

## For More Information

For more information regarding the use of and access to donor milk please call :

UCI Medical Center—Lactation Services

714.456.8433

The Orange County Breastfeeding Coalition

714.242.1633 [www.ocbreastfeedingcoalition.org](http://www.ocbreastfeedingcoalition.org)

Mother's Milk Bank—San Jose

408.998.4550 [www.milkbanksj.org](http://www.milkbanksj.org)

## References

1. Who Resolution 54.2, May 18, 2001.
2. American Academy of Pediatrics (1997). Breastfeeding and the use of human milk. *Pediatrics*, 1997. 100:1035-1038.
3. Picciano MF (2001). Bioactive factors in human milk. *Pediatric Clinics of North America*, 48.1, 53-67.
4. Hamosh M (2001). Bioactive factors in human milk. *Pediatric Clinics of North America*, 48.1,69-86.
5. WHO/UNICEF Joint statement: meeting on infant and young child feedings. (1980). *J Nur Midwife*, 25: 31.
6. Hanson LA (1999). Human milk and host defense: Immediate and long-term effects. *Acta Paediatr*. 88, 42-46.
7. Davies M. (2001) Breastfeeding and chronic disease in childhood and adolescence. *Pediatric Clinics of North America*. 48(1): 125-141.
8. Singhal A, Cole TJ, Lucas A. (2001). Early nutrition in preterm infants and alter blood pressure: two cohorts after randomized trials. *Lancet*. 357: 413-419.
9. Ball TM, Wright AL (1999). Health care costs of formula-feeding in the first year of life. *Pediatrics*. 103(4): 870-876.
10. Riordian (1997). The cost of not breastfeeding— A commentary. *Journal of Human Lactation*. 13(2): 93-97.
11. Arnold LD. (1998) Cost savings through the use of donor milk—Case Histories. 14(3): 255-258.
12. Arnold LD (2002). The cost effectiveness of using banked donor milk in the neonatal intensive care unit—prevention of necrotizing enterocolitis. *Journal of Human Lactation*. 18(2): 172-177.

**(This is a partial list of references. For a complete of the references used for this brochure please go to <http://www.hmbana.org/downloads/position-paper-donor-milk.pdf>)**

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Additionally, the topics in this brochure are based on the results of the OCBFC Neonatologist Survey conducted in the Spring of 2004. Thank you to the members of the OCBFC Milk Depot Subcommittee in the development of this educational tool.

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# What A Health Care Provider Should Know About Pasteurized Donor Milk

*Simple answers to a health care provider's concerns regarding the use of pasteurized donor milk in the early delivery of care for infants with special needs.*

**UCI Medical Center**  
University of California, Irvine  
*A Passion for Care. The Power to Cure.*

**Orange County Breastfeeding Coalition**  
*"Good Health Begins With Breastfeeding"*



**HUMAN**  
*milk banking*  
ASSOCIATION OF NORTH AMERICA

**MMB**  
MOTHERS'  
MILK BANK

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# The Value Of Human Milk

The evidence is overwhelming. Human milk provides the optimal nutrition, promotes normal growth and development, and reduces the risk of illness and disease. Human milk is the standard food for infants and young children, including premature and sick newborns with rare exception. Other research findings suggest:

- Exclusive breastfeeding for six months is recommended (by the American Academy of Pediatrics and the World Health Organization) with the introduction of complementary nutritionally adequate foods after six months
- The unique composition of human milk includes nutrients, enzymes, growth factors, hormones, and immunological and anti-inflammatory properties that have not been duplicated.
- Human milk is species specific. It provides unique benefits that include, improved developmental, social, economic and environmental outcomes.
- Long term decreased risk of a wide range of illnesses and infections beyond infancy are found in infants receiving human milk.
- Feeding human milk results in both short and long term health care cost savings.

## Unanswered Questions...

Despite the evidence to support the use of pasteurized donor milk (PDM), many health care providers are not prescribing it because they still have some unanswered questions. This brochure will respond to some of the fears, concerns and questions that many health care providers have asked in regards to using pasteurized donor milk. Moreover, this brochure will reinforce the value of human milk, and provide resources that will assist a health care provider in making it available to their patients.

However, if you find that you still have unanswered questions, please visit the Human Milk Banking of North America Website ([www.hmbana.org](http://www.hmbana.org)) for more detailed information.

# How Safe Is Pasteurized Donor Milk (PDM)?

Donor milk is received by a milk bank from lactating mothers who have been screened for health behaviors and communicable diseases in the same manner that blood donors are screened at blood banks. Additionally, milk bank donors must meet the following criteria: be non-smokers, not regularly consume any medications (including mega-vitamins), or consume excluded medications or alcohol within a specified exclusion period.

Milk is transported to the milk bank frozen. The milk from several donors is pooled after thawing, and then pasteurized to kill any bacteria or viruses. The milk is processed and then re-frozen. Milk is dispensed only after a sample is cultured and shows NO bacterial growth. The milk is then shipped frozen via overnight express mail to a milk depot, a hospital, or to an individual at their home.

**All donor milk leaving the milk bank is 100% free of bacteria and viruses.**

## How To Get PDM

PDM can be dispensed through a licensed milk bank or a milk depot upon receipt of a physician's prescription or through a hospital purchase order. There is a processing fee charged to cover the expense of collecting, pasteurizing, and dispensing the milk.

PDM can be delivered either directly to the individual for whom the prescription is written, or delivered to a hospital for distribution. All PDM is mailed overnight through an express mail process which ensures that the milk arrives frozen.

## What Is The Cost Of PDM?

The question here should really be, "What is the cost of not prescribing donor milk?" The answer here would be: increased hospital stay, increased risk for necrotizing enterocolitis, and allergies.

The real costs for prescribing donor milk is somewhere between \$3.00 and \$4.00 per ounce. If prescribed for a medically sound reason, many health insurance companies are beginning to pick up the costs.