Donor Breast Milk

East Bay Newborn Specialists Guideline

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Purpose: To provide clinical guidelines and outline the process required for administration of banked breast milk in the NICU when mothers' own milk is unavailable.

Background: Human milk is the preferred feedings for all infants and provides a unique composition of nutrients and immune factors, which are particularly beneficial to the premature infant. Donor breast milk may be used for infants whose mothers cannot provide their own breast milk for a various reasons: maternal illness, medications, substance abuse, or poor social support and resources. Other infants who may benefit from donor breast milk are those with severe gastrointestinal or immunodeficiency abnormalities who cannot tolerate artificial formula feeding. Processing of human milk inactivates HIV and CMV, eliminates bacteria, and will eliminate or significantly decrease titers of most other viruses. Immunologic factors contained in human milk are affected in varying degrees with the heat-treatment process, but many factors are unchanged or are minimally affected including IgA, oligosaccharides, lysozyme, and growth factors. Although research is limited, it appears heat-treated donor human milk may reduce necrotizing enterocolitis and late-onset sepsis. Donor milk is usually milk from mothers of term infants, and as such, their unfortified milk may not be appropriate for VLBW infants without fortification.

The use of donor breast milk is supported by the California Perinatal Quality Care Collaborative (CPQCC), the State of California Department of Health Services, and the Maternal, Child, and Adolescent Health Program.

Milk is purchased from a leader in donor human milk banking, the Mothers' Milk Bank located at Valley Medical Center in San Jose, California. It is a licensed tissue bank and a charter member of the Human Milk Banking Association of North America.

Policy:

The physician will explain the risks, benefits and alternatives of banked human milk to the mother or legal guardian, provide written information on donor breast milk.

Informed consent will be obtained by the physician and witnessed by a nurse. The completed signed consent form will be placed into the patient chart.

The physician will make a pharmacy order for banked breast milk.

Clinical indications for beginning donor breast milk:

- Premature infants less than 1500 grams or less than or equal to 30 weeks gestation
- Short gut syndrome
- Malabsorption or feeding intolerance
- Infants with immunodeficiencies
- Parental request

Discontinuation of donor breast milk:

- The premature infant may be transitioned to formula when he/she reaches 34 weeks post-conceptual age.
- The term infant with feeding intolerance or malabsorption may be transitioned to an elemental formula when he/she is stable on full enteral feedings.
- Infants with persistent feeding intolerance or malabsorption may be changed to an elemental formula
- The transition from donor breast milk to formula should be gradual, usually over 3-5 days.

References:

CPQCC Quality Improvement Toolkit 2008. Nutritional Support of the Very Low Birth Weight Infant

Wight, Nancy. Best Medicine: Human Milk in the NICU 2008, pp 79-96.

Arslanoglu S. Donor human milk in preterm infant feeding: evidence and recommendations. *J Perinat Med 2010*; 38(4):347-51.