**Pasteurized Donor Human Milk for Your Baby**

**Why Pasteurized Donor Human Milk?**
Mother's own milk is always best for her baby. When mother's own milk is not available, or is not available in sufficient amounts, then pasteurized donor human milk (donor milk) from a regulated milk bank might be the next best choice. Donor milk is similar in make-up to mother's own milk and preserves many of the benefits of human milk as a species-specific supplementation option.

A mother is expected to be building her own milk supply while her baby is receiving pasteurized donor human milk, as mother's own milk is always best.

In BC, donor milk is available to babies through the BC Women's 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 Donor 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-lymphotrophic 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.
- Although donors are screened for healthy lifestyle, donor milk is not routinely tested for medications or substances that may be passed to babies through breastmilk.

Please discuss any questions you have about the use of donor milk with your baby's health care team. For more information on supplementation options refer to Fraser Health's **Feeding Baby when Supplementation is Needed**.

**Availability of Donor Milk**
- Donor milk is generally weaned, for preterm infants in the NICU, by 35 weeks of age. For infants born at 35 weeks or greater, donor milk is generally weaned at 5 to 7 days of life, when mothers own milk supply is expected to be established. At this time, your baby will be switched to Human Milk Substitute (formula) in the absence of mother's own milk.
- The Milk Banks supply of donor milk varies and sometimes supply is low; when this is the case the smallest and sickest babies will be given donor milk first. If donor milk is unavailable, your baby will require human milk substitute (formula) in the absence of your own milk.
- If your baby needs donor milk after your baby goes home, there is a fee (see www.bcwomensmilbank.ca for current rates). The fee covers some of the milk processing costs.
Consent and 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 pasteurized donor human milk for my baby.

Signature of [ ] Mother [ ] Legal Guardian

Print name of Mother/Legal Guardian

Signature of Most Responsible Practitioner

Print name & designation of Most Responsible Practitioner

Date & time signed (day/month/year)

[ ] Over the phone (witnessed)

Signature of witness

Print name & designation of witness

Note: Where possible, at the earliest opportunity, the person who obtained consent over the phone should sign above.

Telephone Consent
I have discussed the use of pasteurized 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 consent for the use of pasteurized donor human milk as described on this form.

Signature of Most Responsible Practitioner

Print name & designation of Most Responsible Practitioner

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.

[ ] 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 Most Responsible Practitioner

Print name & designation of Most Responsible Practitioner

Date & time signed (day/month/year)

Adapted from BC Milk Bank Form