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When donated breast milk may be a good option for your newborn baby

Neonatal Service

Information for Patients

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What is donor breast milk?

Donor breast milk is breast milk expressed and donated by a mother. It is then processed by a donor milk bank to be given to your baby. It is the next best milk to your own.

Which is the best milk for my baby?

Your own breast milk is the best milk for your baby. We know that producing a lot of milk in the first few days may be difficult in some mothers. The next best choice is donor breast milk.

Why use donor breast milk?

Breast milk is easier to digest than formula milk. There is evidence that breast milk reduces the risk of necrotizing enterocolitis (NEC). This is a condition that can affect the tummy of babies born before 32 weeks (preterm) and can make babies very unwell.

Whilst waiting for a mother’s milk to come in, donor milk can be an option in babies born very early or very small. Sometimes milk production can be very slow and little in amount in the first few days after a baby is born early. We will continue to give you support to express your own breast milk. Your baby can have this as well as the donor milk.

Expression of breastmilk should be started as soon as possible after birth. The ideal is within the first 2 hours.

We will ask for your consent before giving donor milk. This tends to be within 24 hours of birth as early feeding is important for your baby's health.

Is donor breast milk safe?

- Mothers who give their milk must meet strict health and lifestyle criteria. These are set by the national institute of clinical excellence (NICE).
- They also need to have blood screening tests.

- Donor mothers have been shown how to express, collect and store their milk in a clean and safe way.
- The donated milk is tested for germs. It is also heat treated (pasteurised). This adds more protection.

What screening takes place?

Donor mothers are screened for:

- Lifestyle
- Previous medical history - previous blood transfusion, serious medical conditions needing medication, family history of TB, family history of Creutzfeldt–Jakob disease (CJD) (however there is no evidence that CJD is transmitted through breast milk)
- Infections/ blood born infections - HIV 1 and 2 (viruses causing AIDS), hepatitis B and C, HTLV I and II (Human T- lymphotropic virus), syphilis.

What is lifestyle screening?

A donor mother does not:

- Smoke
- Drink more than small amounts of alcohol
- Drink too many drinks which have caffeine a day (coffee, tea or cola)
- Have certain medicines (traditional or herbal)
- Take Illegal/illicit drugs

What if I have more questions?

Talk to a member of the medical team or nursing team if you have questions about the use of donor human milk for your baby. The midwifery and neonatal staff can give you advice and support.

References

1. National Institute for Health and care Excellence (NICE) (2010) Donor Milk banks: The operation of donor milk bank services https://www.nice.org.uk/guidance/cg93/resources/donor-milk-banks-service-operationpdf-975747675589
2. UKAMB (UK Association of Milk Banks) www.ukamb.org

Write down any questions you may have here:

Health information and support is available at www.nhs.uk or call 111 for non-emergency medical advice

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