Using Pasteurized Donor Human Milk (PDHM) in Maine

By Kara Kaikini

Improving access to donor milk is one attainable way to support infants and families who want to exclusively provide breast milk. Two ways to do this are to:

- Increase # of milk depots
- Increase access to Pasteurized Donor Human Milk (PDHM) in Level 1/2 nurseries for medically-indicated supplementation

In Maine we currently have 2 Milk Depots at Maine Medical Center (Portland) and Lincoln Health Miles Maternity (Damariscotta), and one more opening THIS WEEK!

Thursday, March 7, 2019
12:00 noon
Central Maine Medical Center
60 High Street Lobby Mezzanine
Lewiston, ME
To learn more, call the lactation office at 207-795-2528.

(For the competitive New Englander’s out there: There are 5 Depots in NH, 5 in CT, and 5 in MA! Let’s see if we can get to 6!)

Want to know more about how to open a Depot or start using Donor Milk in your facility? Here is a great info sheet from MMBNE. Contact Cynthia Cohen, MMBNE's Director of Client Relations: cynthia@milkbankne.org with ANY questions at any time.

Are you in the process of opening a Depot? Please share!

~Kara Kaikini, MS, IBCLC
Breastfeeding Consultant
Perinatal Outreach Education & Consultation Services Grant
kaikik@mmc.org
NEWS

New Jersey Law Now Requires Health Insurers to Cover Donated Breast Milk

A New Jersey law went into effect on Jan. 1, 2019, requiring all health insurers in the state to cover donated human breast milk for infants under certain circumstances. Insurers must cover the costs if the infant is aged younger than 6 months, the milk comes from a milk bank that meets the quality guidelines of the Human Milk Banking Association of North America or is licensed by the New Jersey Department of Health, and it is prescribed to the infant by a physician. Similar laws are in place in California, New York, Missouri, Kansas, Texas and Washington, D.C.

Nonprofit Donor Human Milk Distribution Increases by 12 Percent in 2018

“Thanks to 11,672 generous donors in 2018, member milk banks met growing demands while applying HMBANA standards, recognized and used by milk banks across the globe.”

NEW RESEARCH


Belfort MB1,2, Drouin K1, Riley JF3, Gregory KE1,2,3, Philipp BL4,5, Parker MG4,5, Sen S1,2.

Abstract

BACKGROUND AND OBJECTIVES:
Pasteurized donor human milk ("donor milk") is an alternative to formula for supplementation of breastfed infants. We conducted a survey to determine (1) prevalence, trends, and hospital-level correlates of donor milk use for healthy newborns in the northeast United States and (2) clinician knowledge and opinions regarding this practice.

METHODS:

We conducted parallel surveys of clinicians (88% nurse and/or lactation consultant) at (1) all birth hospitals in Massachusetts (MA) and (2) all birth hospitals served by a northeast United States milk bank. We asked about hospital use of donor milk for newborns ≥35 weeks' gestation and receiving Level I care in well nursery, hospital-related factors we hypothesized would be associated with this practice, and clinician knowledge and opinions about donor milk use.

RESULTS:

35/46 (76%) of MA birth hospitals and 51/69 (74%) of hospitals served by the milk bank responded; 71 unique hospitals were included. Twenty-nine percent of MA birth hospitals and 43% of hospitals served by the milk bank reported using donor milk for healthy newborns. Hospitals that used donor milk for healthy newborns had higher exclusive breastfeeding at hospital discharge than hospitals that did not (77% versus 56%, p = 0.02). Eighty-three percent of respondents agreed or strongly agreed that using donor milk is an effective way to increase the hospital's exclusive breastfeeding rate.

CONCLUSIONS:

Many northeast United States birth hospitals currently use donor milk for healthy newborns. This practice is associated with higher exclusive breastfeeding at hospital discharge. Relationships with breastfeeding after discharge and related outcomes are unknown.

PARENT PEARL


MMC Increases Availability of Donated Breastmilk
August 01, 2018

Cynthia Knox knew that she wanted to breastfeed her baby, Isla, when she gave birth in April. But while in the hospital, it was clear that Isla was not getting the nutrition she needed.
“She was getting fussy. I had been nursing her but had a really painful latch,” said Knox. “I had started using the breast pump but wasn’t getting any milk out while pumping.”

Isla had been exclusively breastfed since birth and had excessive weight loss, making her eligible for Pasteurized Donor Human Milk (PDHM) in Maine Medical Center’s Mother Baby Care unit. The donor milk comes from the Mother’s Milk Bank Northeast. The milk has been available since March 30 in the Mother Baby Care unit for exclusively breastfed babies who have a medical indication for supplementation. PDHM had already been available to certain babies in the neonatal intensive care unit.

Knox and her husband, Justin, were grateful to have the option to supplement her breastmilk until she was able to produce more.

“It was very important to us to only give breastmilk,” Knox said. “Having the donor human milk gave me peace of mind that Isla was getting what she needed.”

Knox continued to work for several weeks on pumping and breastfeeding, with some supplementation, and now Isla is breastfed at home.

MMC Mother Baby Care provides eligible families PDHM in the hospital for up to 96 hours when there is a medical reason to supplement a mother’s own milk. If a newborn doesn’t meet policy criteria for receiving donor milk or if parents choose to supplement donor milk outside the hospital, parents can purchase PDHM directly from Mother’s Milk Bank Northeast or through MMC Lactation.

**PRACTICE PEARL: Donor Milk in Use at Maine Medical Center**

**Q&A with MMC's Lactation Program Manager, Sharon Economides**

Charlotte Goodson, RN, IBCLC (on left) & Sharon Economides, CPM, LM, MMiD, IBCLC (on right)

**Kara:** Congratulations on having a Donor Milk Program up and running in your Level 1-2 nursery! What can you share with the rest of the birthing hospitals in Maine who are interested in establishing a donor milk program at their hospital, too?

**Sharon:** Thanks! It has been an amazing year to see everyone’s hard work and dedication pay off with enabling more access to human milk, even when there is a medical reason for supplementing in addition to the mother’s own milk.
**Kara:** What has been the biggest success story so far?

**Sharon:** We are thrilled to see how having access to PDHM (Pasteurized Donor Human Milk) when medically indicated has increased our hospital’s Joint Commission Perinatal Core Measure PC-05 on exclusive breastmilk feeding during hospital stay for term newborns. The Maine Medical Center Breastfeeding Improvement Team has worked tirelessly on numerous efforts over the years to increase the PC-05, however having PDHM for supplementation when needed has been the single most effective approach to increase the rates. We started the PDHM program at the end of March 2018, and based on the p-chart below, a statistically significant shift happened in April to increase our PC-05 rates.

We have also observed the data gap narrow for people who intend to breastfeed and whether they are then able to actually exclusively breastmilk feed during hospital stay. Based on a patient survey, patients are thrilled to have the option to supplement with donor milk when needed. They are now able to follow AAP guidelines to exclusively breastmilk feed, even when supplementation is needed while a mother works on her own supply. We have seen increased dedication from families to human milk feed exclusively.

We have also seen an increase in breastmilk donations to our Milk Depot for the Mother’s Milk Bank Northeast. Almost every week, someone donates hundreds of ounces of breastmilk for MMBNE, and many are parents of donor milk recipients who express their gratitude through donating their own milk.

**Kara:** What has been the biggest challenge?

**Sharon:** Education of staff was a big challenge, because all of Mother Baby Care, Lactation, Pediatrics, Family Medicine and even Labor and Delivery and NICU/CCN have been impacted in some way by the roll-out of the program. Re-education needed to happen after we made policy updates based on lessons learned from the first months of implantation. Securing the funds in the budget after our initial small pilot grant was challenging, but worth it to see increased breastfeeding rates.
**Kara:** What advice would you offer hospitals that are looking to do the same thing?

**Sharon:** We had one Lactation Consultant, Charlotte Goodson, who championed the program. She proposed the program after going through the Clinical Scholar series at MMC, to make the case for PDHM for neonatal hypoglycemia. Her dedication to increasing access to donor milk fueled the whole process.

It takes interdisciplinary collaboration to make a donor milk program happen. Including hospital administrators and leadership, nursing staff, Lactation Consultants, and pediatric providers was the key to the success of the program.

Approaching the roll-out of such a program with a PDSA cycle mentality helped tremendously. In the beginning, we had to keep checking in on the policy, order set, freezer logistics, staff education, inventory management and more, but with each adjustment we now have a system that works. Having a KPI (our Operational Excellence organizational approach for daily goals and data tracking) helped tremendously with visibility and refinement. The Lactation department with Mother Baby won an Innovation in Operational Excellence award as a result of the implementation of donor milk for breastfed newborns who have a medical indication for supplementation.

---

**CONTINUING EDUCATION**

- [Center for Breastfeeding Certified Lactation Counselor (CLC) Trainings](#)
- [United States Lactation Consultant Association Recorded Webinars](#) (wide-range of excellent webinars; pricing available for members and non-members)
- [B.E.S.T. Connection Breastfeeding Conference](#): May 2-3, 2019, Portland Marriott at Sable Oaks, South Portland
- [iLactation Online conference](#): March 6th – May 6th. An online conference where you can watch our international speakers in the comfort of your own home, office or clinic.

---

**FOR MORE INFORMATION**

Kara Kaikini, MS, IBCLC, Breastfeeding Consultant, [kaikik@mmc.org](mailto:kaikik@mmc.org)

Kelley Bowden, MS, RN, Perinatal Outreach Education Coordinator, [bowdek@mmc.org](mailto:bowdek@mmc.org)