



Whāngai Ora Milk Bank

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INFORMATION ABOUT DONOR BREAST MILK FOR RECIPIENTS

Breast milk as the gold standard

Health authorities around the world recognise that babies have better outcomes if they are fed only breast milk for about the first six months of life, and recommend that breastfeeding continues as solids are added.

The very best milk for newborn babies is their own mothers' milk, and efforts must be made to provide as much as possible before considering any other milk. In challenging circumstances, donor human milk is the preferred choice over formula.

First two days of life

Even a small volume of your own milk can provide a vital dose of antibodies to your baby, so it is extremely valuable to allow regular time at the breast to build your supply.

Babies need to suckle often (up to 20 times a day in the first couple of days) to learn how to coordinate swallowing with breathing. Frequent feedings on small volumes of colostrum (5-7 mls per feed) are very normal during this period.

Being skin-to-skin with your baby as much as possible, and only using non-bottle methods of supplementation (eg cup, spoon, syringe) when medically advised can help to keep your baby interested in working at breastfeeding.

If latching is not going well

It is still important to express your milk very often, with the support of your midwife or lactation consultant. Hand expression is much more efficient than a pump in these early days, and helps to maximise a later supply of milk.

Premature babies, and babies that cannot latch at all, and whose mothers are unable to express colostrum, are eligible for pasteurised donor milk. Whāngai Ora Milk Bank supplies pasteurised donor milk from tested donors for ill and vulnerable babies at no charge. We prefer a health professional's prescription (paediatrician, midwife, lactation consultant, GP).

In certain circumstances, and only to a healthy full-term baby, raw donor milk can be provided. This will still come from tested donors.

Donor milk is meant to be a short term solution to a breastfeeding problem, as a way to keep babies exclusively on breast milk until their mothers are able to increase their own supply. Prescriptions will be given for up to a week, renewable if necessary, unless there is a known reason why the mother will never be able to breastfeed fully (eg mastectomy, drug abuse, medications that preclude breastfeeding) or if the baby's mother is absent.

What is pasteurised donor breast milk?

It is breast milk donated by healthy, breastfeeding mothers, who have been tested for blood borne viruses. The donor breast milk is then pasteurised (heat treated) before being issued. This will kill any bacteria that may be present in the milk.

It will also destroy all of the beneficial living cells too (eg stem cells, probiotics, lymphocytes) and some of the immune factors that are in fresh milk, but a surprisingly large number of health-protecting properties remain. It also remains as a well tolerated, easily digested food.



Can my baby get an infection from pasteurised donor breast milk?

Pasteurisation destroys all serious infections eg HIV, should they be present in breast milk. Donors are tested for these kinds of viruses anyway. The risk of acquiring any infection is therefore absent or very low, and much lower than the risk of a serious infection while drinking preterm formula. It is also lower than the risk of acquiring an infection from a blood transfusion.

Can my baby get an infection from raw donor breast milk?

As stated above, there is a possibility that bacteria and viruses can be passed through raw breast milk, though it is uncommon. Whangai Ora's donor mothers have been tested for known pathogenic viruses, and screened for lifestyle choices. The milk has been kept frozen from shortly after being expressed until it reaches the recipient. Remember that formula is not sterile either, and does not have the protective factors breast milk has.

Using and storing donor milk

Like any food, if the milk is not stored correctly, or is contaminated after opening, then it will spoil. We recommend that donor milk is defrosted overnight in the fridge, and that any amount not being fed to the baby at once is kept in the fridge and used within 24 hours of defrosting. It should last up to 6 months in a chest freezer.

Before decanting the volume of milk needed for that feed, make sure all ice is defrosted (otherwise the second feed will be very watery), and shake the milk to mix the cream back into the milk.

- Your breast milk contains the best immunity and nutrition that you can offer your baby.
- Your fresh breast milk offers better protection against infections than pasteurised or frozen milk.
- Feeding your baby with infant milk formula instead of breast milk increases the risk of your baby acquiring upper respiratory tract illnesses, gut infections or allergies.
- Although breast milk decreases the risk of getting infections, it cannot guarantee that your baby would not contract an infection from elsewhere in the hospital or the community.

Will I know details of the donor?

Normally, no, but it is always acceptable to offer a note of thanks to your donor via the milk bank, which we would pass on anonymously.

The milk bank keeps records of donors and recipients confidential, but has a tracking system that can trace every batch of milk back to its source if there were ever to be issues.

How long can I keep receiving donor milk?

Supplies are limited, so the milk bank is unlikely to supply donor milk long term unless there are exceptional circumstances. This is why we request a referral from a health professional who knows your circumstances and who is working with you to help you maximise your own milk supply.

Families may request milk without a professional referral, if a meeting with a milk bank staff member shows need for a short term supply, and a commitment where possible to establish breastfeeding.

Whangai Ora Milk Bank is committed to supporting direct breastfeeding, where at all possible, as the healthiest option for babies, mothers and the community. Staff members will endeavour to refer mothers struggling with breastfeeding to the appropriate services.