Donor Human Milk (DHM)

Policy Group: GI/GU

Date Approved: December 2015
Date Effective: December 2015
Next Review: December 2018

Purpose
Mother’s milk is the preferred milk to feed babies. In addition to providing nutrition designed for a human infant, it contains many bioactive and immune factors that provide antimicrobial and anti-inflammatory protection against infection and modulate the infant’s immune system. However, mother’s own milk (MOM) may not be available in sufficient quantities when the infant should start receiving milk feeds. Use of formula feeds in the at-risk population is associated with increased complications, so it is desirable to provide donor human milk (DHM) until MOM is available or the at-risk period has passed. The goal is to ensure that at-risk infants and infants whom parents wish to have human milk feeds receive human milk for enteral feeds in a safe and timely manner.

Policy Statement
Human milk is a body fluid and an infant must receive the human milk that was ordered due to the risk of pathogen transmission inherent with body fluids. DHM will be provided for at-risk infants when MOM is not available with a neonatologist/designate order and signed consent of the parents/primary caregivers. DHM will be administered to infants without access to MOM when parents provide written consent to access DHM.

Applicability
All Covenant Health Employees

Policy Elements

1. Identification of At-Risk Infants for Donor Human Milk (DHM)
   Infant who do not have adequate MOM available and meet at least one of the following criteria are eligible to receive donor human milk up to 14 days from the initiation of feeds.
   a) Gestation less than 33 completed weeks
   b) Intrauterine Growth Restriction less than or equal to the 5th percentile
   c) Multiples, where one of the infants meets the criteria for DHM
   d) Initiation of enteral feeds post confirmed Necrotizing Enterocolitis Bell Stage II
   Infants born 34-36 completed weeks gestational age in the absence of risk factors identified above are eligible to receive donor human milk up to 5 days from birth to supplement the mother’s breast milk. This guideline does not apply to babies whose mother’s choose to feed exclusively artificial feeds.

   Extension of DHM is on a case by case basis. A neonatologist/designate order is required to 
   **discontinue** DHM.

2. Donor Human Milk (DHM)
   2.1 Pasteurized donor human milk obtained from an approved source (i.e., milk bank), according to the Human Milk Banking Association of North America (HMBANA) guidelines, shall only be dispensed for administration/feeding following a written prescription or order from the infant’s Most Responsible Health Practitioner and written consent from a parent or guardian.
2.2 If a parent/primary caregiver chooses to procure and bring in banked donor milk, she/he is responsible to provide documentation from an approved source (i.e. milk bank), as per the HMBANA guidelines, indicating that the milk has been properly collected, stored, pasteurized, and cultured in accordance with the Canadian Food Inspection Agency. If the documentation related to the source is not available, the Neonatologist/designate shall present information to the family regarding the potential risks of viral transmission and harm to the infant. If the parent/primary caregiver still chooses to use the milk, she/he will then assume responsibility for the risks. The Neonatologist/designate will document that the parent/primary caregiver has been informed of the risks.

3. Procedure
3.1 Equipment: Perform hand hygiene. If there is a potential for contact with donor human milk, the nurse dons technique gloves.

4. Verification of Identity
4.1 Verification of the identity of the human milk shall be carried out at all four stages of the process, (i.e. Collection/decanting and labelling, storage, retrieval, and administration/feeding)

4.2 If there is any discrepancy in the verification of the identity of the patient or accuracy of the information on the DHM label, the DHM must be discarded.

5. Labelling, Storage, Retrieval, Verification and Feeding
5.1 Labelling and Storage
Donor Human Milk (DHM) has a separate designated freezing area in the freezer from Mother’s Own Milk (MOM) until the DHM is decanted and labelled with the recipient label. After this step, identified DHM is stored in the refrigerator where the infant’s identified container has been situated.

<table>
<thead>
<tr>
<th>Thawed Donor Human Milk</th>
<th>Room temperature</th>
<th>15°C-20°C</th>
<th>Discard after 4 hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thawed Donor Human Milk</td>
<td>Refrigerator Unit</td>
<td>0°C-4°C</td>
<td>Discard after 24 hours</td>
</tr>
<tr>
<td>Thawed Donor Human Milk with Additives</td>
<td>Refrigerator Unit</td>
<td>0°C-4°C</td>
<td>Discard after 24 hours</td>
</tr>
<tr>
<td>Frozen Donor Human Milk</td>
<td>Freezer Unit</td>
<td>-18°C to -20°C</td>
<td>Expiry date on label from Milk Bank. Do not re-freeze donor human milk</td>
</tr>
</tbody>
</table>

5.2 Retrieval, Verification, and Feeding
a) DHM is removed from freezer only for purpose of thawing and decanting for a specific patient.

b) When retrieving DHM from the refrigerator enter the following information on the Donor Milk Utilization Log.
   i Date and time
   ii Patient’s name
   iii Patient’s date of birth
   iv Patient’s ULI number (only needs to be entered once)
   v Batch number as it appears on the bottle
   vi Initials of two nurses performing an independent double check
c) Take the container of DHM to the designated area in the medication room. Sanitize preparation area with hospital-approved food grade disinfectant, perform hand hygiene and don gloves before decanting DHM into feeding containers. With another Health Care Provider, verify that a consent and doctors order is present. Verify the information on the DHM label and information on patient identification labels to be attached to decanted DHM containers. Expiration time and lot # must be added to patient identification label as well as two Health Care Providers initials verifying that an independent double check was performed.

d) Take the container of patient identified human milk to the patient care area. DHM not allocated and identified by a patient specific label should never leave the medication room. With another Health Care Provider, or with the parent/primary caregiver, verify that the name and hospital identification number on the container of DHM milk matches exactly with the information on the infant's hospital identification band immediately prior to feeding. Co-Initials are documented on Nursing flow sheets verifying an independent double check.

6) Addition of Breast Milk Fortifiers/Additives

6.1 Verify the correct additives in the donor human milk by using the infant health record and Neonatologist/designates orders. Handle fortifier, additive powder and/or medications with aseptic technique.

6.2 When adding fortifiers or any other additives to donor human milk, the containers must be appropriately labelled with the correct infant's name, birthdate, hospital number and expiry date placed on the container as well as a label with the following information:
   a) Type of fortifier/additive and amount
   b) Date and time prepared
   c) Date and time of expiry
   d) Initials of two nurses or a nurse and a parent/primary caregiver performing independent double check

   NOTE: If medication is added, an independent double check is required according to medication administration policy and documented on the patients health record

6.3 When combining multiple bottles of donor human milk in preparation for the addition of fortifiers and/or medications, each bottle is independently double checked by two Health Services Providers. A new identification label is then placed on the bottle holding the combined contents the initials of the Health Care Providers are documented on the label as well as the batch numbers, expiry date and time.

6.4 Once the fortifier/additive is added to the donor human milk swirl the bottle to ensure it is mixed.

7. Education

7.1 Health Care Providers and families/primary caregivers handling donor human milk must be provided with education on safe management of donor human milk.

7.2 Education for both the Health Care Provider(s) and the families/primary caregivers shall include:
The role and responsibilities of the family/primary caregiver as a partner on the health care team related to safe donor human milk management

The requirements and process for an Independent Double Check of donor human milk labelled with the infant’s identification band if medication / additives have been added to the human milk

Information about the risk of viral and other pathogen transmission, and the procedures to follow to ensure the safe management and handling of human milk during the infant’s stay. Safe management includes adherence to Infection Prevention and Control (IPC) Routine Practices and Hand Hygiene Protocols

The process and requirement for a Health Care Provider and one of the following: a second Health Care Provider, or family/primary caregiver to act as a Co-Signer

Sensitivity to cultural, language and literacy differences and related challenges.

Health Care Providers on a leave of absence, or otherwise away from their workplace for a time period extending 12 months must be provided education on safe management of human milk as part of orientation at the time of their return to work.

8. Documentation

8.1 Document feeding in the health record, including the co-signatures of the healthcare professional/family member performing the double check. Include the lot number of any DHM administered

8.2 Document in DHM utilization log with date, time, babies name, date of birth ULI, batch number and co-initials of two health care workers performing the double check at the time of decanting.

8.3 All processes, interventions and parent/primary caregiver teaching shall be documented in the Patient’s Health Record.

9. Adverse Events

If an infant receives or a near miss is noted i.e. two patients with same last name receiving human milk, this is deemed a Reportable Adverse Event. Refer to the policy Human Milk Misappropriation.

In the event of a recall of DHM, notification will be made by the human milk bank. All recalled milk containers must be isolated and not destroyed until notified by milk bank. Document the status of the milk bottles and the number of recipients on a reporting log sheet and fax or email to the milk bank immediately. The milk bank is responsible for reporting to licencing bodies as appropriate.

Definitions

Co-Signer means Health Care Provider’s signature and one of the following: a second Health Care Provider, or infant’s mother, father, or primary caregiver is necessary as one of the double signatures required in the Human Milk Management procedure.

Donor Human Milk (DHM) comes from an accredited Human Milk Bank which follows guidelines set by Human Milk Banking Association of North America (HMBANA). DHM is collected from lactating women who have met rigid screening criteria that includes a medical and lifestyle history, blood testing for HIV, HTLV I and II, Hepatitis B&C, and syphilis. Donated milk is pasteurized and cultured to ensure the safety of all recipients. The milk is frozen for storage and transport as per HMBANA guidelines.

Family refers to one or more individuals identified by the parent/primary caregiver as an important support and who the parent/primary caregiver wishes to be included in any encounters with the health
care system, including but not limited to other family members, friends and informal caregivers.

**Independent Double Check**: a Health Care Provider, in the presence or absence of another first Health Care Provider or parent/primary caregiver, individually performs preparatory calculations or verification of identity checks and arrives at his/her own conclusion.

**Most Responsible Health Practitioner**: means the Health Practitioner who has responsibility and accountability for the specific Treatment/Procedure(s) provided to a Patient and who is authorized by Covenant Health to perform the duties required to fulfil the delivery of such a Treatment/Procedure(s) within the scope of his/her practice.

**Mother's Own Milk (MOM)**: Human milk collected by a lactating mother to feed her own infant.

**Patient**: means all individuals who receive or have requested health care or services from Covenant Health. This term is inclusive of residents and clients.

**Reportable Adverse Event**: is an unexpected occurrence that reaches the patient (Covenant Health Disclosure of Adverse Event, Close Calls and Hazards: Policy No. III-40) and must be reported to the designated charge nurse and the most responsible physician for action.

**Related Documents**

Adapted with permission from Stollery Children’s Policy and Procedure Manual: Human Milk, July 2012

**RELATED POLICIES AND PROCEDURES**

Human Milk Management
Breast Milk Misappropriation
Covenant Health Disclosure of Adverse Event, Close Calls and Hazards: Policy No. III-40

**Revisions**: December 2015
Signing

Original Signed

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