

Pasteurised donor human milk (PDHM)

Information for recipient parents

Breast milk is the ideal source of nutrition and is even more important for preterm or sick babies, as it can increase their chance of survival and aid in their long-term development.

Preterm babies are born with a very immature immune system and breast milk has many immune-protective properties that can help preterm infants during this critical time as their gut learns to tolerate milk in their gastrointestinal system. This risk to your baby's gut is lessened after 32 weeks.

Is PDHM as good for my baby as my own milk?

No, your expressed breast milk is best as it is designed specifically for your baby and the composition changes to meet their individual needs. You should aim to use PDHM only until your own milk supply is established.

However, if you are having difficulty producing enough milk to feed your baby (or babies), are unable to express, or do not wish to breastfeed, using PDHM from healthy screened mothers is a safer alternative when feeding preterm babies. Although artificial formula is processed and formulated to be nutritionally similar to human milk, it contains none of the immune-protective properties found in breast milk.

How long will my baby be fed PDHM?

Ideally your baby will be weaned off PDHM as your breast milk supply increases to meet the ongoing amounts of milk your baby needs each day.

Once your baby reaches 32 weeks, PDHM will be ceased unless otherwise specified by your baby's doctor. Your baby will then be weaned off PDHM over a 24 hour period.

If there is not enough of your expressed breast milk for each feed during weaning, then PDHM and an appropriate formula will be given at alternating feeds for 24 hours.

How can my baby have someone else's breast milk?

Mater sources pasteurised donor human milk from the Royal Brisbane and Women's Hospital Milk Bank. If your baby's doctor believes your baby would benefit from receiving this milk, they will speak to you about the process. Some parents may also choose to purchase PDHM rather than use infant formula—this is available for purchase from community human milk banks in northern NSW.

Your baby's nurse or a lactation consultant can provide you with details.

Milk banks collect breast milk from healthy donors who have undergone a rigorous screening process, similar to that required for blood donation. Many of the donor mothers also have preterm infants which make this milk ideal for a preterm baby. At the milk bank, donor milk is pasteurised and then frozen into small amounts. Pasteurisation is a process where the milk is heated to a temperature that kills any bacteria or

viruses, but retains many of the immune-protective components which are important for a newborn's health. A microbiological sample is collected after the milk is pasteurised to ensure that it meets safety standards.

How safe is donor milk?

Human milk banks in Australia are carefully regulated and among the safest in the world. Before donor milk is accepted at the milk bank, a number of questions are asked of donor mothers regarding their general health and lifestyle. Potential donors are then rigorously screened in a process that includes verbal and written questionnaires and blood tests.

The blood tests are performed to ensure that the mother is free from any viruses or infections that may be transmitted through the breast milk. These include:

- Human Immunodeficiency Virus 1 and 11—this virus is responsible for Acquired Immune Deficiency Syndrome (AIDS) which is the name given to a collection of diseases that develop because the body's immune system breaks down.
- Hepatitis B and C—these viruses cause inflammation and infection of the liver.
- Syphilis—a sexually transmitted bacterial infection.
- HTLV 1 and 11—leukaemia-type viruses, most common in Southern Japan, the Caribbean, parts of Africa, South America and South Eastern USA. Many people who carry these viruses have no symptoms, although they will be infectious.

Why has donor human milk been suggested for my baby?

Some conditions such as extreme prematurity, very low birth weight and cardiac or gastrointestinal system defects pose a greater risk to your baby's ability to digest and process milk feeds.

In these cases, PDHM may be suggested to you as the best way to feed your baby, either in combination with your own milk

or until your milk supply is established. Your baby's doctor will discuss with you the reason for suggesting PDHM as well as the risks and benefits for your baby.

Can I meet the milk donor who provides milk for my baby?

Although the milk bank keeps detailed records of women who donate breast milk, generally individual donors do not meet the specific babies, mothers or families who receive their donated milk. Depending on the volume of milk donated by an individual mother, many babies will potentially receive this milk and, conversely, an individual baby may receive donor milk from more than one donor mother.

Is this process confidential?

Milk banks are required by law to ensure the confidentiality of both donor and recipient. Mater has a strict confidentiality policy to which all staff members adhere and any reference to PDHM feeds in the baby's hospital health record are also confidential.

Further information

For further information about donor milk or the process of donor milk feeds please speak to your baby's direct care nurse, doctor, lactation consultant, or neonatologist. You may also contact the Royal Brisbane and Women's Hospital Milk Bank via:

Email: Milk_Bank_RBWH@health.qld.gov.au

Phone: 07 3646 0542

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