

Information for parents and carers about donor human milk

The use of donor milk has also been shown to help support mothers to go on to make enough of their own milk and to then breastfeed fully.

The team of healthcare professionals looking after your baby will make a feeding plan with you and if donor milk is likely to be needed, they will ask for your consent (this may simply be verbal consent but you may also be asked to sign a consent form). Your consent is needed because donor milk is a substance of human origin (like blood and other donated human materials). The team should also request your consent for formula if donor milk isn't available or is not recommended (sometimes babies need extra nutrition from specialist formulas). If your baby is going home soon and you won't have enough of your own milk, formula is usually chosen because donor milk is mainly only available for babies in hospital.



The following information about donor milk will help you make an informed decision:

- Donor milk from the Hearts Milk Bank has been collected, stored and specially heat treated in accordance with nationally agreed recommendations from NICE (the National Institute for Health and Care Excellence). You can read more about this guidance here: www.nice.org.uk/guidance/cg93
- Each container of donor milk comes from a single donor but over time your baby may receive milk from several donors. A special barcode tracking system has been used to ensure full traceability within the milk bank, and hospitals also maintain records to complete the tracking of the milk to the baby's feeding notes. Although you will not know who the donor is, this information is retained by the milk bank for at least 30 years.
- If for religious or other reasons you or your child may need to know more information about the donor milk that was fed to your baby, it will be possible to provide this in the future through the records kept.
- Milk donors donate their milk freely. They are carefully screened using questions about their current and past health and that of their baby along with a series of blood tests. Once recruited, the donor confirms for every donation of milk that it meets the strict criteria required by the milk bank regarding medication use, alcohol intake, illnesses in the family etc.
- Donor milk is tested for the presence of harmful bacteria and then heat treated at 62.5°C in specialist equipment followed by rapid cooling. This helps to ensure safety and preserve the activity of its many valuable components. More tests are done to check that the heat treatment has been successful.
- Donor milk doesn't match a mother's own milk which is tailored to her baby's age and needs and will contain special antibodies made by her body in response to any infections her baby is in contact with. For these reasons, donor milk should only be used when a mother's own milk is not available. The mother should always receive information, support and practical help to provide her own breastmilk whenever possible.

Are you planning to provide your own breastmilk for your baby?

It may take a few days before you are able to collect enough of your colostrum (first milk) and then your later milk. For most mothers, the sooner they start to prepare and to express, both by hand and using a pump, the sooner they will be able to collect enough of their own milk.

If you will be providing your breastmilk for your baby, please read A and B below which explains what to do to help this to happen. If there is a reason why you will not be providing your own milk e.g. you have been told your milk cannot ever be given to your baby, you should go straight to B. If you are unsure, or your milk cannot be given to your baby temporarily because of a medication you are taking, advice is available from the Hearts Milk Bank.

A

Have you been shown how to hand express and/or pump express your colostrum/milk? If no, the staff on the labour suite, in the postnatal rooms and on the neonatal unit can show you. Specialist infant feeding team members are also available – ask to see them if you need extra help. To help you optimise your milk supply, starting to express should happen within 1 hour of your baby's delivery and always within 6 hours (the sooner the better) but if this time has passed, starting as soon as possible is preferable to further delays. If you have any questions, are finding it difficult or if it hurts, or you have not been able to collect enough milk for your baby, do ask for further help. Receiving your milk is one of the most important ways to help your baby and even if he or she is not starting to take feeds yet, the sooner you start to express the easier it will be to keep up with their needs as they grow and get nearer to going home.

B

If you have any questions about donor milk from the Hearts Milk Bank, please ask the nurses or doctors caring for your baby. Alternatively, you can email info@heartsmilkbank.org or telephone 01442 505020.

Hearts Milk Bank

Providing screened donor human milk to babies in hospital and at home.

01442 505 020



01442 505 021



info@heartsmilkbank.org



Gossoms End Health Centre, Victory Road, Berkhamsted, Hertfordshire, HP4 1DL
Hearts Milk Bank is part of the Human Milk Foundation, Charities Commission number 1172522

Information for parents and carers about donor human milk.

A mother's own breastmilk is the best source of nutrition for her baby and wherever possible babies should be fed directly from the breast. If this is not possible (for example when babies are born very early), freshly expressed breastmilk can be given via a feeding tube or another approved method.

A mother's own milk that has been stored in the fridge or freezer in accordance with the hospital's guidance is the second-best choice as this retains most of the nutrition and protective components that keep babies healthy.

Colostrum is the first breastmilk which comes in very small amounts but is highly nutritious and full of antibodies and other immune boosting components. After a few days, transitional milk and then mature milk are made. The specialist team looking after your baby has recommended that if there isn't enough of your own colostrum/milk your baby should be supplemented with donor human milk (usually called 'donor milk'). This is breastmilk that has been donated to a milk bank and which is tested and heat treated before being provided to hospitals for babies that need it. The other alternative feed for babies in hospital is formula which is usually made from cow's milk. There are different formula milks including ones made for premature babies.

When a mother can't provide any or enough of her own breastmilk, donor milk is usually the preferred option, particularly for preterm and very small infants in hospital. This is because it is more easily digested and contains most of the important components that are only in breastmilk. These will help to protect your baby from infections and gut conditions that can be very serious for new infants, especially those born early or with health complications.



www.humanmilkfoundation.org