ Waitaha Canterbury maternity facilities. Completed recipient consent forms need to be filed in the clinical records of the recipient (pēpi).

## Risks and precautions

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Human breastmilk is a bodily substance and may contain bacteria and viruses that can be transmitted to others via ingestion. Certain medications and substances such as nicotine and alcohol also pass into breastmilk. Health screening and blood/serological testing, and pasteurising are best practices for human milk sharing.

## Health screen and blood/serological testing for breastmilk donors

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A health screen for breastmilk donors (Appendix 2) should be completed and assessed for suitability to donate by the healthcare provider supporting the breastmilk donation. Health screening will be undertaken by the healthcare provider facilitating the donation, this is not limited to the LMC midwife.

Should the Health screen for breastmilk donors deviate from the optimal responses as per (Appendix 2), the breastmilk may not be appropriate for donation. The healthcare provider organising and facilitating the breastmilk donation will seek further advice and discuss the results with the human milk bank manager.

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<sup>1</sup> <https://www.hdc.org.nz/your-rights/about-the-code/code-of-health-and-disability-services-consumers-rights/>

Serological testing will be organised to screen for Human Immunodeficiency Virus (HIV) 1 & 2, Hepatitis B & C, Cytomegalovirus (CMV), Syphilis, Human T-cell Lymphotropic Virus (HTLV) 1 & 2.

To be a suitable candidate for breastmilk donation all serological testing needs to be negative. In the instance where donor blood test (serological testing) results indicate any potential infection risk or abnormality, the healthcare provider organising and facilitating the breastmilk donation will seek further advice and discuss the results with the human milk bank manager (or in the event of their unavailability the duty microbiologist) and organise for appropriate counselling for the donor. The breastmilk will not be appropriate for donation.

**N.B.** Presence of Cytomegalovirus (CMV) antibodies IgG (previous infection) or IgM (recent infection) are both contraindications for safe unpasteurised breastmilk donation.

## Collection of donor milk

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Donor milk must be collected under strict hygiene conditions. See Information for Donors – Collecting, Labelling and Transporting Breastmilk (Ref.2411532). Reliance will be placed on the donor to comply with the hygiene requirements for collection of donor milk.

## Additional factors

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- If the intended recipient is premature or unwell, it is recommended that pēpi receives PDM. If this is not possible, it is most appropriate that the donated breastmilk comes from a parent with a pēpi of a similar age.
- Protein in human milk is lower after six months. Older babies may be weaning, and this breastmilk may have a higher sodium content than is optimum for the new-born.
- The recipient's whānau may choose to accept donor breastmilk where the recommended health screen and/or blood testing **has not occurred**. All parties must be aware of the benefits and potential implications of **unscreened** unpasteurised donor breastmilk.
- All informed decisions will be respected.

## Procedure: Donor breastmilk organised in community for use within Health NZ Waitaha Canterbury maternity facilities

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### RECIPIENT

1. When an LMC is approached by the parent or guardian of a pēpi to use donated human milk a collaborative discussion should take place between the LMC and the parent or guardian. To support this discussion, the Sharing Breastmilk – Recipient (Ref.2411525) parent information resource for is available for whānau.
2. For donor breastmilk to be used on Health NZ Waitaha Canterbury maternity premises, the informed consent process must be facilitated by the LMC in each case. The LMC will facilitate the completion of the recipient consent document (Ref.2403668) with the recipient's whānau and file it in the clinical records of pēpi. LMCs will document the information that was provided, and any specific questions or concerns discussed, in the māmā/parent's clinical maternity notes.
3. Labelling donated human milk with a Donor Milk Label (Ref.2402204), and human milk storage will be explained to the whānau of the recipient. The date and time donated milk is defrosted will be written on the milk label. The recipient's name label will be added to the donated milk.
4. Administration of donor milk is documented on Infant Feeding Record (Ref.2400431) with the fluid type code as a "D". For all screened UDM the donor NHI will be documented in the top right-hand corner of the Infant Feeding Record (Ref.2400431).

5. Health NZ Waitaha Canterbury Maternity staff responsibilities

Staff will confirm with the LMC whether the UDM is screened or **unscreened** and confirm with the whānau that informed consent has been provided on this basis. Staff will confirm the presence of signed informed consent forms prior to administering UDM. If there is any uncertainty expressed by the recipients' whānau, the LMC will be asked to engage in further conversations with the whānau.

**Thawing frozen unpasteurised donor milk**

- Thaw frozen expressed human milk slowly in the fridge. If you need to thaw more quickly, place the container of frozen UDM in a container of warm (not hot) water. Do not submerge the container in water (the bottle lids are not water tight).
- Never use a microwave to thaw or warm UDM. It destroys some of the properties of UDM and heats the milk unevenly.
- In facilities where a human milk thawing machine is available, follow the instructions for its use.
- Gently swirl or shake before testing the temperature on the inside of the parent's wrist before giving UDM to pēpi.

**Using thawed unpasteurised donor milk**

- Use the oldest-dated UDM first.
- Use any thawed UDM within 24 hours. Do not refreeze.
- Once warmed, use UDM within one hour. Do not reheat.

**DONOR**

1. A healthcare provider other than Health NZ Waitaha Canterbury maternity staff, usually an LMC midwife, will facilitate informed consent for any donor wishing to donate breastmilk surplus to the need of their own thriving pēpi. The complete donor consent form (Ref.2405232) will be sent to clinical records to be filed in the donor's clinical notes. Consent must include that the Donor's NHI will be included on the recipients infant feeding record for donor milk tracking purposes.
2. The parent information resource, 'Sharing Breastmilk - What you need to know as a breastmilk donor' (Ref.2400330) is available to support this conversation.
3. LMCs will facilitate and assess the Donor Health Screen (Ref.2400164 – Appendix 1) for suitability, and organise blood/serological testing as follows:  
Serological testing of Human Immunodeficiency Virus (HIV) 1 & 2, Hepatitis B & C, Cytomegalovirus (CMV), Syphilis take place in the community. Canterbury Health Laboratories are approved to completed Human T-cell Lymphotropic Virus (HTLV) 1 & 2 testing for donor milk screening. HTLV testing is batch tested once a week. Serological testing results are to be entered on the Donor Health Screen Record (Appendix 1).
4. If the Donor Health Screen and/or serological results indicate potential risk to the recipient the donor is advised the donation is contraindicated and suitable counselling will be organised by the LMC facilitating the donation. In this instance, the LMC seek further advice from the Human Milk Bank Manager, or in the case of unavailability, from the on-duty microbiologist.
5. The healthcare provider facilitating the donation will discuss safe expressing, storage and transporting processes with the donor. The donor will be provided with the parent information resource: Information for donors, collecting, storing and transporting breastmilk (Ref.2411532) to complement this discussion.
6. The Donor Breastmilk Card (Ref.2400325) is completed by the **donor** for **every** donation of human milk. This is a shortened version of the Donor Health Screen and requires the donor to acknowledge any changes in health circumstances. If there is any change, the LMC will organise for the donor to complete the Donor Health Screen and/or serological testing to ensure the safety of the donated milk and continued suitability of the donor.

7. The healthcare provider facilitating the donation will explain donor milk labelling to the donor: Freshly expressed donor milk will be labelled with Donor NHI, date and time of expression before freezing.
8. Donor milk labels are available (Ref.2402204) in the maternity ward.
9. 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 12 months from date of expression.
10. On arrival to a maternity facility the UDM must be labelled with the recipient's label **AND** a Donor Milk Label (Ref.2402204) and immediately placed in the freezer. If an amount is needed straight away, only this amount is thawed. **Donor milk that arrives thawed should be discarded as its microbiological safety is unable to be verified.**

## Documentation

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### Recipient information

The original copy of recipient consent form (Ref.2403668) is filed in the recipient's clinical records.

### Donor information

Donor consent (Ref.2405232) is stored in the donor's clinical records. Health screening and blood tests for the donor (if completed) are organised by the healthcare provider facilitating the donation, or general practitioner (of the donor). Originals of all laboratory results are noted on the Donor Health Screen (Ref. 2401147) Appendix 1. A copy of the Donor Health Screen (including serological screening results) will be provided to staff and kept onsite while the donor's milk is being used. Otherwise, once sighted by the healthcare provider facilitating the donation, documentation relating to the donor will be offered to the donor and any paper copies sent to clinical records to be filed in the donor's clinical notes.

**Results may be kept by the donor with a copy in the donor's clinical records.**

## Bibliography

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**Appendix 1 Health screen for breastmilk donors (unpasteurised)**

**Health New Zealand**  
**Te Whatu Ora**  
MATERNITY SERVICES

NHI .....	WARD .....
SURNAME .....	
FIRST NAME .....	
GENDER .....	DOB .....
AGE .....	
(or affix patient label)	

**Unpasteurised Breastmilk Donor Health Screen**

*Please tick the box that best describes you*

I am willing, and have consented, to donate breastmilk surplus to my baby's needs  Yes  No

**I am aware**

I will be screened for the following infections:  
Human Immunodeficiency Virus 1&2 (HIV) / Human T Cell Lymphotropic Virus 1&2 (HTLV) /  
Hepatitis B and C / Cytomegalovirus CMV / Syphilis  Yes  No

I am aware that my antenatal screening results will be accessed  Yes  No

**Do you have or ever had**

Insulin dependent diabetes?  Yes  No  
If yes, do you have stable blood sugars?  Yes  No

Any long term illnesses or conditions that require professional follow up?  
If yes, *details* .....  Yes  No

Any illnesses or infections in the last 12 months?  
If yes, *details* .....  Yes  No

A tattoo in the last six months?  Yes  No

Intimate contact with anyone, to your knowledge, who has infectious hepatitis, HIV or HTLV?  Yes  No

A blood transfusion in the last 4 months?  Yes  No

A vaccination in the last 3 months, eg. whooping cough, influenza, rubella?  Yes  No

Have you travelled to other places in the world recently?  Yes  No

**Are you taking**

Any long term prescribed medication tablets, creams, injections (except for oral progesterone-only contraceptive pill, thyroxine or asthma inhaler) and/or antibiotics?  Yes  No  
If yes, *please state:* .....

Any herbal medication preparations? eg. fenugreek, dietary supplements  Yes  No  
If yes, *details* .....

If you had a caesarean delivery did you require Clexane injections? How many days? .....  Yes  No

Growth hormones – including in the past (eg. as a child)?  Yes  No

**Do you**

Drink more than 3 cups of coffee or caffeinated drinks per day (eg. 'V', Demon)?  Yes  No

Alcohol (*please tick box that best describes your weekly alcohol consumption*)  
Currently consume no alcohol  Yes  
Occasionally drink 1 standard unit of alcohol per day eg. 1 glass of wine  Yes

Tobacco usage:  Non-smoker  Smoker  Nicotine replacement patches or gum  
 Other people smoking in the home, if yes *details* .....

Consume illegal or recreational drugs?  Yes  No

Do you follow a vegan diet?  Yes  No  
If yes, is your diet supplemented with Vitamin B12?  Yes  No

I am aware that all information collected in relation to the use of my donated milk could be shared with Health NZ Waitaha staff and access holders and will be placed on my medical records  Yes  No

DONOR NAME

DONOR SIGNATURE

DATE

Ref.2401147

Authorised by: Associate Director of Midwifery November 2024 | Page 1 of 2

UNPASTEURISED BREASTMILK DONOR HEALTH SCREEN C230048

**Unpasteurised Breastmilk Donor Health Screen (Ref.2401147) – optimal responses**

*Boxes with an x denote suitability for breastmilk donation*

I am willing, and have consented, to donate breastmilk surplus to my baby's needs	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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**I am aware**

I will be screened for the following infections: Human Immunodeficiency Virus 1&2 (HIV) / Human T Cell Lymphotropic Virus 1&2 (HTLV) / Hepatitis B and C / Cytomegalovirus CMV / Syphilis	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
I am aware that my antenatal screening results will be accessed	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

**Do you have or ever had**

Insulin dependent diabetes? If yes, do you have stable blood sugars?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Any long-term illnesses or conditions that require professional follow up? If yes, details	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Any illnesses or infections in the last 12 months? If yes, details	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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
A blood transfusion in the last 4 months?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
A vaccination in the last 3 months, eg. whooping cough, influenza, rubella?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Have you travelled to other places in the world recently?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

**Are you taking**

Any long term prescribed medication tablets, creams, injections (except for oral progesterone-only contraceptive pill, thyroxine or asthma inhaler) and/or antibiotics? If yes, please state: .....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Any herbal medication preparations? eg. fenugreek, dietary supplements If yes, details .....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If you had a caesarean delivery did you require Clexane injections? How many days?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Growth hormones – including in the past (eg. as a child)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

**Do you**

Drink more than 3 cups of coffee or caffeinated drinks per day (eg. 'V', Demon)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Alcohol (please tick box that best describes your weekly alcohol consumption) Currently consume no alcohol Occasionally drink 1 standard unit of alcohol per day eg. 1 glass of wine	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes
Tobacco usage: <input checked="" type="checkbox"/> Non-smoker <input type="checkbox"/> Smoker <input type="checkbox"/> Nicotine replacement patches or gum <input type="checkbox"/> Other people smoking in the home, if yes details .....		
Consume illegal or recreational drugs?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Do you follow a vegan diet? If yes, is your diet supplemented with Vitamin B12?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
I am aware that all information collected in relation to the use of my donated milk could be shared with Health NZ Waitaha staff and access holders and will be placed on my medical records	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No



**Appendix 2 Lifestyle screen for breastmilk donors (unpasteurised)**

UNPASTEURISED

NHI .....	WARD .....
SURNAME .....	
FIRST NAME .....	
GENDER .....	DOB .....
AGE .....	
(or affix patient label)	

**Health New Zealand**  
**Te Whatu Ora**  
MATERNITY SERVICES

**Unpasteurised Breastmilk Donor Blood Screen**

**HEALTH SCREEN**

**Suitable** – order seriological screen

**Unsuitable** – inform donor and recipient

BREASTMILK

**SEROLOGICAL SCREENING**

Date taken: .....

	Results		Results
HIV 1 and 2		CMV IgG	
HTLV 1 and HTLV 2		CMV IgM	
Hepatitis B and C		Syphilis	

**Donor mother notified of results:**  Yes  No      **Date:** .....

DONOR BLOOD SCREEN

Name of notifying clinician: ..... Signed: .....

Comments: .....

.....

.....

.....

.....

.....

NHI of infant receiving donor milk: .....

Consent to donation obtained (on Unpasteurised Breastmilk Use Donor Consent (Ref.2405232)):  Yes  No

**DONOR MILK**

**Suitable**

**Unsuitable** (update Infant Feeding Record Ref.2400431)

Recipient mother notified of suitability:  Yes  No

HEALTH PROFESSIONAL NAME \_\_\_\_\_

HEALTH PROFESSIONAL SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

- AFTER THIS FORM IS COMPLETED AND SIGNED BY A HEALTH PROFESSIONAL:
1. Keep a copy at the facility for the duration of the time the donors milk is being used
  2. Forward a copy to clinical records to be filed in the donor's notes