



Pasteurized Donor Human Milk for Your Baby

Why Pasteurized Donor Human Milk?

A mother's own milk is the best food for babies. However, when a mother's own milk is not available to use, pasteurized donor milk from healthy lactating mothers is an option for some babies. The American Academy of Pediatrics supports the use of pasteurized human donor milk for preterm infants in certain circumstances when a mother's own milk is not available.

Donor Milk use in the BIDMC NICU

Together with a baby's family, the NICU care team at BIDMC will consider using donor milk from the Mother's Milk Bank Northeast instead of formula for:

- babies born at less than 30 weeks *or*
- babies born weighing less than 1500 g (approximately 3 pounds and 5 ounces) *or*
- babies whose sibling is receiving donor milk because he or she meets these criteria

The baby will receive donor milk until he or she is receiving all fluid through feedings (no longer needing IV nutrition) *and* until:

- the baby is 32 weeks corrected *or*
- the baby is discharged or transferred *or*
- there is a medical reason to stop

Donor milk will be used only for those infants whose parents have chosen this option. Parents must read and sign the *Consent for Use of Pasteurized Donor Human Milk* form.

Benefits and Risks of Donor Milk

Human milk is often easier than formula for babies to digest. Studies have shown that, on average, babies who receive pasteurized donor human milk (compared to formula) need less IV nutrition. These babies may have less risk of necrotizing enterocolitis (a severe bowel complication that occurs in some premature infants).

Donor milk often comes from women whose babies are full term. However, the donor milk often does not have enough nutrition to meet the needs of premature babies. Premature infants often need extra calories and nutrients for adequate growth. The NICU care team will add these supplements to the donor milk.

Sometimes even with the extra calories and nutrients, babies on donor milk may not gain the right amount of weight. They may need to switch to formula earlier.

Possible Benefits of Donor Milk:

- Easier digestion
- Fewer days of IV nutrition
- Lower rates of bowel complications

Possible Risks:

- Slower weight gain
- Small risk of infection (Donor milk is heat-treated to kill bacteria and viruses. The risk of infection is low.)

Milk Donors

We use milk only from the Mother's Milk Bank Northeast. Milk donors are healthy mothers who breast-feed their own babies. When they make more milk than their baby can use, they donate the extra milk to the milk bank. Donors are not paid for their milk.



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The Mother's Milk Bank Northeast follows the Human Milk Banking Association of North America (HMBANA) Guidelines which state that:

- The milk bank contacts the mother's and baby's healthcare providers before allowing a mother to become a donor. This is to ensure that the mother will stay healthy and that she will have enough milk for her own baby.
- Donors have blood tests for infections that might be passed on through blood or body fluids (such as HIV and hepatitis B & C).
- Only healthy women with healthy lifestyles are accepted as donors.
- All potential donors are screened by the milk bank over the phone and with a written questionnaire.
- All donors are volunteers and not paid.
- Donors get instructions on how to collect and handle their milk.
- Donors learn how to wash their hands, clean their breasts, and sterilize their breast-pumps.
- Donors get sterile collection containers to store their milk.
- The milk is pasteurized (heat-treated) and then tested for bacteria before it is sent from the milk bank.
- Donors may be on medicines that have been approved by HMBANA and are listed in the HMBANA Guidelines. *A copy of the HMBANA guidelines is available in the NICU for your review.*

Donor Milk Quality

Milk from mothers of preterm babies is higher in some nutrients for the first month after delivery. When possible, preterm babies will get milk from donors whose babies are preterm.

Each bottle of donor milk comes from 3 to 4 donors. All milk is pasteurized (heat-treated) to kill most bacteria and viruses. Most nutrients are preserved during pasteurization. Because the donor milk is combined from donors, we cannot make sure nutrition content of the milk will be the same each time you use it. The milk bank pasteurizes and stores all milk according to HMBANA standards.

Donor Milk and HIV

Milk from a milk bank has never been reported to infect a baby with HIV (the virus that causes AIDS). The screening process for donors helps to make milk donors a low risk population for HIV. Only mothers who have tested negative for HIV and have no risk factors for HIV can donate.

Donor Milk Availability

Our goal is to have donor milk for every baby who meets the criteria listed above when mother's own milk is not available. Since we rely on the Mother's Milk Bank Northeast and their volunteer donors for our milk supply, we cannot guarantee enough milk for every baby who needs it. If we have more requests for donor milk than available supply, milk will go to babies who are likely to benefit the most from it. The NICU care team will make this decision.

Although the NICU care team feels comfortable using milk from the Mother's Milk Bank Northeast, we cannot accept or use donor milk from any other source (*e.g.*, friends, relatives, internet sales, etc.). If we cannot use milk from the milk bank to supplement a mother's own milk supply, we will use preterm infant formula.