Aeroflow Breastpumps

Donor Milk

When your milk supply is low, it may become necessary to supplement your baby's feeds. If this is the case, your pediatrician may recommend a specific formula, you might choose your own, or you might instead wish to give your baby donor human milk.

There are two types of donor milk. One is pasteurized banked donor milk and the other is informally shared milk. Informal milk sharing is when mothers give their milk to other families. They may be sharing with a sibling, friend or relative, or with someone they have met in an online milk sharing group etc. Informal milk sharing is not recommended by the American Academy of Pediatrics (AAP) or the U.S. Centers for Disease Control and Prevention (CDC) as it can be risky for your baby. Informally shared milk is not screened for diseases transmissible through the human milk, nor is there any screening for the donor's lifestyle (such as drug or alcohol use, medications, and diet). In 2017 The Academy of Breastfeeding Medicine (ABM) created a policy statement about informal milk sharing. It offers healthcare providers guidance regarding screening and safe milk handling practices to help families make informed choices.[1]

If considering donor milk, we recommend you obtain milk through a Human Milk Banking Association of North America (HMBANA) accredited milk bank. These not-for-profit donor milk banks vigorously screen donors and follow strict guidelines for processing donor milk. Some milk banks look for donors who are dairy-free, soy-free, and even gluten-free so that they are able to offer special batches of allergen-free donor milk. Many milk banks also offer milk from donors who keep Kosher. Hospitals across the U.S. stock donor milk for the most vulnerable patients in their Newborn Intensive Care Units (NICU). Some hospitals make donor milk available to all babies during the hospital stay in case of issues such as low blood sugar.

It is possible to obtain donor milk from a HMBANA milk bank, although it is very expensive and a pediatrician's prescription is required. Families are not "buying" the milk, but paying for the cost of screening donors and processing the milk. All fees collected by a HMBANA milk bank are used to continue the service. Across the U.S., the cost for one ounce of donor milk ranges from \$3.00 to \$5.00. The cost can add up quickly if large amounts of donor milk are needed.

Although we know that human milk is the food designed specifically to meet your baby's needs, and that donor milk is the next best food if supplementation is needed, you might still

wonder whether banked donor milk from a HMBANA milk bank is safe. To answer that question, let's take a look at how banked donor milk is collected and processed.

- 1. A mother with extra breast milk is interested in donating that milk. She then goes through a rigorous screening process. The screening process for donating milk starts with a telephone call to be sure the donor meets basic criteria for donating.
- 2. After the screening call, a written lifestyle and health history review must be completed along with consent forms and medical releases.
- 3. The donor then needs to provide the milk bank with a medical release from their and their baby's healthcare providers.
- 4. Then, the milk bank requires blood tests which they will pay for. The blood tests look for infectious diseases such as HIV, HTLV, Hepatitis B and C, and Syphilis.
- 5. If she passes the screening process, the mother either sends her milk by shipping it overnight in safe packaging provided by the milk bank, or drops it off at a milk depot of her choice. The milk is delivered frozen.
- 6. When being processed at the milk bank, the milk is allowed to thaw slowly in the refrigerator.
- 7. The milk is processed in a lab where all equipment is carefully washed and sanitized in commercial dishwashers. Every lab technician scrubs their hands and puts on protective garments before being allowed to handle the donated milk.
- 8. The thawed milk is strained into glass flasks. The milk of several mothers is used in each batch. Once it is pooled, the milk is mixed completely to ensure an even distribution of nutritional components. Milk is then divided into bottles.
- 9. Milk is then pasteurized, meaning it is heat processed to eliminate any harmful bacteria while protecting most of the milk's nutrients.
- 10. Once the milk is pasteurized, it is analyzed for energy and protein content.
- 11. The batch is then sent to a lab to test for bacterial growth. Once the lab says the milk is safe, it is ready to be distributed.
- 12. The milk is frozen and can finally be sent to hospitals and outpatient families.

The minimum donation commitment (how many ounces) differs among milk banks. For some it is as little as 100 ounces, for others, a minimum 200 ounces is required. Some donors do a one time donation, and others donate on an ongoing basis.

The screening and processing of banked donor milk makes it safe for even the most vulnerable infants. According to the AAP, donor milk is second only to mother's own milk and is recommended over any commercial infant formulas.

What If I Have Questions?

If you are interested in learning more, these Aeroflow classes expand (or if only one classes that you are recommending, use "this Aeroflow class expands) on some of the topics discussed above:

• Ultimate Breastfeeding Prep

To register for this class, log into your portal or click here.

Want More Info?

For a directory of Aeroflow's other Care Guides offering information on pregnancy, baby care, and more, browse our comprehensive list of titles: https://www.hersourcehealth.com/aeroflow-care-guides/

References

DeMarchis, A., Israel-Ballard, K., Mansen, K. A., & Engmann, C. (2016). Establishing an integrated human milk banking approach to strengthen newborn care. Journal of Perinatology, 37(5), 469–474. https://doi.org/10.1038/jp.2016.198

Meek, J. Y., & Noble, L. (2022). Policy Statement: Breastfeeding and the Use of Human Milk. Pediatrics, 150(1). https://doi.org/10.1542/peds.2022-057988

Sriraman, N. K., Evans, A. E., Lawrence, R., & Noble, L. (2018). Academy of Breastfeeding Medicine's 2017 Position Statement on Informal Breast Milk Sharing for the Term Healthy Infant. Breastfeeding Medicine, 13(1), 2–4. https://doi.org/10.1089/bfm.2017.29064.nks

Young, B. E., Murphy, K., Borman, L. L., Heinrich, R., & Krebs, N. F. (2020). Milk Bank Pooling Practices Impact Concentrations and Variability of Bioactive Components of Donor Human Milk. Frontiers in Nutrition, 7. <u>https://doi.org/10.3389/fnut.2020.579115</u>