I. PURPOSE

In the event a mother is unable to provide her own milk for her infant/s, the following policy is designed to provide human milk from a donor milk bank approved by the Human Milk Banking Association of North America (HMBANA).

GENERAL INFO

Human milk banks in North America adhere to national guidelines on a voluntary basis for quality control of screening, testing of donors, and pasteurization of milk before distribution. The Food and Drug Administration (FDA) has not been involved in establishing these voluntary guidelines, nor does the FDA regulate or monitor DHM.

Use of donated human milk is not without health and safety risks to the infant. These include: exposure to infectious diseases, including HIV, to chemical contaminants, such as some illegal drugs, and to a limited number of prescription drugs that might be in the human milk.

If human milk is not handled and stored properly, it could, like any type of milk, become contaminated and unsafe to drink.

The use of fresh human milk from unscreened donors/informal sharing of human milk is prohibited because of the risk of transmission of infectious agents.

II. POLICY

A. When Donor Human Milk (DHM) is medically indicated or there is a strong parental preference, DHM will be procured as outlined in the procedure.

B. Mothers’ Milk Bank at Austin (MMBA) is the supplier of DHM for The Nebraska Medical Center (TNMC)

C. A medical order is required to administer DHM.

D. Signed, informed Parental/guardian consent is required to administer DHM

E. DHM will be used on infants less than 1500 grams, when mother is not able to supply the breast milk.

F. DHM will be utilized for the trophic feeding period (5-7 days). Continued use will be re-evaluated by the neonatologist or designee

G. A log of the distribution of DHM will be maintained by NICU staff and shared with MMBA. If patient identifiers are sent to the milk bank, PHI safeguards must be in place.
II. POLICY (CONT.)

H. Problem sheets will be created as necessary and transmitted to MMBA for follow-up

I. DHM may be divided between patients only immediately after it has been thawed. After dividing the DHM between patients, place a label on each bottle with all the information noted on the original label.

III. PROCEDURE

A. Obtain a medical order (i.e. ___kcal.oz Human Donor Milk…).

B. Physician, NNP, or resident will discuss the risks and benefits for the use of DHM with family or guardian and obtain a signature of consent on the approved consent form provided by TNMC.

C. Complete order form (Attachment A) with following information and fax to 512-494-0880 or email it to info@mmbaustin.org
   1. Type of milk needed (20Kcal/oz, 22Kcal/oz, or 24Kcal/oz)
   2. Amount of milk needed for the week

D. DHM will be shipped to TNMC dock who will ensure DHM is taken to NICU ASAP

E. Dock personnel will ensure DHM is delivered to the NICU and received by NICU Clerical Associate

F. NICU Clerical Associate responsible for products will place order by 1700 on Tuesday. Milk will be shipped on Wednesday for arrival Thursday morning. If there is an urgent need for milk on another day, contact NICU Clerical Associate or NICU CNS.

G. If possible, orders should be placed at least 24 hours in advance. Orders requiring shipping are ideally placed to MMBA by Tuesday for Wednesday shipping and Thursday arrival.

H. The ordering party will ask MMBA at time order is placed, if they are able to fill the human milk order. If MMBA is unable to fill the order, do not complete order. The medical team and Infection Control will be notified prior to selecting an alternative Milk Bank.

I. Upon receiving, milk will be immediately unpacked and placed in the freezer. The package will contain dry ice. Use precautions for handling dry ice as noted in III. U. and Attachment C.

J. As milk unpacked, verify that all bottles are intact and frozen. Notify the MMBA if there are any problems. Check the cooler for any communication from MMBA and distribute as appropriate.

K. Check the amount received against the shipping receipt. If there are any discrepancies in the amount and/or batch numbers, notify the milk bank. Save all packing receipts and forward to Luana Evans, 2090.
III. PROCEDURE (CONT.)

L. Discard all packing materials and boxes. Save all packing receipts and forward to Luana Evans, 2090.

M. When removing human donor milk from the freezer, enter the following information on the DHM Utilization Log (Attachment B). As log sheets fill, fax to milk bank: 512-494-0880.

1. Date and Time
2. Patient’s name
3. Patient's hospital ID (need to enter this only once)
4. Amount removed from freezer
5. Batch number as it appears on the bottle
6. Nurse’s initials

N. For best defrosting, place the amount of milk to be used within the next 12-24 hours in the refrigerator overnight. Mark the date and time of defrosting.

O. To quick-thaw, place frozen milk in a clean container of warm water. Change the warm water as it cools. DO NOT overheat the milk, or thaw in the microwave.

P. Once all the ice crystals are melted, the milk should be swirled and a feeding drawn from the bottle.

Q. A double check of the donor human milk is required in the same fashion as non-donor human milk.

R. Thawed, warmed milk should be discarded if it has been out of the refrigerator for more than one hour.

S. Milk not used at one feeding that has been warmed and out for less than one hour, may be returned to the refrigerator promptly after the feeding. This milk may be used for the next feeding. Never add this milk to a ‘new bottle’ of thawed milk. One bottle of milk can be used for multiple recipients.

T. DHM 20 kcal/oz may be used for up to 48 hours after thawing. 24 kcal/oz DHM must be used within 24 hours, after thawing.

U. Handling Dry Ice (see Attachment C) - Dry ice presents special considerations for use due to the extreme cold and risk of asphyxiation in enclosed spaces. Dry ice is made from frozen compacted CO$_2$. It is much denser and colder than regular ice, with dry ice temperature at -109.3°F or -78.3°C, while traditional ice measures 32 degrees F. Dry ice doesn’t melt. It goes directly from the solid phase to a gas form.

1. Leather or cryo-gloves are always used when handling dry ice
2. Dry ice is not to be used in small, enclosed spaces to eliminate the risk of asphyxia. Adequate ventilation is required.
III. PROCEDURE (CONT.)

U. Handling Dry Ice – (cont.)

3. Unused dry ice is allowed to vaporize by leaving in boxes or open on a counter in a large, well ventilated area. Dry ice is not placed in sinks for evaporation, as it can damage the sink as well as cause the water pipes to freeze.

4. The NICU will not return items received with dry ice.

IV. ADDITIONAL INFORMATION

To immediately troubleshoot problems with DHM, contact Mother’s Milk Bank at Austin toll free number (877) 813-6455 between 0900 and 1700.

V. DOCUMENTATION

A. Verify that all bottles are intact and frozen on arrival

B. Document above outlined information on DHM Utilization Log

C. Routine information regarding feeding in electronic medical record

Staff Accountability:

Executive Director, Women and Children Services
Medical Director, NICU
Manager, NICU
Clinical Nurse Specialist, NICU
NICU Staff Nurses
NICU UBC
Infection Control
Risk Management
Date: ____________________________________

Name of Hospital: The Nebraska Medical Center

If MMBA unable to supply DHM from the Austin bank, cancel order and notify ordering party.

(Information in Box to be completed by Ordering Party)

| Contact Name: ______________________________ | Title: ______________________________ |
| Email Address: ______________________________ |

Contact Name for NICU: Clerical Station (402) 559-4442

**Shipping Information:**

Hospital FedEx #: 129868562 Reference #: 100-6403

Name and Address on shipping container:

- The Nebraska Medical Center
- 4401 Dewey
- Omaha, Nebraska 68131

**Billing Information:**

Name and title of person to be billed:

- Luana Evans – Senior Business Financial Analyst

Dept. to be billed: Neonatal Intensive Care Unit

Address of above:

- The Nebraska Medical Center
- Luana Evans
- 982090 Nebraska Medical Center
- Omaha, Nebraska 681209

**Order:** (To be completed by NICU staff)

Type of milk needed (20Kcal/oz, 22Kcal/oz, or 24Kcal/oz)

Amount of milk needed for the week: ______________________________

Signature of NICU Personnel completing form: ______________________________
## DONOR HUMAN MILK
### UTILIZATION LOG

**(Fax filled log sheet to MMBA 512- 494-0880**
**Retain original copy in NICU records)**

**Hospital ID #: The Nebraska Medical Center  
Omaha, Nebraska  68198-7740  (402) 559-4442**

<table>
<thead>
<tr>
<th>DATE/TIME</th>
<th>Patient’s Name</th>
<th>Patient’s Hospital ID #</th>
<th>Amount Removed from Freezer</th>
<th>Batch # (as it appears on bottle)</th>
<th>Nurse’s Initials</th>
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1. Add Patient Sticker
2. Try to use DHM from same batch number, when possible
HANDLING AND DISPOSAL OF UNUSED DRY ICE

A. Avoid contact with skin and eyes to prevent frostbite always wear cryo- or leather gloves when handling dry ice.

B. Do not put dry ice in your mouth or otherwise ingest it. It can cause severe internal injury.

C. Never put dry ice in a beverage to cool them.

D. Keep out of reach of children

E. Do not use dry ice in confined areas. Carbon dioxide vapor can cause rapid suffocation

F. Do not place dry ice on a tile or laminated counter top or floor. The bonding agent holding down the tile or laminate may lose its bond.

G. Never put dry ice in a sink or down a drain. The pipes may burst.

H. Do not dispose of dry ice in garbage receptacles or garbage chutes

I. Do not dispose of dry ice in areas accessible to the general public.