

NHI	WARD
SURNAME	
FIRST NAME	
GENDER	DOB
AGE	
<i>(or affix patient label)</i>	

Use of Unpasteurised Donor Milk in Health NZ Waitaha Canterbury Maternity Facilities

CONSENT FOR RECIPIENT

(To be filed in pēpi clinical notes)

I am aware that the donor human milk intended to be given to my baby is unpasteurised, there are risks associated with the use of unpasteurised donor milk, and other options for supplementary feeds in addition to my own expressed milk have been explained to me.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I have read the information leaflet 'Sharing Breastmilk'. The potential risks of unpasteurised donor milk have been explained to me by my LMC and they have answered my questions regarding the use of unpasteurised donor milk.	<input type="checkbox"/> Yes <input type="checkbox"/> No

CONSENT FOR USE OF SCREENED, UNPASTEURISED DONOR MILK – if donor milk is unscreened see below

I am aware the donor has been asked questions about their general wellbeing and lifestyle.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am aware the donor has been screened for certain blood infections.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am aware that a health screen and blood testing does not remove all of the potential risks of using unpasteurised donor milk.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am aware that, unless the donor is known to me, I will not receive any personal information relating to the donor. I understand that the donor's NHI will be used, if agreed by the donor, for the purposes of matching the milk and tracking the donation. Donor NHI:	<input type="checkbox"/> Yes <input type="checkbox"/> No
I consent to the NHI number of my pēpi being added to, and stored with, the donor's medical record for the purposes of milk tracking.	<input type="checkbox"/> Yes <input type="checkbox"/> No

CONSENT FOR USE OF UNSCREENED, UNPASTEURISED DONOR MILK – if donor milk is screened see above

This unscreened, unpasteurised donor milk has been privately sourced	<input type="checkbox"/> Yes <input type="checkbox"/> No
The donor is known to me	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am aware that the donor has not been asked questions about their general wellbeing and lifestyle and has not had their blood screened for certain blood infections.	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Answer must be 'Yes' to proceed</i>
I am aware that Health NZ Waitaha Canterbury does not recommend the use of unscreened, unpasteurised donor milk as outlined in the 'Sharing Breastmilk' information	<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