

Storing and handling donor milk at home

Sometimes your health professional may recommend the use of donor milk at home. Please ensure you understand the reasons for use and discuss with your health professional.

It is a requirement by the NICE guidelines www.nice.org.uk that milk is stored safely and handled correctly to reduce any risk of contamination. Your health professional will advise you. Keeping a daily record of your freezer temperature is recommended.

Defrosting guidelines

- Milk should ideally be defrosted in a fridge
- Milk should be used within 24 hours of full defrosting
- Refrigeration temperature should be maintained between 4°C to 8°C
- Once milk is removed from a refrigerator it should be used within 30 minutes
- If milk is required for immediate use it can be defrosted by holding under a flow of cool/tepid water ensuring the water does **not** make contact with the milk within the bottle (if this method is used for an individual feed any unused milk should be discarded)
- **Do not defrost or heat milk in a microwave.** Microwaves heat milk unevenly and may cause hotspots. They also destroy some of the proteins present in breastmilk.



Where can I find out more?

milkbank.chester@nhs.net
www.milkbankatchester.org.uk



A large, light blue teardrop-shaped graphic is centered on the page. Inside the teardrop is a white circle containing the text 'the milk bank at chester'. The background of the entire page is a blurred image of several white plastic bottles with measurement markings, likely used for milk collection or storage.

the
milk bank
at chester

A white circular graphic is positioned at the bottom of the page, containing the text 'receiving donor milk'.

receiving
donor milk

Providing safe, screened donor milk to babies in need.



What is donor milk?

Donor milk is human milk collected from donor mums then screened, processed and pasteurised. Donor milk is recommended by the European Society for Paediatric Gastroenterology, Hepatology and Nutrition (ESPGHAN) for preterm infants.

“When own mother’s milk is not available, donor human milk is the recommended alternative”.

Arslanoglu et al. Donor Milk for Preterm Infants: Current Evidence and research Directions. JPGN 2013;57: 535-542

Why choose donor milk?

Breastmilk gives babies the best possible start in life but sometimes there are reasons why the mother of a newborn, particularly a premature baby, cannot breastfeed herself. The mum might be physically unable to breastfeed due to illness, or perhaps needs help to establish her milk supply in the first few days

following the baby’s birth. The Milk Bank at Chester is an NHS service and we can only provide milk on clinical request from your health professional.

What are the benefits of donor milk?

Protection from infection

Donor breastmilk contains many of the protective factors (such as immunoglobins) which help protect babies from infection.

Protection from necrotising enterocolitis

Donor breastmilk may also have a protective role against this serious gut condition which mainly affects premature babies.

Easier to digest

A preterm baby’s gut is very immature and is able to digest and absorb breastmilk more easily than formula milk. Premature babies are fed small amounts of breastmilk to help their gut mature and the

volumes fed are increased gradually. This is also true for babies who have had gut surgery.

How is donor milk processed and tested?

Each donor’s milk is processed separately. The milk is sieved and mixed in large jugs to ensure it has a good balance of nutrients. A sample is taken prior to pasteurisation and sent for microbiology screening. If the sample is found to be contaminated the whole batch of milk is discarded.

The milk is poured into small sterile bottles, sealed with a tamper proof seal and pasteurised. Pasteurisation (heat treatment) ensures the milk is safe to feed to any baby. Bottles are labelled with a unique number and expiry date. Milk is frozen immediately and only issued to babies when microbiology screening shows that it is free from contamination.



How is donor milk used in the Neonatal Unit?

Donor milk is dispatched from the milk bank as a frozen product. Each bottle has a unique number and can be tracked throughout all stages of processing. The milk is defrosted prior to use and given by a gastric tube or by bottle. Your baby's nurse or clinician will discuss all feeding options with you to help you make an informed choice.

Who are the donors?

Donors are breastfeeding mums who give their excess milk freely to the milk bank. Many donors have had premature babies themselves and found out about donating through a Neonatal Unit, however any breastfeeding mother can donate as long as they meet our strict criteria.

How are donors screened?

The Milk Bank at Chester is fully compliant with NICE Clinical Guideline 93 'The Operation of Donor Breast Milk Bank Services' 2010.

Donors provide a complete medical history and have blood tests to make sure they are not carrying any diseases that can be transferred to a baby.

Milk bank donors:

- Do not smoke any type of cigarettes or use nicotine patches
- Do not take certain medication (acceptable replacement drugs include thyroxine, insulin and ventolin)
- Have not had any recent tattoos, body piercings or acupuncture (other than NHS registered acupuncture)
- Have not has a recent yellow fever vaccine
- Have not recently returned from an area of the world where



certain infectious diseases are present

- Have not been advised that they have an increased risk of CJD

All milk bank donors are tested for:

- HIV 1 and 2 (viruses causing AIDS)
- Hepatitis B and C
- HTLV I and II (Human T-cell Leukaemia Viruses)
- Syphilis