

# GIVING DONOR BREASTMILK TO YOUR BABY

## **What is the best food for your baby?**

Breastmilk is the ideal food for babies and the World Health Organisation (WHO) recommends exclusive breastfeeding for the first six months of life. Breastfeeding gives important short and long-term benefits to both you and your baby. Preterm babies are unable to breast feed at birth and require milk to be provided by a feeding tube. The natural and best food for your preterm baby is your own expressed breastmilk. It can be difficult to express enough breastmilk especially in the first few days after birth. In these cases the next best alternative nutrition is breastmilk donated by other mothers who have qualified as suitable donors.

## **What are the benefits of donor breastmilk versus formula?**

Breast milk provides the best nutrition, promotes normal growth and development, and may reduce the risk of illness and disease. The unique composition of breast milk, which includes nutrients, enzymes, growth factors, hormones and immunologic and anti-inflammatory properties, has not been replicated in manufactured formulas.

Medical research shows that providing very preterm babies with pasteurised donor breastmilk (donor milk) rather than formula may reduce the risk of some gastrointestinal complications such as necrotising enterocolitis (severe inflammation of the bowel/gut). Breastmilk is more easily digested than cow's milk formula and helps protect babies from infection.

## **Who Receives Donor Breast Milk?**

The medical team caring for your baby will recommend the use of donor breastmilk if your baby is very premature and there is not enough of your expressed milk when feeds are introduced. Every effort will be made to use your own milk in preference to donor milk when it is available.

## **Where does Donor Breast Milk come from?**

The Centenary Hospital Canberra receives a supply of donor milk from the Mothers' Milk Bank at the Gold Coast QLD. Mothers who have an additional supply of breastmilk and who meet strict donor screening guidelines are able to donate their milk, providing their own baby is healthy. Donor mothers are not paid for their breastmilk and there is no charge to receive donated breastmilk. The Centenary Hospital greatly appreciates the generosity of the donor mothers and the Mothers' Milk Bank.

## **Is Donor Breast Milk Safe?**

Breastmilk is only accepted from mothers who have successfully completed the detailed screening process and undertaken blood tests. They are shown how to express, collect and store their milk appropriately.

At Mothers' Milk Bank, all donor breastmilk is pasteurised to minimise the risk of passing on infections to babies. Pasteurisation involves heating the breastmilk to a temperature that kills most bacteria and viruses, while still retaining most of the natural benefits that are so important to babies and unique to breastmilk. Samples of the breastmilk are also taken for bacterial safety testing before and after pasteurisation. Once pasteurised, the breastmilk is then frozen in small amounts ready for use when needed.

## **What infection screening is carried out?**

There are two aspects of the donor screening process:

1. testing of the **donor**
2. testing of the donated **milk**

In order to be eligible to donate, all possible donors are required to undertake blood tests to screen for the following viruses and infections that can be transmitted via breastmilk: Women who test positive for any of these infections will not be accepted as breastmilk donors.

- human Immunodeficiency Virus (HIV) I and II - the viruses that cause Acquired Immune Deficiency Syndrome (AIDS)
- hepatitis B and C
- human T-cell Lymphotropic virus (HTLV) I and II
- syphilis,-a sexually transmissible infection
- cytomegalovirus (CMV)

These blood tests are performed prior to the donation of breastmilk and donors will be rescreened **every three months** to ensure that they are still eligible to donate milk.

Once a donor is accepted into the program, every batch of breastmilk is then tested for bacteria both before and after the pasteurisation process to ensure that the breastmilk is safe to be given to babies.

At this stage, breastmilk is not tested for prescription and non prescription drugs. Instead, the Mother's Milk Bank is relying upon the detailed lifestyle questionnaire and honesty of donors to determine whether these matters pose a risk.

### **What is the donor's lifestyle screening?**

The Mothers' Milk Bank will not accept donations from mothers who:

- Smoke
- Use illegal drugs or other prohibited substances
- Routinely consume more than 2 standard alcoholic drinks per day
- Routinely consume more than 3 cups of coffee, tea or other caffeine stimulant drinks per day (including cola and stimulant soft drinks)
- Have cancer

### **What is important in the donor's medical history?**

It is important that a donor mother does not have a:

- Chronic or acute medical condition requiring certain medications
- History of having received growth hormone prior to 1986
- Spent a total of 6 months or more in the United Kingdom between 1982 and 1995 - a precautionary measure against vCJD (variant Creutzfeldt-Jakob disease - a human form of bovine spongiform encephalopathy (BSE) or "mad cow disease")
- Recent history of vaccination

### **Who decides if my baby receives donor breastmilk?**

You decide if your baby receives donor breastmilk. The the medical staff, as part of their care of your baby, will inform you as to when your baby is ready to start milk feeds. If your own breastmilk is not available or you don't have enough breast milk, donor breastmilk may be recommended as an alternative to manufactured cows milk formula. We will provide you with information on pasteurised donor breastmilk in order for you to make an informed choice as to whether you are agreeable for your baby to receive donor milk. We will ask you for your consent BEFORE any donor milk will be given to your baby.

### **Will I meet the breastmilk donor?**

Individual donors do not meet the babies who may be receiving their donated milk or their families. It is our policy to ensure the privacy and anonymity of both breastmilk donors and recipients. For safety monitoring Canberra Hospital supplies MMB with the details of your baby and the milk given to your baby. These details will not be shared with the donors.

### **What if I have more questions?**

The safety of your baby is important to the neonatal staff.

While the Mothers' Milk Bank and Centenary Hospital have taken every step to minimise the risks to your baby, like any medical procedure, donor milk is not completely risk-free.

However, we believe the benefits of donor milk outweigh these very small risks. We would be more than happy for you to discuss any concerns you may have about the processing at the Mothers' Milk bank or Centenary Hospital.

If you have any further questions they should be directed to your baby's nurse or doctor, or the CNC of the Neonatal Intensive Care Unit on 61426353 or Special Care Nursery on 61426331.

### **Endorsed By: The NICU and SCN Family Centred Care Advisory Group, which supports families in the NICU and SCN.**

**Acknowledgements:** This information sheet was compiled from information sheets at Mercy Health Breastmilk Bank, Melbourne and Mothers' Milk Bank, Gold Coast.

### **Accessibility**

The ACT Government is committed to making its information, services, events and venues as accessible as possible.

If you have difficulty reading a standard printed document and would like to receive this publication in an alternative format such as large print, please phone 13 22 81 or email [HealthACT@act.gov.au](mailto:HealthACT@act.gov.au)

If you are Deaf, or have a speech or hearing impairment and need the teletypewriter service, please phone 13 36 77 and ask for 13 22 81.

For speak and listen users, please phone 1300 555 727 and ask for 13 22 81. For more information on these services visit <http://www.relayservice.com.au>



If English is not your first language and you require the Translating and Interpreting Service (TIS), Please call 13 14 50.

© Australian Capital Territory, Canberra, February 2016

This work is copyright. Apart from any use as permitted under the *Copyright Act 1968*, no part may be reproduced by any process without written permission from the Territory Records Office, Community and Infrastructure Services, Territory and Municipal Services, ACT Government, GPO Box 158, Canberra City ACT 2601.

Enquiries about this publication should be directed to ACT Government Health Directorate, Communications and Marketing Unit, GPO Box 825 Canberra City ACT 2601 or email: [HealthACT@act.gov.au](mailto:HealthACT@act.gov.au)