

## CONSENT FOR USE OF DONOR MILK IN THE INFANT SPECIAL CARE CENTER

In the absence of your own breast milk, your infant's health care team recommends and will prescribe, heat-processed, donor human milk for your infant if your infant meets one of these criteria:

- ✓ Birthweight less than 1500 grams \*
- ✓ Your child has had some type of bowel injury such as necrotizing enterocolitis (NEC) or gastroschisis
- ✓ Your physician has requested the use of donor milk for other reasons that he/she feels potentially adds further health benefits for your infant.

Donor milk will generally be provided until mother's milk volume becomes sufficient or your infant reaches 32-34 weeks gestation at which point your infant will be switched over to the appropriate standard infant formula in the absence of mother's milk.

In the absence of the infant's own mother's milk, donor milk offers many of the benefits of human milk for the infant, including:

- Infection-fighting factors
- Reduced incidence of NEC, a severe inflammatory bowel condition in premature infants
- Active growth and developmental hormones
- Improved digestion
- Ideal nutrition

Donor milk banks receive milk from lactating mothers who have been carefully screened for health behaviors and communicable diseases, including AIDS, hepatitis B, hepatitis C, and syphilis. Additionally, they must not smoke, drink or take any medications regularly.

Donor milk is transported to the milk bank frozen. The milk from several donors is pooled together after thawing, and then heat-treated to kill any bacteria or viruses. The milk is processed and then refrozen. The milk is only sent to hospitals after it has tested to ensure the absence of dangerous viruses and bacteria.

Although every precaution is taken, there is a very small chance that an infectious agent may nevertheless be transmitted to your child by the milk, and your child could become sick. Please discuss any concerns you have regarding the use of donor human milk with your baby's health care team.

My baby's physician/nurse practitioner has described the need for donor human milk for baby and has told me about the potential risks and expected benefits, as well as other methods of nutrition available and their risk and benefits. My physician/nurse practitioner has given me the chance to ask questions about the use of donor human milk and all of my questions have been answered to my satisfaction.

***I accept the use of donor human milk for my child.***

Signature of Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Witness \_\_\_\_\_ Date \_\_\_\_\_

***I understand that use of cow's milk-based formulas may increase my child's risk of infection, intestinal complications, or allergies, but decline the use of donor human milk for my child.***

Signature of Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Witness \_\_\_\_\_ Date \_\_\_\_\_

\* If one twin is less than 1500 grams and one more, both twins can receive donor human milk for first feedings