

Screening and selecting breast milk donors

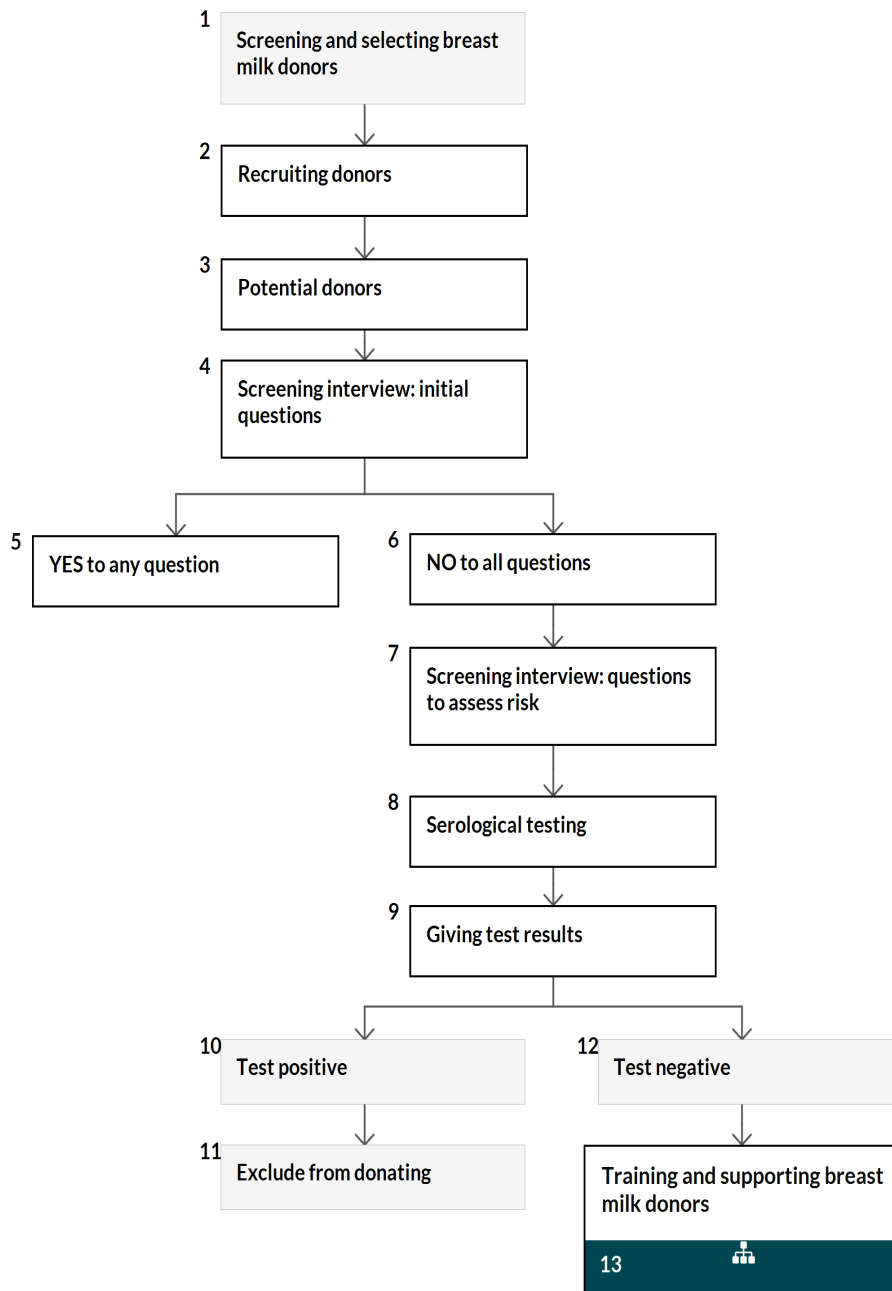
NICE Pathways bring together everything NICE says on a topic in an interactive flowchart. NICE Pathways are interactive and designed to be used online.

They are updated regularly as new NICE guidance is published. To view the latest version of this NICE Pathway see:

<http://pathways.nice.org.uk/pathways/donor-breast-milk-banks>

NICE Pathway last updated: 17 July 2018

This document contains a single flowchart and uses numbering to link the boxes to the associated recommendations.



1 Screening and selecting breast milk donors

No additional information

2 Recruiting donors

Promoting the donation of breast milk

Target as many potential donors as possible using a variety of channels, including:

- providing written information to be left in:
 - GP surgeries
 - antenatal clinics and postnatal wards
 - volunteer and other organisations working in maternity and childbirth
 - children's or Sure Start centres
 - maternity shops
- direct referrals or recommendations by:
 - current and previous donors
 - staff at neonatal intensive care units
 - paediatricians assessing babies' progress
 - health visitors (or other healthcare professionals providing postpartum care)
 - childbirth educators
 - organisers and attendees of prenatal and postnatal classes
 - breastfeeding mothers' support groups and related organisations
- features in the media (including internet and social media).

Use clear, non-technical language.

Include the initial screening questions in recruitment material so that potential donors can self-screen for these criteria. See [screening interview: initial questions \[See page 4\]](#) in this pathway.

3 Potential donors

Follow the stepped screening process detailed in this pathway.

Conduct the screening interview at a mutually acceptable time and place, either face-to-face or by telephone.

If a potential donor is donating previously expressed breast milk, ask her to answer the screening questions for the period when the milk was expressed.

At first contact: explain that serological testing is mandatory to reduce the risk of passing on infections. Obtain informed consent before testing. See [serological testing \[See page 5\]](#) in this pathway.

Perform all serological testing at enrolment. Do not rely on antenatal test results.

Before accepting a donor's milk, obtain her consent for its processing and intended use. Advise her that, once donated, the milk will not be returned to her.

4 Screening interview: initial questions

Does she:

- currently smoke or use nicotine replacement therapy?
- regularly drink more than 1 or 2 units of alcohol once or twice a week?
- use, or has she recently used, recreational drugs?

Has she ever tested positive for HIV 1 or 2, hepatitis B or C, human T-lymphotropic virus (HTLV) type I or II, or syphilis?

Is she at increased risk of Creutzfeldt-Jakob disease (CJD)?

For more information on recommended alcohol levels for breastfeeding mothers, see [NHS choices](#).

See the [Public Health England website](#) for information on the risk of CJD.

NICE has produced pathways on [hepatitis B and C testing](#) and [HIV testing and prevention](#).

5 YES to any question

Advise the woman that she is not eligible to donate milk.

6 NO to all questions

Conduct a further interview and serological testing to assess possible risks to babies receiving the donor breast milk.

7 Screening interview: questions to assess risk

Ask questions about:

- her health and that of her baby. For guidance on diet and breastfeeding, see what NICE says on [breastfeeding](#) in maternal and child nutrition.
- any recent exposure to infection (including HIV 1 or 2, hepatitis B or C, HTLV I or II, syphilis, herpes, or acute or chronic infections) – further testing may be needed
- any medication she is taking, or medical treatment she is having
- any exposure to passive smoke (for example, do other members of her household smoke heavily?)
- any significant environmental or chemical exposure (for example, contamination of the local water supply): is she exposed to high or sustained levels of contaminants that can be expressed in breast milk?
- any recent medical intervention (for example, exposure to diagnostic radioactive isotopes)?

See the [Department of Health website](#) for guidance on the safety of recent vaccination when breastfeeding.

Refer to medical sources, with consent, if necessary.

Advise the woman that depending on her answer to any of these questions she may not be eligible to donate milk.

Use the information given to make a balanced decision about the woman's eligibility to donate based on possible risks to recipients and/or the results of subsequent serological testing.

NICE has produced pathways on [hepatitis B and C testing](#) and [HIV testing and prevention](#).

8 Serological testing

Test for:

- HIV 1 and 2
- hepatitis B and C
- HTLV I and II
- syphilis.

Ensure that all tests are carried out in laboratories with clinical pathology accreditation (CPA), and that results are communicated clearly and can be interpreted appropriately. Blood samples received from donors should be archived by the laboratory.

NICE has produced pathways on [hepatitis B and C testing](#) and [HIV testing and prevention](#).

9 Giving test results

Give test results either in person or by telephone (unless the woman prefers to receive them in writing). If needed, offer further help and support based on local protocols, including information on counselling and local support groups.

10 Test positive

No additional information

11 Exclude from donating

No additional information

12 Test negative

No additional information

13 Training and supporting breast milk donors

[See Donor breast milk banks / Training and supporting breast milk donors](#)

Glossary

Donor breast milk

breast milk expressed by a mother that is then processed by a donor milk bank for use by a recipient who is not the mother's own baby. No payment is given for the donated milk

Sources

Donor milk banks: service operation (2010) NICE guideline CG93

Your responsibility

Guidelines

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals and practitioners are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or the people using their service. It is not mandatory to apply the recommendations, and the guideline does not override the responsibility to make decisions appropriate to the circumstances of the individual, in consultation with them and their families and carers or guardian.

Local commissioners and providers of healthcare have a responsibility to enable the guideline to be applied when individual professionals and people using services wish to use it. They should do so in the context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities. Nothing in this guideline should be interpreted in a way that would be inconsistent with complying with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Technology appraisals

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, health professionals are expected to take these recommendations fully into account, alongside the individual needs, preferences and values of their patients. The application of the recommendations in this interactive flowchart is at the discretion of health professionals and their individual patients and do not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.

Commissioners and/or providers have a responsibility to provide the funding required to enable the recommendations to be applied when individual health professionals and their patients wish to use it, in accordance with the NHS Constitution. They should do so in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Medical technologies guidance, diagnostics guidance and interventional procedures guidance

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, healthcare professionals are expected to take these recommendations fully into account. However, the interactive flowchart does not override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

Commissioners and/or providers have a responsibility to implement the recommendations, in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations. Nothing in this interactive flowchart should be interpreted in a way that would be inconsistent with compliance with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.