



Milk Bank Provincial Manual

Information on Collection, Transportation, Processing & Distribution of Donor Human Milk in BC

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In collaboration with:



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This document is a working document.

Suggestions regarding changes are welcomed.

Contact fjones@cw.bc.ca with any questions or suggestions



Milk Bank Provincial Manual: Collection, Transportation, Processing & Distribution of Donor Human Milk

January 2022

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1.0 Introduction

Mother's own milk for her own baby is recognized as the most suitable and beneficial feeding except in very rare situations. Pasteurized donor human milk is the second choice when mother's own milk is insufficient (volume) or unavailable. PDHM should never replace mother's own unless mother's own milk poses a medical risk to her baby (a very rare situation). Usually PDHM is used to bridge to exclusive breastfeeding.

The BC Women's Provincial Milk Bank ("Milk Bank") is located at and operated by BC Women's Hospital (BCWs). The Milk Bank is responsible for the processing (pasteurizing and testing) of donor human milk which it distributes in BC. The Milk Bank works with regional health authorities (HAs) which collect donor milk from donors and distribute pasteurized milk to babies in need within their respective HA. Most of the time these babies are in Neonatal Intensive Care Units (NICUs); however, as provincial supply allows, BCWs makes milk available to other units to provide to inpatient babies who meet the eligibility criteria but are not in the NICU. In addition, a small number of outpatients are able to access pasteurized donor milk. Maintaining a strong system of provincial milk donation and depending on supply and ability to process increasing amounts of milk, an increased number of outpatients may be able to access pasteurized milk from the bank.

1.1 Definitions

Donor: A typical donor is a healthy woman who is producing more milk than she needs to feed her own baby. Instead of discarding the extra milk, she expresses, freezes and donates it to the Provincial Milk Bank to help feed other babies when their own mother's milk is insufficient or not available. Bereaved mothers may also choose to donate their extra milk to the Milk Bank and have reported this to be very helpful in their grieving process. Donors are unpaid volunteers.

Donors are considered **approved** when accepted by the Provincial Milk Bank to donate milk. All donors are pre-screened by the BCW milk bank clerk and then screening is done by a select group of screeners which are part of BCWs Lactation Services. Screening requirements are established by the Human Milk Banking Association of North America (HMBANA). Screening starts with a brief telephone interview to confirm potential donors are in good health, free of select medications and/or supplements that would prevent them from donating milk and are willing to undergo blood testing. If all of these conditions are met and no issues are identified through the blood testing, the donor is approved. This approval does not indicate that the mother's milk is safe to be shared informally.

Milk Collection Depot: A site that is affiliated with the Provincial Milk Bank that collects and stores raw, frozen donor human milk and then transports to BCWs for processing. Milk Collection Depots are set-up in designated locations in BC and are operated by individual health



authorities. Milk is accepted once the Provincial Milk Bank notifies the depot that the donor has been approved.

Provincial Milk Bank: Located at and operated by BCWs, the Milk Bank screens donors and receives, processes and distributes donor milk to BC's hospitals. Processing involves pasteurizing and testing of the milk.

Donor Milk Dispensing Site: A site that is affiliated with the Provincial Milk Bank that stores and distributes pasteurized donor milk to babies. Most of the time this function is carried out in NICUs; however, as provincial supply allows, other inpatient units may also dispense milk. For babies that require donor milk post-discharge, arrangements are made through BCWs for mothers¹ to pick up frozen donor milk at BCWs or have frozen donor milk couriered to their home. A fee is charged for donor milk that is provided on an outpatient basis and for courier transportation, if required.

Other Definitions Relevant to this Guideline

Human Milk Banking Association of North America (HMBANA): HMBANA was established in 1985 and is a professional association for supporters of non-profit donor human milk banking. It is governed by a board of directors made up of milk bank directors of non-profit milk bank members in North America and members of the medical community and other experts. HMBANA members are expected to voluntarily abide by HMBANA's annually revised "*Standards for a Donor Human Milk Bank*" and are assessed for accreditation through a mandatory annual inspection based on these *Standards*. The Provincial Milk Bank is a founding member of HMBANA. www.hmbana.org.

Pasteurized Donor Human Milk (PDHM): Raw milk is pasteurized using the Holder Pasteurization Method to remove potentially harmful bacteria and viruses. Once pasteurized and tested, the milk is provided to babies when their own mother's milk is insufficient or not available. In this guideline, the term donor milk refers to PDHM only.

1.2 Purpose of this Manual

This manual discusses the importance of donor human milk in very low birth weight and/or very sick babies as well as its use as a "bridge to breastfeeding" in the absence of mother's own milk. It also outlines the responsibilities of the Provincial Milk Bank and its partnering HAs in the collection, transportation, processing and distribution of donor milk.

The Manual is organized into sections which include:

¹ Mother implies mother/guardian throughout this Manual.



1. Rationale for donor milk.
2. Overview of donor screening, collection, processing and distribution of donor milk in BC.
3. Donor screening, education and ways to recruit.
4. Responsibilities, requirements and operating protocols for Donor Collection Depots.
5. Responsibilities, requirements and operating protocols for Donor Milk Dispensing Sites.

For sites operating a Milk Collection Depot or a site which dispenses donor milk, it is recommended that pertinent sections of this manual be extracted and developed into a "Reference Manual" for staff (e.g., relevant procedures, forms, patient handouts, etc).

1.3 Why donor milk?

Importance of human milk

The beneficial effects of human milk for term and pre-term babies, both healthy and sick, are universally recognized (American Academy of Pediatrics, 2012, 2017, 2021; Canadian Pediatric Society, 2020). Breastfeeding and/or using expressed milk offers several advantages, including reduced rates of infections, reduced incidence of Sudden Infant Death Syndrome and improved neurocognitive testing (Canadian Pediatric Society, 2016). Breastfeeding also provides health and non-health benefits for the mother, including reduced rates of breast and ovarian cancers and a delay in the return of ovulation and greater postpartum weight loss (Canadian Pediatric Society, 2016). Breastfeeding is economical for families and creates savings for society in general (Canadian Pediatric Society, 2016). Despite advances in infant formulas, breast milk provides a bioactive matrix of benefits that cannot be replicated (Canadian Pediatric Society, 2010, 2020).

In recent decades, progress in the fields of perinatal and neonatal health care have resulted in improved survival rates of premature and very sick infants, most of whom are admitted to neonatal intensive care units (NICUs). Many of these babies are born at low (<2,500 grams) or very low (<1,500 grams) birth weights and ensuring that they have adequate nutrition is a particular challenge (Arslanoglu, 2010; American Academy of Pediatrics, 2017).

Don't forget.....Mother's own milk is always best!

Nothing can meet the needs of a baby in the same health promoting way as baby's own mother's milk. Mothers of premature and sick babies in particular need extra support and encouragement to breastfeed (or manually express milk). By two weeks postpartum, mothers should be producing about 500-800 mL per 24 hours.

To encourage milk production, teach new mothers to:

- Place their baby skin-to-skin as soon as possible and for as long as possible.



- Spend as much time with their baby as possible.
- Hand-express their milk within the first six hours after birth - ideally within the first hour particularly if their baby is separated from their mother and is therefore unable to initiate breastfeeding. Drops of expressed milk can be collected in a syringe and which is capped, labelled and taken to the NICU for Oral Immune Therapy (OIT) often given q2h. Any extra can be stored in a fridge, if the milk can be used within 24-48 hours, or a freezer if stored for longer periods. A spoon may also be used to collect the milk and then the milk transferred to a bottle and stored in the refrigerator/freezer. If the mother is unable to do this, then a close family member or friend can be taught how to hand express. Ideally this teaching is provided to the family before the birth.
- Express every two to three hours after the first expression, including during the night. During the night time hours, prolactin levels are highest and regular expression helps establish a mother's milk supply. After the first 24 hours, many mothers find using a breast pump along with hand expression to be the best method for them.

Donor milk is an excellent alternative when mother's own milk is not available

Although breastfeeding and/or mother's manually expressing their own milk for these very low birth weight and/or very sick babies is optimal, it is not always possible. When mother's own milk is not available or is insufficient, the Canadian Paediatric Society (CPS) and American Academy of Pediatrics (AAP) both recommend the use of banked pasteurized donor human milk as the preferred alternative (Canadian Pediatric Society, 2010; 2020) (American Academy of Pediatrics, 2012; 2017).

Given fluctuations in supply, the CPS recommends that sick, hospitalized neonates be prioritized for the use of banked donor milk as these babies are the most likely to benefit (Canadian Pediatric Society, 2010;2020). Three systematic reviews concluded that donor milk significantly reduced the incidence of necrotizing enterocolitis (NEC)² in preterm babies when compared to formula feeding (Kantorowska, A et al, 2016) (Quigley, M et al, 2008) (Boyd, C et al., 2007) (McGuire, W; Anthony, Y, 2003). Donor milk has also been reported to be effective for nutritional uses (feeding intolerance, failure to thrive, malabsorption syndromes), post-surgical treatment, allergies, chronic renal failure, leukemia and intractable pneumonia (Updegrave, 2005).

² NEC is a serious medical condition primarily seen in premature infants where portions of the bowel undergo tissue death. It is the second most common cause of morbidity in premature infants and requires intensive care over an extended period.



Another benefit of donor milk³ is that it provides a temporary alternative for mothers of premature and sick babies that find their milk supply low or non-existent in the early days postpartum. Using donor milk emphasizes the importance of human milk for the baby (Furman, 2016). Research demonstrates that NICUs that provide breastfeeding support and have donor milk available have higher breastfeeding rates than those that do not have donor milk available (Kantorowska, A et al, 2016) (Arslanoglu, S et al, 2013). On the other hand, NICUs which provide donor milk but do not provide good breastfeeding support or education to staff tend to increase their human milk feed rate by replacing formula with donor milk but do not increase their breastfeeding rates (Delfosse NM et al) (Torres, U et al, 2010). In addition, if pasteurized donor milk is not available, mothers of NICU babies may present to the NICU with milk received from friends, family members or other contacts or purchased online from strangers which, if utilized, may create additional risk for their baby. Offering pasteurized donor milk in NICUs, while at the same time actively supporting breastfeeding, promotes informed feeding choices and capitalizes on the benefits of breastfeeding and breastmilk.

Increasingly PDHM is offered to children in maternity units (Kair 2020)

Expansion of the BC Women's Milk Bank to a Provincial Milk Bank

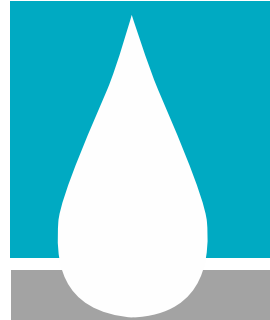
Since 1974, the BC Women's (BCWs) Milk Bank has provided pasteurized donor human milk for babies at BC Women's Hospital and other facilities. The Milk Bank is a charter member of the non-profit Human Milk Banking Association of North America (HMBANA). This distinction has taken increasing importance as donor milk has become a high-demand commodity by for-profit entities as well as among online informal sharing networks. Members of HMBANA guarantee safety protocols to ensure only the healthiest milk is provided to babies.

An increase in the demand for pasteurized donor milk in BC, particularly for babies in BC's NICUs, has spurred health authority partnerships throughout the province to collect and distribute donor milk. These collaborations enable the **Provincial Milk Bank** to collect, transport, process and distribute donor milk to BC babies in need.

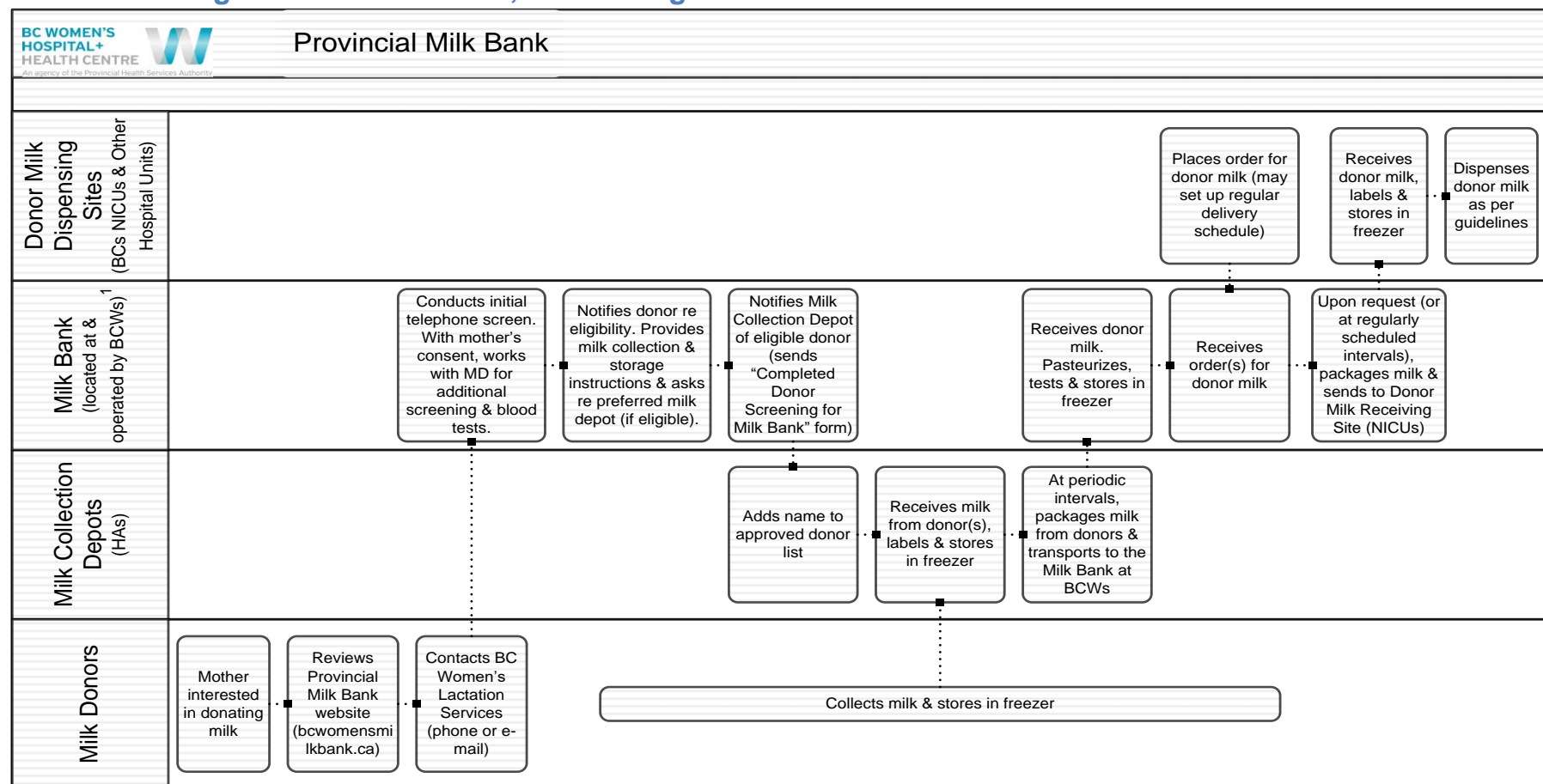
2.0 Donor Screening and Milk Collection, Processing and Distribution in BC

Section 2.1 provides a visual representation of the process for donor screening and donor milk collection, processing and distribution in BC.

³ Donor milk refers to pasteurized donor human milk throughout this guideline.



2.1 Overview Donor Screening and Milk Collection, Processing and Distribution in BC



For babies that require donor milk post-discharge, arrangements are made through BCWs for mothers to pick up frozen donor milk at BCWs or have frozen donor milk couriered to their home. A fee is charged for donor milk that is provided on an outpatient basis and for courier transportation, if required.

3

¹ The Milk Bank (located at and operated by BCWs) consists of two components:

(1) Lactation Services: Responsible for screening donors and providing clinical consultation to the Milk Bank; and
(2) Milk Bank: Responsible for the technical aspects of processing the milk

Donor milk should be shipped from depots as soon as possible.
possible.



3.0 Principles of Collaboration: Provincial Milk Bank and Health Authorities

1. All parties will make every effort at individual and system levels) to encourage and support mothers to breastfeed and for babies to receive their mother's own milk. This includes teaching new mothers to begin expressing their milk within one hour of birth (ideally) or at least by six hours postpartum.
2. Recruitment of milk donors is everybody's responsibility. Health authorities will participate in sustained and multi-faceted efforts to collect at least enough donor milk to cover the requirements for babies being treated in their health authority.
3. Potential donors are referred to the BCWs Lactation Services⁴.
4. BCWs Lactation Services, in collaboration with donor mothers and their physicians, is responsible for donor screening. Questions regarding screening processes and results are directed to BCWs Lactation Services.
5. BCWs Lactation Services or the Milk Bank advises the relevant Milk Collection Depot of the names of approved donors. Milk Collection Depots may not accept donor milk from a woman unless notified by BCWs that the donor is approved.
6. Milk Collection Depot operations are the responsibility of the respective health authority. Depots work collaboratively with the Milk Bank to support a safe and adequate supply of milk.
7. Milk Bank operations are the responsibility of BCWs. The Milk Bank receives milk from Milk Collection Depots and processes and distributes the milk to Milk Dispensing Sites (NICUs and other hospital units).
8. Health authorities are responsible for funding the costs of shipping raw milk to and processed milk from the Milk Bank.
9. Health authorities are responsible for putting processes in place that encourage appropriate utilization of donor milk in NICUs and other hospital units (see section 5.1 for criteria).
10. Prior to a baby receiving donor milk, the mother's agreement for the baby to receive donor milk is documented in the baby's chart. As per individual hospital policy, either a physician's/ registered midwife's or NP's order or a PDHM "standing order" is on the chart. The family can then make a decision whether PDHM or formula is to be used when medical supplementation is required.
11. For babies that require donor milk post-discharge, arrangements are made through BCWs for mothers to pick up frozen donor milk at BCWs or have frozen donor milk couriered to

⁴ The Milk Bank (located at and operated by BCWs) consists of two components:

(1) Lactation Services: Responsible for screening donors and providing clinical consultation to the Milk Bank; and (2) Milk Bank: Responsible for the technical aspects of processing the milk



their home. A fee is charged for donor milk that is provided on an outpatient basis and for courier transportation, if required.

12. If provincial demand for donor milk exceeds supply, distribution is prioritized according to medical need. The most fragile and sick babies are the highest priority. The Milk Bank will work with designated nursing leaders (who will consult with local neonatologists/ paediatricians as required) at each site to determine the priority for distribution.
13. Confidentiality requirements on patient information are followed by all parties.

3.0 Milk Donors

3.1 Donor Screening

Screening donors for eligibility to provide donor milk requires staff time and blood tests. For this reason, mothers are asked to consider donating at least 4,500 mL (150 ounces) or more of milk. The only group exempt from this requirement is bereaved mothers. Many bereaved mothers report donating milk to be a way of honouring their child and helping their grieving process (Welborn, 2011). Some mothers of bereaved babies will donate the milk that they stored during their baby's short life and others will initiate or keep pumping milk for a period after the baby's death while they work through their initial grief.

Process for women wishing to become milk donors

1. Suggest that prospective donors review the Provincial Milk Bank website for information about the Milk Donor Program and the eligibility requirements: www.bcwomens.ca (search for Milk Bank).
2. Ask prospective donors to complete the "Expression of Interest Form" that is on the website. Questions can be e-mailed or faxed to mbscreening@cw.bc.ca or 604 875-2871 (fax). Alternatively they can phone BCWs Provincial Milk Bank Reception at 604-875-3743 for additional information. Our clerk usually calls within a day or two of receiving the interest form.
3. The first contact with the BCWs involves a brief conversation about the milk donor program and, if there is interest, is followed by asking the woman ~8 screening questions. The questions focus on the woman's general health, risk factors, sufficiency of her milk supply.. In cases where the mother has donated milk with a previous child, the screening process must be repeated.
4. If, during this initial conversation, a mother meets the eligibility criteria, they are asked to express and store at least 1,800 – 2,100 mL (60 – 70 ounces) of milk prior to undertaking the full screening process. We ask our donors for a total donation of 150 ounces or more which can be donated up to 18 months postpartum. The request for some milk stored before initiating the full screening is to ensure the mother will have sufficient milk to donate and to make the cost and time of screening worthwhile. The mother is provided education about how to collect, store and label her milk and is asked to call back after she has collected 1,800 – 2,100 mL (60 – 70 ounces). A donor screening file is initiated, with name and



personal health number being used for identification purposes at each stage of the screening and donation process.

5. Once the mother calls back to say she has collected 1,800 – 2,100 mL (60 – 70 oz) of milk, the BCWs Lactation Service completes the initial donor interview.
6. BCWs e-mails the mother the online forms and an information package which includes a letter of introduction, medical history questionnaire for her to complete, medical information release form and donor consent form. The woman is asked to return the completed forms via the online system with two forms requiring signature which must be printed, signed and faxed or mailed back or signed online.
7. Once completed forms have been received, the BCWs Milk Bank Clerk faxes a short questionnaire to the mother's physician. The physician is asked to fax the completed questionnaire to BCWs Lactation Services.
8. When BCWs Lactation Services receives the completed questionnaire from the physician and reviews it, the Milk Bank Clerk is asked to contact the physician's office to request the required blood tests be arranged at a convenient lab for the mother. The prospective donor is also called to advise her as to where she is in the screening process.
9. When the blood test results are received, the BCWs Lactation Service fills out the *Completed Donor Screening for Milk Bank* form (Appendix 1) and sends a copy to the Milk Bank. The form identifies whether the mother is eligible to be a milk donor.
 - If eligible, the Milk Bank contacts her to identify her preferred donor Milk Collection Depot.
 - If not eligible, BCWs Lactation Services contacts the office of the mother's physician to ensure appropriate follow-up is offered. After the physician has followed-up with the mother, BCWs contacts the mother.
10. The Milk Bank sends a copy of the *Completed Donor Screening for Milk Bank* form to the mother's preferred Milk Collection Depot. The depot then knows to expect milk from the donor.
11. Upon receipt of a copy of the *Completed Donor Screening for Milk Bank* form, the Milk Collection Depot contacts the mother to provide information about the milk depot (hours, parking, drop-off location, etc).
12. If a prospective donor or an active donor wishes to review and/or make corrections to their record, this can be arranged through BCW Lactation Services (604-875-2282).

While the screening process is being completed, women are encouraged to express and store their milk. Milk that has been expressed before mothers have been approved as donors may be acceptable if the milk has been collected and stored appropriately. Occasionally something will get lost in transit so we encourage donors to check back with the milk bank if they do not hear from us after they have submitted documents.



3.2 Donor Education

Safety and integrity of donor milk is a priority. Donors are provided education about the collection and handling of their milk in their initial contact with the BCWs Lactation Service. This teaching is reinforced in a written handout available at www.bcwomens.ca (search for Milk Bank, *Information for Milk Donors*). All partners have a responsibility to reinforce this teaching.

Key points for inclusion in donor education:

1. Clean technique for milk collection:
 - Hand washing prior to pumping
 - Using clean equipment (washing breast pump parts, drying and storing)
 - Appropriate containers for storing donor milk eg milk storage bags or hospital provided containers
 - Handling donor milk containers
2. Labelling donor milk:
 - Donor's name
 - Date expressed
3. Freezing and storing milk.
 - Suggest sealing donor bags and freezing flat
 - Sort donor bags by month as milk bank dates processed milk from pump date (expires one year after pumping).
 - Place frozen milk in a bag or container in the freezer to keep milk together.
4. When to call the BCWs Lactation Services (phone: 604-875-2282):
 - Mother, baby or someone else in the home gets sick.
 - Mother takes a new medication, over the counter drug or herbal product
 - Mother has mastitis or a yeast infection on nipples.
 - Baby has thrush.
 - Mother receives vaccinations.
 - Mother or intimate partner gets a tattoo.
 - Changes in mother's health, health behaviours (e.g. alcohol practices or starts smoking) or risk factors for disease.



5. Transporting donor milk to the Milk Collection Depot.

- Location of depot
- Appropriate labelling of bags of milk & container (if shipping)
- Appropriate packing of milk
- Contact information for selected depot
- Donor encourages to contact depot to confirm parking and hours.

Donor education on appropriate hygiene is very important as one of the main reasons that donor milk is not eligible for use is high contamination rates. Careful hygiene (especially appropriate cleaning of pump parts) reduces the contamination rates.

3.3 Donor Recruitment

Donor recruitment is everybody's responsibility. There are a variety of outreach strategies to encourage women to donate milk. Many women are unaware of milk donation as an option. Outreach helps to bridge this gap.

Partnerships with community-based health care clinics/services and agencies/groups that work with pregnant and/or breastfeeding women can be good sources for donors. Examples include:

- Physician/Midwife offices
- Prenatal clinics
- Local health units
- NICUs
- Local hospitals
- Parenting groups
- Allied health care providers (e.g., nutritionists and pharmacists).
- Maternity stores
- Daycares
- Elementary schools
- Dental Offices

Outreach could include a presentation or printed information about the benefits of pasteurized donor milk and the services of the local depot to facilitate the process of milk donation. A handout for prospective donors is available at - www.bcwomens.ca - search for milk bank (*Mothers: Will you donate your extra mother's milk?*), as is a poster.

Involvement of the local media can also be a successful strategy. Stories of donors and recipients are especially effective in encouraging milk donation. Key messages for local media:

- A mother's own milk is absolutely the best food for her own baby. Pasteurized donor milk is never used to replace mother's own milk. Pasteurized donor milk is second choice but when mother's own milk is insufficient or not available, pasteurized donor milk is an excellent option.
- Pasteurized donor milk is made available through the Provincial Milk Bank.



- BC Women's (BCWs) Provincial Milk Bank is located at and operated by BCWs. The Milk Bank is responsible for the processing (pasteurizing and testing) of all donor human milk in BC.
- Milk is collected at HA-operated Milk Collection Depots from donors who have completed the screening. Depots send frozen milk to BCWs for processing.
- Pasteurized milk is distributed by the BCW's Provincial Milk Bank to health authorities. HAs, in turn, provide pasteurized milk, with the mother's agreement, to babies in need within their respective HAs.
- The majority of donor milk goes to babies in neonatal intensive care units (NICUs).
- The Milk Bank screens all donors and pasteurizes and tests all donor milk before distributing.
- The Milk Bank at BCWs has been providing babies in the neonatal intensive care unit at BCWs with pasteurized donor human milk for over 48 years. The Milk Bank was founded in 1974 by a gastroenterologist to help a young child who was not growing well. The baby did so well on the donated milk the doctor decided that a donor milk bank could help other babies.
- A recent increase in the demand for pasteurized donor milk in BC, particularly for babies in BC's NICUs, has spurred the initiation of health authority partnerships throughout the province to collect and distribute donor milk.
- The Provincial Milk Bank is a founding and current member of the Human Milk Banking Association of North America (HMBANA).
- There are currently 30 HMBANA member banks in North America (check the website at www.hmbana.org for the latest numbers).
- Mothers who donate milk are providing a wonderful gift that will last a lifetime to children they will never meet. Milk donors are a special group of truly wonderful women without whom the Provincial Milk Bank could not function!

4.0 Milk Collection Depots

4.1 Responsibilities

A Milk Collection Depot serves the local community by providing a space for women to drop off their milk for donation. Typically depots are located in hospitals and public health units. Commercial or private spaces (e.g., home) are not acceptable.

Milk Collection Depots are required to operate according to HMBANA Standards. If an incident occurs that may potentially compromise the safety of the milk, it is the depot's responsibility to



contact the BCWs Lactation Service at 604-875-2282 to discuss the circumstances and determine whether follow-up action is required.

Each depot is expected to designate a “depot organizer” (or “depot lead”). This is usually a Public Health Nurse. The role of the organizer includes:

- Creating opportunities to educate the local community about donor milk and the role that Milk Collection Depots play in the donation process.
- Creating mechanisms to promote milk donation and support prospective donors in assessing their potential eligibility (see www.bcwomens.ca - search for Milk Bank - for criteria).
- Providing a convenient drop-off site and location for local area mothers/donors.
- Organizing and overseeing a system for safe handling, storage, documentation and transportation of the milk. Recruits and supervises staff/volunteers to assist.
- Being a point of contact for BCWs Lactation Services and the Milk Bank, including joint problem solving when issues arise.

Having a Milk Depot Binder is helpful in running a depot. The sections usually include the following:

- Section 1: Introduction: General instructions (Samples in Appendix 16)
- Section 2: Completed donors (Appendix 1)
- Section 3: Milk Receiving logs (Appendix 3)
- Section 4: Individual Tally Sheets (this is not required by the milk bank but some units choose to provide this information to the donor)(Appendix 17)
- Section 5: Milk Transfer logs (Appendix 4)
- Section 6: Freezer Temperature logs- both extra sheets and used (Appendix 2).
- Section 7: Shipping labels (Appendix 5)
- Section 8: How to accept milk at a depot (including pictures) (Appendix 18)
- Section 9: How to ship milk (including pictures) Appendix 15)
- Section 10: Posters and additional information (found on the BCW website search “Milk bank”)
- Section 11: *When Bacillus is at the Party*. Call milk bank (604-875-3743) and ask to be sent a copy. This handout is sent to all donors and is in PDF form.



You may wish to place the "how to receive" and "how to ship" as posters over your freezer for easy access. Forms and posters can be found on the Provincial Manual. All forms can be tweaked to fit your needs. Milk Receiving log, Milk Transfer log, Freezer Temperature logs are REQUIRED paper work. (Appendix 15)

Suggestions for depots:

1. Cleaning freezers: should be defrosted and wiped out with a cleaner (e.g. Cavicid) when visible signs of frost appear or at least every six months.
2. Locking freezers: freezers should remain locked even if empty to maintain hygiene and dedication to human milk (ie other products will not be placed in the milk bank freezer).
3. Temperature checks: should be done daily if staff are onsite 7 days a week. If facility is only staffed M-F temperature checks can be done at a minimum of M-F.. When vaccine fridges/freezers are checked the milk bank freezer can also be checked. If a donor drops off milk the depot needs to know the freezer is working effectively.
4. Depot Milk Bank binders: as the binders contain personal information (e.g. completed donors) and other information of a personal nature, they should be kept in a secure area not in use.
5. Contamination of milk: it would be appreciated if when possible, donors are reminded to use careful hand-washing and to clean pump parts by completely disassembling the kit, rinsing it with cool water, washing the parts in hot soapy water and drying well with non-recycled paper towel or a freshly laundered (hot water) unused dish towel. The pump should be kept in a clean food safe container with a lid or in a clean ziplock bag in the fridge (parts must be dry).

4.2 Space, Equipment and Staff

Space and equipment required to operate a depot are minimal and include:

- Space for milk drop-off by donors and pick-up by couriers (easy access and parking are important considerations).
- Freezer dedicated for donor milk that has a lock and is in a secure location.
- Thermometer for daily measurement of freezer temperature.
- It is recommended that the freezer be on emergency power.
 - If not on emergency power, freezer must be set-up with a "recording thermometer" that records temperature changes over a period of time so that the user can determine whether there has been a problem with the temperature since the last recording.



- Ideally the thermometer will also have an alarm that will alert the user (or after-hours designate) if the temperature rises above a pre-programmed acceptable level.
- Access to a telephone and fax machine.

Staffing requirements include:

- Staff member designated to oversee the depot operations.
- Staff member (or volunteer supervised by staff) to contact newly screened donors and provide information about the local depot (hours, parking, drop-off location).
- Staff member or volunteer supervised by staff) to use respectful, trauma informed culturally sensitive approach to receive donor milk from donors and make every effort to make drop off times as convenient as possible for donors.
- Staff member (or volunteer supervised by staff) designated to package, complete the documentation and ship milk to the Milk Bank.
- Staff member (or volunteer supervised by staff) to check freezer temperature daily and sign-off on the *Freezer Temperature Log* (Appendix 2).

These requirements could be met by one person or several people as fits for the agency within which the depot is operating.

4.3 Operating Protocols

4.3.1 Receiving Milk from Donors

The process for receiving milk from the donor is as follows:

1. The donor completes the screening process through BCWs.
2. The Milk Bank contacts the donor to ask about her preferred depot for milk donations.
3. The Milk Bank sends the *Completed Donor Screening for Milk Bank* form (Appendix 1) to the depot confirming that the donor has been approved. The depot cannot accept milk until notified by BCWs that the screening process is completed (or the form is received). If a donor arrives and there is no form, calling the milk bank is appreciated as on occasion the mother will be told she is an approved donor and drive immediately to the depot – before the form can be faxed to the depot. In order to reduce donor inconvenience, a call to the milk bank is appreciated (604-875-3743).
4. The depot contacts the mother and provides information about the depot (hours, parking and drop-off location).
5. The donor drops her milk off at her preferred depot and per donor's availability during depot's business hours as per instructions (drop-off is pre-arranged by phone).



6. The depot organizer or designate (staff/volunteer) checks that each container of milk is labelled with the donor's name and the date the milk was pumped. If each container of milk is not labelled, either add a label to each container or place all unlabelled containers into a secure bag(s) (e.g., zip lock) and mark the bag(s) with the donor's name and, if known, the approximate date in which the milk was pumped (e.g., June/July 2022). It is very important to ask donors for the date the milk was pumped as milk can only be used within one year of pumping.
7. The depot organizer or designate weighs each bag full of milk containers to determine the amount of milk and records the weight and the date the milk was dropped off at the depot on the outside of the bag with the smaller milk bags inside, using a permanent marker. The plastic bag full of milk containers is placed in the freezer (i.e., only one mother's milk per plastic bag). If milk is mixed in a bag and a mother has not labelled all bags the bank will have to discard any milk that is not clearly labelled. In addition if there is one donor per bag, it is faster for the milk bank techs to weigh and measure the incoming milk!

4.3.2 Shipping Donor Milk to the Milk Bank

There are two ways to get donated milk to the Milk Bank:

1. Donor can drop the milk off at the depot and the depot ships the milk to the Milk Bank.
2. Donor can drop the milk off at the Main Reception, BC Women's, 4500 Oak Street in Vancouver (Main Entrance Door #93).

Process for shipping milk from the depot to the Milk Bank

General principles:

1. Milk needs to be received by the Milk Bank within six months (at the latest) of the date that the milk was expressed (the sooner the better). Call the milk bank if there are any questions. (604-875- 2424 ext. 7634). If the depot receives milk that has been stored longer than 6 months call the milk bank to check whether milk bank will accept- we may take milk that has been stored up to a year, depending on the storage conditions.
2. Milk can only be shipped Monday through Friday (Milk Bank **CANNOT** receive milk on the weekend).

Shipping:

- Confirm delivery instructions and approximate time of delivery with the Milk Bank at 604-875-2424 local 7634. **Only ship if you have spoken to the Milk Bank staff & confirmed the day and time of delivery.**
- Ship ****Priority Overnight Delivery****
- Call the courier service for pick-up. Milk Bank's receiving time is from 9am-12nn. Call the Milk Bank Tech at 604-875-2424 ext. 7634 if the shipment will come later from the said timeframe. Arrange the return of the empty cooler/s back to your depot as well ideally the



day after it was delivered

- Keep the packed box (see below) inside the freezer until pick up. If the freezer is not large enough to hold the box, **pack the box as close to pick up date/time as possible.**

Cleaning and packing cooler:

- Ship milk in a reusable, non-porous "picnic cooler" or equivalent.
- Wash/disinfect cooler between each use:
 - Wear gloves and utilize a HA-approved low level disinfection wipe that is appropriate for non-critical patient equipment (e.g., baby scales, transport coolers).
 - Use one wipe to pre-clean the cooler and a second one to clean/disinfect it.
 - Use wipes according to manufacturer's recommendations and contact times (likely located on the side of the tub of wipes). Once cleaned, mark equipment as cleaned.
 - Examples of low level disinfection wipes approved for use at BCWs are:
 - Accel TB wipes (0.5 % accelerated hydrogen peroxide
<http://www.viroxaccel.ca/documents/AccelTBWebsiteProductSheets>)
 - Cavi wipes (a quaternary ammonium "quat" compound
<http://www.metrex.com/products/surface-disinfectants/caviwipes>)
- Line the cooler with a heavy plastic bag. This will keep the milk together in the event the container breaks during shipping.
- Place the bags of frozen milk close together in the centre of the cooler. **Only pack milk that is frozen solid!**
- Add ice packs/freezer gel packs to the bottom, sides and on top of the milk. **DO NOT USE regular ice!** (Ice is warmer than frozen milk and will cause the milk to thaw).
- Close the plastic bag with a twist tie or tape (to keep the air out).
- Complete the *Milk Transfer Log* form (Appendix 4) and place on top of the plastic bag in the box.
- Use duct tape or heavy packaging tape to seal the box shut.

Label & Delivery:

- Add label (Appendix 5) with address and instructions about delivery times to each box.
- **Remember:** Confirm delivery instructions and approximate time of delivery with the Milk Bank at 604-875-2424 local 7634. **Only ship if you have spoken to the Milk Bank staff & confirmed the day and time of delivery.**



4.3.3 Freezer Temperatures and Power Interruptions

Freezer temperatures:

- Milk must be maintained in a frozen state. Set freezer temperature at -18 Celsius or below (i.e. -19, -22 C etc).
- Freezer temperature must be taken and recorded daily. For Milk Collection Depots open Monday-Friday only, it is recommended the temperature be checked late in the day Friday and again first thing Monday morning.
- It is recommended that the freezer be on emergency power. If not on emergency power, set the freezer up with a "recording thermometer" that records temperature changes over a period of time. The temperature check on Monday must include a check as to whether the temperature rose above a pre-programmed acceptable level (i.e., warmer than -18 Celsius) over the weekend.
- Ideally the freezer or thermometer will also have an alarm that will alert the user (or after-hours designate) if the temperature rises above a pre-programmed acceptable level. This will reduce the likelihood of having to discard milk in the event of a power interruption.
- Report any variation of freezer temperature above -18 Celsius (i.e., warmer than -18 C) to the BCWs Lactation Services (604-875-2282) as soon as possible. Brief fluctuations in temperature secondary to opening the doors or self-defrosting cycles are acceptable.
 - If you check your freezer and it registers warmer than -18 Celsius (e.g., -17 Celsius), recheck it after 2 hours. Freezers may cycle out of range for short periods and this is acceptable.
 - If the freezer is consistently out of range, it needs to be serviced or replaced
 - Milk must always remain "frozen solid."
- Freezer and alarm manuals must be easily accessible on or near the freezer/alarm.
- Freezer must be regularly cleaned and defrosted at least once every 6 months to maintain proper temperature. Frost on seals is a particular concern for maintaining appropriate temperature. Whenever frost appears or interferes with the seals on doors, action must be taken to thaw and remove frost and ice.

Power interruptions:

- Minimizing the impact of a power interruption:
 - It is recommended that the freezer be on emergency power or precautions taken as per above.
 - Regularly ship milk to the Milk Bank (there will be less milk to discard in the event of a prolonged power interruption).
- During a power interruption (if during hours the milk depot is staffed):



- Tape the freezer door closed and check the temperature frequently.
- Arrange to ship milk to the Milk Bank as soon as possible (within two weeks of receiving it at the latest or contact the milk bank.)
- After a power interruption:
 - There are no "rules" as to the length of time power may be lost before milk must be discarded. There are many factors that affect the stability of the milk.
 - Questions to consider:
 - How full was the freezer at the time of the interruption? (i.e., how much air is in the freezer?)
 - How full are the containers of milk? (i.e., how much air is in each container?)
 - What was the temperature range during the time the freezer was off?
 - Was the door of the freezer kept shut during the power interruption?
 - How long was the power off?
 - In general:
 - Power failures of short duration (2 - 6 hours): If a reasonable amount of milk was in the freezer, the milk will remain frozen.
 - Power failures of longer duration (6 - 24 hours): If a reasonable amount of milk was in the freezer and the containers of milk do not have much air in them, the milk will remain frozen, especially if the freezer door was kept closed.
 - Power failures of more than 24 hours and anytime there are questions re stability of the milk: Contact BCWs Lactation Services (604-875-2282) to discuss next steps.

4.3.4 Record Keeping

There are times when it is necessary to track back a specific donor and/or a baby or group of babies that received the milk of a specific donor. A system which allows milk to be tracked from donor to recipient is important and is a requirement of HMBANA. A mock recall to test the Milk Bank's ability to track a donation from donor through to recipient is performed every 2 years and must be completed within a 1 hour time frame. This mock recall involves the Milk Collection Depots.

Milk Collection Depots are required to keep all documentation in a secured location for a minimum of 26 years. The specific forms are listed below. Retain the information you would need if a concern arose at a later date so that there would be evidence to indicate the milk was handled appropriately. Documents may be stored off site with a service such as Iron Mountain although it is recommended to retain at least the last two years documentation onsite to facilitate any recalls or other inquiries.

Completed Donor Screening for Milk Bank Form (Appendix 1)



- After a donor has been accepted, a copy of this form is sent to the relevant Milk Collection Depot by the Milk Bank.
- If the eligibility of a donor changes temporarily or permanently (e.g., mother admits to illicit drug use), BCWs will notify the relevant Milk Collection Depot organizer. The depot organizer will make a notation of the change in status on the Donor Screening Form. At the same time, BCWs will provide instructions to the depot organizer as to what to do if there is milk from that mother in the freezer at the Milk Collection Depot.

Freezer Temperature Log (Appendix 2)

- Milk Collection Depots must maintain a log of temperatures for freezers used for donor milk.
- Freezer temperature must be checked daily.⁵ Sites that are open 7 days a week should be checked 7 days a week.

Milk Donor Log (Appendix 3)

- Milk Collection Depots must keep a log of all milk donations. The Log must include:
 - Date that the donor dropped milk off at the depot.
 - a. Name of donor(s).
 - b. Weight of donation (kg).
 - c. Month(s) milk was expressed.
 - d. Name of staff/volunteer accepting & logging the donation.

Milk Transfer Log (Appendix 4)

- Milk Collection Depots must keep a log of all milk shipped from the depot to the Milk Bank.
- Log must include:
 - a. Date the donor milk was received.
 - b. Date the donor milk was shipped to the Milk Bank.
 - c. Name of donor(s).
 - d. Weight of milk shipped (kg).
 - e. Name of staff/volunteer that prepared the container for shipping.

Donor Milk Recall Form (Appendix 6)

- The Milk Bank completes this form and sends to the relevant Milk Collection Depot(s) and/or NICU(s) if milk needs to be discarded or returned to the Milk Bank (e.g., donor acquires infectious disease).
- Milk Collection Depot or receiving site records the actions taken (milk discarded or returned) on the form and keeps a copy for reference.

If a Milk Collection Depot identifies a potential issue with a donor (e.g., when donor drops off her milk, she mentions taking illicit drugs), staff at the Milk Collection Depot are asked to contact BCWs Lactation Services at 604 875-2882 as soon as possible. BCWs will provide further instructions as to what to do with the milk and, if necessary, complete and forward a Milk Recall Form.

⁵ For Milk Collection Depots open M-F only, check late in the day Friday and again first thing Monday morning. If the freezer is not on emergency power, the check on Monday needs to include checking as to whether the temperature rose above a pre-programmed acceptable level (warmer than -18 C) over the weekend, if the milk is currently frozen & call MB if concerns.



Donor Milk Dispensing Sites

Provision of pasteurized donor human milk (PDHM) is not an “exact” science. Ideally PDHM is used as a bridge to using mother’s own milk. Research indicates that with appropriate breastfeeding support, having PDHM in NICUs leads to higher, breastfeeding rates. Mothers are encouraged and supported to provide their own milk for their infants particularly in the NICU unless medically unable to breastfeed. **In situations where a mother does not wish to breastfeed (i.e. she does not have a medical contraindication) and she has a healthy term or near term infant, PDHM should not be suggested or provided. In this situation, the mother should be taught about the safe use of formula.**

Encouraging milk donation in BC communities enables the milk bank to provide more PDHM. In addition good communication with the milk bank helps in understanding the current availability of PDHM.

5.0 Eligibility Criteria for Babies to Receive Donor Milk in Maternity Units

PDHM is offered as an option when there is a **medical indication** for extra milk and the mother is unable to provide sufficient milk. An example of a medical indication is when the mother is unable to meet the baby’s needs even with all the appropriate actions (frequent breastfeeding, expressing, STS etc.) and therefore the baby is at risk for hypoglycaemia or has already developed hypoglycaemia. Usually only a small amount of PDHM is required for a few feedings. Early frequent expression &/or breastfeeding is strongly encouraged as the donor milk is meant as a short term bridge to exclusive mother’s own milk feeding. **Breastfeeding support should be prioritized to infants requiring supplementation.** PDHM should never be used as a replacement for mother’s own milk.

5.1 Eligibility Criteria for Babies to Receive Donor Milk in NICUs

It is up to the care providers to assess each mother/baby dyad and decide if donor milk is appropriate. The following information is provided to assist in the decision making process.

Offer PDHM to NICU infants in the absence of mother’s own milk with the following considerations:



Mother does not wish to breastfeed: If the mother does not wish to breastfeed, a clear medical indication should be present to support providing donor milk (e.g. babies who are 35 weeks or less or who are < 1800 grams) The infant is usually weaned to formula as soon as medically stable.

Mother plans to breastfeed & is making efforts to establish a milk supply: when parents have made an informed choice, PDHM is offered plus strong support of mother's own milk supply beginning at birth with OIT (Oral Immune Therapy) skin-to-skin care, regular hand expression (eight or more times/day) with a pump added at about 24 hours postpartum and daily "check ins" by the primary RN regarding milk supply. The first oral feed is at the breast – supplements are given by tube, spoon or cup. As the mother's milk supply builds the PDHM is replaced by mother's own milk.

With twins, both babies are placed on PDHM if one has a medical indication.

PDHM may be used beyond the usual 35 weeks or a certain weight particularly in situations where the mother's milk supply is building but there is a small gap.

Clinical judgement is applied in deciding when to wean off donor milk. For example twins born at 33 weeks:

Case 1: mother is struggling to increase her milk supply, she does not wish her babies to receive formula, and her supply is slowly building, the health care provider might continue with PDHM past 35 weeks. As the mother's own milk supply increases the PDHM decreases.

Case 2: mother indicates she plans to provide expressed milk and her 33 week twins are started on PDHM but it becomes clear the mother is not planning to breastfeed and makes little effort to supply milk even with support and encouragement. In this situation, the health care provider weans the babies onto formula at about 35 weeks.

Case 3: mother doesn't want to breastfeed and her 33 wk twins are not doing well. HCP starts PDHM and at about 36 weeks as the twins have stabilized transitions to formula.

Case 4: mother doesn't want to breastfeed and her 33 wk twins are doing well. HCP starts talking to family about weaning babies onto formula by 35 wks. Babies are transitioned around 35 wks and tolerate formula well.

5.2 Eligibility Criteria for Babies to Receive Donor Milk in the Community

All PDHM provided to community recipients is dispensed through the BC Women's Provincial Milk Bank. Milk is dispensed on medical priority although short term use of a few days is available most of the time. Some recipients need PDHM to bridge to full breastfeeding for the first 2 or 3 days at home and the Milk Bank supports this use whenever possible.



5.3 When PDHM is in Short Supply

When there is a shortage of PDHM, BC Women's Provincial Milk Bank will reduce the amount of milk provided to **outpatients first, then healthy term newborns and then will notify NICUs.** In this situation, **PDHM is provided based on medical criteria**- NICU babies are considered first. During PDHM shortages, dispensary sites are to use their stock extremely prudently and not to send the dispensary's stock of milk back to the Provincial Milk Bank. The Milk Bank is unable to receive milk that it has already dispensed due to legal issues.

The suggested criteria applied when there is a shortage in order of priority are as follows:

INFANT FACTORS

Group 1:

Babies < 35 wks. &/or 1800 grams.

Post GI surgical babies until full feeds prior to D/C home Babies who have medical NEC until stable on full feeds Medical indication such as low birth weight, formula intolerance, malabsorption, post-prolonged resuscitation, HIE, drug or alcohol exposure during pregnancy, heart disease

Group 2:

Severely growth restricted babies of any gestation, multiples, where one meets the criteria for PDHM, re-institution of enteral feeds post stage 2 or 3 NEC

MATERNAL FACTORS

Group 3:

Babies of mothers with insulin-dependent diabetes mellitus

Group 4 (mother wishes to breastfeed & is actively working on milk production)

Babies whose mothers' milk has not come in and they are less than 7 days old Extenuating maternal circumstances which preclude mother's own milk (some types of breast surgery, temporary interruption, health risk from biological mother's milk, transgender or adopting couple) until baby is stable or on full feeds.

Availability of PDHM from the BC Women's Provincial Bank depends on how much milk is sent from community depots throughout BC. If there is a good supply of donated milk, then the Bank should not have a problem meeting the demand from all BC NICUs. Health authorities and their depots have a responsibility to encourage awareness of milk donation.

In most situations the approach is support of mother's milk production and wean by 1-3 weeks to mother's own milk or formula but some babies stay on PDHM longer due to other circumstances (as described above)..

Prior to a baby receiving donor milk, the mother must agree to the use of donor milk and the



agreement is documented in the baby's chart. A physician's or registered midwife's order is also required.

For any individual baby, it is up to the care providers to decide what is the best option for the infant considering the baby's condition, mother's plans regarding feeding, and availability of PDHM at the time.

Auditing use of PDHM and rates of exclusive feeding of mother's own milk in a NICU/maternity unit is useful in monitoring good breastfeeding support.

5.4 Responsibilities

5.4.1 Informed Decision Making, Agreement to use and Documentation

Your hospital policy defines what steps are necessary prior to providing PDHM.

Agreement from the mother/designate:

A member of the health care team supports the family to make an informed decision about PDHM as a feeding option for their infant. Once the family has had an opportunity to ask a member of the health care team any questions they have, documentation that information has been provided and discussed with the family and the family has agreed to the use of PDHM is placed in the patient chart (either mother's or child's.)

- See www.bcwomens.ca (search for Milk Bank - Donor Milk: Common Questions) for information to be provided and reviewed with the mother/designate by phone or in person.
- See Appendix 7 for a sample form (*Use of Donor Human Milk for Your Baby*) that can be used to document the discussion and agreement to the use of donor milk by the mother/designate

5.4.2 PDHM Orders

Order from a Physician, Registered Midwife or NP:

- A physician's, registered midwife's or NP's order is also required for a baby to receive donor milk(may be incorporated as part of an NICU/maternity/pediatric unit pre-printed order set).
- Order must include the baby's name, birthdate, reasons for the donor milk, amount of milk requested and expected length of time the baby will require the milk.

5.5.3 Weaning from PDHM

Weaning babies from pasteurized donor milk:

- Babies are eligible for donor milk until on full feeds – usually about two weeks. This period may be extended for babies at high risk for feeding difficulties or having feeding difficulties when weaning is attempted or if there is a small gap between mother's supply and baby's needs and the mother is working to increase her milk supply.



- Babies are typically weaned off donor milk prior to discharge from hospital, but it is also acceptable to discharge a baby on donor milk. Refer to section 7.3 for the process of obtaining donor milk for babies post-discharge.
- If a baby is being discharged to another hospital before meeting the weaning criteria, the **sending hospital provides 48 hours of donor milk unless the receiving hospital confirms PDHM is available for the transferred infant.**

5.5.4 Operations

The Milk Bank distributes pasteurized milk to BC's NICUs and other hospital units (as provincial supply allows). These units are responsible for ensuring the milk they receive is stored, utilized and documented appropriately. Processes should be in place to limit unnecessary wastage. It is helpful to track disposal rates on PDHM. Disposal rates should be low and examination of the system can sometimes decrease discard rates.

Units receiving donor milk are required to operate according to HMBANA Standards. If an incident occurs that may potentially compromise the safety of the milk, it is the receiving unit's responsibility to contact the BCWs Lactation Service at 604-875-2282 (BCWs contact on weekends and after-hours: Program Manager on-call) to discuss the circumstances and determine whether follow-up action is required.

Each hospital receiving milk is expected to designate a "site organizer" (or "site lead"). The role of the organizer/lead includes:

- Creating mechanisms to educate mothers of potential recipients about the Provincial Milk Bank and the importance of donor milk. See www.bcwomens.ca (search for Milk Bank) for handout on *Donor Milk: Common Questions*.
- Organizing and overseeing a system for offering, storing, distributing and documenting the use of donor milk in eligible babies.
- Monitoring use regarding **wastage** and remind staff to not waste PDHM as per: :
 - the Memorandum of understanding between the HA and PMB
 - ethical obligation to donor's countless hours of sacrifice
 - other babies in the province are going without or could have had the milk
 - this is a costly, finite resource
 - the RN Standard of Practice (BCCN&M) states we are to be shepherds of our health care resource and therefore one: "Makes equitable decisions about the allocation of resources (15) under one's control based on the needs of clients."
- Being a point of contact for BCWs Lactation Services and the Milk Bank, including joint problem solving of issues that may arise (HA contact after-hours: administrator-on-call that covers the NICU(s)).
- Ensuring monthly reports are submitted by the 7th day of the following month to BC Women's Provincial Milk Bank.



5.5 Space, Equipment and Staff

Space and equipment required in NICUs and other hospital units receiving donor milk is minimal and includes:

1. Space for milk drop-off by couriers.
2. Freezer dedicated for donor milk that has a lock and is in a secure location. Donor milk only can be stored in this freezer. Keep the freezer locked to encourage documentation of use (for tracking) and prevent casual removal of milk.
3. Ability to monitor freezer temperature.
 - Milk must be maintained in a frozen state. Set freezer temperature at -18° Celsius or below
 - Freezer temperature must be taken and recorded daily or the freezer equipped with a temperature sensitive alarm.
 - It is recommended that the freezer be on emergency power. If not on emergency power, set the freezer up with a "recording thermometer" that records temperature changes over a period of time.
 - Ideally the freezer or thermometer will also have an alarm that will alert the user (or after-hours designate) if the temperature rises above a pre-programmed acceptable level. This will reduce the likelihood of having to discard milk in the event of a power interruption
 - **Report any variation of freezer temperature above -18 Celsius** (i.e., warmer than -18 C) to the BCWs Lactation Services (604-875-2282) as soon as possible. Brief fluctuations in temperature secondary to opening the doors or self-defrosting cycles are acceptable.
 - If you check your freezer and it registers warmer than -18 Celsius (e.g., -17 Celsius), recheck it after 2 hours. Freezers may cycle out of range for short periods and this is acceptable.
 - If the freezer is consistently out of range, it needs to be serviced or replaced..
 - Milk must always remain "frozen solid."
 - Freezer and alarm manuals must be easily accessible on or near the freezer/alarm.
 - Freezer must be regularly cleaned (i.e. at least every 6 months) and defrosted to maintain proper temperature (i.e. **no frost build up**). Whenever frost builds up, need to thaw and clean freezer, or if no frost build up defrost and clean at a minimum of every 6 months.
4. Access to a telephone and fax machine.



The requirements for storing refrigerated pasteurized donor milk (i.e., daily supply of thawing/thawed milk) are the same as for storing mother's own milk. Milk must be labelled with the date/time milk was removed from the freezer and the baby's name (unless used for trophic feeds). The RN must sign-out the milk when it is removed from the refrigerator. Pasteurized donor milk may be stored in the same container (labelled with the baby's name) as the mother's own milk in the refrigerator.

Staffing requirements include:

- A staff member designated to oversee milk dispensing functions in the dispensing unit.
- A staff member to order and receive pasteurized donor milk from the Milk Bank.
- A staff member designated to unpack the milk, check the contents, put the milk into the freezer and complete the documentation.
- A staff member that checks the sign-out sheets to ensure that milk taken out is documented appropriately.
- A staff member to check freezer temperatures daily and complete the documentation

These requirements could be met by one person or several people as fits for the site.

5.6 Operating Protocols

5.6.1 Ordering and Receiving Donor Human Milk

NOTE: PLEASE monitor the dates on all PDHM received on a bi-weekly basis. The milk nearest to expiry should be used first, and stock should be rotated so the most recent milk is always at the back of the fridge, or used last. Milk that is within about one month of expiration that cannot be used in hospital before the expiration date can be given to patients going home who need to supplement their babies rather than discarding the PDHM. A record needs to be kept of who received the milk including contact details in case a recall is necessary (see Appendix 19).

Each facility should have a system in place to check in an ongoing manner the expiration dates of the PDHM in stock and a plan as to how they will distribute milk that cannot be used in hospital before it expires.

The milk bank estimates that for every few ounces of milk a donor has spent approximately 15 minutes on assembly, cleaning, and storing, equipment plus the time spent pumping (20 minutes or more) and delivering milk to a depot (30-60 minutes). Then the depot spends 5-20 minutes handling the milk and when it comes to the milk bank time is spent weighing, labelling, scanning, storing, retrieving, defrosting, pooling, bottling, capping, racking, pasteurizing, then



drying bottles labeling, sealing, scanning, freezing, distributing by scanning, packing and shipping.

All this effort must not be allowed to go to waste. This resource is too precious to just discard. A dispensary must be able to report that appropriate milk management steps have been taken to prevent loss/wastage, upon request by the Provincial Milk Bank.

To order or receive donor human milk:

1. A designated NICU or other hospital staff member e-mails mbscreening@cw.bc.ca or faxes 604-875-2371 a completed *Donor Milk Order Form* (Appendix 8) to the Milk Bank.
2. The Milk Bank tech calls the NICU once the order is received and confirms when the milk will be ready for pick up (usually within 24 hours). If there is no call from BCW after 24 hours, call the milk bank at 604-875-2424 extension 7634. The Milk Bank packages frozen donor milk in coolers and includes a *Donor Milk Packing, Shipping & Receiving Form* (Appendix 9) inside the box.
3. The ordering NICU calls their courier or shipping service to book shipping. Milk is shipped via priority overnight. In some communities, the coolers are returned to the milk bank via the community depot. The depot received coolers from the hospital and ships raw donated milk to the milk bank. If connecting to the milk depot in your health unit is not ideal (See 5.6.1 #5), arrange shipment for the return of the empty cooler/s back to the milk bank as well (does not need overnight priority thus, can go regular delivery).
4. A designated NICU or other hospital staff member receives the milk from the courier, checks that the milk is frozen and appropriately labelled (with the expiry date and batch number), records receipt on the *Donor Milk Packing, Shipping & Receiving Form* (Appendix 9) and places milk into the freezer.
5. The receiving unit can connect with their local depot and have the depot use the BCW coolers to ship raw milk to BCW or arrange to ship the coolers back to BCW via regular courier services (i.e. not overnight service).



5.6.2 Handling and Dispensing Donor Human Milk

1. Each day, a 24-hour supply of donor milk is taken out of the freezer and put into the fridge. Each bottle is labelled with the recipient's name, date and time removed from the freezer. Action is documented on the *Pasteurized Donor Milk Sign-Out & Shift Count Sheet* (Appendix 10a).
2. Donor milk is provided to eligible babies and documented in the baby's health record.
3. One bottle of milk may be used for multiple recipients (i.e., trophic feeds). In these cases, the defrosted milk is aliquoted into appropriate amounts, labelled and stored in each baby's labelled bin. As the milk is removed from the fridge, the amount is recorded on the *Pasteurized Donor Milk Sign-Out Sheet: Early/Trophic Feeds* (Appendix 10b).

4. Defrosting milk:

Milk can be defrosted in the fridge or quick defrosted. Procedure for quick defrost:

- a. Place the bottle of milk in a bottle warmer designed for the purpose of warming or defrosting human milk.
 - b. Hold bottle under running warm water ensuring the lid is not submerged (to decrease the risk of contamination). Gently swirl to encourage defrosting; or
 - c. Place the bottle in a clean glove or plastic bag and put in a clean container (reserved for this purpose only) of warm water. Once all ice crystals have disappeared, use the milk or return to the fridge for later use.
5. Milk (PDHM) is usable for 48 hours after it is defrosted (completely liquid). The bottle should be handled aseptically and opened as few times as possible. This is a change from 24 hours- the HMBANA's 2019 *Best Practice for Expressing, Storing and Handling Human Milk in Hospitals, Homes, and Child Care Settings* recommends usage over a 48 hour period in hospital with careful aseptic handling.
 6. A bottle of milk should be completely defrosted, swirled to mix and a serving size poured off rather than partially defrosting, pouring off a serving and returning to the freezer.
 7. Milk for premature infants should be at body temperature prior to feeding. If only part of a bottle of milk is needed for a feeding, the correct amount of milk is poured into a separate container for warming and the rest refrigerated.
 8. Discard any milk left over in a feeding bottle after a feed (i.e. the baby has sucked on the nipple attached to the bottle). Empty donor milk bottles can be recycled.



5.6.3 Accessing Donor Milk Post Hospital Discharge

For babies that require donor milk post-discharge, arrangements are made through BCWs for mothers to pick up frozen donor milk at BCWs or have frozen donor milk couriered to their home. A fee is charged for donor milk that is provided on an outpatient basis and for the courier, if required.

All mothers are advised to have an alternative feeding plan for their baby in the event that donor milk is not available.

The process for a mother to access donor milk post-discharge is as follows:

1. The staff at the discharging hospital fax a completed *Getting Pasteurized Human Donor Milk Post-Discharge from Hospital* form to the Milk Bank (Appendix 11). A written order (recommended form provided in Appendix 12) from a Physician, Nurse Practitioner or Registered Midwife for donor milk must accompany this form or be provided to the mother to take with her to the pick-up location. Please **indicate on the order what risk factors are present** (e.g. premature infant, cardiac patient, surgical patient (include type of surgery) FTT, etc.) and **whether the mother is breastfeeding & getting sufficient help with her breastfeeding**.
2. Mother contacts the Milk Bank (604-875-2424, local 3743) and confirms whether she plans to pick up the milk at BCWs or arrange for a courier to pick up the milk at BCWs and deliver to her home.
3. The Milk Bank staff documents the name of the mother of the recipient baby and the amount of milk to be picked up/couriered. The Milk Bank staff asks the mother for credit card information at the time the milk is requested. A receipt is included with the package of milk.
4. If milk is to be couriered, the Milk Bank staff provides the mother with courier pick-up information and the mother arranges the courier.
5. If milk is to be picked up, the Milk Bank staff deliver the milk to the designated milk pick-up location.

Refer to www.bcwomens.ca (search for Milk Bank) for handout on *Discharging Hospital Referral for Pasteurized Donor Human Milk*. It is **important to emphasize to the mother that they must call the Milk Bank to make arrangements for pick-up PRIOR to going or dispatching a courier to the site.**

5.6.4 Record Keeping

There are times when it is necessary to track back a specific donor and/or a baby or group of babies that received the milk of a specific donor. A system which allows milk to be tracked from donor to recipient is important and is a requirement of HMBANA. A mock recall to test the Milk Bank's ability to track a donation from donor through to recipient is performed every 2 years and must be completed within a 6 hour time frame. This mock recall involves the milk dispensing sites (NICUs and other hospital units).

It is recommended that donor milk dispensing sites keep all documentation in a secured location for 26 years. The specific forms are listed below. The bottom line is that a recall requires each



agency to prove that the donor milk they dispensed was stored and handled correctly.

Freezer Temperature Log (Appendix 2)

- Receiving hospitals should maintain a log of temperatures for freezers used for donor milk.
- Freezer temperature must be checked daily.

Milk Recall Form (Appendix 6)

- The Milk Bank completes this form and sends to the relevant Milk Collection Depot(s) and/or NICU/other hospital unit if milk needs to be discarded or returned to the Milk Bank (e.g., donor acquires infectious disease).
- Milk Collection Depot or receiving site records the actions taken (milk discarded or returned) on the form and keeps a copy for reference.

If an NICU or other hospital unit identifies a potential issue with donor milk (e.g., systemic infection identified in two babies that are receiving donor milk from the same batch), staff is asked to contact BCWs Lactation Services at 604 875-2882 as soon as possible with (baby's name, batch(es) of milk involved, whether any milk from batch is left, who to contact to follow-up). BCWs will provide further instructions as to what to do with the on-site milk and, if necessary, complete the Milk Recall Form. They will also address any potential issues causing the problem with the milk (e.g., donor follow-up, checking procedures within the Milk Bank, etc.).

Use of Donor Human Milk for Your Baby (Appendix 7)

- This sample form that can be used to document agreement by the mother/guardian for their baby to receive pasteurized donor milk.

Donor Milk Order Form (Appendix 8)

- Hospitals complete this form to order donor milk. It is e-mailed or faxed to the Milk Bank.

Donor Milk Packing, Shipping & Receiving Form (Appendix 9)

- The Milk Bank fills out this form and places inside the cardboard box prior to shipping milk.
- Form is also used for sites receiving milk to document receipt and condition of the milk.

Pasteurized Donor Milk Sign-Out Sheet (Appendices 10a and 10b)

- Logs for signing out donor milk from the freezer and the fridge.
- Must be maintained in a secure location in the NICU.



Fax Cover Sheet - Getting Donor Milk Post-Discharge (Appendix 11)

- Hospitals fax this form to BC Women's Provincial Milk Bank prior to the baby's discharge. A written order from a Physician or Registered Midwife for donor milk is also required.

Prescription to Receive Donor Milk from the BC Women's Provincial Milk Bank Post-Discharge (Appendix 12)

- Recommended order sheet for donor milk. MDs/RMs to complete and forward with the completed *Getting Donor Milk Post-Discharge* form (Appendix 11).

To help BCWs learn more about the numbers and types of babies receiving donor milk, each NICU and other hospital units receiving milk are required to complete and submit a form monthly with this information. If there has been no PDHM used, submit a form stating that none has been used. Refer to the-

Monthly Report to the BC Women's Milk Bank from BC NICUs (Appendix 13).

This Manual is updated on a regular basis. Any suggestions for additional content or comments on the current Manual is encouraged. Please send feedback to fjones@cw.bc.ca.



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Special acknowledgements: Depot Guidelines, Mother's Milk Bank, San Jose, California (adapted sections with permission).



Appendix 1: Completed Donor Screening

BCWs LC/RN and MB clerk fills out and sends a copy to the relevant Milk Collection Depot

Date: _____

Mother's Name: _____

Address: _____

Phone: _____

Partner's name: _____

Baby's name: _____

Baby's birthdate: _____

Comments: _____

Screening:

- ☐ Mother's forms: health forms, donor consent, physician consent
- ☐ Physician's form
- ☐ Blood test results complete
- ☐ Entered into scanning system & removed from mb email

LC #1 signature: _____

LC #2 signature: _____

Milk bank clerk:

- ☐ On computer list (including address & postal code)
- ☐ Mother called re milk delivery

Mother's Plans

- ☐ Deliver milk directly to BC Women's
- ☐ Use Milk Collection Depot: _____

This communication is intended only for the use of the BC Women's Provincial Milk Bank. It may contain information that is confidential. If you receive this communication in error, please notify us immediately at 604-875-2424, loc 7634.



Appendix 2: Freezer Temperature Log

Completed daily by Milk Collection Depots and NICUs/Other Hospital Units⁶

Month/Year: _ _

Date	Time	Temperature	Is temperature -18C or colder? (If 'no', see below)	Initial
1			<input type="checkbox"/> YES <input type="checkbox"/> NO	
2			<input type="checkbox"/> YES <input type="checkbox"/> NO	
3			<input type="checkbox"/> YES <input type="checkbox"/> NO	
4			<input type="checkbox"/> YES <input type="checkbox"/> NO	
5			<input type="checkbox"/> YES <input type="checkbox"/> NO	
6			<input type="checkbox"/> YES <input type="checkbox"/> NO	
7			<input type="checkbox"/> YES <input type="checkbox"/> NO	
8			<input type="checkbox"/> YES <input type="checkbox"/> NO	
9			<input type="checkbox"/> YES <input type="checkbox"/> NO	
10			<input type="checkbox"/> YES <input type="checkbox"/> NO	
11			<input type="checkbox"/> YES <input type="checkbox"/> NO	
12			<input type="checkbox"/> YES <input type="checkbox"/> NO	
13			<input type="checkbox"/> YES <input type="checkbox"/> NO	
14			<input type="checkbox"/> YES <input type="checkbox"/> NO	
15			<input type="checkbox"/> YES <input type="checkbox"/> NO	
16			<input type="checkbox"/> YES <input type="checkbox"/> NO	
17			<input type="checkbox"/> YES <input type="checkbox"/> NO	
18			<input type="checkbox"/> YES <input type="checkbox"/> NO	
19			<input type="checkbox"/> YES <input type="checkbox"/> NO	
20			<input type="checkbox"/> YES <input type="checkbox"/> NO	
21			<input type="checkbox"/> YES <input type="checkbox"/> NO	
22			<input type="checkbox"/> YES <input type="checkbox"/> NO	
23			<input type="checkbox"/> YES <input type="checkbox"/> NO	
24			<input type="checkbox"/> YES <input type="checkbox"/> NO	
25			<input type="checkbox"/> YES <input type="checkbox"/> NO	
26			<input type="checkbox"/> YES <input type="checkbox"/> NO	
27			<input type="checkbox"/> YES <input type="checkbox"/> NO	
28			<input type="checkbox"/> YES <input type="checkbox"/> NO	
29			<input type="checkbox"/> YES <input type="checkbox"/> NO	
30			<input type="checkbox"/> YES <input type="checkbox"/> NO	
31			<input type="checkbox"/> YES <input type="checkbox"/> NO	

The freezer temperature is to remain at -18 C or below. Report any variation (i.e., warmer than -18 C) to the BCWs Lactation Services (604-875-2282) as soon as possible. Brief fluctuations secondary to opening the doors or self- defrosting cycles are acceptable. If you check your freezer and it registers warmer than -18 Celsius (e.g., -17 Celsius) ,recheck it after 2 hours. If still too warm check state of milk—frozen, liquid? Label freezer to alert other staff not to open freezer door. Arrange for alternate appropriate freezer on site or other location, including transport if necessary. Call PMB for direction **Freezers may cycle out of range for short periods and this is acceptable. If the freezer is consistently out of range, it needs to be serviced or replaced. Milk must remain “frozen solid”.**

⁶ For sites open M-F only, check temperature late in the day Friday and again first thing Monday morning. The Monday check needs to include a check of whether the temperature rose above a pre-programmed acceptable (warmer than -18 C) level over the weekend.



Appendix 3: Donor Milk Log

Completed by Milk Collection Depots to record milk drop-off by donors

*Milk received from donors must be frozen. If thawed or partially thawed, please contact BCWs Lactation Services at 604-875-2282 to discuss next steps. **All columns on this form must be completed.***

Date Milk Received (from Donor)	Donor Name	Weight (kg)	Month(s) Milk Expressed	Received by (print name)	Received by (signature)

⁷ Milk must be shipped within six months of being expressed (the sooner the better). If milk received is close to or older than six months, please ship as soon as possible to the BCWs Provincial Milk Bank.



Appendix 4: Milk Transfer Log

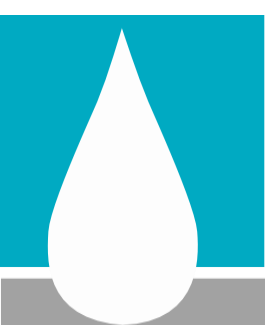
Completed by Milk Collection Depots and included in box when shipping milk to the Milk Bank

Date Milk Received (from Donor)	Date Milk Shipped	Donor Name	Weight (kg)

Form completed by _____ (sign & print name)

PLEASE NOTE:

1. All donor milk containers must be labeled with donor's name.
2. Milk from different donors must be packaged in separate bags.
3. All milk containers must be shipped frozen.
4. All donor milk must be packaged and sent as per Milk Bank shipping instructions (see Collection, Transportation, Distribution and Receipt of Donor Human Milk guideline).
5. Contact the Milk Bank at 604-875-2424, local 7634 if any questions.



Appendix 5: Label for Shipping Donor Milk to the Milk Bank

Milk Collection Depots add this label to box when shipping milk to the Milk Bank

Deliver between 9:00 am – 12:00 pm

TO:

PROVINCIAL MILK BANK

BC Women's Hospital
1R 43 - 4500 Oak St.
Vancouver, BC
V6H 3N1

604-875-2424 local 7634 (Milk Bank)



Appendix 6: Donor Milk Recall

BCWs completes form to instruct Milk Collection Depots and/or hospitals to hold/discard/return milk. Sites receiving documents their actions on this form

Milk Bank to complete

Date: _____

Staff completing form: _____

Recall request site: _____

Nature of problem: _____

Details of request for milk to be held/discarded/returned

Signature: _____

Milk Collection Depot and/or hospital to complete

Date: _____

Staff completing form: _____

Action taken: ☐ Milk held
☐ Milk discarded

If discarded:

Date: _____

Amount: _____

☐ Milk returned to the Milk Bank

If returned:

Date: _____

Amount: _____

Signature: _____

This communication is intended only for the use of the BC Women's Provincial Milk Bank. It may contain information that is confidential. If you receive this communication in error, please notify us immediately at 604-875-228

Appendix 7: Agreement to Use Donor Milk for Your Baby (Example)

Mother/guardian signs to document for their baby to receive pasteurized donor human milk.

Why Donor Milk?

Mother's own milk is always the best for her baby. When mother's own milk is not available or is not available in sufficient amounts, then donor milk is the next best choice. Donor milk is similar in make-up to mother's own milk. It provides babies with antibodies to fight disease and infection. Human milk gives babies the best chance at survival and growth. It is especially important for sick and very tiny babies. Human milk is the only species specific milk for babies.

In BC, donor milk is available to babies through the Provincial Milk Bank ("Milk Bank"). The Milk Bank follows the guidelines from the Human Milk Banking Association of North America to ensure the safest product possible is provided. All donors and their milk are screened.

Milk Donors and Milk

- Milk Bank donors provide milk on a voluntary basis. Only healthy breastfeeding mothers who are non-smokers and have a healthy lifestyle are accepted as donors.
- Before accepting mothers as milk donors, they are screened for lifestyle factors and infections by:
 - Asking them questions about their health.
 - Asking their doctors questions about their health.
 - Testing their blood for infection, including: HIV (also called Human Immunodeficiency Virus), HTLV (Human T-lymphotropic virus, related to HIV), syphilis and hepatitis
- After the donor is screened, the donor milk is heat treated (pasteurized) and tested for sterility.
- Although there are no known cases, there is a very small chance that an infection may be transmitted through donor milk to your baby and your baby could become sick. Please discuss any concerns you have about the use of donor milk with your baby's health care team.

Availability of Milk

- Donor milk will generally be given until your own milk volumes become sufficient or your baby is on full feeds as determined by your baby's doctor. At this time, your baby will be switched to formula in the absence of mother's own milk.
- If you need donor milk after your baby is discharged from hospital, there is a fee (see www.bcwomens.ca - search for Milk Bank - for current rates). The fee covers the transportation costs and some of the milk processing costs.
- Our donor milk supply depends on how many donors we have and how quickly we can process milk. Sometimes our supply is low and we can only provide milk for the sickest babies. Your family needs to have a plan of how you will feed your baby if donor milk is not available.

Further information on pasteurized donor human milk is available from your health care team and at www.bcwomens.ca (search for Milk Bank) - *Donor Milk: Common Question*

Agreement

The information provided on this form was discussed with me by a member of my health care team. I have had the opportunity to ask questions. I am satisfied with the explanations and understand them.

I accept the use of donor human milk for my baby.

Signature of ☐ Mother ☐ Legal Guardian

Print name of Mother/Legal Guardian

Signature of witness

Print name & designation of witness

Date & time signed (day/month/year)

Agreement for Use Via Telephone

I have discussed the use of donor human milk as outlined on this form, along with the risks and alternatives, with _____ who is the patient's (state relationship) _____ and he/she has given verbal agreement for the use of donor human milk as described on this form.

Signature of health care provider

Print name & designation of health care provider

Signature of witness

Print name & designation of witness

Date & time signed (day/month/year)

Statement by Professional Interpreter

I have translated the information on this form to the ☐ Mother ☐ Legal Guardian, and I have interpreted their responses to the Physician, Registered Midwife or Nurse Practitioner or Registered Nurse.

- ☐ In the presence of the mother/legal guardian

Signature of professional interpreter

Print name of professional interpreter

- ☐ Over the phone (witnessed)

Signature of professional interpreter

Print name of professional interpreter

Signature of witness

Print name of witness & designation

Date & time signed (day/month/year): _____



Appendix 8: Donor Milk Order Form

Hospitals to complete to order milk from the Milk Bank

Site name: _____

Address: _____

Postal
code: _____

Contact
person: _____

Telephone: _____

E-mail: _____

Order Date	Number of 60 mL (2 oz) bottles	Number of 120 mL (4 oz) bottles	Comments

The Milk Bank ships milk to hospitals within four business days of receiving the order (excluding time for overnight courier).

Please fill out and e-mail mbscreening@cw.bc.ca or fax 604-875-2371 and retain a copy for your records.

This communication is intended only for the use of the BC Women's Provincial Milk Bank. It may contain information that is confidential. If you receive this communication in error, please notify us immediately at 604-875-2424, loc 7634.

Appendix 9a: Pasteurized Donor Milk Sign-Out & Shift Count Sheet (Example)

Hospitals use to (1) record milk removed from the freezer; and (2) reconcile the amount of milk in the freezer q shift

At the end of each shift, draw line under last bottle signed out, count the number of bottles in the freezer and reconcile bottles signed out with previous inventory in freezer. Two RN signatures are required for shift count.

Date & Time	Infant Syringe Label	Batch # (list all)	# of Bottles Removed (from each batch)	# of 60 mL (cc) Bottles Left in the Freezer	RN #1 (initial)	RN #2 (initial) (Shift Count only)
Example: Oct 3, 2013	Affix label here	A2609 B6295	2 3			

- ✓ Fill out the information above when taking out donor milk.
- ✓ The designated person will add donor milk to the freezer and record the number of bottles added.
- ✓ Outgoing and incoming RNs will double check the count at shift change and follow up with missing bottles.

Appendix 9b: Pasteurized Donor Milk Sign-Out Sheet: Early / Trophic Feeds (Example)

Hospitals use to (1) document milk removed from the fridge for early trophic feeds (while waiting for mother's own milk supply); and (2) reconcile the amount of milk in the fridge q shift

**At the end of each shift, draw line under last bottle signed out, count the number of bottles in the fridge. Check any remaining syringes to ensure thawed milk has not expired (if milk has expired, discard and make a note in the appropriate column).
Reconcile amount of milk used with inventory in fridge.**

Date & Time	Infant Syringe Label	Batch # (list all)	Drawn from New Bottle (NB) or from Shared Syringe (S)	Amount of Milk Discarded	RN #1 (initial)	RN #2 (initial)
Example: Oct 3, 2021	Affix label here	B26043	S			

- ✓ Fill out the information above when taking out donor milk from the fridge for trophic feeds.
- ✓ The designated person will stock the trophic feed bin from the freezer and record the number of bottles added to the fridge.
- ✓ Outgoing and incoming RNs will double check the count at shift change and follow up with missing milk.
- ✓ All milk recipients must be recorded for tracking purposes.



Appendix 10: Fax Cover Sheet – Getting Donor Milk Post-Discharge

Please fax this form to BC Women's Provincial Milk Bank prior to the baby's discharge. A written order from a Physician or Registered Midwife for donor milk is also required.

Date: _____

Send to: BC Women's Provincial Milk Bank **Fax:** 604-875-2871

Pages: _____ **Phone:** 604-875-2424, loc 7634 - hospitals, MDs & RMs
604-875-3743 - parents

Sent from (name of hospital & unit): _____

Sent by (staff name): _____ Phone: _____

Recipient name (baby): _____ Date of birth: _____

Parent's name(s): _____

Address: _____

City _____ Postal Code _____

Phone: (1) _____ (2) _____

Name of Physician/Registered Midwife (print) _____

Amount of milk requested: _____ X 120 cc (4 oz) bottles

Reason for baby to receive donor milk

Neonatal reasons:

☐ Prematurity ☐ Post-surgery ☐ Cardiac/ kidney/other problem ☐ Formula intolerance ☐ Failure to thrive

Other: _____

Maternal reasons:

☐ Breast surgery ☐ Medications ☐ Illness

Other: _____

Teaching points for parents:

- Every baby using donor milk needs to have another feeding plan in case the supply is low and milk can only be provided for the sickest babies.
- There are two ways for mothers to get milk: (1) Pick-up at BC Women's; or (2) By courier to their home (available for parents living outside the Greater Vancouver area or for milk orders of more than 50 bottles).
- **Staff or parents MUST CALL the Milk Bank (604-875-3743) BEFORE sending a courier or driving to BC Women's to pickup milk.** Advance notice is necessary to be sure milk is available. Pre-payment by credit card is required.
- A fee is charged for donor milk provided on an outpatient basis. For current rates, visit www.bcwomens.ca (search for Milk Bank). If a courier is used, the parents are responsible for the cost.
- Unused donor milk cannot be returned to the milk bank. It should not be given to other babies.
- Refer parents to www.bcwomens.ca (search for Milk Bank) for handout "Getting Donor Milk After Your Baby Leaves the Hospital."



Appendix 11: Prescription to Receive Donor Milk from the BC Women's Provincial Milk Bank Post-Discharge

MDs/RMs to complete

Date: _____

Send to: BC Women's Provincial Milk Bank

Fax: 604-875-2871

Pages: _____

Phone: 604-875-2424, loc 7634 - hospitals, MDs & RMs
604-875-3743 - parents

MD/RM Information (MD/RM name, fax number, etc)

Recipient name (baby): _____ Date of birth: _____

Parent's name(s): _____

Address: _____

City _____ Postal Code _____

Phone: (1) _____ (2) _____

Amount of milk requested: _____ x 120 ml (4 oz) bottles

Reason for baby to receive donor milk

Neonatal reasons:

☐ Prematurity ☐ Post-surgery ☐ Cardiac/ kidney/other problem ☐ Formula intolerance ☐ Failure to thrive

Other: _____

Maternal reasons:

☐ Breast surgery ☐ Medications ☐ Illness

Other: _____

Is mother breastfeeding? ☐ Yes ☐ No If no, reason: _____

Expected length of time donor milk required: _____

MD/RM signature _____

Teaching points for parents:

- Every baby using donor milk needs to have another feeding plan in case the supply is low and milk can only be provided for the sickest babies.
- There are two ways for mothers to get milk: (1) Pick-up at BC Women's; or (2) By courier to their home (available for parents living outside the Greater Vancouver area or for milk orders of more than 50 bottles).
- **Staff or parents MUST CALL the Milk Bank (604-875-3743) BEFORE sending a courier or driving to BC Women's to pick up milk.** Advance notice is necessary to be sure milk is available. Pre-payment by credit card is required.
- A fee is charged for donor milk provided on an outpatient basis. For current rates, visit www.bcwomens.ca. If a courier is used, the parents are responsible for the cost.
- Unused donor milk cannot be returned to the milk bank. It should not be given to other babies.



Appendix 12: Monthly Report to the BC Women's Provincial Milk Bank from BC NICUs & Other Hospital Units

Completed by: _____
Print Name Contact number

For (unit/hospital) _____

For (month/year) _____

1. Milk consumed this month (excluding discarded milk)

- a. Premature babies (<37 completed weeks gestation): _____ oz/mL (circle one)
- b. Term babies: _____ oz/mL (circle one)
- c. Total milk consumed (a+b): _____ oz/mL (circle one)

2. Milk discarded this month: _____ oz/mL (circle one)

3. Babies receiving milk this month

a. **Premature babies** (<37 completed weeks gestation):

i. Number receiving milk this month: _____

ii. Of this number, number receiving donor milk for the first time: _____

b. **Term babies:**

i. Number receiving milk this month: _____

ii. Of this number, number receiving donor milk for the first time: _____

Please complete and submit by the **7th of the next month** to: 604-875-2371 (Fax) or e mail mbscreening@cw.bc.ca.

This communication is intended only for the use of the BC Women's Provincial Milk Bank. It may contain information that is confidential. If you receive this communication in error, please notify us immediately at 604-875-2282.



Appendix 13: Instructions for Hospitals on How to Order PDHM from the BC Women's Provincial Milk Bank

1. Fill out the *Donor Milk Order Form* and fax the completed form to the Milk Bank at 604-875-2424 ext 7634.
2. The Milk Bank will call you within 24 hours of receiving your order. The Milk Bank Tech will give you information regarding when to ask the courier to pick-up PDHM from the BC Women's Provincial Milk Bank.

Note: if you did not receive a response for 24 hours, please call the Milk Bank.

3. Call your own courier to schedule the pick-up. State that you wish a pick-up of pasteurized donor milk from the:
BC Women's Provincial Milk Bank,
Room 1 R43 4500 Oak Street,
Vancouver, BC V6H 3N1
To be delivered to your hospital
Push door buzzer outside milk bank
Our pick-up time is between 9am-12pm.
4. Give all the information they need such as address for delivery, number of coolers, weight of package plus the contents of your shipment. The milk bank will provide you with the weight etc of the milk. State that you want **"EXPRESS SHIPPING"** or **"OVERNIGHT PRIORITY"**
5. Also, arrange for the courier for the return of the coolers and gel packs back to BC Women's Provincial Milk bank as well. You can arrange courier for next day delivery (no need to do rush delivery so cost will be cheaper). We will put 2 labels on the cooler (one is the shipping label- milk going to your hospital, 2nd label is the return of the coolers label back to BC Women's). Make sure that the 2nd label is still intact when returning. Some hospitals send their coolers to the community depot for shipping of raw frozen milk to the Milk Bank. If this is a possibility, it is cheaper.
Call Milk Bank Technician if there's any change on dates of delivery



Appendix 14: Instructions for Depots on How to Ship PDHM to the BC Women's Provincial Milk Bank

1. Call BC Women's Provincial Milk Bank at 604-875-2424 ext. 7634 to discuss the best time and day for delivery.
2. Call your courier company to arrange the delivery of the donated milk to the Milk Bank and the return of the cooler/s back to your unit.
3. Obtain
 - * red cooler(s)
 - * shipping label(s)
 - * frozen gel packs
 - * milk that will be shipped
 - * milk transfer log





4. Pack milk as close to shipping time as possible.



5. Place weighed frozen milk in ULINE Poly Bags (16 x 14 x 24). Use a new bag for each donor. Ensure milk is clearly labelled with mother's name.



6. Complete the Milk Transfer Log filling-in shipping date. Keep a copy for your records.





7. Use frozen gel packs to line bottom and sides of cooler.



8. Place weighed and labeled milk along with the Milk Transfer Log into the gel pack lined cooler.

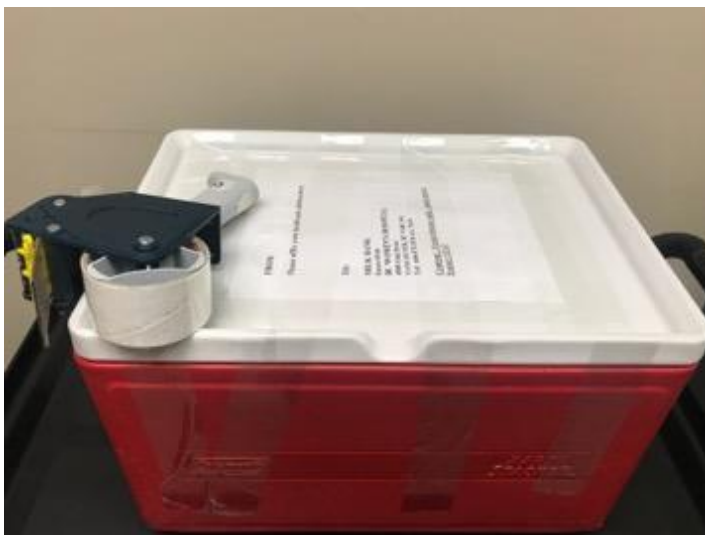




9. Ensure as little air as possible by filling empty spaces with newsprint or bubble wrap. (See #8 picture as reference).



10. Close the cooler. Ensure address label is affixed. Tape cooler securely.



Any questions check with (insert name of manager) or call the milk bank at 604-85-2424 local 7634.



Appendix 15A: Example A. Handling Donor Milk at the HealthUnit Depot

SAMPLE – CONTENTS NEED TWEAKING

All “Completed Donor” forms received from BC Women’s are filed in the _____ Depot Binder. This binder is kept _____

When someone appears at the health unit to drop off their donor human milk, look for the _____ Depot binder that is kept _____

We can ONLY accept milk from moms who have a “Completed Donor Form on file (Section 2 of the binder). If there are any questions about the Completed screening with BC Women’s Lactation Service call 604-875- 2282 or page at 604-875-4200 pager - 1445)

NO other milk may be accepted or stored at the health unit unless the BCWomen’s Milk Bank has made special arrangements with the _____ Depot.

In Section _____ of the binder, the **Completed Donor Screening form** from BC Women’s is filed. Check for the mother’s form before accepting milk.

In Section _____ of the binder there are sheets for screened donors titled **Milk Receiving Log**. Write the donor’s name on the sheet.

In Section _____, there are **Individual Tally Sheets**. Write completed donorname at top.

Weigh the frozen milk. Write the date the milk was dropped off and note weight on the Milk Receiving log and the Individual tally sheet.

Paperclip the three sheets together and place in Section _____.

Section _____ has information about shipping milk to BC Women’s.

Remaining sections of the binder has extra forms and information.



Appendix 15 B: Example Handling Donor Milk at the Health Unit Depot

SAMPLE – CONTENTS NEED TWEAKING

_____Depot Guidelines

1. Do we have a completed donor from BC Women's on file? If there is no form but the mother indicates she is a completed donor call BC Women's at

If the donor is not screened suggest they go onto the BC Women's website – www.bcwomens.ca, search milk bank and completed the "Interested in being a milk donor form. They will receive a call from BC Women's. Once they are a completed donor we can accept their milk. WE cannot accept any milk from unscreened donors.

1. Admin: asks mother to wait in waiting room
 1. Call intake nurse or health centre receptionist
 2. Call health unit aide if no nurse available
 3. Follows step 3 herself if no one available.
2. Person receiving milk:
 - a. Goes to freezer in room _____
 - b. Confirms the mother has a Completed Donor sheet on file from BC Women's
 - c. Collects plastic bag on top of freezer



- d. labels bag with market pen (kept in binder) with mom's name & date and puts milk into bag(s). Ask months milk expressed if bags not labelled.
- e. Weigh milk on scale in _____ room. 30 grams = 1 ounce.
- f. Tell mom amount of milk and thank her.
- g. Place milk in freezer (key is found _____)
- h. Complete milk receiving log found in section _____ of binder.
- i. Completes Human Milk Bank Individual Tally sheet
- j. Notifies health unit aid that milk is in the freezerHealth

Unit Aid:

Transfers to milk bank bi-weekly or as needed.²
See section _____ of binder for "Milk Transfer" log



Appendix 16: Individual Donor Donation Tally Sheet

This is NOT REQUIRED- some units choose to provide this information to the donor.

*After milk is weighed, the weight can be converted into an estimation of amount.
One gram = one cc (30cc = 1 ounce) **Let the mother know this is an estimated amount!***

At BC Women's the weight of containers is subtracted so amounts will differ.

Therefore (weight in grams) divided by 30 = # of ounces

Donor Name: _____

Date	Weight of milk	Amount of milk



Appendix 17: Receiving Milk From Completed Donors at a Depot

1. When a donor contacts the depot asking to drop off milk confirm she is a “Completed donor” by:
 - a. Asking for the donor’s name
 - b. Looking for the “Completed Donor Screening Form” in the Milk Bank Binder
 - c. If the screening form is missing, call to the BC Women’s Milk Bank (604-875-2324 Ext. 7634) to get a copy faxed to you. The milk bank only accepts “completed donors” unless pre-shipping arrangements are made in unusual circumstances.
 - d. If the donor has not actually started the screening process, suggest she look up the BC Women’s Provincial website, look for the “expression of Interest form” under “Donating milk” or call the bank at 604-875-3743.
2. If mom is a completed donor, schedule a mutually agreeable time for mom to drop off her milk. Make every effort to accommodate donor keeping in mind she is a new mother with a baby and is volunteering to donate, supply milk bags, pay for transportation to depot and spend time expressing milk.



3. When mother arrives with milk, locate “Completed donor sheet” and “Milk Donor Log



Appendix 1: Completed Donor Screening for Milk Bank

BCWs Lactation Services and Milk Bank fills out and sends copy to relevant Milk Collection Depot

Date: _____
Mother's Name: _____
Address: _____
Phone: _____
Partner's name: _____
Baby's name: _____
Baby's birthdate: _____
Comments: _____

4. Look in the Milk Bank Binder on the “*Milk Donor Log*” sheet.



Appendix 3: Milk Donor Log

Completed by Milk Collection Depots to record milk drop-off by donors¹

Milk received from donors must be frozen. If thawed or partially thawed, please contact BCWs Lactation Services at 604-875-2282 to discuss next steps.

Date Milk Received (from Donor)	Donor Name	# of mL/ oz.	Month(s) Milk Expressed ²	Received by (print name)	Received by (signature)



5. Upon receiving the frozen milk, ensure that mother's name is on the milk containers. Each container needs to have the mother's name and date pumped OR the containers of milk need to be in a secure plastic bag (e.g. zip lock bag or tied plastic shopping bag) with mother's name clearly on the bag. Check the milk is frozen hard. Ensure date milk is pumped is recorded.

Names on each individual bag: Name added to bag & bag securely closed



Name not on each individual bag of milk but all milk from one donor- confirm with donor at time of donation. Label outside bag carefully and securely close milk bag.





Record the amount of milk in ounces or mls. Weigh the milk and note the weight on the “Milk Donor Sheet”

6. Enter date and amount received on the Milk Donor Log.



Appendix 3: Milk Donor Log

Completed by Milk Collection Depots to record milk drop-off by donors³

Milk received from donors must be frozen. If thawed or partially thawed, please contact BCW's Lactation Services at 604-875-2262 to discuss next steps.

Date Milk Received (from Donor)	Donor Name	# of mL/ oz	Month(s) Milk Expressed ³	Received by (print name)	Received by (signature)



7. Place frozen milk immediately into the milk freezer.



8. Whenever available, provide a thank you card or replacement bags to donors who donate regularly, acknowledging their time, expenses and commitment to help babies they will never meet.

Return the Milk Depot Binder to its' space.

Ship milk as soon as possible and no later than a few weeks within receiving it. The longer the milk remains at a depot the shorter the expiry of the milk at a hospital. We can only use milk for one year from Pumping date and for the NICU, the shorter time the milk is in a freezer the better.

Before shipping, call BC Women's Provincial Milk Bank at 604-875-2424 ext. 7634 and discuss with them the best time and day for delivery. Call your courier and arrange the milk delivery to the Milk Bank as well as the return of the cooler/s back to you.



Appendix 18: PDHM provided to Families on Discharge or Community Recipients for Home Use (Special Circumstances: prevention of need to discard milk)

Hospital Name: _____

Date	Recipient mother's name, address, phone# email	Reason for PDHM	Number of bottles	Batch Number(s)