Waikato District Health Board

# Procedure

## Use of Donor Breastmilk in the Newborn Intensive Care Unit (NICU)

### Procedure Responsibilities and Authorisation

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| **Department Responsible for Procedure** | NICU |
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| **Target Audience** | NICU medical and nursing staff |

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### Procedure Review History

| Version | Updated by | Date Updated | Description of Changes |
|---|---|---|---|
| 1 | Robyn Hills | Aug 2018 | New procedure |
| 2 | Robyn Hills | February 2021 | Update of donor and recipient consent forms<br>Update of Medical/Health history<br>Update of document |
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**Use of Donor Breastmilk in the Newborn Intensive Care Unit (NICU)**

# 1 Overview

## 1.1 Purpose

To explain how to gain consent, screen and safely use non-pasteurised donor breast milk for NICU babies. This procedure covers donor breast milk from a donor known to the recipient family or an anonymous donor.

## 1.2 Scope

All Nursing and Medical staff working in NICU

## 1.3 Patient/client group

Neonates

## 1.4 Indications

Donor milk from a relative or close friend can be used where the biological mother is unable to provide enough breast milk for her baby or babies, due to maternal death, illness, separation or low milk supply, and she or her family have made arrangements for the same

Or, in the case when unpasteurised screened donor breast milk is available from an anonymous donor for NICU baby's use, it should be prioritised for the following situations at the discretion of the neonatologist in charge:

- Extreme Low Birth Weight (ELBW) infants (birth weight < or equal to 1000 g) and /or Extreme Premature Infants (GA 28 weeks and under )
- Other Infants at high risk for necrotising enterocolitis (see Necrotising Enterocolitis Care Bundle in Newborn Intensive Care Unit (NICU) (6171)
- Any circumstance where human breast milk is recommended in preference to formula for medical or surgical reasons and the baby's mother is unable to produce the volume required.

## 1.5 Risks and Precautions

Human breast milk is a bodily substance and may contain viruses that may be transmitted to others. Certain medications and substances such as nicotine and alcohol may pass into breast milk.

Consent is required from both Recipient and Donor milk mothers including where the donor is a relative. Both parties should be informed of the risks of sharing human breastmilk and advised that the Donor will be required to undertake the screening process detailed below.

**Screening**

- Drug history – prescription, over-the-counter medication, or herbal supplements
- Use of recreational drugs
- Smoking
- Excess alcohol (no more than 2 standard drinks of alcohol a week)
- Blood transfusion in the last 12 months
- Organ donation recipient
- Vegans who do not supplement diet with vitamin B12
- Risk of Creutzfeldt-Jacob disease. (Have lived in the United Kingdom, France or the Republic of Ireland between the period 1 January 1980 to December 1996 for a total of six months or more (or received a blood transfusion on any of these countries at any time after January 1980).
- Current Thrush Infection (Nipples)
- Tattoo or needle procedure in the last 12 months
- Infection – acute/current (e.g. mastitis) or chronic infection.

Blood Screening

- HIV1 and 2 antibodies
- Human T cell Lymphotrophic Virus 1 and 2 antibodies.
- Hepatitis C antibody
- Hepatitis B core antibody
- Syphilis antibody
- Cytomegalovirus

Should these test results indicate any contraindication, the Neonatal medical staff or Neonatal nurse practitioner/specialist or Lactation Consultant will discuss any findings with the duty microbiologist and direct appropriate counselling for the Donor with their primary healthcare provider.

Both expressed breast milk and donor milk must be collected under the same strict hygiene conditions (Refer to: Waikato DHB NICU Nursing Labelling, handling, storage, transport and administration of human milk in New Born Intensive Care Unit (2771) procedure)

There is a difference in the composition of milk if babies are of different postnatal age or gestation. Ideally the Donor's and Recipient's babies should be close in age.

Protein in human milk is lower after four to six months. Older babies may be weaning and this milk may have higher sodium content than is optimum for the new born. This needs to be discussed with the recipient.

**Pasteurisation is not available**
The Recipient must be informed that pasteurisation is not available here at the Waikato DHB. Reliance will be placed on the Donor complying with the hygiene requirements for collection and storage of donor milk.

### 1.6 Exceptions / contraindications

Where screening results show risk to the Recipient's baby and there is no parental consent documented for the use of Donor Breastmilk

### 1.7 Definitions

| | |
|---|---|
| **Donor breast milk (D EBM)** | Human breast milk donated from a woman other than the biological mother |
| **Recipient** | The baby and biological mother, parent or guardian of the baby who is to receive the Donor breast milk |
| **Donor** | The woman donating breast milk |
| **Pasteurization** | Human breast milk that has been treated by heat to destroy micro pathogenic bacteria |
| **Non-Pasteurized** | Human breast milk that has not been heat treated |
| **Screening** | The recommended questionnaire and blood tests that assess the suitability of the donor breast milk |

## 2 Clinical Management

### 2.1 Competency required

- Neonatal medical staff or Neonatal nurse practitioner/specialist or Lactation Consultant must discuss the protocol and obtain consent.
- Registered nurses may give out the Recipient Information sheet (Appendix 2) and administer the donor milk once consent is obtained

### 2.2 Equipment

- Consent forms
- Sterile milk containers
- Recipient baby's identification stickers

### 2.3 Procedure

**Consent:**
When obtaining consent to donate breast milk and when a baby is receiving donated breast milk the health professional must ensure:

(a) That the Donor and Recipient parent or guardian has the ability to use and understand the information to make a decision, and communicate any decision made

(b) That the Donor and Recipient parent or guardian is provided with sufficient information to enable them to make an informed decision about donating or receiving the breast milk; and

(c) That consent is given voluntarily.

(d) That the Donor has the right to cease donating breast milk at any time in discussion with the health professionals involved.

(e) In the circumstances of the Recipient mother being too unwell to provide consent but it was obtained at an earlier date (in anticipation of need) and documented correctly, then the Recipient mother's wishes are to be upheld.

Notwithstanding the requirement of voluntary choice, the Code of Health and Disability Services Consumers' Rights ('Code of Rights') places a professional duty on health professionals to make recommendations as to the best course of treatment available. It is acceptable that the Donor/Recipient's mother, parent or guardian be guided in the choice by the health professionals, as long as sufficient information is communicated and the guidance does not overbear their decision.

**Mother, parent or guardian of baby receiving donor breast milk (Recipient)**
When staff members are approached by a mother to use donor breast milk the nurse in charge must be notified. They in turn should notify the Neonatal medical staff or Neonatal nurse practitioner/specialist or Lactation Consultant.

An information sheet about donor milk, the screening process and consent forms are provided to both Recipient mother, parent or guardian and the donor mother (Appendix A and Appendix B) and should be discussed with the Neonatal medical staff or Neonatal nurse practitioner/specialist or Lactation Consultant who will then ensure the consent forms are signed.

The original of the Recipient's mother, parent or guardian's consent is to be put in the Recipient baby's medical notes. The consent process in each case, including what information was provided and any specific questions or concerns discussed, documented on the consent form or in the body of the medical notes.

**Mother donating breast milk (Donor mother)**

The Donor mother is provided with the appropriate information sheet and consent form (Appendices 1) and information on the equipment for the safe collection and storage of breast milk. It must be documented in the Recipient's baby's medical notes that this information and instructions for collection has been given.

Donor milk should be frozen immediately after expressing at -20°C to limit lipolysis and microbial growth. Frozen breast milk should not be used after a maximum of four months from date of expression.

If a mother is expressing breast milk for her infant in the NICU and has been screened to provide milk to be used as donor milk, she will continue to label the expressed milk with her baby's identification sticker. The baby's identification sticker will be covered up with the recipient baby's sticker and labelled with "**D EBM"** prior to the milk being used as donor milk to provide anonymity

If donor breastmilk is sourced by the family the donor breast milk will be labelled with the **Recipient baby's name** using the recipient baby's identification label and also labelled with a "**D EBM**" and the date and time of expression

The administration of the donor milk is recorded on the feeding chart of the recipient baby as a "**D EBM**".

**Documentation**

- **Recipient mother information**: Parent or guardian's consent to the donor breast milk (W0855HWF) including where the donor milk is sourced from is recorded in the recipient baby's notes.
- Donor mother medical history (W0854HWF)
- **Donor mother's consent** (W0853HWF) is kept in the Recipient baby's notes if Donor breastmilk has been sourced by family and not screened by DHB and results not verified.

If required, blood tests for the Donor mother are ordered by the Neonatal medical staff or Neonatal nurse practitioner/specialist or Lactation Consultant, LMC or general practitioner (of the Donor mother). Originals of all laboratory results are supplied by the Donor mother with results noted on the Donor Record Sheet. Once reviewed by the medical staff or Lactation consultant the results and record are returned to the Donor mother and a copy filed in the Donor mother's medical notes. (Donor mother information may be sent to Medical Records for filing).

Results are to be kept by the Donor mother and not in the recipient baby's notes.

If the Recipient mother, parent or guardian does not require the Donor mother's blood to be tested, this must be documented in the recipient baby's medical notes by the Neonatal medical staff or Neonatal nurse practitioner/specialist or Lactation Consultant.

# 3 Audit

## 3.1 Indicators

- There is documented evidence of a completed consent form for both the donor and the recipient.
- All EBM displays a date sticker
- D EBM displays the name of the recipient infant NOT the donor infant. (to maintain anonymity).

# 4 Evidence Base

## 4.1 Bibliography


- Nelson, M. M. (Jul.2013). The benefits of human donor milk for preterm infants. *International Journal of Childbirth Education*, 28,3,p84-89.
- World Health Organization, UNICEF (2003). *Global Strategy for Infant and Young Child Feeding*. Geneva. WHO.


## 4.2 External standards

- Capital and coast District Health Board as the source of the Policy
- NNCA Position Statement on the use of Donor Milk in New Zealand: © New Zealand Nurses Organisation PO Box 2128, Wellington 6140. www.nzno.org.nz

## 4.3 Associated Waikato DHB documents

- Ūkaipo/Breastfeeding – Step 1 policy (0132)
- NICU Nursing procedure: Labelling, handling, storage, transport and administration of human milk in Newborn Intensive Care Unit (2771)
- NICU Medical protocol Necrotising Enterocolitis Care Bundle in Newborn Intensive Care Unit (NICU) (6171)

## Appendix A – Information Sheet (Donor)

### Information Sheet – Mother donating breast milk (Donor)

Breast milk is the ideal food for babies. It is especially important for preterm or sick infants as it provides not only the appropriate nutrition that is easily digested, but important protective factors that help protect them from infections.

### Screening

It is recommended that the donor mother is screened for certain blood borne viruses that can be transmitted through unpasteurised human breast milk (pasteurization destroys micro pathogenic bacteria). It is also recommended that the donor should be healthy, free from infection or chronic illness, and does not smoke, drink excess alcohol, drink an excessive amount of caffeine (tea, coffee or cola drinks), or take drugs (prescription, over the counter or recreational).

### Additional factors

As a baby gets older, there is a difference in the composition of the breast milk. Ideally the donor and recipient babies should be close in age. Any questions on suitability can be discussed with the Neonatal medical staff or Neonatal nurse practitioner/specialist or Lactation Consultant.

### Consent

The agreement for the use of donor breast milk is between the recipient and the donor of the breast milk. Screening is recommended but if the recipient and donor choose to use donor breast milk without screening this will be noted on the consent form and in the baby's medical notes.

After discussing this information sheet with the Neonatal Medical staff or Neonatal nurse Practitioner/Nurse Specialist or Lactation Consultant you will be asked to sign a consent form. The person who discusses this with you will decide whether it is necessary for you to have blood tests. If so, you will be asked to provide the Neonatal Medical staff or Neonatal nurse Practitioner/Nurse Specialist or Lactation Consultant with the results. If your test results indicate any infection, it will be suggested that you seek counselling with your own GP.

Following this, the Neonatal Medical staff or Neonatal nurse Practitioner/Nurse Specialist or Lactation Consultant will decide whether it is appropriate for you to donate. If it is not appropriate for you to donate, we will not discuss your confidential health history or blood results with the recipient baby's mother, parent or guardian except to advise that the proposed donation is not suitable, unless you request that further information is provided. If it is appropriate for you to donate after screening, then the recipient mother, parent or guardian will be advised by the health professional involved that the health screening is satisfactory and a note to this effect will be recorded in the recipient baby's notes and signed by the Neonatal Medical staff or Neonatal nurse Practitioner/Nurse Specialist or Lactation Consultant.

You have the right to cease donating your milk at any time but this will need to be discussed with the health professionals involved.

## Recommended screening

- Drug history – prescription (eg contraception) or over-the-counter medication – herbal supplements or recreational drugs
- Smoking or excess alcohol
- Blood transfusion in the last 12 months or blood products such as Anti D
- Organ donation
- Risk of Creuutzfeldt-Jacob disease i.e. Have lived in the United Kingdom, France or the Republic of Ireland between the period 1 January 1980 to December 1996 for a total of six months or more (or received a blood transfusion on any of these countries at any time after January 1980)
- Vegans who do not supplement diet with Vitamin B12
- Current Thrush infection (on Nipples)
- Tattoo or needle procedure in the last 12 months
- Infection – acute (eg breast infection) or chronic infection.

## Blood screening

- HIV 1 and 2 (the virus responsible for the development of AIDS).
- Human T cell Lymphotrophic Virus I and II antibodies (Leukaemia viruses that are rare in New Zealand. They are acquired by blood contact and through breast milk).
- Hepatitis B, C and D antibodies (these are viruses that infect the liver cells and can cause inflammation of the liver. They are carried in the blood and are usually only acquired by blood to blood contact).
- Syphilis antibody (a sexually transmitted disease)
- Cytomegalovirus (common and usually mild viral illness, but for premature infants there may be a significant risk of serious infection. CMV is transmitted by body fluids eg human breast milk.)

If you are expressing breast milk for your infant in the NICU and you have been screened to provide milk to be used as donor milk, label the milk you have expressed with your babies identification sticker. Your baby's identification sticker will be covered up prior to the milk being used as donor milk to provide anonymity

If you are a donor providing breastmilk sourced by the family the donor breast milk will be labelled with the **Recipient baby's name** using the recipient baby's identification label and also labelled with a "**D EBM**" and the date and time of expression.

## Expressing your breast milk

Once the screening process is complete, you will be provided with information on how to express and store your breast milk.

Donor milk should be frozen immediately after expressing at -20°C to prevent the growth of unhealthy bugs (bacteria, etc.). It should be used within 3 months from date of expression.

If you have been screened as a breast milk donor for the NICU your milk will be stored in the NICU to be used in the NICU freezer. This does not apply to a family sourced donor.

## Appendix B – Information Sheet (Recipient)

### Information Sheet – Mother, parent or guardian of baby receiving donor breast milk (Recipient)

Breast milk is the ideal food for babies. It is especially important for preterm or sick infants as it provides not only the appropriate nutrition that is easily digested for your baby but important protective factors that help protect them from infections. You have requested to use donor breast milk for your baby.

**Screening**
It is recommended that the donor mother is screened for certain blood borne viruses that can be transmitted through unpasteurised human breast milk (pasteurization destroys micro pathogenic bacteria). It is also recommended that the donor should be healthy, free from infection or chronic illness and does not smoke, drink more than small amounts of alcohol (no more than 2 standard drinks per week) or drink an excessive amount of caffeine (no more than 3 caffeinated standard drinks in a day), or take drugs (prescription, over-the-counter or recreational).

### Recommended screening

- Drug history – prescription (eg contraception) or over-the-counter medication – herbal supplements or recreational drugs
- Smoking or excess alcohol
- Blood transfusion in the last 12 months or blood products such as Anti D
- Organ donation
- Risk of Creuutzfeldt-Jacob disease i.e. Have lived in the United Kingdom, France or the Republic of Ireland between the period 1 January 1980 to December 1996 for a total of six months or more (or received a blood transfusion on any of these countries at any time after January 1980)
- Vegans who do not supplement diet with Vitamin B12
- Current Thrush infection (on Nipples)
- Tattoo or needle procedure in the last 12 months
- Infection – acute (eg breast infection) or chronic infection

### Blood screening

- HIV 1 and 2 (the virus responsible for the development of AIDS).
- Human T cell Lymphotrophic Virus I and II antibodies (Leukaemia viruses that are rare in New Zealand. They are acquired by blood contact and through breast milk).
- Hepatitis B, C and D antibodies (these are viruses that infect the liver cells and can cause inflammation of the liver. They are carried in the blood and are usually only acquired by blood to blood contact).
- Syphilis antibody (a sexually transmitted disease)
- Cytomegalovirus (common and usually mild viral illness, but for premature infants there may be a significant risk of serious infection. CMV is transmitted by body fluids.)

The donor mother will also be given information on the correct procedure for the collection and storage of breast milk to eliminate the risk of contamination.

Waikato DHB is unable to provide pasteurisation for breast milk which kills certain viruses, but thorough screening and freezing can reduce some of these risks.

## Additional factors

As a baby gets older, there is a difference in the composition of the breast milk. Ideally the donor and recipient babies should be close in age. Any questions on suitability can be discussed with the Neonatal Medical staff, Neonatal nurse practitioner/specialist or lactation consultant.

## Consent

Breast milk may only be donated with the donor's consent and a baby may only receive donated breast milk with the consent of the baby's mother, parent or guardian. Screening is recommended but if the mother, parent or guardian and donor choose to use donor breastmilk without screening this will be noted on the consent form and in the baby's notes.

After discussing this information sheet with Neonatal medical staff or Neonatal medical staff or Neonatal nurse practitioner/specialist or Lactation Consultant you will be asked to sign a consent form by Neonatal Medical staff or Neonatal nurse Practitioner/Nurse Specialist or Lactation Consultant. Once appropriate screening has taken place, you will be advised by the health professional involved if the recommended health screening results were satisfactory. A note to this effect will be available in the baby's notes signed by the Neonatal medical staff or Neonatal nurse practitioner/specialist or Lactation Consultant.

Copies of the donor mother's results will be kept by her and a further copy filed in her own medical notes. They will be informed if their blood results are satisfactory or otherwise and appropriate advice given.