Promoting The Safe Use Of Donor Breastmilk



A work aid developed by the South African Breastmilk Reserve

Decision to Feed Donor Breastmilk

- Base the decision on whether the infant falls within the SABR Recipient Guidelines and Eligibility Criteria⁴
- Document indications for the use of donor breastmilk (DBM) and the mother's lactation status
- Obtain informed consent from the infant's parent or guardian
- Ensure that the mother's lactation status remains a priority provide her with appropriate support and education to encourage and promote lactation

Eligibility Criteria

Infant Factors:

- Born at ≤37 weeks gestation
- <14 days of age
- At risk of developing NEC
- * Full term, RVD exposed infants may qualify, particularly in the case of a mother's desire to exclusively breastfeed her infant.
- ** All orders are treated on a case by case basis. In cases where an infant falls outside of the abovementioned criteria, and there is a belief that DBM may be necessary while maternal lactation is being established, the medical officer is requested to contact our office

Maternal Factors:

- Medical contraindications to breastfeeding, verified by Medical Practitioner and Lactation Consultant
- Maternal illness or death

Ordering Protocol

- Contact the SABR Head Office before 09:00, Monday to Friday, to place an order
- Only one batch of DBM per patient will be issued at a time, due to the limited supply

Please note:

- All orders are subject to availability
- The SABR makes use of a courier company for the transport of DBM and as a result, abides by their rates and delivery times:
 - Some orders (e.g. outside of working hours) may attract a delivery surcharge
 - Some orders may have a turnaround time of 2 -3 days due to courier delivery areas and times

Storage of Breastmilk

Frozen, pasteurised DBM	Thawed, pasteurised DBM
Chest Freezer (-20°C):	Fridge (4°C):
 Six (6) months for preterm infants 	 Up to 24 hours from being completely thawed
 Twelve (12) months for term infants 	Do not refreeze

Please note:

- Ideal room temperature for the storage of breastmilk is not achievable and as such, all breastmilk should be kept in the fridge
- Fresh, raw breastmilk for donation must be frozen within 24 hours of being expressed
- Frozen DBM must be thawed in the fridge

Feeding Guidelines

- Handle all feeds under aseptic conditions
- Ensure that the DBM is completely thawed
- Ensure that the bottle of DBM is marked with the date & the time that it is fully thawed and use within 24 hours of this time discard any remaining DBM 24 hours after this time
- Decant the correct feed volume (taking care to limit wastage) and put the remainder back into the fridge
- Discard any milk left over from the feed
- ALWAYS record the donor & batch number of the DBM in the patient's hospital file

Points To Consider: Safe & Appropriate Use

- DBM is considered to be an emergency medical intervention for short term use (14 28 days), and prolonged use is not advised or encouraged
- DBM is a human tissue in limited supply, and as with organ donation, the SABR has an ethical responsibility to ensure
 equitable access and allocation to vulnerable, low birth-weight infants (as per SABR Recipient Guidelines and Eligibility
 Criteria⁴)
- DBM has never been refused to an NICU under reasonable circumstances
- Mother's own milk remains the nutritional and immunological ideal for your patient and takes preference over DBM, thus maternal lactation should therefore be seen as a **priority**

References

- 1. Heiman H & Schanler RJ. Benefits of maternal and donor human milk for premature infants. Early Human Development. 2006, 82.
- Kim JH. Human milk banking. Paediatr Child Health. 2010, 15(9).
- Organ Procurement and Transplant Network: Ethical Principles in the Allocation of Human Organs. https://optn.transplant.hrsa.gov/resources/ethics/ethical-principles-in-the-allocation-of-human-organs/, accessed 23/8/16.
- 4. South African Breastmilk Reserve. SABR Ordering Protocol. SABR, 2018.