Neonatal Nurses College

STANDARDS

Position Statement on the use of Donor Milk in New Zealand

Background

Historically infants were all fed breast milk either from their own mother or wet-nurse. Sharing of human milk was common place in the community and maternity hospitals until the 1980's when fears around infection, particularly HIV halted this practice.

It is recognised that when an infant's mother's own milk is unavailable, donor human milk is the next best alternative, as it is compositionally superior to artificial baby milk (Lording, 2006).

In New Zealand donor milk is available from unregulated sources including social media sites and in limited amounts exclusively for use in NICU's. At this time only Christchurch has the capacity to pasteurise and store milk with other NZ units employing screening of donors.

Recommendations

NNCA recognise an infant's optimum nutrition comes from his/her mother's milk. When this is not available or supply is limited donor breast milk is a recommended alternative.

Ideally donor milk should be pasteurised. A comprehensive

health screen including HIV, hepatitis and CMV should be carried out.

All donors should be educated in the safe and hygienic collection, storage and transportation of donor breast milk.

Parents should be educated about the benefits of breast milk and donor milk, and parental consent must be granted before prescription.

Rationale

Human milk is species-specific and benefits including nutritional, immunologic, developmental, social and psychological are well documented in research (AAP, 1997).

'All preterm infants should receive human milk; pasteurised donor human milk should be used if mother's own milk is unavailable or its use contraindicated' (AAP, 2012)

Enteral feeds can be commenced earlier when human milk is available (Torres et al. 2010)

WHO 2011 recommends that low-birth-weight infants, including those with very-low-birth-weight, who cannot be fed mother's own milk should be fed donor human milk. This strong situational recommendation is relevant where safe and affordable milk-banking facilities are available or can be set up and is based on reducing severe morbidity.

Donor breast milk banking supports step 6 of the WHO/UNICEF ten steps towards successful breast feeding; *Give newborn infants no food or drink other than breast milk, unless medically indicated.*

"Only under exceptional circumstances can a mother's milk be considered unsuitable for her infant. For those few health situations where infants cannot, or should not, be breastfed, the choice of the best alternative – expressed breast milk from an infant's own mother, breast milk from a healthy wet-nurse or a human-milk bank." *(WHO & UNICEF 2003, p. 10)*

References

American Academy of Pediatrics. Breastfeeding and the Use of Human Milk, Pediatrics 1997, 100: 1035 - 39

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Lording RJ (2006): A review of human milk banking and public health policy in Australia. *Breastfeeding Review* 14(3):21-30.

New Zealand Breastfeeding Authority: Human Milk Banking May 2010.

Torres M I, Lopez C, Roman S V., et al.(2010) Does opening a milk bank in a neonatal unit change infant feeding practices? A before and after study. International Breastfeeding Journal, 5:4

Protecting, Promoting and Supporting Breastfeeding: The Special Role of Maternity Services, a joint WHO/UNICEF statement published by the World Health Organization.

WHO Guidelines on optimal feeding of low birthweight infants in low-and middle-income countries 2011 www.who.int/entity/elena/titles/donormilk_infants

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Mission statement
NZNO is committed to the representation of members and the promotion of nursing and midwifery. NZNO embraces Te Tiriti o Waitangi and works to improve the health status of all peoples of Aotearoa/ New Zealand through participation in health and social policy development.