

Consensus Statement: Donor Human Milk and Milk Sharing

The New Zealand College of Midwives supports breastfeeding and the rights of women to make informed decisions about infant feeding, including the use of donor breast milk for their own infants. Women have the right to choose to donate their breast milk for other recipient infants.

Rationale:

Breastfeeding is the biologically normal way to feed infants. In situations where mothers' own milk is not available, human milk from a donor mother is considered to be an appropriate substitute when both the donor and recipient mother/guardian give informed consent. The College supports informed decision making regarding ethical and safe human milk sharing practices

Guidelines/Recommendations:

Midwives:

- Support the World Health Organisation recommendation for infants to be exclusively breastfed until six months of age, at which time nutritionally adequate and safe complementary foods are commenced, while breastfeeding is recommended to continue for up to two years of age or beyond.^{1,2}
- Recognise the World Health Organisation recommendations, in the Global Strategy for Infant and Young Child Feeding, which state that in *'those few health situations where infants cannot, or should not, be breastfed, the choice of the best alternative – expressed breast milk from an infant's own mother, breast milk from a healthy wet-nurse or a human-milk bank, or a breast-milk substitute ... depends on individual circumstances.'*³
- Are the health professionals with a primary role in supporting the initiation and the establishment of breastfeeding, and recognise that in some situations where breastfeeding is not possible, and/or breast milk from the infant's own mother is not available, donor human milk is the choice of substitute for some women.
- Support informed decision making and ethical and safe donor human milk sharing practices.
- Are committed to the health and well-being of infants, and recognise research evidence confirming human milk as the optimum food to promote the healthy growth and development of infants and young children.^{4,5}
- Maintain up to date knowledge about breastfeeding, the use of donor human milk and the resources, agencies and community groups available to support breastfeeding women.
- Provide evidence based and culturally appropriate information to women, about donor human milk. This is to enable women, either as a donor or recipient, to make informed decisions about the use of donor human milk

Overview:

- The College considers that the donation of human milk (as with donations of blood) is a gift rather than a commodity, and the College does not support the commercialisation of human milk, or the exploitation of women donors for profit.
- Donor human milk is available in some maternity facilities where donor milk protocols have been developed, and this may be supported by either a formal or informal service where donor screening is recommended and/or compulsory. Donor milk in these situations is not always pasteurised⁶.
- Some breastfeeding women practice known source informal donor human milk sharing where they access donor milk from family, friends or through other social contacts.
- Donor milk is unpasteurised (unless it is home pasteurised by recipients) and the women

donating their milk may be screened or unscreened, known or unknown.

- Donor milk sharing in NZ also occurs via social media groups, websites and community based groups where women needing donor milk for their babies can find women who are gifting their milk to other women.
- There are milk sharing websites that recommend that the 'Four Pillars of Safe Breast Milk Sharing' are followed.⁷ These are:
 - Informed Choice
 - Donor Screening
 - Safe Handling
 - Home Pasteurisation

Practice Recommendations:

- Donor human milk may be used in the absence of a sufficient supply of maternal breast milk. Midwifery support for direct breastfeeding, and provision of a mother's breast milk to her own infants, is the priority.⁸
- In order to minimise the risk of infection and/or contamination of donor milk, it is recommended that donors are screened by means of a health questionnaire and with blood testing.
- Health screening includes questions about medical conditions, medication usage (prescribed and "over the counter"), risk factors for blood-borne viruses, and tobacco, alcohol and drug misuse.^{8,9}
- Midwives can organise screening tests for their clients who wish to donate breast milk. The following blood screening tests are recommended: HIV 1 & 2; human T-lymphotropic virus (HTLV) 1 & 2; Hepatitis B & C; Cytomegalovirus (CMV) IgG & IgM; & Syphilis.
- Screening tests for women who wish to donate milk need to be undertaken or repeated (where the woman has previously tested negative), as close to the initial donation period as possible. Donor and recipient women require information about hygiene related to donor milk, safe handling, sterilisation of equipment and safe milk storage. The use of donor milk should be documented in the maternity record.

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Ratification:

This statement was ratified at the New Zealand College of Midwives SGM on 27/03/19
References updated

The purpose of New Zealand College of Midwives Consensus Statements is to provide women, midwives and the maternity services with the profession's position on any given situation. The guidelines are designed to educate and support best practice. All position statements are regularly reviewed and updated in line with evidence-based practice.