

Parental agreement to investigation or treatment

Donating breast milk to the breast milk bank

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Donor breast milk

Donor breast milk is expressed by mothers who have more milk than their own baby needs. Donor breast milk is important as it is more easily digested than formula milk and helps protect babies from infection. Mothers who donate their milk will be screened and all the milk is tested for bacteria and heat treated for added protection.

The milk bank welcomes enquiries from mothers who already have stored milk or who are breastfeeding and wish to become regular donors. When a mother is expressing as well as feeding her own baby, her breasts will increase output to ensure that her baby is getting plenty of milk. If there are concerns about the amount of milk a donor's own baby is receiving, expressing can be done after a feeding.

A one-off donation of milk will be considered if the amount is substantial.

Meeting the recipients

It is not usual for the donors to meet with the babies who receive their milk or their families. It is important to maintain confidentiality; however, the milk bank will try and keep donors up to date with what happens to their milk.

Screening

Mothers will be asked about their lifestyle - things that may affect the quality of the expressed breast milk such as alcohol consumption (no more than two units per week), how many caffeinated drinks they take per day, whether they are a smoker, whether they have a tattoo and their usual diet.

Mothers are also asked about their previous medical history to be sure that nothing would impact on the donated breast milk, i.e. regular medications, recent vaccinations etc.

Infection screens will be carried out at the start of the donation process in accordance with Royal College of Paediatrics and Child Health and NICE guidance:

- **HIV 1 and 2** (viruses causing AIDS) the Human Immunodeficiency Virus causes AIDS (Acquired Immunodeficiency Syndrome) which is the name given to a collection of diseases which develop because the body's immune system breaks down. The virus can be carried for many years without a person becoming obviously unwell.
- **Hepatitis B and C** are viruses that infect liver cells and can cause inflammation of the liver.

- **HTLV I and II (Human T-cell Leukaemia Viruses)** are rare in the UK – more common in Southern Japan, the Caribbean, parts of Africa, South America and the South Eastern United States. Many people who have these viruses have no symptoms although they are infectious
- **Syphilis**

Infections can be passed on in a number of ways – unprotected sexual intercourse, sharing needles, blood transfusions (rare in the UK), and via tattoos or body piercing.

While a potential donor may have been tested for some of these infections before delivery, the milk bank will need to repeat these tests before it can accept any milk.

Anyone who has a positive result will be referred to a specialist for help and counselling.

The information that is held by the milk bank regarding a donor will be kept in strict confidence for up to 30 years to enable tracking.

Starting to express for the milk bank

It is important that breast feeding is well established before starting to express for the milk bank. Breast feeding is usually well established within a month or so of a baby's birth.

Having a regular routine is helpful, and expressing at the same time every day may keep the supply up – the more often the milk is expressed, the more milk produced. Some donors find it easiest to express from one breast while feeding the baby from the other.

Equipment

Breast milk for donation can be expressed by hand or with a pump. The milk bank staff can provide advice and training on techniques for expressing milk. Any equipment, such as the pumping equipment or containers, must be sterilised before use. This can be achieved either by a steam steriliser or cold water steriliser.

The bottles for storing the milk and the labels for identifying the donor batch will be provided by the milk bank. The milk bank will usually asks donors to store the milk in a three star freezer.

Preparing to express

It is important to keep everything as clean as possible to avoid contaminating the milk for donation. Immediately before expressing, hands and nails should be washed thoroughly and dried, preferably on a paper towel (kitchen roll). There is no need to specially clean the breasts before expressing; good daily hygiene should suffice.

Make sure that all parts of the pump are sterilised. If using sterilising solution – remove all parts from the container and place them on a paper towel to dry for a few minutes. Then assemble the pump according to instructions keeping all parts of the pump clean.

It sometimes helps the flow of milk to massage the breast before expressing. Rolling the nipple between finger and thumb after massaging the breast can also encourage the hormones which stimulate milk release. Massage is not necessary if expressing after feeding a baby.

Storing the milk

Pour the milk into the storage bottles being careful to not touch the inside of the caps or the bottles. Always leave a 2cm gap at the top of each bottle as the milk will expand when it is frozen. Replace the cap securely and label the bottle with surname or milk bank ID number and the time and date.

Milk can be frozen immediately after expressing. Alternatively, expressed milk can be added to an existing supply that is stored in a bottle in the refrigerator for up to 24 hours before freezing it. Bottles stored in the fridge or freezer should be kept away from other food by storing them in a sealed bag or plastic container.

Collection and transport

An insulated bag with ice packs should be used during delivery of the milk to the milk bank in order to maintain a constant frozen status.

There are often organisations that are willing to collect donated milk and take it to the milk bank. The milk bank staff will let you know if this is possible in your area.

Suspending or ending donation

Donors can be advised to stop donating in certain circumstances, either temporarily or permanently. Donors are encouraged to contact the milk bank to discuss any changes to their situation; this includes any medical treatment, prescribed or over the counter drugs, or any herbal supplements.

Medications

Breast milk is only suitable for donation to the milk bank if the donor has not taken any medications or herbal remedies. It is possible to still express and keep that milk for the donor's own baby – making sure that the milk is labelled clearly.

Illness

If the donor becomes unwell, it is important to let the milk bank know as soon as possible. Minor ailments will not affect the donor's breast milk, but fever or viral rashes are reasons to suspend donating.

Changes to breast milk over time

Although there are no firm recommendations, our milk bank suggests that the donation of expressed milk ends when the donor's own baby is breastfeeding less than twice a day.



We are currently working towards a smoke free site. Smoking is only permitted in the designated smoking areas.

For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0 169

Help with this leaflet:



If you would like this information in another language, large print or audio format, please ask the department to contact Patient Information: 01223 216032 or patient.information@addenbrookes.nhs.uk



Document history

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Consent form 1

For staff use only: Surname: First names: Address:

Patient agreement to investigation or treatment

Please read this form and the accompanying information leaflet very carefully. You and the appropriate health professional will sign it, documenting your consent.

Name: **Donating Breast Milk to the Breast Milk Bank**

Donor Breast Milk Banks

Breast milk is the ideal milk for babies who are sick and preterm. Giving these babies breast milk increases their chances of survival and helps their long term development. Sometimes the baby's own mother cannot feed them because they are sick or under too much stress to produce enough milk. There are a number of milk banks across the UK which have been set up to help these babies by storing and distributing breast milk donated by breastfeeding mothers.

Statement of the mother wishing to donate

Please tick boxes to indicate you either agree/disagree to the points below.

Have you ever been notified that you are at risk of CJD or variant CJD for public health services? If yes please inform your health professional

I am aware of the benefits of breast milk am willing to donate.

I have read the information leaflet about donating breast milk to the milk bank.

I have understood the process for collecting and storing my milk.

I understand that once donated, the breast milk can not be returned to me.

I am aware that I will need to be screened for certain blood infections prior to donating my breast milk:

- **HIV 1 + 2**
- **Hepatitis B + C**
- **HTLV 1 & 2**
- **Syphilis**

The results of the blood tests can be shared with my GP.

I am not smoking or using nicotine replacement therapy.

I do not consume more than 2 units of alcohol once to twice per week.

I am not using or have recently used recreational drugs.

I do not drink more than three cups of coffee or caffeinated drinks per day.

I am aware that the milk bank will keep a record for up to 30 years.

I realise that once my own baby starts to wean from full breast feeding that I will have to stop donating.

Mothers own signature:Date:

Name (PRINT):

Copy accepted by patient: yes/no (please circle)

Staff use only: Statement of health care professional (to be filled in by a health care professional with an appropriate knowledge of the proposed procedure, as specified in the Hospital's consent policy).

I have discussed the process with the mother and explained the following:

- The benefits of breast milk for the sick and preterm infant
- How to collect and store the milk
- Reasons for temporarily stopping donation
- The screening process

Health care professional's signature: Date:
Name (PRINT): Job Title: