

Parent Advice Sheet

Donor Breast Milk

Information for parents on the Neonatal Unit

This information leaflet is based on 'Guidelines for the establishment and operation of human milk banks in the UK' UKAMB (United Kingdom Association for Milk Banking).

What is the best milk for my baby?

Your own breast milk is the best milk for your baby.

What is donor breast milk?

Donor milk is breast milk expressed and donated by a mother that is then processed by a donor milk bank to be given to your baby. It is the next best milk to your own.

Why donor milk?

For babies who can receive donor milk, it is a precious resource so its use is on babies who will benefit most. These include:

- Infants less than 32 weeks gestation
- Infants with a birth weight <1500 g
- Babies that have had necrotising enterocolitis (NEC) until they are well enough to transition back to their usual milk feeds.
- Babies that have congenital abnormalities of the gut or affecting the gut
- Babies that have had gastrointestinal surgery

Breast milk is more easily digested than formula milk and it helps protect your baby from infection. There is evidence that breast milk reduces the risk of Necrotizing Enterocolitis (NEC) which is a condition that can affect the bowel of preterm infants and which can make babies very unwell.

When a mother is unable to provide any or enough of her own breast milk, donor breast milk is often the preferred alternative to formula milk. This is because donor breast milk still contains many of the protective factors (such as immunoglobulins) which help protect premature babies from infection. Protective factors are not present in formula milk which is prepared from cow's milk.

Is donor milk safe?

Donor mothers must meet strict health and lifestyle criteria and are required to have blood screening tests. Donor mothers have been shown how to express, collect and store their milk cleanly and safely. In addition, donated milk is tested for bacteria and pasteurised (heat treated) for added protection.

What screening takes place?

Donor mothers are screened for:

- Lifestyle (see page 2)
- Previous Medical History - previous blood transfusion, chronic or acute medical conditions requiring medication, family history of TB, family history of Creutzfeldt-Jakob Disease (CJD). (However there is no evidence that CJD is transmitted through breast milk)

- Infections/ Blood born infections - HIV 1 and 2 (viruses causing AIDS), hepatitis B and C,
- HTLV I and II (Human T-lymphotropic virus), Syphilis.

Mothers are excluded from donating milk if they do not meet the criteria set by NICE guidelines: <https://www.nice.org.uk/guidance/cg93>

What is Lifestyle Screening?

A donor mother does not:

- Smoke
- Drink more than small amounts of alcohol
- Drink excessive number of drinks containing caffeine per day (coffee, tea or cola)
- Receive certain medications (traditional or herbal)
- Take drugs

References

- Feeding and Nutrition in the Preterm infant, Elizabeth Jones/Caroline King (2005)
- Feeding Issues in Preterm Infants, Archives of Disease In Childhood Fetal and Neonatal Edition 83F 215-218#
- The Breastfeeding Network (BFN) Donating Breast milk and taking medication
- National Institute for Health and care Excellence (NICE) (2010) Donor Milk banks:
- The operation of donor milk bank services

Useful Contact Numbers

Stoke Mandeville Hospital
Neonatal Unit 01296 316147

UKAMB (UK Association of Milk Banks) www.ukamb.org
Oxford Milk Bank 01865 225507



We continually strive to improve the quality of information given to patients.
If you have any comments or suggestions regarding this information booklet, please contact

The Neonatal Unit
Division of Women, Children & Sexual Health Services
Buckinghamshire Healthcare NHS Trust
Stoke Mandeville Hospital
Mandeville Road
Aylesbury
Buckinghamshire
HP21 8AL

How can I help reduce healthcare associated infections?

Infection prevention and control is important to the well-being of our patients and for that reason we have infection prevention and control procedures in place. Keeping your hands clean is an effective way of preventing the spread of infections. We ask that you, and anyone visiting you, use the hand sanitiser available at the entrance to every ward before coming in to and after leaving the ward. In some situations hands may need to be washed at the sink using soap and water rather than using the hand sanitiser as hand sanitisers are not suitable for use when dealing with patients who have symptoms of diarrhoea.

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Patient Advice Sheet

If you would like a copy of this information on audiotape, **in large print** or translated, please call the Patient Advice Liaison Service on 01296 316042

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Approvals:
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