

Banked Human Milk in the NICU

Why human milk? Neonatologists are most concerned about preventing necrotizing enterocolitis (NEC), a disease that attacks the intestinal tract, damaging or destroying it, and may require surgery to repair or remove the intestines. Emergency surgery on a preterm infant is difficult and dangerous. Mother's milk makes a huge difference in how well these little babies do after birth because it vastly reduces the incidence of NEC, and it helps to repair the intestines should they become infected. **Human milk fights infection while providing ideal nutrition.**

Consider:

- 1.5% of preterm infants fed human milk acquire NEC
- 10-17% of preterm infants fed formula acquire NEC
- Of those babies who acquire NEC, many die or develop lifelong complications of the illness
- Babies can go home faster since their feedings are digested easier with less feeding issues.

What is banked human milk and is it safe? Yes. The Mothers' Milk Bank follows strict screening, processing, and dispensing guidelines established by the Human Milk Banking Association of North America (HMBANA) to ensure the safety of banked human milk. These guidelines have been established with the advisement of the Centers for Disease Control, the Food and Drug Administration, and the blood and tissue industries. Potential donors provide complete medical and lifestyle histories, and undergo blood tests, similar to the screening process used at blood banks. Donated milk is then tested for bacteria and levels of nutrients, and pasteurized to kill any bacteria or viruses. Before the pasteurized milk is dispensed, bacteriological testing is done to ensure its safety.

Why can't a mother provide milk for her own baby? A mother may not be able to meet her baby's needs:

- because of premature delivery, a mother's milk supply may be delayed or not become established enough to provide sufficient milk for her child.
- if she is pumping for twins or triplets and cannot provide enough.
- due to the stress of having a hospitalized, ill infant whom she cannot hold or directly nurse.
- if she requires medications that may pass into breast milk and are harmful to the infant.
- if she has a chronic infection such as HIV or HTLV, or another medical condition that precludes breastfeeding.
- if she has a breast infection that temporarily affects her milk production.

Who receives banked milk? We highly encourage mother's own milk as the first choice for infant feedings because it is uniquely designed just for your baby. We also believe in using exclusive breastmilk for the first month of life is extremely important since premature babies are at risk for many issues. Banked human milk must be prescribed by your baby's doctor. Common reasons for prescribing banked milk include:

- Preterm birth
- Gastrointestinal diseases
- Allergies
- Feeding/formula intolerance
- Post-operative nutrition
- Other individual cases determined by your baby's doctor

☐ I have been provided information about banked human milk and have had the opportunity to ask questions.

☐ I still have questions and would like to discuss use of banked milk with my baby's doctor.

Date: _____ Time: _____ (MD met with mom)

Parent Signature

Date and Time

Oral Care with Colostrum/ Breastmilk in the NICU

Why Is mouth care with colostrum and breastmilk Important for your baby?

Your beginning milk called colostrum has unique properties that help in promoting the health and development of your baby. When mouth care using colostrum and/or breastmilk is provided to your baby, the research shows there is a decrease risk for infections and an easier digestion of feedings. This type of care is not actually a "feeding", it is just putting tiny amounts inside your baby's mouth.

How can you participate?

Let your bedside nurse know you are interested in learning how to provide mouth care for your baby. Knowing you are interested, the nurse can guide you in learning how to provide this care for your baby. Please know that your participating in this care activity is optional, but very welcomed if you are interested.

How is it done?

After observing your nurse providing mouth care to your baby and receiving hands-on instruction on how to do this care, you are ready to participate with your nurse's help. Mouth care will be provided on a schedule, during your baby's hands on time . Please know that you should not offer this care to your baby without your nurse's knowledge. To provide care you will need to:

- Wash your hands ahead of time, while nurse is preparing your baby for care.
- Using a oral syringe containing 0.2 ml's of colostrum/ breastmilk ,using a small circle motion, gently apply half of the amount to inside of each cheek (buccal mucosal) area
- Watch for your baby's response; if you notice any distress, stop and ask nurse for help.

Remember buccal care will be provided with hands on care for your baby. If you want to participate, be sure to check with your baby's nurse for times that your baby will be receiving this care.