South West Neonatal Network
Guideline

Guideline for the Use of Donor Breast Milk

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Ratifying Committee: South West Neonatal Network Executive Board

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KEYWORDS: Donor Breast Milk, Expressed Breast Milk, Necrotising Enterocolitis.

May 2016
1. Scope

The Guideline applies to all Units within the South West Neonatal Network who provide, handle and use donor breast milk. Including the following units;

- Northern Devon Healthcare Trust - North Devon District Hospital, Barnstaple
- Royal United Hospital Bath NHS Trust - Royal United Hospital Bath
- North Bristol NHS Trust - Southmead Hospital, Bristol
- University Hospitals Bristol NHS Foundation Trust - St Michaels Hospital, Bristol
- Royal Devon and Exeter NHS Foundation Trust - Royal Devon and Exeter Hospital
- Gloucestershire Hospitals NHS Foundation Trust - Gloucester Royal Hospital
- Plymouth Hospitals NHS Trust - Derriford Hospital, Plymouth
- Great Western Hospitals NHS Foundation Trust - Great Western Hospital, Swindon
- Taunton and Somerset NHS Foundation Trust - Musgrove Park Hospital, Taunton
- Torbay and South Devon NHS Foundation Trust - Torbay Hospital
- Royal Cornwall Hospitals NHS Trust - Royal Cornwall Hospital, Truro
- Yeovil District Hospital NHS Foundation Trust - Yeovil District Hospital

2. Guideline for the Use of Donor Breast Milk

Definition of Terms

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<tr>
<td>DBM</td>
<td>Donor Breast Milk</td>
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<tr>
<td>EBM</td>
<td>Expressed Breast Milk</td>
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<tr>
<td>NEC</td>
<td>Necrotising Enterocolitis</td>
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Objectives

- To outline the indications for the use of donor breast milk to provide equity of use across the South West Neonatal Network
- To outline the transition from DBM to formula
- To outline the use, safe storage and traceability of DBM

Potential Benefits

- Formula fed very low birth weight babies are at significantly increased risk of necrotising enterocolitis when compared with infants exclusively fed breast milk. Data suggests that donor breast milk reduces the risk of necrotising enterocolitis by as much as 79%.

Potential Risks

- Donor breast milk (DBM) is a human body fluid and, as such, carries risks of transmission of infective agents. Donors are screened and the milk is pasteurised to minimise risk. Written consent must be obtained for the use of donor breast milk. Handling, testing and documentation of the milk in the donor milk bank and specialist feed unit is carried out according to NICE Guidelines 2010.
- Donor breast milk will have a variable nutrient content as seen with maternal expressed breast milk and may not contain optimum nutrients for the growth of preterm infants. Additionally it may be further compromised by heat treatment.
• Donor breast milk use should be a Consultant led decision. There is currently a lack of evidence to guide its use. DBM should only be used when there is insufficient mother’s own milk. Once the infant is tolerating 150mls/kg of milk for 72 hours and reaches 33 weeks corrected age, if donor milk is still required to make up the required volume, preterm formula should be gradually substituted (Appendix One).

Indications

The decision to use DBM must be documented in the notes. If a mother’s own milk is not available or contra-indicated (For example; HIV positive, CMV positive, on chemotherapy), use of donor breast milk should be considered the gold standard for the following babies:

• All babies ≤32 weeks and/or < 1500g (including multiples)
• Babies ≤35 weeks with consistently absent/reversed end diastolic flow
• Post necrotising enterocolitis (medically & surgically treated)
• Babies transferred on DBM from another Unit

Neonatal Units may choose to use DBM in the following additional circumstances:

• Babies ≤35 weeks with growth restriction below 2nd centile
• Following circulatory collapse requiring complex resuscitation
• Haemodynamically unstable babies for example require or have recently required inotropic support
• Preterm babies receiving medical treatment or awaiting surgical treatment for patent ductus arteriosus
• Cardiac defects with left to right shunt
• Hypoxic ischaemic encephalopathy (severe)

Inadequate Supplies of DBM

If the donor milk bank has insufficient supplies of milk, donor milk should be prioritised on a case by case basis within each individual Unit.

Obtaining Consent

This must be documented in the notes. The nurse or doctor caring for the baby should explain the rationale for using donor breast milk. Written information about donor milk is available in the UKAMBD leaflet ‘Donor Breast Milk - your questions answered’. UKAMBD leaflets (download) South West Neonatal Network Patient Information Leaflet available (Appendix Two).

Written consent should be obtained from the mother to give DBM to the baby. This consent must be documented in the baby’s notes along with the mother’s feeding intention.

How to Obtain Donor Milk

Receiving hospitals should comply with relevant clinical governance standards pertaining to the traceability and storage of breast milk before using DBM. This is outlined in the NICE Donor Milk Bank Guidelines (http://guidance.org.uk/CG93). Example documentation from the South West Neonatal Network milk bank is available (Appendix Three).
South West Neonatal Network Guideline for the Use of Donor Breast Milk

Website: www.swneonatalnetwork.co.uk
Email: swneonatalnetwork@uhbristol.nhs.uk

Author: Catherine Turner; Alison Dinning, Claire Rose, Richard Wach (May 2016) Updated by Robyn Smart May 2018

South West Neonatal Network Milk Bank
Marion Copeland
Milk Bank
NICU
0117 414 6898
0117 4146717
0117 4146800
marion.copeland@nbt.nhs.uk

Oxford human milk bank
Amanda Wood
01865 221362
amanda.wood@ouh.nhs.uk

Southampton human milk bank
Jess McFarlane
02381 206009
jess.mcfarlane@suht.nhs.uk

Freewheelers milk courier service - http://www.freewheelers.org.uk/

Storage and Usage
- Donor breast milk should be stored as directed by the donor milk bank and according to each Unit’s policy for all frozen milk.
- Milk can be kept in the freezer for 3 months, but not beyond the expiry date.
- Milk should always arrive in a frozen state. This must be checked by the member of staff that receives the delivery.
- Milk must be used within 24 hours of removal from the freezer for defrosting.

Traceability
- Each bottle of milk should be clearly labelled with a batch number and expiry date.
- Once taken from the freezer the donor milk bottle should be labelled with the name and hospital number of the baby who is to receive the milk, and the date and time it is removed from the freezer.
- A donor milk log should be completed for every bottle of donor milk taken from the freezer documenting the recipient’s name and hospital number together with the batch number of the DBM.
- Each baby receiving DBM should have their own individual donor milk record form completed to include date, time, batch number and volume of milk given. This must be signed and countersigned by nursing staff and the form kept in the baby’s hospital records.

Duration of Use of DBM
- Once the baby has tolerated 150ml/kg/day DBM for 72 hours and reaches 33 weeks corrected age, introduction of formula should be considered.
- Method of grading onto formula from DBM is suggested as giving DBM followed by formula each feed rather than mixing. The formula can increase in ¼ then ½ then ¾ strength volumes of the feed until full strength is tolerated (see overview flow chart, Appendix One).
- Babies <35 weeks and <2.0kg should have preterm formula.
- Preterm babies >2.0kg and >35 weeks should have post discharge formula.

Can we Fortify DBM?
DBM can be fortified.

Babies Being Transferred to Other Units
A clear feeding plan should be agreed between the referral and receiving Units before transfer. If the receiving hospital is not able to accept the baby on DBM, the baby should be re-graded onto formula as soon as possible before transfer.
If the hospital does accept babies on DBM then a small supply of DBM should be transferred with the infant.

It is the responsibility of the receiving hospital to liaise with the Milk Bank for further supplies of milk as required.

3. Monitoring Effectiveness

Auditable Standards

- All donor milk administered in the NHS should be from milk banks that can demonstrate adherence to the NICE Guideline on the operating of donor milk banks.
- Written consent should be obtained from the mother.

4. References

Appendix One
DONOR BREAST MILK FLOWCHART

Insufficient mother’s own breast milk
AND
Infant meets criteria for DBM*

Refer mother to Breast Feeding Support Nurse for lactation support
AND
Obtain informed consent for DBM

Make up total feed volume with DBM and any available EBM

Increase feed volume to optimal level for baby eg 150ml/kg/day

Feeds tolerated for 72 hours and reaches 33 weeks corrected age

*Indications for use of DBM - gold standard

- All babies ≤32 weeks and/or < 1500g (including multiples)
- Babies’ ≤35 weeks with consistently absent/reversed end diastolic flow
- Post necrotising enterocolitis (medically & surgically treated)
- Babies transferred on DBM from another Unit

If no EBM available, introduce formula

Day 1 – ¼ formula
Day 2 – ½ formula
Day 3 – ¾ formula
Day 4 – 100% formula

Baby <2.0kg and <35 weeks use preterm formula
Baby >2.0kg and >35 weeks use post discharge formula

Increase proportion of formula as tolerated
Appendix Two
A Parents’ Guide to Understanding:

Donor Breast Milk

What is the best milk for my baby?
Research has shown that your own breast milk is the best milk for your baby as it is highly beneficial to their health in the short and also long term. Breast milk protects your baby from infections and is easier to digest than formula milk. This is especially important if your baby is premature or unwell. Breast milk contains immunoglobulins and antibodies to boost your baby’s immune system.

What is Donor Breast Milk?
Donor breast milk is 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?
Breast milk is more easily digested than formula milk and it helps protect your baby from infection. Breastmilk reduces the risk of Necrotising Enterocolitis (NEC), which is a condition that can affect the bowel of preterm babies and make them very unwell.

Is Donor Breast Milk safe?
Donor mothers must meet strict health and lifestyle standards, and must have blood screening tests before they can donate milk. Donor mothers have been shown how to express, collect and store their milk cleanly.

Donor mothers don’t smoke, drink more than small amounts of alcohol, take certain medicines or take drugs. They must not have certain medical conditions requiring medicines.

Also, every bottle of milk donated is tested for bacteria, and heat treated for extra protection.

What infection screening is carried out on donor mothers?
- HIV 1 and 2 (viruses causing AIDS)
- Hepatitis B and C (viruses that can cause damage to the liver)
- HTLV I and II (Human Leukaemia viruses)
- Syphilis

Why is my baby being offered Donor Breast Milk?
If your milk is not available or you have been advised that your milk should not be given to your baby, you may be asked if you consent to donor breast milk be used.

Can all babies have donor breast milk?
Donor breast milk is mainly available for very premature or small babies and those are unwell with certain conditions.

How long will my baby stay on donor breast milk?
If your own milk supply is improving, we will always use your breast milk rather than donor milk.

Once your baby is managing full donor milk feeds well and has reached a corrected age of 33 weeks gestation formula may start to be slowly introduced, if your breast milk continues to be unavailable.

Where can I find out more information about donor breast milk?
You can ask the nurse or doctor looking after your baby, or use the link below which takes you to the UK Association for Milk Banking.

http://www.ukamb.org
Appendix Three

Donor Breast Milk Log

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<thead>
<tr>
<th>Date/Time</th>
<th>Batch Number</th>
<th>Date of expiry on bottle</th>
<th>Removed From Freezer Date/Time</th>
<th>Volume Given</th>
<th>Print Name</th>
<th>Staff Initials</th>
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Please attach baby’s label here.